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# Up in smoke

## The impact of smoking on health and economic activity

Health and care
Prevention
Costs
Diseases and conditions
Inequalities
Life expectancy

## Executive summary

We know that smoking has a devastating impact – a typical life-long smoker aged 30 can expect to lose about 10 years of life expectancy. But the effects of smoking extend far beyond that.

Smoking keeps people in bad health and has a negative impact on the length of their working life and on productivity (although this is often overlooked). While tobacco use has been declining in the UK for decades, 14.1% of adults still smoke. And many more former smokers are living with the damaging after-effects.

Our research has found that:

- Economic activity rates are lower among current/ex-smokers, compared to people who have never smoked.
- If current/ex-smokers had never smoked, the difference in the equivalent rates of economic activity would boost the UK economy by **£19.1 billion** a year or 1.9% of earnings.
- There's a strong relationship between smoking and disability: men who have never smoked enjoy 5 more years of disability-free life expectancy (at age 20) than current/ex-smokers, while the equivalent figure for women is 5.8.

In an ageing population it's increasingly necessary to extend working lives – both to ensure people aren't progressively pushed into poverty, and to manage public expenditure on pensions, health and welfare.

There's an urgent need for policy makers to strengthen policies that reduce disability and support extended working lives. Our findings show that preventing smoking and helping smokers quit would play a huge role in achieving this.

Smoking is responsible for 77,600 deaths a year in England alone. It remains the top behavioural risk factor among people aged 50-69 for years lost to disability.[1] We can't continue to ignore its role in preventing health improvements, as well as its negative effects on economic output. In July 2019, the Government stated its ambition of going "smoke-free" in England by 2030 – but this will require significant action.

Policy makers must **prevent people from taking up smoking.** We recommend that they:

- Raise the legal age for purchasing tobacco to 21 (in the first instance).
- Reduce tobacco affordability by raising the annual rate of increase in UK tobacco duties from 2% to 5% plus inflation. Reduce the size of the illicit market by introducing a tobacco licensing system for retailers and wholesalers.[a]

**Helping smokers quit** is also important, especially as quitting smoking not only reduces the risk of death, but reduces morbidity. Since 2009, there's been a significant fall in funding for national behaviour change communications campaigns on quitting, as well as for effective smoking cessation services. Policy makers need to reverse this. We must invest in smoking cessation services, treatments and medications across the life course.

While these measures are cost effective, they do require ongoing Government funding. Given constrains on finances during the post-pandemic recovery, policy makers could implement a 'polluter pays' Tobacco Control Fund legislation, which requires tobacco manufacturers to pay a levy or licence fee to the Government to fund tobacco control policies.

A 2019 survey by ASH shows that the majority of the UK public supports the Government taking action to tackle smoking, and this support has increased considerably in recent years.[2]

Policy-makers could also be further incentivised to act if NICE guidance were to recommend incorporating the economic impact of smoking into cost-benefit analyses of government-funded smoking-cessation support.

The COVID-19 pandemic has made the link between our health and our economies inescapable, and exposed the dangers of under-investing in prevention. We call on the Government to take advantage of this shift in mindset to commence effective action and reduce the economic and health costs of smoking, to realise our full economic potential as our populations age.

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[a]Wholesalers buy bulk goods from manufacturers or distributors and sell them to retailers in smaller quantities.

## Smoking, health and economic activity

According to ONS figures, 14.1% of people aged 18 years and above in the UK today smoke cigarettes – that's around 6.9 million people.[3] This compares with figures from 1950, when around 80% of men and 40% of women were smokers.

But despite that considerable decline, smoking remains a leading cause of preventable deaths, especially deaths from cancer and heart disease. Around 77,600 deaths can be attributed to smoking every year in England alone.

Estimates of risk vary depending on age and individual smoking habits. For example, a typical life-long smoker aged 30 can expect to lose about 10 years of overall life expectancy. The impact on healthy life expectancy can also be devastating. Ceasing smoking at any age can be beneficial but the evidence suggests that already lost years cannot be regained.

Another association that's not generally recognised is with economic activity. Smoking can result in shorter working lives that add up to a loss in economic output for the country. We also know that smoking results in greater use of healthcare services and greater physical disability, especially as we get older. With the abolition of the default retirement age and a rising state pension age (SPA), longer working lives are becoming desirable for our society – and a financial necessity for many individuals. But already, far too many people fall out of the workforce long before they reach SPA. Therefore, supporting healthy ageing will be vital for the future sustainability of the UK economy.

Previous ILC research has shown that over 1 million people have been made 'involuntarily workless' between the ages of 50 and 64; this means they've been pushed out of their jobs by one of a range of shocks that can affect our lives, primarily related to their own health or care needs or caring responsibilities for a loved one. So there's still a long way to go to help people to stay in work for as long as they want.

This briefing uses data from the ONS *Annual Population Survey* (2015 to 2017), based on a sample of 277,000 adults; we also commissioned tables on the prevalence of disabled and disability-free and economically active and inactive smokers and non-smokers aged between 18 and 95. We used these to calculate disability free

life expectancy (DFLE) and working life expectancy (WLE) at different ages.

We tested the hypothesis that smoking can also result in shorter working lives that add up to a loss in economic output for the country.

## What have we found?

### Current smokers and ex-smokers have poorer health

*75% of men aged 18+ were in good health and 25% were in poor health*

- Of the 75% in good health, 57.4% had never smoked and 42.6% were current or ex-smokers
- Of the 25% in poor health, 37.2% had never smoked and 62.8% were current or ex-smokers

*73.5% of women aged 18+ were in good health and 26.5% were in poor health*

- Of the 73.5% in good health, 64.6% had never smoked and 35.3% were current or ex-smokers
- Of the 26.5% in poor health, 49.7% had never smoked and 50.3% were current or ex-smokers

### Current and ex-smokers have lower economic activity levels

*66.6% of men were economically active and 33.4% were inactive*

- Of the 66.6% who were active, 57.1% had never smoked and 42.9% were current or ex-smokers
- Of the 33.4% who were inactive, 43.2% had never smoked and 56.8% were current or ex-smokers

*57.3% of women were economically active and 42.7% were inactive*

- Of the 57.3% who were active, 63.2% had never smoked and 36.8% were current or ex-smokers
- Of the 42.7% who were inactive, 57.4% had never smoked and 42.6% current or ex-smokers

## Smoking leads to a £11.5 billion loss p.a. in economic output among male smokers

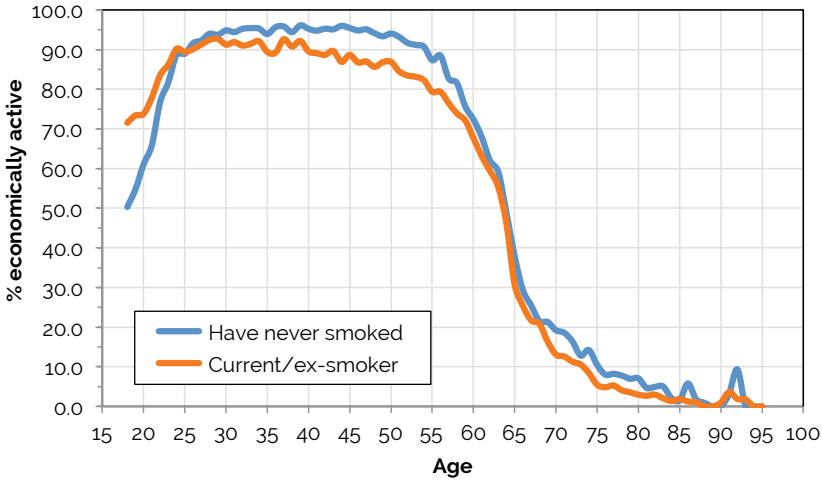


*Figure 1: Percentage of men who [blue] have never smoked or [orange] are current/ex-smokers, that are economically active, by age*

Figure 1 compares economic activity of men who are current/ex smokers with those who have never smoked across the life course, we find that:

- Before the age of 25, a higher percentage of current/ex-smokers are economically active than never-smokers (likely because a higher proportion of never smokers in education at these ages)
- From the ages of 20 to 60, those who had never smoked were 5.4% more economically active on average than current/ex-smokers – and between the ages of 44 and 56 that difference rose to 9%
- As economic activity generally winds down after age 60, the rates tended to equalise, but those who had never smoked were still more likely to remain economically active into later life

Assuming that average earnings in the UK were £25,000 pa during this period, we estimate that the difference in equivalent economic activity was such that if no men in the UK had ever smoked over this period, the UK's GDP would have seen an increase of £11.5 billion a year.

**Smoking leads to a £7.6 billion loss p.a. in economic output among women smokers**

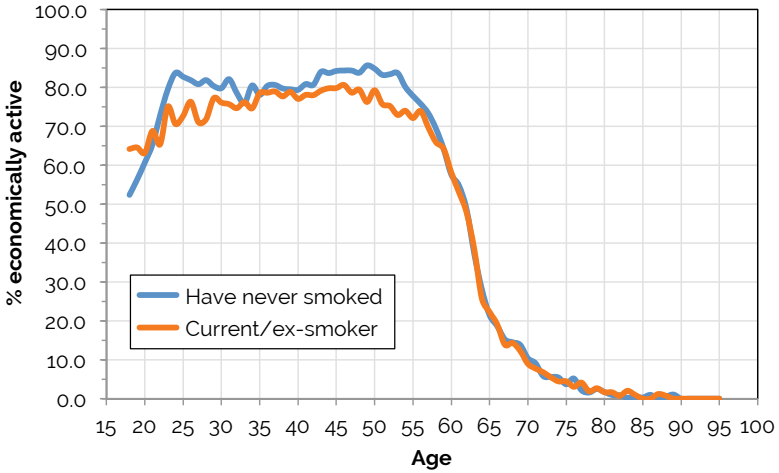


*Figure 2: Percentage of women who [blue] have never smoked or [orange] are current/ex-smokers, that are economically active, by age*

Figure 2 compares economic activity of women who are current/ex smokers with those who have never smoked across the life course, we find that:

- On average, women are less economically active throughout their lives than men, and are less likely to be economically active in old age
- Before the age of 20, a slightly higher percentage of current/ex-smokers are economically active than non-smokers
- From the ages of 20 to 60, those who had never smoked were 2.1% more economically active on average than current/ex-smokers (less than for men of the same age) - but this gap increased at specific ages: for example at 53, the gap was 10.8%
- Economic activity also winds down after age 60, which means that the rates tend to equalise. Those who had never smoked were no more likely to remain economically active in later life

Assuming that average earnings in the UK were £25,000 pa during this period, we estimate that the difference in equivalent economic activity was such that if no women in the UK had ever smoked over this period, the UK's GDP would have seen an increase of £7.6 billion a year.

## Smoking hampers time spent free of disability, time spent in work and overall economic activity

### Men

Table 1 shows the effect of smoking on male DFLE and WLE in 10 year steps, from the ages of 20 to 70.

| Age | DFLE (years) | | Difference (years) | WLE (years) | | Difference (years) | Activity rate % | | Difference (%) |
|---|---|---|---|---|---|---|---|---|---|
| | Never smoked | Current/ ex-smoker | | Never smoked | Current/ ex-smoker | | Never smoked | Current/ ex-smoker | |
| 20 | 47.7 | 42.7 | 5.0 | 42.2 | 39.7 | 2.5 | 61.1 | 74.1 | -13.0 |
| 30 | 39.0 | 34.3 | 4.7 | 33.9 | 31.0 | 2.8 | 94.8 | 91.2 | 3.6 |
| 40 | 30.3 | 26.1 | 4.3 | 24.3 | 21.9 | 2.4 | 95.2 | 89.7 | 5.5 |
| 50 | 22.1 | 18.7 | 3.5 | 14.9 | 13.1 | 1.7 | 94.1 | 86.9 | 7.2 |
| 60 | 14.8 | 12.3 | 2.5 | 6.1 | 5.1 | 1.0 | 72.5 | 67.8 | 4.7 |
| 70 | 8.8 | 7.2 | 1.6 | 1.6 | 1.0 | 0.6 | 19.9 | 12.3 | 7.7 |

*Table 1: Male DFLE, WLE and economic activity by smoking status and age*

- Those who have never smoked enjoy 5 more years of DFLE at the age of 20 than current/ex-smokers, and 2.5 more WLE. They are also more likely to be economically active at every age except 20.
- Those who have never smoked enjoy 3.5 more years of DFLE at the age of 50, and 1.7 more WLE. They are also 7.2% more likely to be economically active than current/ex-smokers.

## Women

Table 2 shows the effect of smoking on female DFLE and WLE in 10 year steps, from the ages of 20 to 70.

| Age | DFLE (years) | | Difference (years) | WLE (years) | | Difference (years) | Activity rate (%) | | Difference (%) |
|---|---|---|---|---|---|---|---|---|---|
| | Never smoked | Current/ ex-smoker | | Never smoked | Current/ ex-smoker | | Never smoked | Current/ ex-smoker | |
| 20 | 46.8 | 41.0 | 5.8 | 35.4 | 33.5 | 1.8 | 60.8 | 62.8 | -2.0 |
| 30 | 38.1 | 33.2 | 4.8 | 27.7 | 26.4 | 1.3 | 79.9 | 76.2 | 3.7 |
| 40 | 29.5 | 25.6 | 3.9 | 19.7 | 18.7 | 1.0 | 79.3 | 77.0 | 2.4 |
| 50 | 21.6 | 18.6 | 3.0 | 11.4 | 10.9 | 0.6 | 84.9 | 79.4 | 5.5 |
| 60 | 14.5 | 12.4 | 2.0 | 3.7 | 3.6 | 0.0 | 57.8 | 58.1 | -0.4 |
| 70 | 8.3 | 7.1 | 1.2 | 0.6 | 0.6 | 0.0 | 10.5 | 8.9 | 1.6 |

*Table 2: Female DFLE, WLE and economic activity by smoking status and age*

- Those who have never smoked enjoy 5.8 more years of DFLE at the age of 20 than current/ex-smokers (more than men) and 1.8 more WLE. They are also more likely to be economically active at every age except 20 and 60.
- Those who have never smoked enjoy 3 more years of DFLE at the age of 50 and 0.6 more WLE. They are also 5.5% more likely to be economically active than current/ex-smokers.

## Summary of findings

Our research has highlighted that smoking places a significant burden not only on individuals, but health systems and the wider economy. The impact on men is considerably greater than on women because historically women smoke less. Although our data cannot determine any causal relationship between smoking and economic activity, other research indicates that there is one. For instance, a 2016 longitudinal study on whether tobacco use is a cause or an effect of unemployment found evidence that suggests a link. Smokers were less likely to be reemployed after being unemployed for a year, and were paid significantly less than non-smokers when reemployed.[4]

These data don't provide information on the broader question of whether smokers spend more years in poor health towards the end of their lives: more research is needed. Our estimates suggest that current/ex-smokers experience a shorter period of time in poor health at the end of their lives than those who've never smoked. Smokers also have lower healthy life expectancies, with health complications from smoking being more severe and expensive to treat. More work is needed to ensure policy makers' existing cost-benefit analyses (and relevant NICE guidance) reflect the full lifetime economic costs of smoking.

## What needs to happen?

### Stop people from taking up smoking

Our findings indicate that we can make significant economic gains if we can prevent people from taking up smoking in the first place. Research shows that about two-thirds of adult smokers in the UK report taking up smoking before the age of 18, with over 80% starting before the age of 20.[5] We therefore propose the following three steps:

#### 1. Increase the legal purchase age from 18 to 21

One way to achieve this would be to raise the legal age for tobacco purchase from 18 to 21, and to gradually introduce further raises in the future. This would make it harder for children to obtain cigarettes and take the legal age beyond school age. Historical evidence suggests this is likely to be effective; when the UK increased the legal age from 16 to 18 in 2007, there was a fall in youth smoking rates.[6] Eventually, we could consider initiatives such as the policy implemented in New Zealand, which plans to phase out smoking completely by banning smoking for anyone born after 2004.[7]

#### 2. Reduce affordability by increasing the tax on tobacco

Another effective policy would be to raise the level of tax on tobacco sales in the UK by raising the current annual tax escalator from RPI +2% to RPI +5%. Evidence suggests that increasing taxation on tobacco is more effective in reducing the prevalence of smoking than other common tobacco control policies.[8] It can be particularly effective in deterring young people from smoking, as they have much lower disposable income: studies suggest young people may be up to three or four times more price-sensitive than adults.[9]

Poorer smokers are also more price-sensitive than the general population. As health inequalities are linked to poverty, tobacco tax increases could therefore also help to reduce health inequalities – in fact, they're the only tobacco control intervention proven to do so.[10] That said, they're likely to be most effective when implemented in conjunction with measures such as cessation support for poorer smokers.[11]

In their representation for the 2020 United Kingdom Budget, ASH and the UK Centre for Tobacco and Alcohol Studies argued that commitments to make tobacco less affordable couldn't be met

without revisions to the tax structure, because the tobacco industry is 'gaming' the tax system.[12] They made recommendations to strengthen the UK's tax policy, including reinstating the tobacco tax escalator. They proposed an annual escalator at 5% above inflation for manufactured cigarettes, and 15% above inflation for hand-rolling tobacco.[13]

Increasing the price of tobacco through taxation could also benefit public finances through NHS cost savings, reduced spending on sickness/illness benefits, and increased tax income from additional years worked and reduced absenteeism. This holds true even when taking into account the likely increase in spending on pensions as a result of ex-smokers living longer. Previous research estimates that increasing tobacco taxation from 2% to 5% a year on top of the RPI for manufactured cigarettes and 3% to 15% for hand-rolling tobacco could add £439.7 million to the public purse each year.[14]

### 3. Reduce the size of the illicit market with a tobacco licensing system for retailers and wholesalers

Another way to reduce the affordability of tobacco is to reduce the size of the illicit tobacco market. This will also help ensure that other existing control measures are effective. Although illegal tobacco use is declining, it's still significant. Manufactured cigarettes had an illicit market share of 9% in 2017-18, with hand-rolling tobacco at 32%. High use among young people is of particular concern – the 2017 *North East Illegal Tobacco Survey* found that over half of all underage smokers in the North East bought illegal tobacco.[15]

In 2016 HMRC consulted on licensing for the tobacco industry supply chain. It then introduced licensing, but only for the ownership and use of manufacturing machinery.

Introducing a tobacco licensing system for retailers and wholesalers to build on this[16] would make it easier to ban sales by those who sell illicit tobacco. It would also help to limit sales to underage smokers.

Cash-strapped governments have a particular incentive to reduce the size of the illicit market. Reductions in the illicit tobacco trade, from 2005-6 to 2017-18, allowed the Government to retain £900 million in tobacco tax revenue.[17]

## Help current smokers to quit

Helping smokers quit is also likely to reduce smoking's negative impact on economic activity. Although we weren't able to distinguish between ex-smokers and those who had never smoked in our study, other research has concluded, "given the disparities in reemployment by smoking status, treatment of tobacco use in unemployment service settings is worth testing for increasing reemployment success" – although more research is needed.[18]

We also know that quitting not only reduces the risk of death, but reduces morbidity – it improves health status and enhances quality of life.[19]

There are measures that have already been proven cost effective in helping smokers to quit, including:

1. **National communications campaigns on quitting**[20]
2. **Effective smoking cessation services combined with appropriately regulated nicotine replacement products**[21]

Despite this, funding for national behaviour change communications campaigns has fallen to less than 10% of peak levels since 2009;[22] smoking cessation service budgets have been significantly cut in many upper-tier local authorities in England (nearly four out of every ten).[23] Over the same period, the number of smokers attempting to quit each year has also decreased. A Public Health England consultation shows that these funding cuts are already threatening to halt or reverse the long-term decrease in smoking prevalence.[24] In 2010, 36% of smokers reported attempting to quit, compared to only 29% in 2019.[25]

## Fund these measures through a 'polluter pays' Tobacco Control Fund

Although many of these measures wouldn't incur significant ongoing government expenditure, others would. With Government budgets being squeezed by the economic impact of the COVID-19 pandemic, we must ask how we can pay for these measures. One opportunity is to introduce legislation that requires tobacco manufacturers to pay a levy or licence fee to the Government, using mechanisms set out in the Health Act 2006. A 'polluter pays' Tobacco Control Fund could be used to pay for tobacco control measures.[26]

This is certainly feasible as tobacco manufacturers and importers in the UK are immensely profitable, making at least £1 billion in profits a year, with profit margins of up to 68% (compared with margins of 15-20% for most consumer staple industries).[27] Despite this, they pay very little in corporation tax.[28]

### Avoid unintended consequences

Our recommendations for increasing taxes on tobacco and raising the legal smoking age are likely to be more effective if introduced in conjunction with other tobacco control measures.[29] In particular, reducing the affordability of tobacco could end up adversely affecting low-income smokers who can't overcome their addiction.[30] This measure should only be implemented in conjunction with sustainable funding for smoking cessation support – such as via a tobacco levy.

## Conclusion

As the UK population continues to age and the Government continues to raise the SPA, it will become increasingly important for policy makers to support longer working lives and preventative healthcare. These measures will both support our economy and prevent older people from falling into poverty.

Our analysis finds that economic activity rates are significantly lower among smokers and ex-smokers compared to those who have never smoked. If all those who currently smoke or are ex-smokers had never smoked, we calculate it would boost the national economy by around **£19.1 billion** a year. Our findings suggest that smoking impairs economic activity by increasing disability: smokers and ex-smokers can expect to live significantly fewer years in good health and without disability than non-smokers. To put this into a wider perspective, UK annual tobacco duties are worth £9bn a year – less than half the amount.

Despite receiving relatively little attention, it's clear that we need to wake up to the substantial impact of smoking on individuals' economic activity and morbidity. **Stopping people from taking up smoking** will be key to supporting longer working lives as our populations age. To achieve this aim, we believe policy makers must:

1. Raise the legal age for purchasing tobacco to 21 (in the first instance)
2. Reduce tobacco affordability by increasing UK tax levels on tobacco
3. Reduce the size of the illicit market by introducing a tobacco licensing system for retailers and wholesalers.

**Helping smokers quit** is also important – quitting not only reduces the risk of death but reduces morbidity. We believe policy makers should reverse the recent reductions in funding for cost-effective anti-smoking measures, such as:

1. National communications campaigns on quitting
2. Offering effective smoking cessation support

As the post-pandemic recovery puts a strain on both public and private budgets, **these measures could be paid for by tobacco manufacturers, via a levy or licence fee**.

A 2019 survey by ASH shows that the majority of the UK public supports the Government taking action to tackle smoking, and public support for Government action on smoking has increased considerably in recent years.[31] At the same time, the pandemic has highlighted the dangers of under-investing in prevention, reinforcing our case.

Policy makers must seize this moment to implement measures that can reduce smoking cost effectively, if we are to unleash our society's full economic potential as we age.

## What happens next

As part of our *Delivering prevention in an ageing world* programme, we're exploring how countries across the G20 can deliver prevention in an ageing world to support healthy ageing, by:

- Democratising access to preventative interventions and tackling health inequalities
- Inspiring and engaging with people around the prevention agenda during the pandemic and beyond
- Using technology and data effectively to remove barriers to preventative interventions and target these interventions more effectively

Find out more at: ilcuk.org.uk/delivering-prevention-in-an-ageing-world/

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## About the ILC

The International Longevity Centre UK (ILC) is the UK's specialist think tank on the impact of longevity on society. The ILC was established in 1997, as one of the founder members of the International Longevity Centre Global Alliance, an international network on longevity.

We have unrivalled expertise in demographic change, ageing and longevity. We use this expertise to highlight the impact of ageing on society, working with experts, policy makers and practitioners to provoke conversations and pioneer solutions for a society where everyone can thrive, regardless of age.

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