

Smoking and health inequalities

Councillor briefings, July 2022

Key points:

- Higher smoking rates are linked to virtually every indicator of disadvantage
- Smoking is the leading cause of health inequalities, accounting for half the difference in life expectancy between the richest and poorest in society
- Children growing up in environments where smoking is normalised are more likely to smoke themselves, reproducing inequalities across generations
- For further information see ASH's [Health Inequalities Resource Pack](#)

Smoking disproportionately impacts poorer communities

Smoking is linked to virtually every indicator of disadvantage. Whilst smoking prevalence amongst all groups has declined over the years, the gap in rates between the richest and poorest has widened.

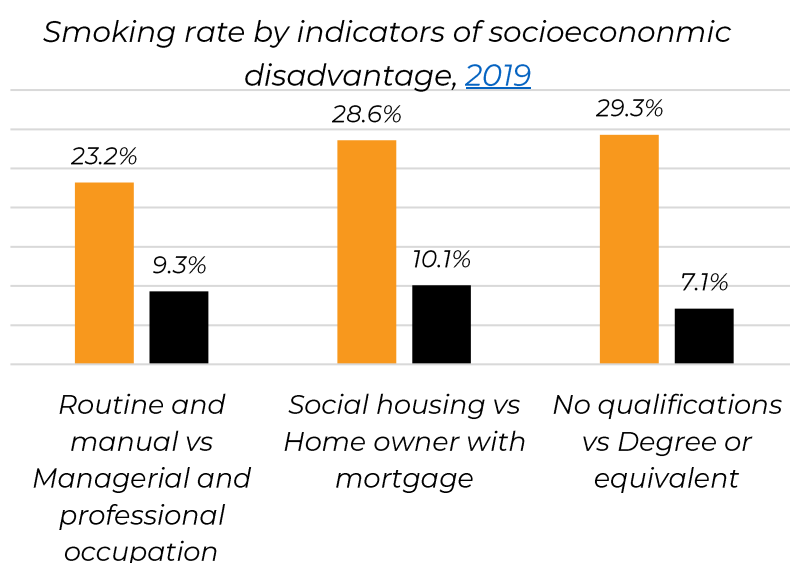
Around 1 in 3 people living in social housing smoke and 1 in 4 people in routine and manual occupations smoke compared to significantly lower rates among home owners and those in managerial and professional occupations.

As a result, the costs of smoking are concentrated amongst the poorest and most disadvantaged in society.

Smoking is the leading cause of health inequalities

Smoking is the leading cause of health inequalities in the UK and accounts for [half the difference in life expectancy](#) between the richest and poorest in society. Indeed, smoking itself has been found to be a greater source of health inequality than socioeconomic class. Research on 15,000 UK adults found that the [relative mortality rate of smokers in the highest socioeconomic group was 211%](#), significantly higher than non-smokers in the lowest socioeconomic group (43%), and the general population. Reducing smoking is therefore key to any strategy to meaningfully and comprehensively tackle health inequalities.

While life expectancy has increased over time, healthy life expectancy (HLE, years lived in good health) has not followed, meaning people are spending more years in poor health. In England the gap in HLE is almost 20 years, meaning [those living in the most deprived areas spend nearly a third of their lives in poor health](#), compared with a sixth for those in the least deprived areas. For someone who smokes, no other aspect of their life will influence their health as significantly. On average, smokers need social care support 7 years earlier than never smokers whilst they are still working age (63 years old).



Smoking and mental health

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

Around [one third of all cigarettes are smoked by someone with a mental health condition](#). Smoking rates among adults with long-term mental health conditions remain [double that of the general population at 26%](#).

People with a mental health condition are [just as likely to want to quit](#) but face greater barriers to doing so. Evidence shows the benefits of quitting on anxiety and depression [can equal those delivered by antidepressants](#).

Higher smoking rates cement inequalities for the next generation

A child growing up in an environment where smoking is prevalent is not only more likely to be exposed to secondhand smoke but is more likely to smoke themselves. Children whose parents or caregivers smoke are [4 times more likely to smoke themselves](#). Although youth smoking rates have been reduced to their lowest ever level, around [280 children are still estimated to start smoking](#) in England every day.

Preventing the transmission of inequalities across generations begins before birth. Rates of smoking in pregnancy in the most deprived areas of England are [nearly 6 times those of the least deprived areas](#) (24.7% vs 4.1%, respectively).

Smoking, poverty, and economic insecurity

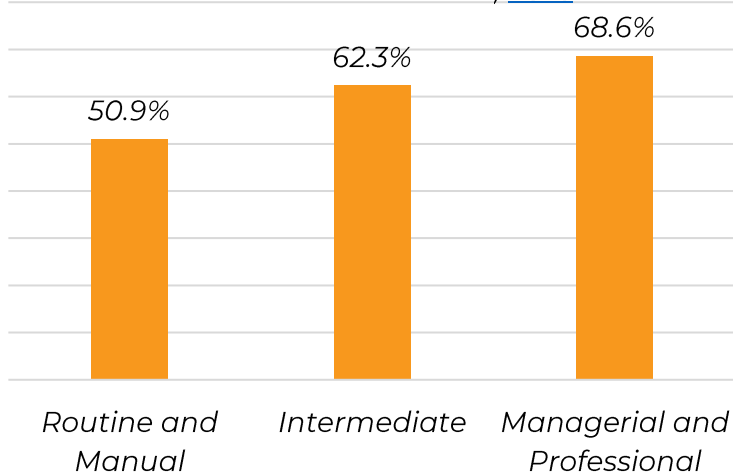
Smoking is costly in health and finances. On average, smokers lose £50 a week on tobacco. For smokers living in social housing, it represents [around an eighth \(12.4%\) of their total disposable income](#).

These costs have substantial effects. Almost [half a million households, home to over 1 million people including 263,000 children](#), live in poverty across the UK as a direct result of income lost to tobacco addiction.

For further information, see ASH's [Smoking and Poverty Report](#).

Disadvantaged smokers want to quit but face more barriers

Proportion of cigarette smokers who quit, by socioeconomic status, 2016



Smokers from disadvantaged groups are just as motivated to quit as any other smoker. In fact, smokers living in [social housing try to quit and use stop smoking support at higher rates](#) than smokers living in other housing types.

However, smokers from disadvantaged groups tend to be more heavily addicted, and face [greater barriers to quitting, such as stress related to material hardship](#). Consequently, they are less likely to succeed in quitting.