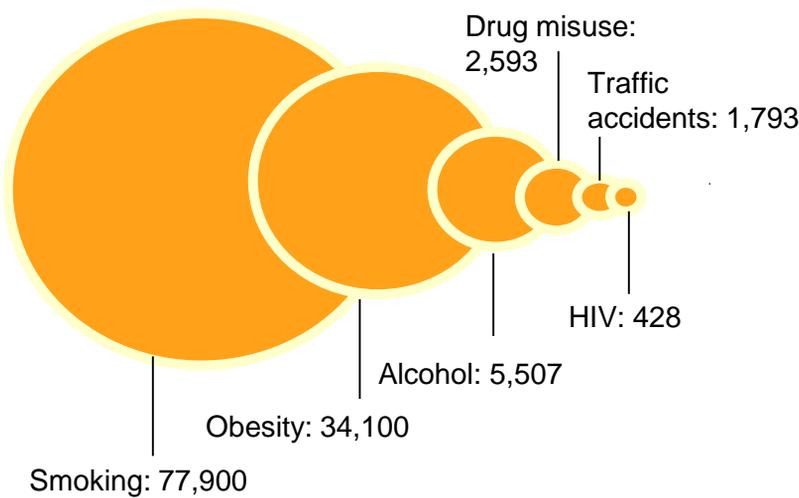


- In the last decade adult smoking prevalence has been reduced by over a quarter to its lowest ever recorded level of 14.9% in England, saving thousands of lives and years lived with disability.
- Smoking remains the leading cause of preventable death and disease, as well as the leading cause of health inequalities (for more, see the [Health Inequalities Resource Pack](#)).
- Evidence is clear that smoking prevalence only continues to decline when tobacco control policies continue to be developed, extended and strengthened.
- To reach the [Government's ambition of a 'smokefree generation'](#), where rates of smoking are below 5%, the job of tobacco control must be continued.

Smoking is the largest cause of preventable death (ASH, [Smoking Statistics](#), November 2018)



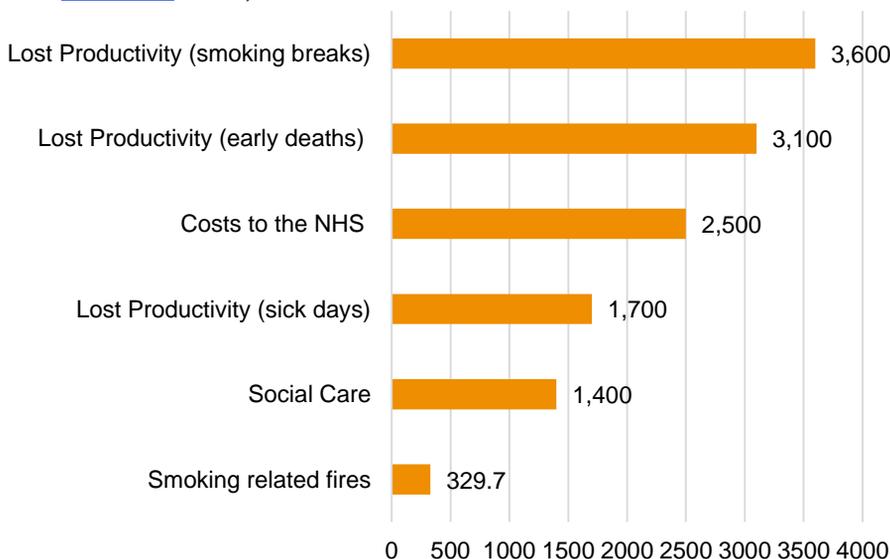
Smoking is the primary cause of preventable illness and death and kills more people each year than [obesity](#), [alcohol](#), [drug misuse](#), [traffic accidents](#) and [HIV](#) combined.

Around half of all regular cigarette smokers will be killed by their addiction and on average they will lose 10 years of life ([Doll et al, 2004](#)).

For every death caused by smoking, approximately 20 more smokers are suffering from a smoking related disease ([CDC, 2010](#)).

Smoking costs the economy £12.6 billion each year

Annual cost of smoking in England (£ millions) (ASH, [Ready Reckoner](#), 2018)



Every year in England smoking costs society an estimated £12.6 billion.

This includes social care costs of £1.4 billion and £2.5 billion in NHS healthcare costs.

These costs are spread between health services, businesses, local government, fire services and local communities.

The average smoker spends over £2,000 on cigarettes a year. Smoking expenditure causes and exacerbates poverty, see [ASH's smoking and poverty calculator](#).

A breakdown of costs for your locality (including ward level data) can be viewed on ASH's [Ready Reckoner](#)

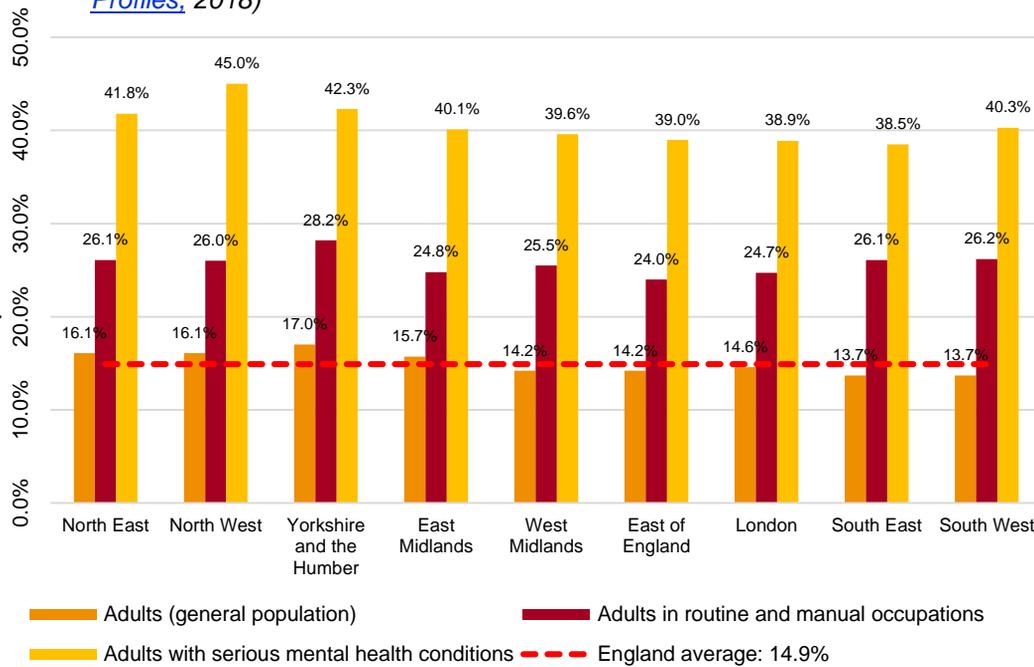
Smoking and inequality

Ill-health caused by smoking is concentrated amongst the poorest and most disadvantaged in society.

Smoking is the single largest driver of the 9 year gap in life expectancy between the richest and poorest ([Marmot, 2010](#)) in society, and the 10-20 year reduced life expectancy for people with longstanding mental health conditions ([ASH, 2016](#)).

These groups are equally motivated to quit but face more barriers to doing so. Consequently, successful quit attempt rates in these groups are lower.

Cigarette smoking by social group in England ([PHE, Local Tobacco Control Profiles, 2018](#))



Smoking and poverty

Across England there are **5.1 million households** with **at least one smoker**. When net income and smoking expenditure is taken into account, **1.4 million of these households** fall below the poverty line.

If these smokers quit, **418,127 of these households**, or roughly **1.1 million people**, would be **elevated out of poverty** through returned income.

See your [local smoking and poverty breakdown here](#)

Smoking in pregnancy remains significant across England. However, rates also vary substantially across the country, with locally recorded rates ranging from below 2% to 26% ([NHS, 2018](#)).

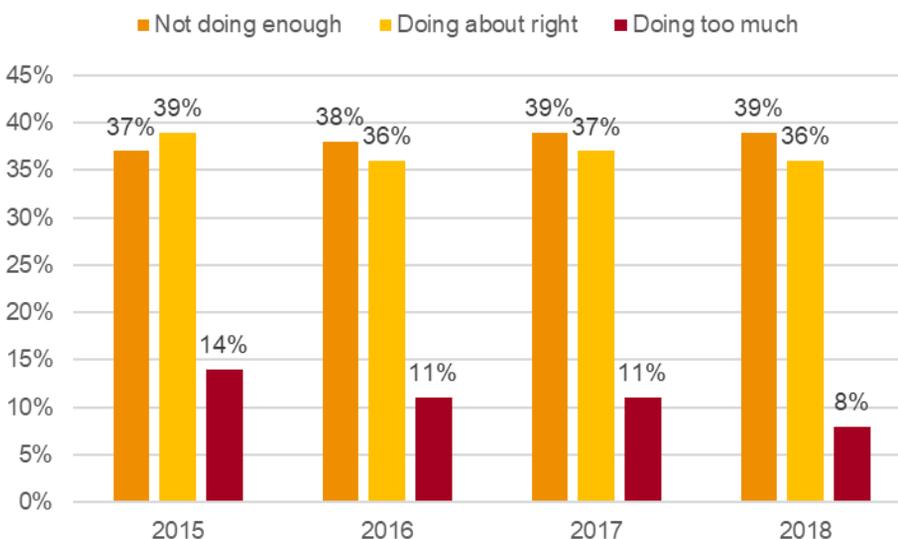
Every year in the UK, smoking during pregnancy causes up to:

- 5,000 miscarriages
- 2,200 premature births
- 300 perinatal deaths

([RCP, Passive smoking and children, 2010](#))

The public support tobacco control

Public perceptions of how much the Government is doing to limit smoking ([ASH & YouGov, Smokefree GB Survey, 2015-18](#))



The costs of smoking are well known: 6 in 10 smokers want to quit ([ONS, 2018](#)) and over 70% of the public have supported action to limit smoking for the past 4 years.

View [regional breakdowns of public opinion](#) on key tobacco issues including smoking in the home, support for new legislation and the tobacco industry.