

All Party Parliamentary Group
on Smoking and Health



A Roadmap to a Smokefree Country

*No one starts, everyone stops,
no profit in tobacco.*

April 2025



About the All-Party Parliamentary Group on Smoking and Health

The All-Party Parliamentary Group (APPG) on Smoking and Health is a cross-party group of MPs and Peers founded in 1976, and currently co-chaired by Bob Blackman MP and Mary Foy MP. Its agreed purpose is to monitor and discuss the health and social effects of smoking; to review potential changes in existing legislation to reduce levels of smoking; to assess the latest medical techniques to assist in smoking cessation; and to act as a resource for the group's members on all issues relating to smoking and public health. The secretariat of the group is provided by Action on Smoking and Health.

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Contents

Foreword.....	4
Sarah Woolnough, Chief Executive of The King’s Fund.....	4
Bob Blackman MP and Mary Foy MP, Co-Chairs of the All-Party Parliamentary Group on Smoking and Health.....	5
Executive Summary and Recommendations.....	6
Introduction.....	8
Where we are now.....	9
Update on policy objectives and goals.....	10
A roadmap to a smokefree country: No one starts, everyone stops, no profit in tobacco.....	13
References.....	20

Foreword: Sarah Woolnough

Few would argue that our current health and care system is giving sufficient priority to preventing ill health. More than a third of cancers in the UK are preventable, as are 70% of cardiovascular disease cases. With a new 10 year health plan in development, we will be reimagining our healthcare system in the coming years. One of the central and urgent questions must be how we realise the Government's desire to deliver a big shift from 'sickness to prevention'.

Smoking is the single largest driver of health inequalities in England. As outlined in The King's Fund's seven priorities for tackling health inequalities in the NHS, failing to put prevention first can be seen across all areas of public services, not just the health service. A lack of investment in prevention not only costs the economy but also results in lost opportunities for people - and lost lives.

Calls for a greater focus on prevention are at least as old as the NHS itself. But actually delivering on this would be a truly radical change. Previous governments have set similar targets and fallen at familiar hurdles. The acute sector, which deals with life and death crises in the here and now, has seen a greater share of the health budget in recent years, despite commitments to shift more money to the community. Long queues at A&E, unacceptable waits for ambulances and planned care capture the attention of the public and politicians. In this context, and with huge demand for secondary care, partly due to a growing and ageing population living with long term conditions, it can be difficult to secure the investment and focus needed to prevent disease and stem the demand on the NHS.

Central to the Government's Health Mission, building an NHS fit for the future, is a vision of 'fewer lives being lost to the biggest killers, including cancer, cardiovascular disease and stroke'. Smoking causes all of these. Another central target is to halve the difference in healthy life expectancy between richest and poorest. Half of that gap is attributable to smoking. Tackling smoking at pace and for all populations must be an urgent priority.

We can't afford for it not to be. Ultimately, the Government's Missions will work best when they achieve aims together. Smoking places a huge economic burden on society and health and care services, including £27.6 billion in lost economic productivity. Helping smokers to quit and to live longer and healthier lives will boost economic growth, contributing to the growth mission. Addressing smoking in pregnancy, with targeted support for mothers to quit smoking, will contribute to ensuring that every child has the best start in life.

The upfront investment required to support smokers in quitting and raise awareness of the harms of tobacco products is small compared to the gains it can deliver. But it does not even need to be raised from UK taxpayers. There is an industry rich on the profits it has made selling lethal and addictive products. As part of the Government's new approach to prevention, funding is needed to deliver transformation at scale. Levying it from the tobacco companies is a rare, easy win for the Government and the taxpayer.

Tackling smoking can serve as a blueprint for the Government's wider ambitions on prevention. This means taking legislative action at a national level to shape the environments that we live in, while also investing in local services to provide direct support to those who want to make a change. There is much here that can inform approaches to other commercial determinants of health.

There is light at the end of the tunnel. This Government could be the one to achieve what decades ago would have felt like a pipe dream: a society free from the harms of tobacco.



Sarah Woolnough
Chief Executive of The King's Fund

Foreword: Bob Blackman MP and Mary Foy MP

There is little doubt that 2025 will be a historic year for public health. The passage of the Tobacco and Vapes Bill will be remembered as a pivotal moment when the UK led the world in the mission to end smoking once and for all.

The APPG on Smoking and Health has always led from the front on tobacco legislation and we're proud to be leading the support for this Bill - first introduced by a Conservative Government and reintroduced by a Labour one. Like the Bill itself, the APPG is a truly cross-party initiative: a backbench Parliamentary powerhouse, led by politicians across the political spectrum over the years - because eliminating the harms of tobacco is not a partisan issue.

We are also impatient to realise the vision of a country where no one smokes. This report recognises the achievement of the Tobacco and Vapes Bill, but is clear that, on its own, it will not create a smokefree country for many decades.

It provides this Government with a blueprint for helping the UK's six million smokers to stop, hastening the end of smoking. It challenges the Government not to see this legislation as the end of the road, but rather the first step on the roadmap to ending smoking.

In some circles, it may feel like the fight to end smoking is already won. The most well-off in our society are expected to reach a 5% smoking rate this year. That is something to celebrate. However, those living in the most deprived parts of the country will not reach the same smoking rate until 2050.

We need a bold vision for ending smoking in this country - one that matches the scale of ambition for creating a smokefree generation. That is why the APPG on Smoking and Health is calling on this Government to commit to reducing the number of smokers by two million in the next five years, and to make smoking obsolete in the next 20 years.

With the right strategy and investment, targeted towards communities with the highest level of need, there is no reason why this cannot be achieved, and it must be if the Government is going to halve the gap in healthy life expectancy between the richest and poorest. Smoking is responsible for half of that gap, and the recommendations in this report would ensure that we see measurable progress within this Parliament.

Such an ambitious plan will need funding - and let us be completely clear where that funding should come from. Four big tobacco companies make an estimated £900 million in the UK every year in profits, while the British taxpayer picks up the tab for their lethal and addictive products.

Our current system of taxation has little impact on this industry's profits, with tobacco taxes primarily being paid by consumers. As this report explains, a polluter pays levy on tobacco manufacturers would give us more control over industry efforts to manipulate prices to keep people smoking. It would also raise an estimated £700 million in its first year, which can go towards closing that gap in healthy life expectancy by tackling smoking.

The APPG will continue to support any Government that is committed to seeing a world that is free from tobacco. For this Parliament, we must ensure that we are looking beyond the Bill: targeting support at those who will benefit most, and ensuring no one is left behind in the smokefree future.



Bob Blackman MP and Mary Foy MP

Co-Chairs of the APPG on Smoking and Health

Executive Summary and Recommendations

Smoking rates have fallen in the UK thanks to successive comprehensive strategies and sustained efforts to regulate tobacco products. But progress is not inevitable. A combination of investment and regulation has delivered a remarkable return in recent decades; and if we scale back our action, progress will stall.

Smoking not only harms the health of our population as the leading cause of preventable death - it also harms our economy. Action on Smoking and Health (ASH) estimates that the cost of smoking in England in 2023 was a staggering £43.7 billion. This is a barrier to growth. Achieving a smokefree country could result in 135,000 additional full-time equivalent jobs, worth almost £10 billion,¹ through ex-smokers redirecting their spending to goods and services with greater value to the UK economy.

The Tobacco and Vapes Bill does not mean that smoking is 'job done'. There are still 6 million smokers living in the UK, and raising the age of sale will not impact them. **To create a smokefree country, with measurable milestones to deliver in this Parliament, the Government must ensure that everyone stops, no one starts, and there is no profit in tobacco. The Government must therefore:**

- 1. Deliver on their pledge to publish a roadmap towards a smokefree country.**
2. Set a national target of 2 million fewer smokers by the end of this Parliament and a vision to make smoking obsolete within 20 years.
3. Maintain all current funding to local authorities, the NHS, and wider tobacco control and enforcement to deliver on manifesto pledges in NHS settings.
4. Make additional investments of £97 million per year to support disadvantaged populations and unlock £3.6 billion of savings to public finances.
5. Utilise the powers in the Tobacco and Vapes Bill to maximise the benefits to public health and:
 - Swiftly regulate vape advertising, packaging, flavour descriptors, and retail displays to protect children from vaping.
 - Ensure all tobacco products are regulated in the same way as cigarettes.
 - Ensure nicotine pouches are appropriately regulated to limit their appeal to children and protect consumers.
 - Ban all cigarette filters to remove the false sense of protection they provide and reduce the impact of smoking on the environment.
 - Hold a wide, evidence-based consultation on the proposed extension of smokefree and vape free places and close the loophole allowing cigar lounges to continue operating.
 - Develop a licensing scheme for tobacco and vaping products with a clear public health agenda.
 - Require the tobacco industry to publish sales data to support local, regional and national tobacco control strategies.
6. Keep driving down the affordability of tobacco to incentivise quitting.
7. Introduce inserts in cigarette packs and warnings on cigarette sticks to reinforce awareness of health harms and encourage more smokers to stop.
8. Reduce the barriers people face to accessing smoking cessation aids.
9. Continue to be a world leader in tobacco control through funding the global adoption of the WHO Framework Convention on Tobacco Control.
- 10. Fund the roadmap through a levy on tobacco companies - raising £700 million a year. Any excess revenue raised should be directed towards public health initiatives that reduce the gap in healthy life expectancy and help to build an NHS fit for the future.**

In this Parliament, the Government could:

- Reduce the number of smokers across the UK by 2 million.
- Raise £700 million from the tobacco industry to fund initiatives that lower smoking rates and help close the gap in healthy life expectancy between the richest and poorest.
- Deliver on the Labour manifesto pledge to ensure all hospitals integrate 'opt-out' smoking cessation interventions into routine care, delivered through sustained funding to NHS settings via Integrated Care Boards (ICBs).
- Invest £97 million per year in innovative stop smoking interventions to unlock a return of £3.6 billion to the public finances and £18.9 billion to the wider economy over the next five years.
- Quickly reduce the number of young people taking up vaping by utilising the powers in the Tobacco and Vapes Bill.

NO ONE STARTS



- The Smokefree Generation is introduced, stopping the start.
- The vape market is swiftly regulated - covering advertising, packaging, flavour descriptions, and retail displays.
- Funding for enforcement is maintained.
- All tobacco products are consistently regulated to close loopholes, and cigar lounges are no longer permitted to operate.
- Cigarette filters are banned - discouraging uptake and raising awareness of harm.
- Smokefree places are extended, in line with evidence, to protect vulnerable groups from secondhand smoke.

EVERYONE STOPS



- Two million fewer smokers by the end of this Parliament.
- An additional £97 million invested annually to support disadvantaged communities - unlocking £3.6 billion in public savings.
- Tobacco continues to become less affordable.
- Inserts are introduced in cigarette packs and on cigarette sticks to encourage quitting.
- Barriers to accessing smoking cessation support are reduced.

NO PROFIT IN TOBACCO



- A 'polluter pays' levy is introduced - raising £700 million per year.
- Tobacco industry profits are capped at average consumer product levels (10% vs. 60%).
- The UK maintains global leadership in tobacco control by funding wider adoption of the WHO Framework Convention on Tobacco Control.

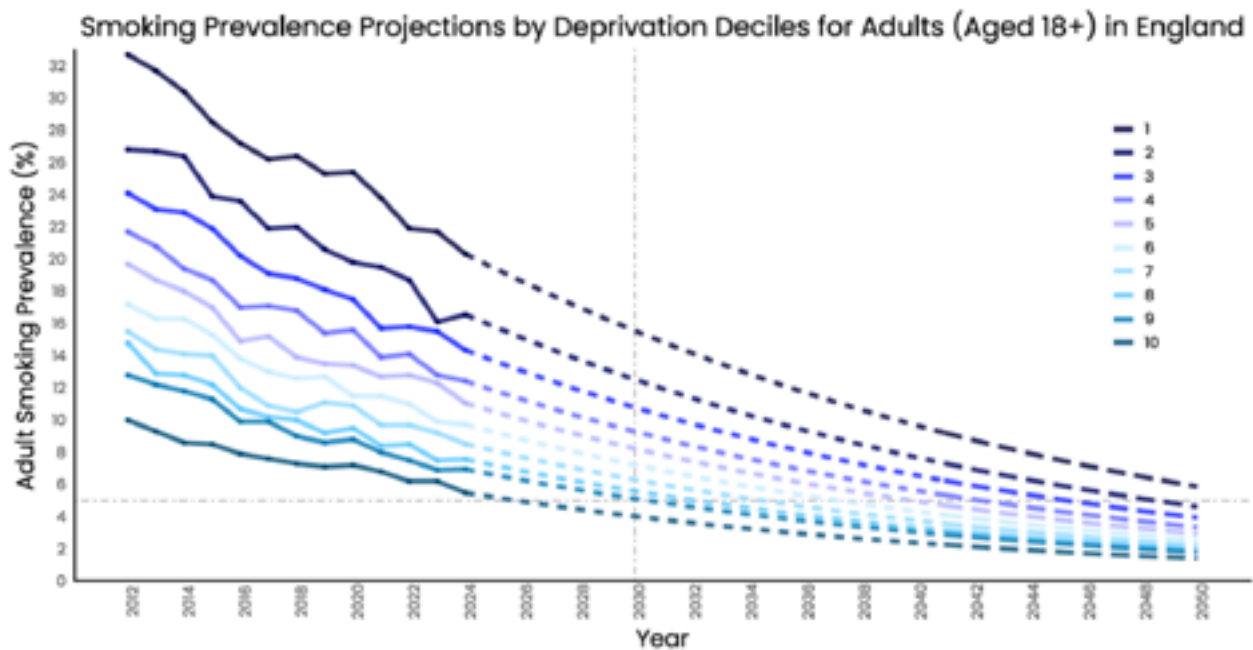
1. Introduction

- 1.1 The Labour Government's bold mission to improve the nation's health comes at a pivotal moment. Life expectancy in the UK has stalled, and healthy life expectancy has fallen, meaning people spend a greater proportion of their lives in poor health.² This is particularly true in areas of greater deprivation; healthy life expectancy in the North East is 7 years shorter for males and 6 years shorter for females than for those in the South East.³ These differences are largely driven by higher mortality rates from heart and respiratory diseases and lung cancer - all of which are caused by smoking. Higher smoking rates in more deprived groups are the leading cause of this disparity in life expectancy.⁴
- 1.2 When Labour last entered power in 1997, 27% of adults smoked, and the next generation looked likely to follow with smoking rates rising among teenagers.⁵ Their vision to reduce the harms caused by smoking resulted in the first cross-government strategy to tackle high smoking rates: *Smoking Kills*.⁶
- 1.3 The indoor smoking ban in 2007 was passed under a Labour Government and has been one of the biggest public health achievements of our lifetime. Owing to sustained efforts on tobacco control, smoking prevalence was at 20% when Labour left office in 2010.⁷ Smoking among 15-year-olds more than halved from 30% in 1998 to 12% by 2010, setting the conditions for the smokefree generation legislation later proposed by the Conservative Government.
- 1.4 Despite these efforts and continuing declines in prevalence, smoking remains the leading cause of premature death and ill-health in England, with 74,000 smoking-related deaths per year and many more suffering with disease.⁸ **Smoking is not a choice - it is an addiction** that most come to regret and that will, on average, cut their lives short by 10 years.⁴ Tackling smoking is a necessary step in closing the gaps in years spent in good health between richest and poorest, and creating a sustainable NHS.
- 1.5 Smoking places a **huge burden on our economy**. Analysis by Landman Economics for Action on Smoking and Health (ASH) estimates that the cost of smoking in England in 2023 was a staggering £43.7 billion.⁹ This includes direct costs to the NHS and social care, as well as indirect costs such as lost productivity. If the value of premature deaths from smoking (based on quality-adjusted life years, or QALYs) is included, the costs rise to £78.3 billion. High rates of smoking are a drag on the Government's efforts to grow the economy and stabilise the public finances. As such, investing in tobacco control is investing in the economy, paving the way for sustainable, ground-up economic growth.
- 1.6 The APPG on Smoking and Health welcomed the reintroduction of the Tobacco and Vapes Bill, which will introduce a generational smoking ban, preventing future generations from ever getting hooked on tobacco. It will also ensure that vapes are regulated as a stop smoking aid for adults and are no longer appealing or accessible to children. This Bill gives the Government the chance to enact a landmark policy shift, moving from incremental progress towards a strategy that will make smoking obsolete.

However, there is still more to do for the nearly **6 million adults who already smoke**, if we are to realise this vision. Reaching the groups where smoking prevalence remains high, such as those with serious mental illness, in social housing, and in routine and manual occupations, requires the same bold ambition demonstrated by the previous Labour Government. The Tobacco and Vapes Bill will ensure that no one starts smoking - but it should be the first step on a national roadmap to ensure that everyone stops. This report will set out additional policy recommendations that would make that smokefree future a reality.

2. Where we are now

- 2.1 The UK's tobacco control policies have led to a remarkable decline in smoking rates, representing a major public health success story. But the job is far from done - progress is not inevitable without action.
- 2.2 For example, in Germany, rates of smoking have stayed around the 30% mark since 2017.¹⁰ What has differed in Germany, compared to the UK, is a lack of national strategy to reduce smoking and an absence of comprehensive restrictions on tobacco.
- 2.3 However, the UK still has a long way to go, particularly in relation to the inequalities caused by smoking. Cancer Research UK estimates that on current trajectories the least affluent will not reach 5% smoking prevalence until 25 years after the most affluent. This means smoking will continue to be a leading driver of inequality for many years to come.¹¹



Source: Cancer Research UK. *CRUK analysis brief*.

[Smoking prevalence projections for England using data to 2023](#). October 2024.

- 2.4 Research indicates that one in five people (21.7%) in the most deprived groups smoke, compared to 6.2% in the least deprived.¹² Half of the gap in healthy life expectancy that exists between these groups is attributable to smoking.⁴
- 2.5 The challenge may be bigger than we think. There are concerns that current data underestimates the true number of smokers and may miss people who smoke non-cigarette tobacco products, do not smoke every day, or belong to 'hidden populations' not captured by national surveys. Together, this could be up to 3 million more smokers than official figures suggest. As prevalence falls further, we need to be mindful of this and ensure that no populations are 'left behind' as we move towards a smokefree future.
- 2.6 There is not only a moral case to tackle tobacco and eliminate the inequalities it causes, but also a clear economic case. Smoking costs society in England £43.7 billion a year - far more than the £6.8 billion raised through tobacco taxes.⁹ This includes:
 - £27.6 billion in lost economic productivity
 - £1.82 billion to the NHS
 - £13.9 billion in social care costs to local authorities
 - £332 million in fire-related costs

- 2.7 The health and economic impacts of smoking are disproportionately concentrated in the most deprived parts of the country, meaning that these areas stand to benefit the most from investment in stop smoking support.



- 2.8 Most of the cost of smoking consists of lost economic productivity from smokers being too sick to work and dying prematurely. It is estimated that around 230,000 people are unfit to work due to smoking-related illnesses like cancer, heart disease, COPD, and diabetes.¹³ Unchecked, this is a major barrier to the Government's ambition to boost economic growth.
- 2.9 Tobacco is not grown or manufactured in the UK, and tobacco companies pay very little tax here. This means that spending on tobacco does not benefit the UK economy or support job creation. When people quit smoking, they redirect their spending to other goods and services, which makes a positive contribution to the UK economy. It is estimated that achieving a smokefree country would result in 135,000 more FTE jobs in the UK economy, worth almost £10 billion.¹⁴
- 2.10 Smoking also pushes households into poverty. On average, each person who smokes spends £2,338 per year on tobacco.⁹ In 2018/19, 21% of smoking households in the UK lived below the poverty line, amounting to one million households. This rises to 32% - of households (1.5 million) - when tobacco spending is included in the assessment of poverty. These households include just over a million children.¹⁵

3. Update on policy objectives and targets

- 3.1 Tobacco control is a cross-party issue, with Labour, Conservative, and coalition governments taking action in Westminster - and devolved governments also advancing bold agendas to reduce smoking. This section of the report covers what has been recommended and implemented over the last 5 years, with a focus on Westminster and England.

KEY TOBACCO CONTROL MILESTONES: 2019-2024

2019

- **February** - APPG report calls for a "polluter pays" levy and a tobacco duty escalator.
- **July** - Prevention Green Paper sets the Smokefree 2030 target.¹⁸
- **September** - Public Health England (PHE) Strategy sets 2022 targets: 12% smoking prevalence among adults, 6% among pregnant women, and 3% among 15-year-olds.



2020

- **February** - PHE publishes Health Matters: Smoking and Mental Health, recommending all mental health trusts implement smokefree policies and integrate cessation support into routine care.
- **May** - Ban on menthol-flavoured cigarettes comes into effect.¹⁹



2021

- **February** - Smoking in Pregnancy Challenge Group recommends a 'smoking at time of delivery' target of 4% by 2026 (rate was 6.5% in 2025).
- **November** - NICE guidance recommends vapes as a smoking cessation tool.²⁰
- **December** - Johnson Government announces delay to the Tobacco Control Plan.



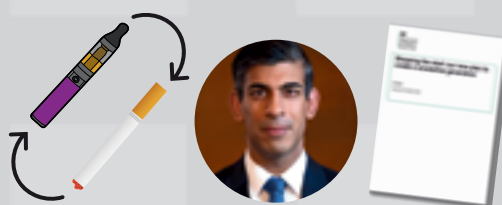
2022

- **June** - The Khan Review: Making Smoking Obsolete is published, recommending an annual increase to the age of sale, promotion of vaping as a cessation aid, and increased investment in services.²¹



2023

- **April** - "Swap to Stop" scheme announced.²²
- **August** - Consultation launched on mandating quit-themed pack inserts.
- **October** - Rishi Sunak announces the Smokefree Generation policy at the Conservative Party Conference, proposing an annual increase to the age of sale.
- **November** - Stopping the Start command paper published, detailing measures in the Tobacco and Vapes Bill, funding for stop smoking services, and plans for smokefree pregnancy incentives and the Swap to Stop scheme.²³



2024

- **March** - HMRC and Border Force publish Stubbing Out the Problem, a strategy to tackle illicit tobacco. It includes the creation of the Illicit Tobacco Taskforce and £100 million in funding over five years.²⁴
- **March** - Tobacco and Vapes Bill is published.
- **May** - Rishi Sunak calls a general election; the Tobacco and Vapes Bill does not receive Royal Assent.
- **June** - Labour Party manifesto pledges to raise the age of sale, integrate opt-out cessation services into routine care, and halve the gap in healthy life expectancy between richest and poorest.
- **July** - Labour Government is formed.
- **October** - Legislation banning disposable vapes is passed, due to take effect in June 2025.
- **October** - Autumn Budget introduces a vaping liquid duty, scheduled to come into force in October 2026.
- **November** - An enhanced version of the Tobacco and Vapes Bill is reintroduced to Parliament.



- 3.2 Bold targets to reduce rates of smoking have been an effective tool for driving activity. The 2017 Tobacco Control Plan for England set out ambitious targets for reducing smoking prevalence. These have largely been achieved, except for the target on smoking in pregnancy, which is likely to be met this year.

Indicator	Target (2022)	Actual (2022)	Latest data
15-year-olds smoking ¹⁶	2%	No survey conducted	2% (2023)
Adult smoking prevalence ¹⁷	12%	12.7%	11.6% (2023)
Inequalities (Routine and Manual vs General Population) ¹⁸	Narrow the gap	9.8% gap (vs. 10.8% in 2017)	7.9% gap (2023)
Smoking in pregnancy	6%	8.8%	7.4% (2023/24)

- 3.3 Since 2020, there have been significant declines in rates of smoking in pregnancy, in part resulting from sustained investment in stop smoking support in maternity care. This culminated with the biggest ever decline in maternal smoking rates last year, putting us on target to potentially achieve the national target of 6% or fewer women smoking during pregnancy in 2025 - albeit three years later than planned.
- 3.4 However, the smokefree 2030 ambition set out in the 2019 Prevention Green Paper is now very unlikely to be achieved. This can be partly attributed to the impact of the disruption caused by the COVID-19 pandemic, but is primarily due to a lack of a clear strategy to deliver the 2030 ambition - compounded by longstanding underinvestment in stop smoking services. This shows that progress can easily stagnate without a comprehensive strategy supported by evidence-based policies and sustainable funding.
- 3.5 The 2022 Khan review set out the measures needed to make smoking obsolete, including a generational smoking ban and increased investment in tobacco control.²³ Many of these measures were introduced by the previous Conservative Government and have been taken forward by the current Labour Government. The Government's big shift from 'sickness to prevention' provides an opportunity to realise the core recommendation that 'Prevention must become part of the NHS's DNA'.

Current Government commitments and announcements on smoking and vaping:

- Create a smokefree generation and regulate vapes so that they do not appeal to children (Tobacco and Vapes Bill).¹⁹
- Extending smokefree places (Tobacco and Vapes Bill).
- Ban single-use (disposable) vapes in June 2025 and introduce a duty on vaping liquids in October 2026.
- Ensure all hospitals integrate 'opt-out' smoking cessation interventions into routine care (Labour manifesto).²⁵
- Publish a roadmap to a smokefree Britain (Labour health mission).²⁰
- All hospital trusts to have a named lead on smoking cessation and report on progress in their annual reports (Labour health mission).
- Legislate to require tobacco companies to include information in tobacco products that dispels the myth that smoking reduces stress and anxiety (Labour health mission).
- Work with local councils and the NHS to ensure that vapes are being used as a stop smoking aid, rather than a new form of smoking (Labour health mission).

Other stated Government commitments, which are dependent on reductions in smoking prevalence, include:

- The Health Mission: build an NHS fit for the future with " fewer lives being lost to the biggest killers, including cancer, cardiovascular disease and stroke, and suicide."

- “Tackle the social determinants of health, halving the gap in healthy life expectancy between the richest and poorest regions in England.” (Labour manifesto)²¹
- Deliver the healthiest generation of children ever with child action plan.²²
- Achieve a major shift from ‘sickness to prevention’ across the health service.²³
- The Growth Mission: achieve the highest sustained growth in the G7 and raise living standards in every part of the United Kingdom.
- Reducing the incidence of preventable cancers through the national cancer plan.²⁴

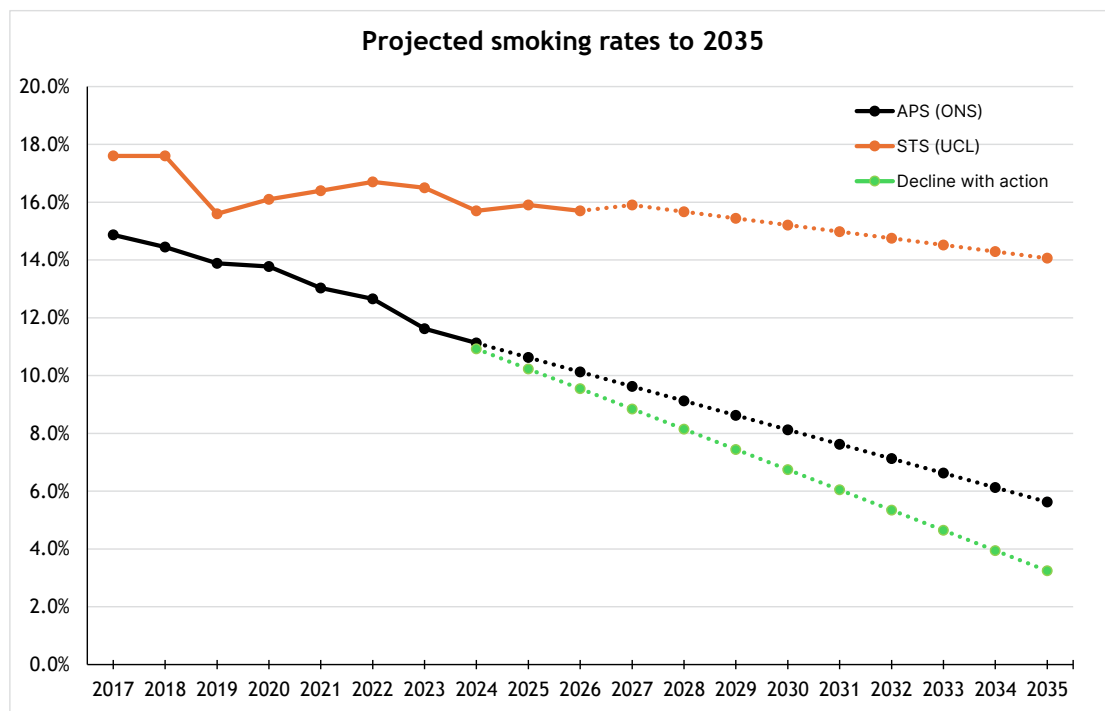
4. A roadmap to a smokefree country: No one starts, everyone stops, no profit in tobacco

- 4.1 It was a Labour Government that first set out a clear strategy on smoking, with the Smoking Kills White Paper in 1998. The most recent Tobacco Control Plan, published in 2017, expired in 2022.²⁵
- 4.2 Although the Government is currently working on a prevention publication as part of the health missions, the APPG strongly feels that smoking needs to be addressed in a stand-alone strategy.

Recommendation 1: Deliver on their pledge to publish a roadmap towards a smokefree country.

Recommendation 2: Set a national target of 2 million fewer smokers by the end of this Parliament and a vision to make smoking obsolete within 20 years.

- 4.3 The APPG recommends that the Government set a bold target to reduce smoking prevalence, which matches the scale of the ambition to create a smokefree generation. There are almost 6 million smokers in England; this can be reduced by a third during this Parliament if the Government turbo-charges progress with the right investment and a strong strategy.
- 4.4 An annual reduction of 0.7 percentage points per year would mean that by the end of this Parliament, in 2030, there would be at least 2 million fewer smokers (a prevalence rate of 6.7%). By maintaining this trajectory, the country would reach less than 5% smoking prevalence within the next decade, making smoking obsolete within the next 20 years.



The recent rates of decline reported in the APS may be missing some smokers, particularly those who do not smoke every day or do not primarily smoke cigarettes. The Smoking Toolkit Study run by UCL finds a far slower rate of decline than official government data. Government action will therefore be crucial to achieving the rapid rates of decline needed to ensure there are 2 million fewer smokers by the end of this Parliament.

4.5 This target for the general population should be aligned with specific targets for vulnerable groups with high rates of smoking, including people with mental health conditions and those on low incomes. There have been significant declines in rates of smoking during pregnancy in recent years; this progress should be maintained to ensure every baby has a smokefree start in life.

Recommendation 3: Maintain all current funding to local authorities, the NHS, and wider tobacco control and enforcement to deliver on manifesto pledges in NHS settings.

- 4.6 The APPG has welcomed the additional £70 million per year for local stop smoking services committed by the current Government.²⁶ This supplements the existing public health grant funding for tobacco control (approximately allocated £70 million per year), effectively doubling the funding available to support local stop smoking activity. This funding has enabled councils to step up their efforts to help people quit smoking, with a 10% increase in the number of people setting a quit date with stop smoking services in the first year of new investment.²⁷
- 4.7 Sustained investment will ensure this improvement continues and allows local authorities to target disadvantaged communities with the highest rates of smoking. This is in addition to an extra £10 million for trading standards to crack down on illicit tobacco.²⁸
- 4.8 Funding for stop smoking services in the NHS must also be protected. Since 2019, the NHS has funded tobacco treatment services in hospitals (both mental health and acute) and maternity units. From 2025/26, this funding will be part of core Integrated Care Board (ICB) baseline budgets, with an expectation that it is delivered as part of business as usual. This means that - for the first time since the funding was allocated - ICBs will have complete control over how this funding is used.
- 4.9 The APPG is concerned that ICBs will begin decommissioning stop smoking services in Trusts in response to wider financial pressures. Some ICBs have already informed staff that they intend to cut funding for these services within this financial year. The Government must make it clear that this is an area where ICBs need to deliver. Cutting these services is a false economy which will result in more cases of preventable death and disease, and undermine the goal of shifting the health service towards prevention.
- 4.10 This would also undermine the Government’s manifesto pledge to “integrate ‘opt-out’ smoking cessation interventions into routine [hospital] care.”³² The APPG recommends expanding this pledge so that **all** smokers - not just those who have been to hospital - are offered ‘opt-out’ smoking cessation advice annually, in line with previous APPG recommendations.
- 4.11 Funding for mass media campaigns, the swap to stop programme, and financial incentives during pregnancy should also be maintained following the spending review.
- 4.12 Many of these funding commitments were originally set to last for five years, but have since been reduced to one year, with any extension subject to the spending review. Recent reassurances from the Government are a good sign, but services need clarity to plan beyond the next 12 months. All these vital, interlocking, spending commitments that span across multiple agencies and organisations must be maintained following the three-year spending review.

Current Government investment in tobacco control activity:

Fund	Agency	Amount	Current status	Description
Stop Smoking Services	Local authorities	£70 million per year	Pledged for 2025/26	This additional, ringfenced money goes direct to local authorities for smoking cessation activities.
Public health grant	Local authorities	Approx. £70 million allocated to tobacco control per year	Allocated for 2025/26	The public health grant funds a range of local public health activity, including tobacco control. Previous cuts to the grant have disproportionately impacted tobacco control so it’s vital that the grant is maintained.

Fund	Agency	Amount	Current status	Description
Local enforcement	Trading standards	£10 million per year	Pledged for 2025/26	This funding will support efforts to tackle illicit tobacco and vapes.
Illicit tobacco strategy	HMRC and Border Force	£100 million over five years	2024 - 2029	This funding will support the UK illicit tobacco strategy published March 2024.
Swap to stop scheme	Local authorities	Up to £19 million	Pledged for 2025/26	The Swap to Stop scheme offers people who smoke a free vape kit plus stop smoking support. Over 90% of local authorities are currently participating in the scheme.
Financial incentives scheme	NHS trusts	To be confirmed	Pledged for 2025/26	This scheme provides financial incentives to pregnant women who quit smoking and stay smokefree. Incentives are highly effective and cost effective at increasing quit success.
Mass media and marketing campaigns	DHSC	£15 million per year in 2024/25	To be confirmed for 2025/26	Mass media campaigns are effective for increasing quit attempts and have a high return on investment.
NHS tobacco dependence treatment services	ICBs	£70 million per year	Uncertain - ringfence removed	This funding supports the rollout of tobacco dependence treatment services in the NHS. However, there is a risk that some ICBs will begin decommissioning these services in response to financial pressures.

Recommendation 4: Maintain all current funding to local authorities, the NHS, and wider tobacco control and enforcement to deliver on manifesto pledges in NHS settings.

4.13 Modelling by Landman Economics and the UCL Tobacco and Alcohol Research Group found that investing an additional £97 million a year in stop smoking activity in mental health settings, lung health screening, primary care, and expanded mass media campaigns could deliver a return of £3.6 billion for the public finances and **£18.9 billion to the wider economy cumulatively over the next 5 years.**²⁹ This investment should be made as part of the 3 year spending review and will pay for itself many times over in this Parliament.

Recommendation 5: Utilise the powers in the Tobacco and Vapes Bill to maximise the benefits to public health.

Swiftly regulate vape advertising, packaging, flavour descriptors, and retail displays to protect children from vaping.

4.14 The APPG is highly concerned about the increase in youth vaping. This increase appears to be driven by the emergence of cheap, colourful vaping products, visible on high streets across the country. As a matter of priority, the Government should ban vape advertising and sponsorship; bring forward regulations to control the branding, marketing, and design of products; regulate vape flavour descriptors; and end the display of vaping products in stores.

4.15 Further regulations will be needed, but the promotion of vapes should be dealt with swiftly following Royal Assent to ensure children are protected. The evidence should be carefully considered to ensure that regulation strikes the right balance: reducing youth appeal, while ensuring vapes continue to be a valuable smoking cessation tool for adult smokers.

Ensure all tobacco products are regulated in the same way as cigarettes.

4.16 There has been a sharp increase in non-cigarette tobacco use in recent years, with five times more people smoking products like cigars and cigarillos compared to a decade ago.³⁰ This increase has been more pronounced among young adults. These products are not regulated as strictly as cigarettes - they are not subject to minimum pack sizes, standardised packaging, or flavour bans.

4.17 Tobacco companies have been particularly effective at exploiting weak regulation of cigars and

cigarillos to undermine laws designed to reduce smoking. They have introduced new cigarillos that closely resemble cigarettes, and responded to the menthol cigarette ban in 2020 by launching mentholated cigarillos that mirrored cigarettes.³¹ Cigarillos should be reclassified as factory-made cigarettes to prevent manufacturers from using them to circumvent tobacco regulations.

- 4.18 Heated tobacco products have also grown in popularity in recent years. These products heat, rather than burn, tobacco and have been heavily marketed by tobacco companies as a safer alternative to smoking. While unlikely to be as harmful as smoking, they are likely to be more harmful than other alternatives, such as vaping. Tobacco companies are aggressively promoting heated tobacco in supermarkets despite being told by the Government that this is prohibited.³² Heated tobacco should be subject to the same restrictions as other tobacco products.

Ensure nicotine pouches are appropriately regulated to limit their appeal to children and protect consumers.

- 4.19 There has been a growth in use and promotion of nicotine pouches in recent years. Currently, these products are not subject to any restrictions on age of sale, nicotine strength, or promotion. They are widely marketed, including in shops and at youth-focused events like music festivals. The Tobacco and Vapes Bill will set a legal age limit for buying nicotine pouches and give the Government powers to ban marketing, regulate nicotine content and standardise packaging. The Government should move swiftly to use these powers to reduce the appeal of these products to children.

Ban all cigarette filters to remove the false sense of protection they provide and reduce the impact of smoking on the environment.

- 4.20 Despite tobacco industry claims, there is no proven health benefit to cigarette filters, and they have been dubbed the “deadliest fraud in the history of human civilisation.”³³ They were developed by tobacco companies in response to evidence linking lung cancer to smoking to reassure smokers about the safety of cigarettes and deter them from quitting. Filters have been a highly effective marketing tool for tobacco companies, with marketing slogans presenting filtered cigarettes as smoother, safer, and more appealing.^{34 35}
- 4.21 Cigarette filters also represent a major environmental hazard, making up 66% of all littered items according to Keep Britain Tidy,³⁶ and costing UK local authorities around £40 million per year to clean up.³⁷ Banning all filters would help to reduce the appeal of smoking while addressing the harmful environmental impacts associated with both plastic and allegedly ‘biodegradable’ filters.
- 4.22 The Government has stated that the consultation on extending smokefree places in England will be limited to “outside schools, children’s playgrounds and hospitals.”³⁸ Discussions on where people should and should not be permitted to smoke always generate a great deal of interest, as demonstrated by the extensive media coverage of a potential ban on smoking in pub gardens in August 2024. This public discussion is valuable for increasing awareness of the harms from smoking and giving people a chance to engage in the debate.
- 4.23 As the number of smokers in the UK continues to decline, there is an important discussion to be had about how we use public spaces and protect individuals from secondhand smoke, particularly children and those with health conditions. We recommend that the public consultation on these powers covers all outdoor spaces, including hospitality settings. This will ensure that the public, health professionals, and academic experts can have their say.
- 4.24 In addition, powers on vape-free places will need to be implemented carefully to ensure that they do not deter smokers from switching to vaping or cause vapers to relapse back to smoking. Exemptions should be considered for settings where vaping is supporting people to quit and abstain from smoking - for example, stop smoking services and mental health units.
- 4.25 The APPG also recommends that the loophole allowing the continued operation of cigar lounges should be closed. Specialist tobacconists have an exemption to the 2007 indoor smoking ban to allow customers to sample cigars or pipe tobacco before making a purchase. However, in practice this has enabled the continued operation of cigar lounges attached to tobacconists, bars and hotels.^{39 40} This clearly goes beyond the purpose of the exemption and risks exposing staff working in these settings to harmful secondhand smoke, as well as renormalising indoor smoking.

Develop a licensing scheme for tobacco and vaping products with a clear public health agenda.

- 4.26 A retail licensing scheme for tobacco and vape retailers would allow enforcement agencies to more effectively enforce existing regulations and place tighter controls on the supply chain. This would support the already effective UK illicit tobacco strategy and enhance efforts to crack down on illicit vapes. It is welcome that the Tobacco and Vapes Bill is taking powers to create such a licensing scheme, as suggested in amendments tabled by the APPG in the previous Parliament.
- 4.27 The scheme should be flexible to allow the Government and local authorities to respond to an evolving market and changes in smoking. It should also be underpinned by explicit public health aims which are closely monitored. The consultation on the licensing scheme should carefully consider where cigarettes and vapes are currently sold and where there are opportunities to bring in tighter regulations to improve public health (for example, reviewing the sale of duty-free cigarettes at airports).

Require the tobacco industry to publish sales data to support local, regional and national tobacco control strategies.

- 4.28 The legislation will give the Government powers to require manufacturers to publish sales data. Tobacco companies collate detailed data on product sales, which could be used to better inform public health responses. This information would be very useful for responding to changes in the illicit tobacco market, formulating local strategies to address smoking hotspots and supporting research into industry attempts to subvert price policies.

Recommendation 6: Keep driving down the affordability of tobacco to incentivise quitting.

- 4.29 Making tobacco less affordable is one of the most important levers we have to reduce consumption. Maintaining the tax escalator is key to this, alongside keeping Minimum Excise Tax under review, and closing the tax gap between factory-made and roll your own (RYO) tobacco.
- 4.30 Reducing the size of the illicit market is also an important tool for reducing the affordability of tobacco and maximising tax revenues. The UK has had a series of effective enforcement strategies, which have substantially reduced the illicit market over the last 25 years. This must be maintained with specific investment in disrupting the supply of illegal products and reducing consumer demand.

Recommendation 7: Introduce inserts in cigarette packs and warnings on cigarette sticks to reinforce awareness of health harms and encourage more smokers to stop.

- 4.31 The APPG has welcomed the Government's commitment to mandate pack inserts in cigarette packs and RYO tobacco packaging. Pack inserts can complement the existing warnings on tobacco packaging by providing smokers with additional information on the harms of smoking, positive messaging about quitting, and advice on the best ways to quit.⁴¹ They have been proven to be effective in Canada and are supported by the public, with 67% of adults in Great Britain supportive of introducing pack inserts in 2024.⁴² Messaging in pack inserts should also dispel the myth that smoking reduces stress and anxiety, when the opposite is true.
- 4.32 The APPG first recommended warnings on cigarette sticks in 2021. This recommendation was subsequently included in Dr Javed Khan's independent review: 'Making smoking obsolete'.⁴³ Cigarette warnings have recently been introduced in Canada and will be rolled out in Australia in July 2025. Research from Health Canada found that cigarettes with health warnings were seen as less appealing and more harmful than those without.⁴⁴ Dissuasive cigarettes are likely to be particularly impactful among children and young people, who are much less likely to be exposed to warnings on packaging, whereas a warning directly on the cigarette would be unavoidable.

Recommendation 8: Reduce the barriers people face to accessing smoking cessation aids.

- 4.33 People's chances of quitting smoking are greatly increased when they use stop smoking aids such as NRT, medications, and nicotine vapes. Despite this, almost half of all quit attempts in 2024 were unaided.⁴⁵ The Government should do more to educate both the public and health professionals

about the most effective stop smoking aids. It must also reduce the barriers preventing people who smoke from accessing these products.

- 4.34 Nicotine vapes are one of the most effective and popular stop smoking aids, and are recommended by NICE for smoking cessation.⁴⁶ However, there is poor public understanding about the reduced risk of vaping compared to smoking and the effectiveness of vapes as a quitting aid. Survey data from ASH shows that public understanding of the risks from vaping is getting worse, with half of British adults - including half of all smokers - incorrectly believing that vaping is as or more harmful than smoking in 2024.⁴⁷ There is a risk that these misperceptions are deterring smokers from trying to quit with a vape.
- 4.35 We recommend that the Government develop a communications strategy to inform adult smokers about the relative risks of smoking and vaping. This should focus on encouraging people who both smoke and vape to switch fully to vaping and ensuring that people who have switched from smoking to vaping do not relapse to smoking. National and local communications on vaping should make it clear that vapes should be used as an adult stop smoking aid, rather than a recreational product.
- 4.36 Prescription medications like cytisine and varenicline are highly effective for helping people quit smoking. However, use of these products is relatively low, and they are under-prescribed to smokers with mental health conditions, despite their effectiveness.^{48 49} This must be addressed to ensure that everyone who smokes has access to the most effective forms of support.

Recommendation 9: Continue to be a world leader in tobacco control through funding the global adoption of the WHO Framework Convention on Tobacco Control.

- 4.37 The generational smoking ban will cement the UK's place as a world leader in tobacco control. The UK was instrumental in the development and adoption of the WHO Framework Convention on Tobacco Control (FCTC), an international treaty designed to end the global tobacco epidemic. We have a strong record of implementing the FCTC commitments to develop comprehensive tobacco control measures and protect health policy from the tobacco industry.
- 4.38 The UK has also played a key role in supporting the implementation of the FCTC around the world, particularly in low- and middle-income countries (LMICs). The UK helped to establish the FCTC2030 project, which supports LMICs to implement the FCTC commitments - this has involved contributing funding and sharing UK experience and expertise. The Government should continue to provide modest funding of around £2 million a year to the FCTC2030 project, to play our part in ending the global tobacco epidemic.

Recommendation 10: Fund the roadmap through a levy on tobacco companies - raising £700 million a year. Any excess revenue raised should be directed towards public health initiatives that reduce the gap in healthy life expectancy and help to build an NHS fit for the future.

- 4.39 Investment in tobacco control activity will lead to substantial savings in this Parliament, with the benefits growing over time. However, even the so-called 'best buys' are under heavy scrutiny in the current fiscal climate. A secure and sustainable funding model for tobacco control is essential for delivering a smokefree society for all.
- 4.40 The APPG has long argued that those who are responsible for inflicting this harm on society should be the ones footing the bill. A recent report from the IPPR argued that "when products cause harm, the polluter should pay."⁵⁰
- 4.41 Manufacturing tobacco products is tremendously profitable. In 2018, the world's six largest cigarette manufacturers made a profit of more than US\$55 billion.⁵¹ That is more than Coca-Cola, PepsiCo, Nestlé, Mondelez, FedEx, General Mills, Starbucks, Heineken, and Carlsberg combined (US\$51bn).
- 4.42 In the UK market, four manufacturers make up 95% of tobacco sales. In other sectors where monopoly-like pricing power could be an issue, the Government tends to regulate the prices the relevant companies can charge.
- 4.43 In 2021, Imperial Tobacco made an estimated 70% profit margin on tobacco products, compared to an

average of 10% for UK manufacturing.⁵² A polluter pays levy, combined with a cap on the wholesale price of tobacco, would bring tobacco profits in line with other manufacturers and raise around £700 million in the first year. Controlling tobacco prices would also limit the industry's ability to pass the costs on to consumers. The APPG recommends requiring tobacco companies to disclose sales data to support the administration of the levy.

4.44 The aim of implementing a polluter pays levy on the tobacco industry is threefold:

- 1. Raising revenue:** A levy would raise an estimated £700 million in its first year, directly from tobacco companies. This is enough to fund tobacco control and smoking cessation programmes with money left to spare.
- 2. Fixing market failures:** Tobacco is excessively profitable for manufacturers. Government intervention in the market is justified by the uniquely addictive and harmful nature of tobacco, combined with the monopoly that four manufacturers hold in the UK. Currently, there are a range of prices across the market from more 'budget' brands to 'premium' ones. Price segmentation between different products is crucial to industry profitability.⁵³

When faced with tax increases tobacco companies can 'overshift' tax increases (raising prices above the tax increase to maximise profits) or 'undershift' them (absorb the tax increase so that they are not passed onto consumers).^{54 55} Companies have kept prices low for budget brands to minimise the incentive to quit (price rise is an important factor in a smoker's decision to quit).⁴³

This has led to a market where products can be cross-subsidised across portfolios to undermine the public health impact of tobacco taxes and disincentivise quitting. A polluter pays levy that sets a standard wholesale purchase rate would address this.

- 3. Holding those responsible to account:** The addictive nature of tobacco leaves many low-income families trapped in a cycle of addiction and deprivation, while manufacturers make massive profits. The sale of tobacco causes more than 8 million deaths globally every year.⁵⁶ If such a substance were invented and sold commercially today, it would be a major scandal, prompting both public outrage and legal challenges. Indeed, in some countries tobacco companies have been successfully sued, with the settlements used to fund reductions in smoking.⁵⁷ Such a legal case has not yet been successful in the UK. Government must ensure that those responsible for the financial impact of tobacco in the UK are required to foot the bill.

79% of adults in Great Britain support tobacco manufacturers being required to pay a levy to government for measures to help smokers quit and prevent young people from taking up smoking, with only 7% opposed.⁵³

4.45 The revenue raised by a polluter pays levy exceeds the required investment for smoking cessation services and associated tobacco control activities. Excess funds could be used for the explicit aim of achieving the Government's prevention mission and halving the gap in healthy life expectancy between richest and poorest. This 'close the gap' delivery fund could support interventions at a population health level, shaping the society we live in to help people make healthier choices, as well as piloting and scaling up best practice in communities.

4.46 This would enable the Government to deliver on their pledge to shift from sickness to prevention, with a view to creating an NHS that is sustainable and fit for the future. This can be achieved without costing taxpayers a penny.

We are closer than ever to ending the harms caused by tobacco. The APPG stands ready to support this Government in taking the bold action needed to make that vision a reality.

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