

Brief for Parliamentarians

Creating a smokefree generation

Smoking is uniquely lethal, and therefore requires a unique regulatory approach. This briefing sets out the evidence and rationale behind the legislation to raise the age of sale for **all** tobacco products by one year every year for the nations of the UK.

The organisations endorsing this brief and many others ([see online](#)) urge parliamentarians to support the legislation.

The tobacco industry's attempts to [block the policy](#) by litigation and lobbying have been rebuffed by the [Prime Minister](#) with full support from the [Official Opposition](#). The legislation is:

- **Needed:** to stop future generations becoming addicted to tobacco According to [DHSC modelling](#) the legislation could eliminate smoking in under 30s by 2050.
- **Wanted:** [66% of adults in Great Britain](#) already support the legislation with only 14% opposed.
- **Workable:** The lesson from the smoking ban is that public support, backed up by a comprehensive communications strategy [can secure high levels of compliance from the start](#).

Tobacco industry arguments against the legislation can be rebutted one by one:

1. **Smoking is not a free choice; it is an addiction.**
2. **Raising the age of sale will reduce pressure on the NHS by improving health and wellbeing.**
3. **The cost of smoking to public finances is far greater than tobacco tax revenues.**
4. **Compliance can be secured with a few simple measures.**
5. **Raising the age of sale will have little impact on the black market, which is controlled by enforcement.**
6. **Most small businesses support tobacco regulations and want to see them strengthened.**

Smoking is the leading cause of premature death and disability, responsible for half the difference in healthy life expectancy between rich and poor. The [government's strategy](#) will end the epidemic by:



- **Stopping the start:** by raising the age of sale for tobacco by one year, every year starting in 2027 until tobacco is no longer on sale.
- **Helping smokers quit:** by increasing funding for anti-smoking campaigns and specialist stop smoking services, and providing access to the most effective quitting aids.
- **Enhancing enforcement:** to prevent underage sales and take illicit tobacco off the market.

1. Smoking is not a free choice; it is an addiction.

Whether they are adults or children when they start smoking, addiction deprives people of choice. The only truly free choice is whether to smoke that first cigarette or not. [Two out of three](#) people who try one cigarette become daily smokers, and [three-quarters of smokers](#) would never have started if they had the choice again.

On average it takes [thirty attempts](#) to quit smoking, and many never succeed. To quote the Chief Medical Officer, Professor Sir Chris Whitty: *"As a doctor I've seen many people in hospital desperate to stop smoking because it's killing them and yet they cannot - their choice has been removed."*

2. Raising the age of sale will reduce pressure on the NHS by improving health and wellbeing.

Government [modelling estimates](#) that raising the age of sale will avoid up to **115,000 cases** of stroke, heart disease, lung cancer and other lung diseases by 2075, saving **tens of thousands of lives** and saving the health and care system **billions of pounds**.

But smoking does far more than damage the heart and lungs. Smoking is a cause of at least [15 different types of cancer](#), and also causes [diabetes](#) and [dementia](#). Smoking prevalence among people with a [mental health condition](#) is more than 50% higher than in the general population and accounts for two-thirds of the difference in life expectancy in people with a serious mental illness.

Smokers require [longer stays in hospital](#) and have [worse surgical outcomes](#), and smoking damages the [teeth and gums](#), [eyesight](#) and [hearing](#). Exposure to tobacco smoke is the [single biggest modifiable risk factor](#) for poor birth outcomes, increasing the chance of stillbirth, miscarriage, preterm birth, low birthweight, heart defects and sudden infant death.



The [risk of heart attack is halved](#) a year after stopping smoking, which also improves mental health to the same extent as [anti-depressants](#), and can nearly [double the life expectancy](#) of smokers diagnosed with lung cancer.

3. The cost of smoking to public finances is far greater than tobacco tax revenues.

Tobacco Manufacturers and organisations they fund, for example the [Institute of Economic Affairs](#) (IEA), argue that smoking provides a net benefit to public finances because taxes are greater than the cost to the NHS. This line of reasoning is spurious.

People who get sick from smoking don't just need healthcare, they are also less productive, losing time off work, suffering smoking related lost earnings and unemployment, and are more likely to need social care and die while still of working age. Calculations by Landman Economics for ASH [cited by DHSC](#) estimated that in 2019, lost productivity due to smoking in England cost £14 billion, in addition to the £3 billion cost to the NHS and social care. Tobacco excise tax revenues for the whole of the UK in 2019 were under [£9 billion](#).

4. Compliance can be secured with a few simple measures.

The smokefree legislation implemented in England had high levels of support, widespread publicity, clear signage in premises, and guidance to business, and inspections found compliance was [98%](#) in the first eight months. A thorough implementation plan would secure high levels of compliance with the age of sale legislation too.

Already fewer and fewer people smoke and the legislation will accelerate the rate of decline. [DHSC modelling](#) shows that if the age of sale were increased by one year every year, smoking rates among 14 to 30 year olds are likely to be zero by 2050.

Requiring those purchasing tobacco to provide ID, with proof of age, is supported by 66% of adults in Britain, with only 14% opposing. The highest level of support (72%) was among those intending to vote Conservative at the next general election, compared to 70% of Labour voters and 68% of Lib Dem voters.

The purchase of tobacco by those under the legal age of sale will not be criminalised, compliance will be the responsibility of the business as is the case with the current age of sale laws, except in Scotland.

Requiring proof of age for anyone purchasing tobacco who looks under 25 is already a legal requirement in Scotland, where the government provides [helpful guidance](#) and is supported by the overwhelming majority of retailers. Proof of age, for those who don't have a passport or driving licence, is easily available through the nationally recognised [PASS scheme](#), and is currently being offered [free by Citizencard](#) for voter ID.

Tobacco manufacturers and their front organisations have responded to the proposals by are lobbying for the age to be raised only from 18 to 21 which they say would be easier to enforce. But this would have far less impact on smoking rates in the longer-term.

5. Raising the age of sale will have little impact on the black market, which is controlled by enforcement.

A comprehensive anti-smuggling strategy, updated over time, has succeeded in halving the illicit market share from [22% to 11%](#). The number of illegal cigarettes on sale in the UK has fallen even further, by over 80%, from [17 billion in 2000-01 to 3 billion in 2021-02](#). The [anti-smuggling strategy](#) of Border Force and HMRC has been updated in light of the smokefree generation policy.

Raising the age of sale one year every year will have a gradual and incremental impact over time, so is unlikely to affect the black market. When the age of sale was raised from 16 to 18 in 2007, the [illicit market did not increase](#).

6. Most small businesses support tobacco regulations and want to see them strengthened.

The tobacco industry has funded front organisations to lobby against tobacco regulations for decades. Most recently the [Tobacco Retailers Alliance](#) and the [Federation of Independent Retailers \(NFRN\)](#) were funded by the tobacco industry to campaign against the tobacco [display ban](#) and [standardised packaging](#).

These industry funded campaigns are not representative of the views or experiences of most small retailers. Large independent surveys commissioned by ASH found that the majority of [retailers support](#) existing regulations and would like to see them [strengthened](#). The overwhelming majority of small retailers also said that the display ban and standardised packaging [had no impact](#) on their business.

Retailers make low profit margins on tobacco (under [7% compared to 24%](#) for other products) while tobacco manufacturers make on average [50%](#). Raising the age of sale one year every year will have a gradual impact in reducing retail sales, as it impacts on one year group at a time, and each year group is only a tiny proportion of the millions of smokers buying cigarettes.

The Public Health Minister, Dame Andrea Leadsom, has [called out](#) Big Tobacco's attempts to "undermine the policy". See the Tobacco Tactics website: [Tobacco Industry Interference with Endgame Policies](#).