**Public Bill Committee on Tobacco and Vapes**

**Written evidence on the tobacco sections of the Bill submitted by Action on Smoking and Health (ASH)**

**January 2025**

**Introduction**

1. ASH is a public health charity established by the Royal College of Physicians in 1971 to advocate for policy measures to reduce the harm caused by tobacco. ASH receives funding for its full programme of work from the British Heart Foundation and Cancer Research UK. It has also received project funding from NHS England to support the prevention strand of NHSE’s work.
2. The Tobacco and Vapes Bill is a once in a generation opportunity to set the UK on course for a smokefree future. However, additional support is needed for the 6 million adult smokers in the UK who are already addicted. Central to this is an updated national strategy with set targets and a plan for how a smokefree country will be achieved, including among the most deprived groups in society.

**Contents**

[Recommendations 2](#_Toc186732566)

[Public support for raising the age of sale 2](#_Toc186732567)

[Adults 2](#_Toc186732568)

[Children 2](#_Toc186732569)

[Retailers 3](#_Toc186732570)

[Rebutting tobacco industry proposals 3](#_Toc186732571)

[Tobacco industry proposal: Restricting the age of sale rise to 21 3](#_Toc186732572)

[Tobacco industry proposal: Excluding heated tobacco products from the regulations 4](#_Toc186732573)

[Ensuring effective implementation 5](#_Toc186732574)

[Smokefree places 5](#_Toc186732575)

[Mandatory age verification 7](#_Toc186732576)

[Supporting the 6 million smokers in the UK to quit 8](#_Toc186732577)

[Publishing a ‘roadmap to a smokefree country’ 8](#_Toc186732578)

[Introducing a ‘polluter pays’ levy on tobacco manufacturers 8](#_Toc186732579)

[Publishing tobacco sales data 9](#_Toc186732580)

[Putting health warnings on cigarettes 10](#_Toc186732581)

[Banning cigarette filters 11](#_Toc186732582)

[Banning smoking in all private vehicles 12](#_Toc186732583)

# Recommendations

Rebutting tobacco industry proposals

1. Reject proposals to weaken the legislation and create loopholes for some tobacco/nicotine products.

Ensuring effective implementation

1. Amend the Bill to allow local authorities to decide what additional spaces, beyond those regulated nationally, they want to make smokefree.
2. Amend the Bill to apply mandatory age verification for purchasing tobacco, vapes and non-medicinal nicotine products to all the nations of the United Kingdom, in line with the provisions set out for Scotland in the Bill.

To support the 6 million current smokers in the UK to quit the Government should:

1. Make good on their pledge to publish a ‘roadmap to a smokefree country’ setting out an overarching strategy and targets, with a strong focus on tackling inequalities.
2. Consult on introducing a ‘polluter pays’ levy on tobacco manufacturers to provide sustainable funding for tobacco control.
3. Introduce a legal requirement to publish tobacco sales data
4. Require tobacco manufacturers and importers to put health warnings on cigarette filters and filter papers
5. Ban cigarette filters under single-use plastics legislation
6. Extend the ban on smoking in cars with children to ban smoking in all private vehicles

# Public support for raising the age of sale

## Adults

1. Raising the age of sale for tobacco to create a smokefree generation has strong majority support from the public. ASH’s 2024 public opinion survey[[1]](#footnote-2) found that 69% of GB adults support raising the age of sale one year every year, with only 12% opposed. This includes 52% of smokers in favour vs 24% opposed. Support is similar across all parts of GB and voters of all the main political parties: Labour 74% vs 11%; Conservative 70% vs 13%; and Liberal Democrat 75% vs 9%.

## Children

1. The legislation will only impact on those currently aged 15 or under, and so the ASH annual youth survey asked these children what they thought of the legislation. The survey found that 67% of 11-15 year olds supported raising the age of sale, with 6% opposed (the remaining 27% said they neither supported nor opposed or that they didn’t know).[[2]](#footnote-3)

## Retailers

1. Tobacco industry funded retailer trade bodies strongly opposed previous government tobacco legislation, including the ban on point of displays and plain packaging. To better understand the experience of retailers themselves, and their views about tobacco regulation, ASH commissioned representative surveys of independent retailers of tobacco from NEMS Market Research in 2019,[[3]](#footnote-4) 2022,[[4]](#footnote-5) and 2024.[[5]](#footnote-6)
2. The most recent survey, commissioned by ASH with funding support from Cancer Research UK, was conducted between 8th January and 5th February 2024, and focused on retailers' views on the government’s age of sale proposals. A random sample of 904 managers or owners of independent shops selling tobacco in England and Wales were interviewed using computer-assisted telephone interviews.
3. In summary, the 2024 survey found that:
* 51% of retailers support raising the age of sale one year every year (26% oppose)
* 71% support mandatory age verification (20% oppose)
* 65% support creating a smokefree generation (17% oppose)
* 79% support fixed penalty notices for breaches of age of sale regulations (13% oppose)
1. Successive ASH retailer surveys have showed strong support for tougher regulation both of tobacco and e-cigarettes, and that regulations to date have not negatively impacted retailers’ business. Our 2022 survey found:
* 74% of retailers said that the prohibition of point-of-sale tobacco displays had had no impact or a positive impact (13% reported a negative impact)
* 75% said that the introduction of standardised packaging of cigarettes and rolling tobacco had had no impact or a positive impact (13% reported a negative impact)

# Rebutting tobacco industry proposals

## Tobacco industry proposal: Restricting the age of sale rise to 21

1. Tobacco companies and their affiliates have lobbied for the age of sale to be raised to 21, rather than indefinitely. However, raising the age of sale to 21 would only protect the next generation until they turned 21, at which point they could still become addicted to lethal tobacco products. Although most smokers start smoking as children, they are just as likely to become addicted regardless of the age they start. Every day around 350 young adults aged 18-25 start smoking regularly, risking being trapped into a lifetime of addiction and premature death.[[6]](#footnote-7)
2. More than two thirds of those trying just one cigarette go on to become daily smokers[[7]](#footnote-8). On average it takes 30 attempts to quit, and many smokers never succeed.[[8]](#footnote-9) Raising the age of sale from 16 to 18 has significantly reduced youth smoking uptake.[[9]](#footnote-10) [[10]](#footnote-11) The law as currently drafted will play a key role in preventing future generations from ever becoming addicted to smoking and accelerate progress towards the day when smoking is obsolete.

## Tobacco industry proposal: Excluding heated tobacco products from the regulations

1. Some tobacco companies have argued for heated tobacco products (HTPs) to be excluded from the tobacco regulations in the Bill. ASH’s view is that all tobacco products, cigarette papers and herbal smoking products should be included in the new legislation.
2. Heated tobacco products are tobacco products. Leaving them out of the age of sale increase will create opportunities for the tobacco industry to circumvent the legislation.
3. Furthermore, while available data, including from a Cochrane systematic review,[[11]](#footnote-12) suggest that HTPs reduce exposure to harmful combustion products, indirect comparisons from published data and a direct comparison based on an unpublished lab study by academics from UCL suggest that HTPs have a more limited harm reduction role than e-cigarettes, providing lower reductions in biomarkers of harm such as nitrosamines.
4. HTPs have been available in England since 2016 but have been very rarely used by smokers to quit – a large monthly survey in England shows they have been consistently reported by less than 1% of smokers attempting to quit in the last year (whereas e-cigarettes have been consistently used by 35-40% of smokers attempting to quit and nicotine pouches by 7% in Q1 of 2024).[[12]](#footnote-13)
5. The tobacco industry has a long track record of exploiting loopholes in the law and in some cases openly flouting the law. ASH has collected several examples of Philip Morris International (PMI) advertising their heated tobacco product IQOS in shops, despite it being illegal to advertise tobacco at products at the point of sale. [[13]](#footnote-14) In 2018, the then public health minister Steve Brine wrote to PMI stating that: “It was claimed by [Philip Morris] … that TAPA [Tobacco Advertising and Promotion Act 2002] does not apply to IQOS as it is not a cigarette; however, to be clear, the legislation applies to all tobacco products, including novel tobacco products. It also applies to the indirect promotion of tobacco products by promoting devices that may only be used with tobacco products, such as the IQOS device.” In a statement, Brine said “[the government] will not rule out legal action” if the company fails to take the necessary steps.[[14]](#footnote-15)
6. Despite this, PMI continue to advertise IQOS in shops in flagrant disregard for the law. This illustrates why it is vital that the measures in the Bill cover all tobacco products and do not give tobacco companies any opportunities to evade or undermine the law. The Tobacco and Vapes Bill will resolve this situation by explicitly stating that heated tobacco products are covered by the same advertising restrictions as tobacco products.
7. It has been argued that HTP products are not currently used underage and therefore should be excluded. Cigarillos have not been captured by some recent tobacco restrictions (minimum pack size, menthol flavour ban, standardised packaging) and their use among young people has grown.[[15]](#footnote-16) The Tobacco and Vapes Bill will close this loophole; other products should not be allowed to open it back up.

# Ensuring effective implementation

## Smokefree places

1. Powers to extend smokefree legislation to some outdoor spaces are a welcome addition to the Bill and are needed. As the number of smokers in the UK continues to decline there is a discussion to be had about how we use public spaces and protect individuals from secondhand smoke, particularly children and those with health conditions.
2. ASH’s view is that the public consultation on these powers should cover all outdoor spaces, including hospitality settings. This is necessary to ensure the public, health professionals, and academic experts can have their say. The decision on whether to make more spaces smokefree should be based on the evidence of harm from secondhand smoke and the need to protect non-smokers, especially children. The commercial impact of indoor smoking restrictions was overstated ahead of the 2007 ban. As with 2007, it seems unlikely that a comparatively modest restriction in a population with around half the rate of smoking as in 2007 would have a significant commercial impact on hospitality businesses.
3. Although the government has ruled out applying smokefree regulations to hospitality spaces in England, this may not be the case in Scotland, Wales and Northern Ireland where the devolved governments will be free to go further to protect their populations. This could leave non-smokers in England with fewer protections than those in the devolved nations.
4. YouGov polling shows that 57% of the public support banning smoking in pub gardens compared to 43% against.[[16]](#footnote-17) There is majority support from voters of the three main parties (Lab 62%, Con 54%, Lib Dem 61%). Polling done by YouGov for ASH in 2024 found strong public support in Great Britain for extending smokefree legislation to outdoor seating of restaurants, pubs and cafes (66% for vs 19% against).[[17]](#footnote-18)
5. **ASH recommends that if national comprehensive action is not taken then the legislation is amended to allow local authorities to decide what additional spaces, beyond those regulated nationally, they want to make smokefree.** Local authorities already hold responsibility for public health and many have already gone further than the government by implementing local smokefree policies, with 11 councils introducing 100% smokefree conditions in pavement seating, including Liverpool, Manchester and Newcastle.[[18]](#footnote-19) These have proved popular with both the public and businesses. Many more councils have introduced smokefree rules in parks and other public spaces. Giving local authorities a say in how smokefree laws are applied would align with the commitment in the recent English Devolution White Paper to shift “power away from Whitehall and into the hands of those who know their communities best.”[[19]](#footnote-20)
6. There is no risk-free level of exposure to secondhand smoke, particularly for children and pregnant women.[[20]](#footnote-21) Secondhand smoke is also a major irritant for people with asthma or other lung conditions. Associated health effects include stroke, lung cancer, coronary heart disease, low birth weight, nasal irritation, middle ear disease, respiratory symptoms, impaired lung function, lower respiratory illness, and sudden infant death syndrome.[[21]](#footnote-22)
7. While concentrations of secondhand smoke are lower outside, even low levels of exposure have been linked to increased risk of stroke.[[22]](#footnote-23) Air quality studies have shown that where smoking is allowed in areas adjoining hospitality venues exposure outdoors can be significant, and smoke can, and does, migrate through the outdoor area as well as indoors.[[23]](#footnote-24)
8. Although tobacco smoke dissipates more quickly outside, outdoor spaces which are partially enclosed or have lots of people smoking for long periods of time are likely to have much higher, potentially hazardous concentrations of secondhand smoke.[[24]](#footnote-25) [[25]](#footnote-26) Studies have shown that levels of PM2.5 (harmful particulate matter in tobacco smoke) in outdoor hospitality venues exceeded World Health Organization (WHO) air quality guidelines, potentially exposing customers and staff to unsafe levels of secondhand smoke.[[26]](#footnote-27) [[27]](#footnote-28)

## Mandatory age verification

1. **ASH recommends that the Tobacco and Vapes Bill be amended to apply mandatory age verification for purchasing tobacco, vapes and non-medicinal nicotine products to all the nations of the United Kingdom, in line with the provisions set out for Scotland in the Bill.**
2. In Scotland, mandatory age verification for anyone who looks under 25 has been a legal requirement for tobacco and vapes since 2017. The Bill amends the Scottish legislation so that from 2033 it will be a legal requirement to verify the age of anyone trying to purchase tobacco who looks like they were born on or after 1 January 2009.
3. This is a sensible and proportionate measure. A survey of independent UK tobacco retailers for ASH in 2022 found that 83% supported the introduction of mandatory age verification for anyone under 25 (5% oppose), with 91% support in Scotland where it was already in force (4% oppose).[[28]](#footnote-29)
4. The Scottish legislation provides a legal underpinning to the voluntary “Challenge 25” scheme which operates in the rest of the United Kingdom.[[29]](#footnote-30) [[30]](#footnote-31) A voluntary scheme like Challenge 25 is by definition inconsistent in its application, leaving customers unsure about whether or not they will need to provide proof of age.
5. As the explanatory notes to the Tobacco and Vapes Bill set out,[[31]](#footnote-32) the Bill updates the Scottish legislation to ensure *“age verification is consistently and appropriately applied in line with the new age of sale restrictions* *for tobacco products, herbal smoking products and cigarette papers.”*
6. Ensuring consistency in the application of age verification is just as important for the other nations of the United Kingdom as it is for Scotland. To that end ASH supports extending the requirements for Scotland to cover the whole of the UK. This will introduce a legally mandated Challenge 25 scheme for tobacco, vapes and non-medicinal nicotine products until 2033. Following 2027 it will require retailers selling tobacco to verify the age of anyone who looks below the age of sale. Challenge 25 will remain for vapes and non-medicinal nicotine products.
7. However, as the age of sale for tobacco increases it will be more practical to age verify everyone who wants to purchase tobacco. This will ensure retailers don’t have to guess whether someone is over/under a progressively increasing age of sale and smokers will know that they need ID to purchase tobacco. The regulations will have to evolve to ensure the age of sale increase can be implemented effectively.

# Supporting the 6 million smokers in the UK to quit

## Publishing a ‘roadmap to a smokefree country’

1. **Recommendation – The government should make good on their pledge to publish a ‘roadmap to a smokefree country’ setting out an overarching strategy and targets, with a strong focus on tackling inequalities.**
2. Passing this legislation should not be seen as ‘job done’; rather it is a prerequisite for ending the tobacco epidemic. Although the generational tobacco ban will put the UK on course for a smokefree society, it will not benefit the 6 million existing smokers in the UK. Cancer Research UK estimate smoking will cause 300k cancer deaths in this parliament alone.[[32]](#footnote-33) While overall smoking rates are declining, rates among more disadvantaged groups remain consistently high. Although the wealthiest in the country will be smokefree by 2025 (less than 5% smoking prevalence), the most deprived will not be smokefree until after 2050.[[33]](#footnote-34)
3. Without further action there is a real risk that the most disadvantaged groups in society – those from more deprived areas, on low incomes, living with mental health conditions or experiencing homelessness – will be left behind as we move towards a smokefree future. This will lead to countless avoidable cases of smoking-related disease and undermine the government’s manifesto commitment to halve the gap in healthy life expectancy between the richest and poorest.[[34]](#footnote-35)
4. While the current and previous governments have set out a range of initiatives to tackle smoking, what is still missing is an overarching strategy, with set targets and a plan for how a smokefree country will be achieved. This must include smoking prevalence targets and interventions for disadvantaged populations. The previous Tobacco Control Plan expired in 2022 leaving services without clear national objectives on tobacco. The Government should publish a ‘roadmap to a smokefree country’ as committed to in the Labour health mission.[[35]](#footnote-36)

## Introducing a ‘polluter pays’ levy on tobacco manufacturers

1. **Recommendation – Consult on introducing a ‘polluter pays’ levy on tobacco manufacturers to provide sustainable funding for tobacco control.**
2. The increase in tobacco control funding announced by the Government is welcome. However, the sustainability of funding remains a significant challenge and there is uncertainty about longer-term funding for tobacco control, limiting the effective of use of funding and planning for the future. A secure and sustainable funding model for tobacco control is essential for delivering a smokefree society for all.
3. If the government cannot provide the funding needed then they should raise it from tobacco manufacturers who continue to make record profits selling a deadly addiction. A ‘polluter pays’ levy on tobacco manufacturers could raise around £700 million a year. This could be used to fund the Government’s smokefree generation commitments several times over, leaving money left over for other public health measures.
4. A levy could be implemented by capping tobacco wholesale prices and hence profits. This would bring tobacco profit margins in line with the 10% average for other manufacturers. This would prevent manufacturers from passing on the costs to consumers, as is the case with tobacco duty.
5. The polluter pays principle is one that has been accepted and successfully implemented in other industries, such as in environmental regulation, the soft drinks industry and most recently the gambling industry, and one that could easily be extended to the tobacco industry.
6. The ‘big four’ tobacco companies, which account for 95% of UK sales, make vast profits selling a highly addictive product which kills 2 in 3 long term users when used as intended by the manufacturer. Tobacco manufacturers make an estimated £900m in profit, per year, in the UK, with an average net operating profit margin of about 50%, compared to the less than 10% average for UK manufacturing.
7. This has broad public support. The 2024 Smokefree Great Britain survey, conducted by YouGov for Action on Smoking and Health revealed that 79% of adults in Great Britain would support a levy on the tobacco industry, with only 5% opposed.[[36]](#footnote-37) This includes majority support from voters of all the main political parties.
8. The Department of Health and Social Care already has the expertise and resource needed to administer a levy in the team that oversees the pharmaceutical pricing scheme.

## Publishing tobacco sales data

1. **Recommendation – Introduce a legal requirement to publish tobacco sales data.**
2. Tobacco companies collate rich data on their sales of their products which could be used to better inform public health responses. Published sales data would enable researchers to gain better insights into industry attempts to subvert price policies, enable local authorities to see what was happening to sales in their area and identify possible upticks in illicit tobacco use and support efforts to target stop smoking support in the parts of the country with the highest levels of smoking. For example, survey data[[37]](#footnote-38) has recently identified that cigarillos are increasing in use among young people. With timely access to industry sales data public health agencies and researchers could have identified this trend far more quickly. These products have fewer restrictions on them than other tobacco products, something that will be addressed via the Tobacco and Vapes Bill, but lack of knowledge has inhibited swift public health response.

## Putting health warnings on cigarettes

1. **Recommendation – Require tobacco manufacturers and importers to put health warnings on cigarette filters and filter papers.**
2. ASH recommends that the government commits to introducing regulations requiring tobacco manufacturers and importers to put health warnings on cigarettes, cigarillos, cigarette filters and filter papers in the UK.
3. Warnings on cigarettes (dissuasive cigarettes) were recommended by the APPG on Smoking and Health in 2021,[[38]](#footnote-39) supported by a large number of health organisations,[[39]](#footnote-40) and again in 2022 by the Khan review.[[40]](#footnote-41) They were first proposed by the Conservative backbench peer Lord Young of Cookham when he was public health minister in the late 1970s and early 1980s.[[41]](#footnote-42)
4. Canada is the first country in the world to require mandatory health warnings on cigarettes, with legislation coming into force in August 2023, with a minimum lead in time for King Size cigarettes of 9 months for manufacturers and 12 months for retailers, and longer lead in times for other products.[[42]](#footnote-43) [[43]](#footnote-44) Australia followed suit by passing legislation in December 2023, with regulations coming into force in July 2025.[[44]](#footnote-45) [[45]](#footnote-46)
5. The comprehensive Regulatory Impact Assessment conducted by the Canadian government (very similar to the RIA required in the UK) concluded that:
6. *“A break-even analysis indicates that a relatively small effect on cigarette smoking initiation and cessation — in the order of a 0.21% increase in annual cessation rates or a 1.04% reduction in annual initiation rates — would be sufficient to produce health benefits to the public equivalent to or greater than the estimated monetized costs. The relatively small effects on these rates would be equivalent to either 11 100 fewer people who start smoking or 2 400 additional people who quit over the next 10 years. In 2021, there were 3.8 million persons who smoked in Canada.”*
7. Research commissioned by Health Canada into the appeal and attractiveness of cigarettes with health warnings showed these cigarettes were seen as less appealing than cigarettes without health warnings. Cigarettes without health warnings were also perceived as less harmful than those with warnings. Overall, participants felt this new labelling element made the health messaging on cigarette packages more complete and impactful, particularly among youth who do not smoke, smoke occasionally, or wish to quit.
8. Youth participants noted they are not usually exposed to the package health warnings when obtaining single cigarettes in social situations and that a warning directly on the cigarette would be unavoidable.
9. The government is currently looking at introducing inserts in cigarette packaging with quitting information and expanding standardised packaging to all tobacco products. Dissuasive cigarettes would help to enhance the impact of these measures.

## Banning cigarette filters

1. **Recommendation – The government should ban cigarette filters under single-use plastics legislation.**
2. Despite tobacco companies historically marketing them as safer than unfiltered cigarettes, there is no proven health benefit to cigarette filters and they have been dubbed the “deadliest fraud in the history of human civilisation”.[[46]](#footnote-47) They were introduced by tobacco companies in the 1950s following evidence linking lung cancer to smoking to misleadingly ‘reassure’ smokers about the safety of cigarettes and promote an alternative to quitting.
3. A ban on filters would remove from smokers a false sense of protection provided by filters and encourage more people to quit, while reducing the amount of single-use plastic manufactured and littered in the UK.
4. Studies have shown that filtered cigarettes are no safer than unfiltered cigarettes and some types of filter, such as those used in ‘light’ cigarettes, are linked with an increased risk of lung cancer.[[47]](#footnote-48) Despite being aware by the 1970s that filters did not provide health benefits there was an industry-wide movement towards marketing filtered cigarettes as ‘safer’, with advertising slogans referring to “miracle filter tips”.[[48]](#footnote-49)
5. Industry efforts to market filers as safer have been highly effective for influencing consumer opinion, with filters and associated marketing slogans perceived to be safer and provide a smoother smoking experience.37
6. Cigarette filters also represent a major environmental hazard and are among the top ten most common plastics in the world’s oceans.[[49]](#footnote-50) They do not biodegrade and contain multiple toxic substances which infiltrate the environment. The average smoker consumes approximately 3,869 cigarettes per year.[[50]](#footnote-51) Cigarette butts make up 66% of all littered items according Keep Britain Tidy[[51]](#footnote-52) and cost UK local authorities around £40 million per year to clean up.[[52]](#footnote-53)

## Banning smoking in all private vehicles

1. **Recommendation – Extend the ban on smoking in cars with children to ban smoking in all private vehicles.**
2. The 2015 ban on smoking in cars with children was effective for raising awareness about the harms of secondhand smoke exposure among children and resulted in a drop in exposure of around 70% according to one analysis.[[53]](#footnote-54) However, despite the law, children still report exposure in cars, with 9% of 11-15 year olds saying that they travel in a car with someone smoking some days, most days or every day in 2024.[[54]](#footnote-55)
3. Childhood exposure to secondhand smoke is extremely hazardous and increases the risk of asthma, sudden infant death syndrome, respiratory disease and becoming a smoker in later life. Between 5,000 – 11,000 children were admitted to hospital due to passive smoking in 2015/16.[[55]](#footnote-56)
4. Concentrations of smoke in vehicles where someone is smoking are greater than in any other small enclosed place.[[56]](#footnote-57) Although opening a window or using air-conditioning reduces the level of secondhand smoke, exposure for occupants in a vehicle remains significant and therefore hazardous.[[57]](#footnote-58) [[58]](#footnote-59) Smoking also increases the incidence of car accidents and car death risk due to drivers being distracted by the act of lighting/extinguishing/smoking a cigarette.[[59]](#footnote-60) [[60]](#footnote-61)
5. Banning smoking in all private vehicles would address one of the most harmful sources of secondhand smoke exposure and protect child health. It would also help to reinforce messaging on the harms from secondhand smoke and make the regulations simpler to understand and enforce. Banning smoking in all cars is supported by 67% of GB adults with 15% opposed. Smokers are split on the issue with 38% in favour and 38% opposed[[61]](#footnote-62), though support is growing over time. In 2018, 30% of smokers supported a complete ban and 47% opposed.
1. ASH smokefree GB survey. All figures, unless otherwise stated, are from YouGov Plc. Total sample size was 13266 adults. Fieldwork was undertaken between 29/02/2024 - 18/03/2024. The survey was carried out online. The figures have been weighted and are representative of all GB adults (aged 18+). Write up [here](https://ash.org.uk/uploads/Support-for-Stopping-the-Start-Report.pdf?v=1713286146). [↑](#footnote-ref-2)
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