Smoking: Health inequalities

- Differences in smoking rates are the main reason for the 9 year gap in life expectancy between rich and poor in the UK.
- A number of disadvantaged population groups are more likely to smoke and consequently disproportionately bear the enormous harm caused by smoking.
- Children growing up with parents who smoke are more likely to smoke themselves.
- Whilst 6 in 10 smokers want to quit, and motivation to stop is equal across population groups, more disadvantaged smokers face greater barriers to quitting and are less likely to succeed.
- For further information see ASH's Health Inequalities Resource Pack.

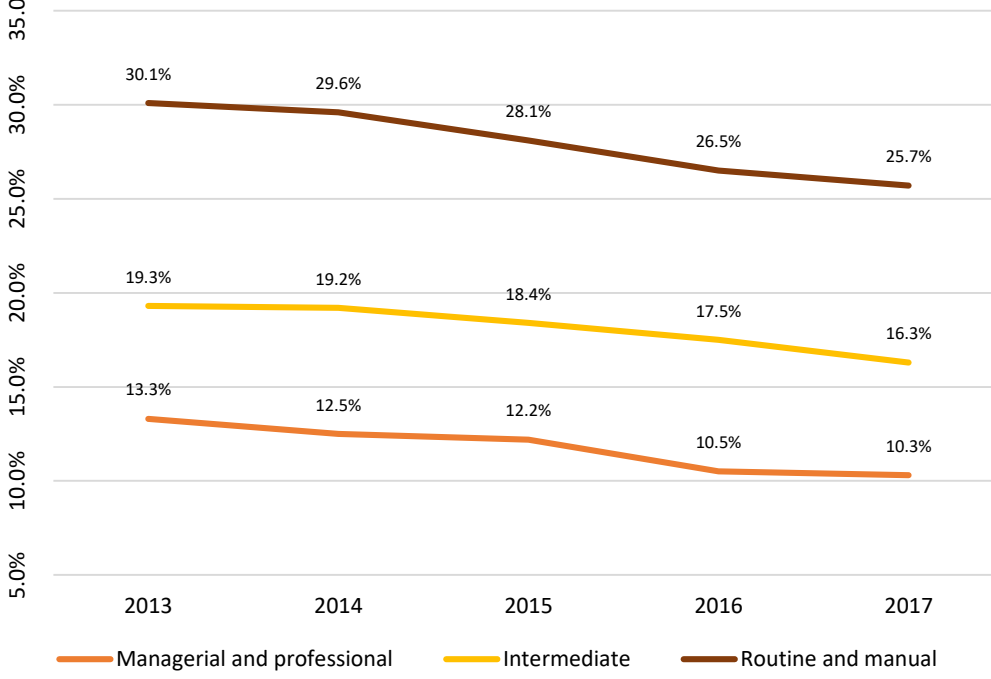
The richer you are, the less likely you are to smoke

1 in 4 people in routine and manual occupations smoke. This is more than double the rate amongst those in managerial and professional occupations where 1 in 10 people smoke.

Whilst smoking prevalence amongst all groups has declined over the years, the gap between the richest and poorest has widened (ONS, 2018).

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

Cigarette smoking amongst adults by socioeconomic classification, England 2013-2017 (PHE, Local tobacco control profiles, 2018)



Smoking, not social status, is the greatest cause of health inequalities

Years of life gained by stopping smoking at different ages, 30 to 60 (Doll R, Mortality in relation to smoking, 2004)

Age at which stopped smoking	Years of life gained
30	10
40	9
50	6
60	3

Rich smokers have very similar life expectancy to poor smokers, and poor non-smokers live longer than rich smokers, showing that smoking not social status is the greatest cause of health inequalities.

Differences in smoking rates between the top and bottom socioeconomic groups are the single largest driver of the 9 year difference in life expectancy between these groups, accounting for roughly half this gap (DH, 2017).

On average a smoker loses 10 years of life (Prabhat J et al, 2013). The earlier you quit, the less life you lose.

Smoking rates are higher in disadvantaged communities

Higher rates of smoking are the single largest cause of the 10-20 year reduced life expectancy for people with mental health conditions (ASH, 2016).

Around one third of all cigarettes are smoked by someone with a mental health condition (RCP, 2013). Smoking rates amongst adults with serious mental illness have barely changed over the past 20 years (ASH, 2016).

People with a mental health condition are just as likely to want to quit (McNeil A et al, 2015) but face greater barriers to doing so. Stopping smoking is associated with improved mental health equivalent, with reductions in depression, anxiety and stress being observed (Taylor G et al, 2014).

Whilst 14.9% of the adult population in England smoke (b) rates are higher among certain population groups, some of whom already face poorer life and health outcomes:

- Lesbian or gay: 24.6% (a)
- No educational qualifications: 28.4% (b)
- Unemployed: 29% (b)
- Serious mental illness: 40.5% (c)
- Anxiety or depression: 25.8% (c)
- Homelessness: 77% (d)
- Prison population: 80%+ (e)

(a) ONS, 2018 (b) ONS, 2018; (d) PHE, 2018 (d) Homeless Link, 2014; (e) PHE, 2015

Parental smoking exacerbates intergenerational cycles of inequality

Whilst rates of smoking during pregnancy have been reduced, the decline in prevalence has stalled at just under 11% for the past 2 years (PHE, 2018). On this trend, the Government's target prevalence of 6% by 2022 will be missed (SiPCG, 2018). Smoking during pregnancy significantly increases the risk of miscarriage, stillbirth, and cot death.

Children from disadvantaged backgrounds are still more likely to be exposed to secondhand smoke at home by someone who lives there (ASH, 2018). Exposure to secondhand smoke in childhood is estimated to result in as many as 300,000 additional GP consultations and 9,500 hospital admissions in the UK each year (RCP, 2010).

Children with parents who smoke are significantly more likely to take up smoking themselves. It is estimated that, in England and Wales, around 17,000 young people take up smoking by the age of 15 each year as a consequence of exposure to household smoking (Leonardi-Bee J et al, 2011).

Smoking and poverty

The average smokers spends £2,050 on cigarettes every year (ASH, 2018)

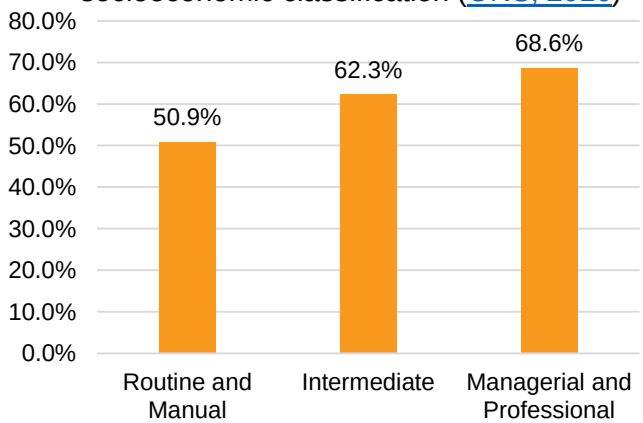
Across England there are 5.1 million households with at least one smoker. When net income and smoking expenditure is taken into account, 1.4 million of these households fall below the poverty line.

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

See your local smoking and poverty breakdown here

Well-off smokers find it easier to quit

Percentage of cigarette smokers who quit by socioeconomic classification (ONS, 2016)



On average all smokers make similar numbers of quit attempts each year however, well off smokers are more likely to succeed.

Smokers from low socioeconomic groups face greater barriers to quitting, experiencing higher levels of addiction, increased stress related to material hardship and higher rates of smoking amongst friends and family (Hiscock R et al, 2015).

To reduce inequalities it is vital that support to quit is tailored to the needs of these communities where smokers find it harder to quit and are more likely to relapse.

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