Smoking: health inequalities

Smoking is the main reason why rich people live longer than poor people.

- The poorer you are the more likely you are to smoke and continue to smoke during pregnancy
- Children from homes where smoking is the ‘norm’ are harmed by exposure to secondhand smoke and much more likely to become smokers themselves
- Targeted local stop smoking services and media campaigns reduce the vicious cycle of inequalities and protect children’s health

Reducing smoking rates can improve the health and wealth of the poorest

Socio-economic group: % who smoked before or during pregnancy (Infant Feeding Survey, ONS 2011)

<table>
<thead>
<tr>
<th>Socio-economic group</th>
<th>% who smoked before or during pregnancy</th>
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<tbody>
<tr>
<td>Managerial &amp; professional</td>
<td>14%</td>
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<tr>
<td>Intermediate occupations</td>
<td>26%</td>
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<tr>
<td>Routine &amp; manual</td>
<td>40%</td>
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Smoking kills half of all long-term users and is the biggest single cause of inequalities in death rates between rich and poor in England. Women in low paid jobs are three times as likely to smoke during pregnancy as professional women.

Health inequalities start in the womb, persist until old age and span generations.

Smoking during pregnancy significantly increases the risk of miscarriage, stillbirth, and cot death. Children born to mothers who smoke are much more likely to smoke themselves.

The richer you are, the less likely you are to smoke

Approximately half of all smokers in England work in routine and manual occupations.

Workers in manual and routine jobs are twice as likely to smoke as those in managerial and professional roles. The poorer and more disadvantaged you are, the more likely you are to smoke and suffer smoking-related disease.

Ill-health caused by smoking is therefore much more common amongst the poorest and most disadvantaged in society.
Smoking not social status is the greatest cause of health inequalities

Rich smokers have very similar life expectancy to poor smokers, and poor non-smokers live longer than rich smokers, showing that smoking not social status is the greatest cause of health inequalities.

On average a smoker loses 10 years of life. The earlier you quit, the less life you lose.

Quitting smoking is the best way for smokers to improve their life expectancy and wellbeing.

<table>
<thead>
<tr>
<th>Age at which stopped smoking</th>
<th>Years of life gained</th>
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<tbody>
<tr>
<td>30</td>
<td>10</td>
</tr>
<tr>
<td>40</td>
<td>9</td>
</tr>
<tr>
<td>50</td>
<td>6</td>
</tr>
<tr>
<td>60</td>
<td>3</td>
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Years of life gained by stopping smoking at different ages, 30 to 60 (Doll R, Mortality in relation to smoking, BMJ 2004)

Smoking rates are higher in disadvantaged communities

Smoking rates within certain minority and deprived communities can be very high. For example smoking rates of are more than double the average are found among the lesbian gay and transgendered communities, the long-term unemployed, those suffering from mental disorder, prisoners and some minority ethnic groups.

Helping disadvantaged smokers quit is the best way to reduce health inequalities.

Well off smokers find it easier to quit

Success rate in quitting by socio-economic status (Smoking Toolkit, 2010, UCL)

More people in disadvantaged communities smoke and smoking is more socially acceptable.

Poorer smokers are usually more addicted and smoke more each day. On average all smokers make similar numbers of quit attempts each year, well off smokers are much more likely to succeed.

To reduce inequalities it is vital that support to quit is tailored to the needs of poorer and more disadvantaged smokers, who find it harder to quit.

Current regular smoking rates among ethnic minorities (England)

Black Caribbean
Bangladeshi
Chinese
Pakistani

Men
Women

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