



# SPECTRUM

SHAPING PUBLIC HEALTH POLICIES  
TO REDUCE INEQUALITIES AND HARM

## Smokefree England at 18

**This academic review was commissioned by Action on Smoking and Health and authored by Ailsa Judge**

### **Smokefree legislation in England was introduced in 2007. Evidence since shows the impact:**

- **Public support:** Support for smokefree legislation increased over time, with 82% of adults in England supporting the legislation by 2014, including 54% of smokers. Recent surveys indicate ongoing public demand for further action to reduce the harms from smoking.
- **Compliance:** Initial concerns regarding compliance were unfounded, as compliance rates reached 98% in inspected venues shortly after the law's implementation.
- **Health benefits:** There were significant reductions in SHS exposure, respiratory symptoms, hospital admissions for heart attacks and asthma, as well as fewer low birth weight babies and still births following the legislation. Children's exposure to SHS also decreased, with more children living in smokefree homes.
- **Economic impact:** Contrary to concerns about negative economic effects, the number of licensed premises increased after the legislation was introduced. The hospitality sector demonstrated resilience and growth post smokefree.

**The UK Government aims to continue building on these successes with new policies, including the Tobacco and Vapes Bill, to further reduce smoking prevalence and create a smokefree generation.**

**On July 1<sup>st</sup>, 2007, the smokefree legislative provisions in the 2006 Health Act came into effect in England.** This followed similar legislation implemented in the UK nations, starting with Scotland in March 2006<sup>1</sup>. It meant that smoking was no longer permitted in enclosed and substantially enclosed workplaces and public places, to protect workers and the public from the harmful effects of second-hand smoke (SHS).

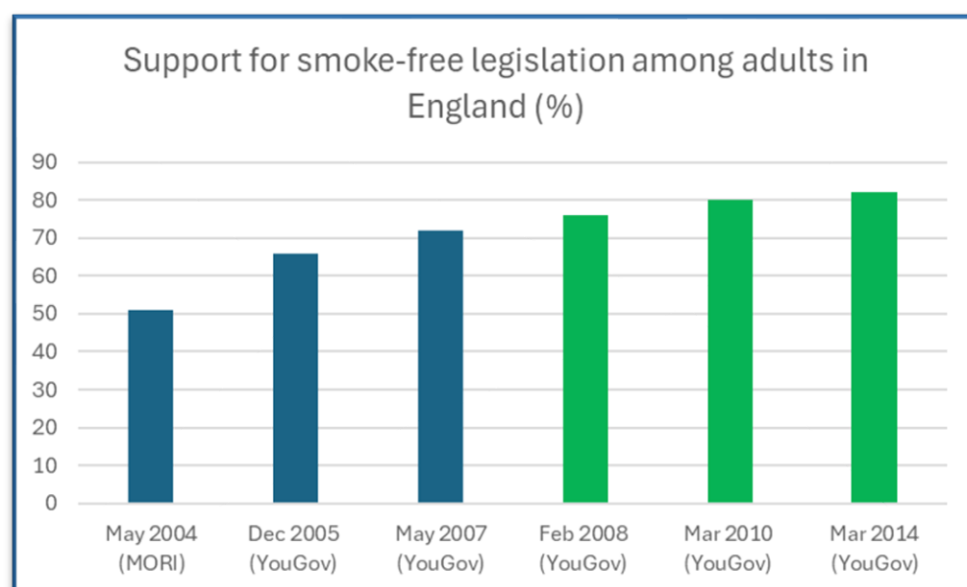
A child coming of age this year will never have known smoke-filled pubs and restaurants and so it is timely to review the longer-term impact of this landmark legislation as the UK Government seeks to accelerate progress towards a smokefree future via the Tobacco and Vapes Bill. This includes provisions to extend smokefree places to further protect the public from SHS, as well as policies to support smoking prevention and cessation.

Substantial evidence now exists regarding the changes that have followed from the introduction of smokefree legislation. **There have been positive developments in public opinion, compliance, health effects and economic impact including on hospitality.**

## Public Support

Support for smokefree legislation gradually grew due to advocacy, local action, leadership and evidence about the harms from SHS exposure<sup>2</sup>. Figure 1 illustrates how support built over time, including after implementation with the biggest increase in support coming during the debate around the legislation from 2004 onwards

Figure 1: Support for smokefree legislation (2004 - 2014)<sup>3</sup>

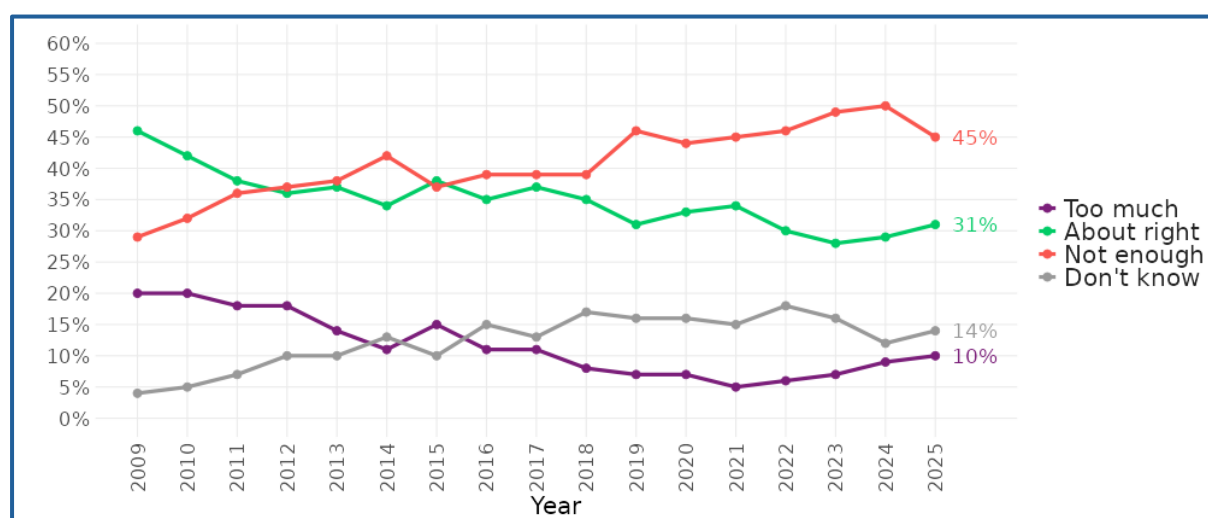


Green bars illustrate polls after the introduction of smokefree legislation

By 2014, seven years after the introduction of smokefree, 82% of adults in England supported the legislation including 54% of smokers. Only 8% of all adults opposed it.

For the past decade, the primary focus in public opinion polls on smoking has been on policies introduced after 2007 such as banning smoking in cars with children, point of sale displays and standardised packaging, among other measures. A series of polls have demonstrated that public opinion remains in favour of continued action to reduce smoking. The most recent ASH/YouGov survey, representative of adults in Great Britain from February to March 2025, found that 65% of people want to live in a country where no one smokes, and there is support for more government action, with 45% agreeing that the government is not doing enough to limit smoking with only 10% believing that the government is doing too much (Figure 2)<sup>4</sup>.

Figure 2: Views on the extent to which the government is doing enough to limit smoking, Great Britain 2009-2025



The public support further action to protect people from SHS<sup>4</sup> such as banning smoking in children's play areas and school grounds (91%), public transport waiting areas (77%), and outdoor seating areas of pubs and restaurants (59%) and parks (56%).

## Compliance

There were concerns prior to the introduction of smokefree legislation that businesses and the public might not comply with the law. These were quickly disproven, with monitoring and research demonstrating rapid and substantial reductions in second hand smoke exposure in public places and few cases of non-compliance.

Local authorities are responsible for enforcing the legislation and can issue fixed penalty notices for non-compliance, with court imposed fines an option where those responsible for taking reasonable steps to ensure an area remains smokefree do not do so. In the nine months following the legislation, the Local Government Analysis and

Research organisation reviewed data from local authorities in England on smokefree compliance inspections. This found 98% compliance with the law in inspected premises and vehicles from immediately following the introduction of the law throughout the period covered by their review (up to March 2008) and compliance with no smoking signage rising from 85% in July to September 2007 to 92% from January to March 2008<sup>5</sup>. This demonstrates how the legislation was largely self-enforcing, with the public and businesses supporting and implementing the measures.

Analysis of data from the Health Survey for England for the period immediately before (January to June 2007) and after (July to December 2007) found the percentage of respondents reporting smoking at work declined from 15% to 2%, 'inside pubs and bars' from 36% to 3% and 'inside restaurants, cafes or canteens' from 9% to 1%<sup>6</sup>. A study of tobacco smoke exposure in bars in England using air quality measurements (PM<sub>2.5</sub> concentrations) found a 93% reduction in exposure two months after the introduction of the legislation and an 84% reduction after one year<sup>7</sup>.

## Health Effects

A range of studies have been conducted on the health effects of smokefree legislation in England, adding to a substantial international literature on this topic. Three years after the law came into effect, the Department of Health published a review<sup>8</sup> that summarised some of the main early findings from evaluations it had commissioned. Four main conclusions emerged:

- Bar workers' exposure to second hand smoke in 50 pubs declined by 81% two months after smokefree legislation came into force, and their self-reported respiratory symptoms reduced
- Children's exposure to second hand smoke also decreased, reflecting a longer-term trend
- Hospital admissions for myocardial infarction (heart attacks) reduced by 2.4% after the implementation of smokefree, equivalent to 1,200 fewer emergency admissions in the first year after the legislation
- The number of smokers making a quit attempt around the time the law came into effect significantly increased and stop smoking services reported a rise of over 20% in the number of people setting a quit date and successfully quitting at four weeks.

Longer term studies are now available, illustrating that the law had tangible and sustained effects on health and behaviour, including in relation to children's exposure to second hand smoke, respiratory health among adults and children, perinatal and infant health and smoking uptake.

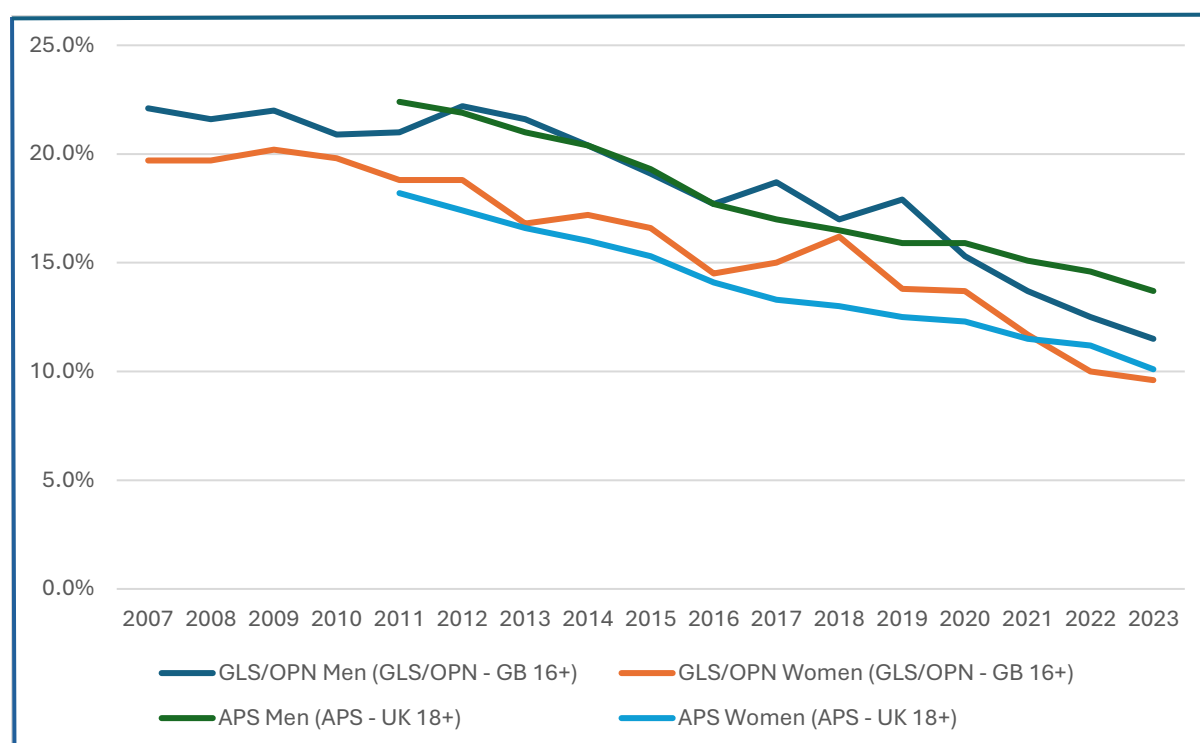
Prior to the introduction of smokefree, a key argument used against it was that smoking would be displaced from public places into the home. Two studies using data from the Health Survey for England are now available to examine longer term trends. The first included the immediate post-legislation period, up to 2008. It found significantly more children lived in smokefree homes in 2008 compared with either 2006 or the first six months of 2007 before smokefree legislation was introduced, with a third more children having undetectable cotinine (a biochemical measure of tobacco smoke exposure) than in the period before the ban<sup>9</sup>. A further study extended this analysis to 2018 and found the percentage of children living in a smokefree home continued to increase in future years, rising to 93.3% of homes among households in the survey by ten years after the introduction of smokefree legislation. This was confirmed by cotinine analysis and reductions were most pronounced among children with a smoking parent<sup>10</sup>. Taken together, these two studies provide convincing evidence that fears around increased smoking in the home were unfounded.

Smokefree also benefited respiratory health because exposure to tobacco smoke is a cause of respiratory infections and can exacerbate conditions such as asthma. Using similar methods to the study on hospital admissions for heart attacks mentioned above, Sims and colleagues<sup>11</sup> examined emergency admissions due to asthma among adults aged 16 and over and found a 4.9% reduction, amounting to 1,900 admissions being prevented in the first three years following the implementation of the legislation. A further study looked at hospital admissions for respiratory tract infections among children aged 15 and under up to 2012. Smokefree was associated with 11,000 fewer admissions<sup>12</sup>.

Tobacco smoke exposure can also affect pregnancy and birth outcomes, including low birth weight, still birth and infant death. Studies now illustrate the contribution of smokefree to reducing the prevalence of these outcomes. The first examined the initial post implementation period for smokefree and found that in the first five months after its introduction, the risk of low birth rate in England among singleton births decreased by 8%, very low birth weight by 28% and preterm birth by 4%<sup>13</sup>. A further study used routine health records for singleton births in England linked to death certificates. The authors estimated that in the first four years after July 2007, 991 stillbirths, 5,470 cases of low birth weight and 430 neonatal deaths were prevented<sup>14</sup>.

Smokefree laws can affect smoking behaviour and quit attempts, as noted above. Smoking prevalence declined substantially in the years following implementation, as shown in Figure 3. This includes data from 2007 across Great Britain, by which time Scotland, Wales and England all had smokefree laws in place. Tobacco control measures implemented in subsequent years also contributed to the declines in smoking.

Figure 3: Prevalence of cigarette smoking by sex and survey 2007 to 2023, GB age 16+ (GLS<sup>15</sup> and OPN<sup>16</sup>) and UK aged 18+ (APS<sup>17</sup>)



What was less certain at the time of the legislation was whether a shift to smokefree public places would influence smoking uptake among young people. This could be possible as the law was in part designed to shift social norms around smoking, making it less visible and acceptable. Katikireddi and colleagues<sup>18</sup> used data from secondary school-based surveys in the four UK countries to examine whether trends in smoking uptake among young people differed before and after the introduction of smokefree. The authors found a significant reduction in regular smoking amongst girls - of 4.3% among 15-year-olds. Reductions were also observed in smoking uptake among boys following the implementation of smokefree, although the level of change was not statistically significant.

Taken together, these studies of changes in exposure to second hand smoke, smoking behaviour and clinical outcomes provide compelling evidence that smokefree legislation in England had positive effects on health.

## Economic impacts

Smokefree legislation had strong public support, high levels of compliance and contributed to positive health outcomes. But a key source of debate at the time of its introduction was what the economic impacts would be, particularly that it would result in pubs and bars closing or losing trade. In contrast, the number of premises with licenses to sell alcohol increased after July 2007 and customer feedback about the

change was positive rather than negative. This is consistent with international evidence, with studies from several other countries finding that smokefree legislation does not harm the hospitality industry, and in some cases revenue to businesses may improve<sup>19-23</sup>.

An analysis by the BBC's home editor found that licensed premises grew by 4,200 between March 2007 and March 2008, driven by a shift away from drink-only pubs to those serving food<sup>24</sup>. A 2012 survey of over 4,800 pub customers reported that more than one in five (22%) visited the pub more often than before the introduction of smokefree legislation, and that 70% of parents were more likely to take their children with them<sup>25</sup>. A 2017 representative survey of 103 pub managers found only 14% believed that the legislation was one of the top three reasons for pub closures. Instead, most respondents pointed to other changes such as culture and lifestyle, competition from supermarkets and high business rates<sup>26</sup>. More recently, some local authorities have required 'pavement licenses' (additional outdoor seating over certain highways adjacent to pubs and restaurants) to be conditional on these areas being smokefree, even though the area is outside. These have proven popular, with high support from the public<sup>27</sup>, and have been adopted in major cities such as Liverpool, Manchester and Newcastle. In the years following the legislation, there have been a series of challenges faced by the hospitality industry, but it has proven resilient, with the most recent data from UK Hospitality indicating that the sector is growing at a rate of 5.9%, almost double the rate of the economy, more quickly since 2009 than any sector other than admin and support services<sup>28</sup>.

Since smokefree legislation was introduced, a range of other policies have been put in place in England and across the UK to further reduce exposure to second hand smoke, prevent smoking uptake and support smoking cessation. These reflect successive government's commitments to moving towards a smokefree country. The most recent economic analysis suggests that reducing smoking prevalence in the UK to zero would have substantial benefits, increasing employment by just over 135,00 full time equivalent jobs and increasing economic output to just under £10 billion per year<sup>29</sup>.

**Smokefree legislation was one step on that journey, but eighteen years on there is still some distance to travel. The measures set out in the current Tobacco and Vapes Bill, including creating a Smokefree Generation, once again put the UK at the forefront of global efforts to address the tobacco epidemic.**

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