

Tobacco & Vapes Bill 2nd reading 16th April 2024 MP brief on smokefree generation clauses

Smoking is uniquely lethal, and therefore requires a unique regulatory approach. The organisations endorsing this brief and many others ([see online](#)) urge parliamentarians to pass the legislation to raise the age of sale for **all** tobacco products by one year every year for the nations of the UK.

The tobacco industry is lobbying to [block the policy](#) or limit its impact, but have been rebuffed by the [Prime Minister](#) with full support from the [Official Opposition](#). The legislation is:

- **Needed:** [DHSC modelling](#) demonstrates that the legislation could eliminate smoking in under 30s by 2050.
- **Wanted:** More than half small retailers, and 69% of adults, including more than half all smokers, support the legislation.
- **Workable:** 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. Every day around [350 young adults](#) aged 18-25 start smoking regularly, risking being trapped into a lifetime of addiction and premature death.

The Department of Health and Social Care's strategy is designed to 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:** with increased funding for specialist stop smoking services, anti-smoking campaigns and 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, 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](#), [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 risks of stillbirth, miscarriage, preterm birth, low birthweight, heart defects and sudden infant death.

Quitting [halves the risk of heart attack](#) a year after quitting, 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 argument is economically flawed. 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 comprehensive implementation plan could secure high levels of compliance with the age of sale legislation too.

Just as for existing age of sale laws, compliance will be the responsibility of the business. Only the sale of tobacco to those underage will be illegal, not the purchase or use of tobacco. Requiring proof of age for anyone purchasing tobacco who looks under 25 is already a legal requirement in Scotland, where it is supported by [91% of retailers](#) and the government provides [helpful guidance](#).

The Bill will require customers in Scotland appearing to have been born on or after 1 January 2009 to provide proof of age, but not as currently drafted anywhere else in the UK. This should be extended to the rest of the UK as it would aid enforcement and set a level playing field. An overwhelming majority of retailers in England and Wales (71%) and the public in Great Britain (72%) support mandatory age verification.

Proof of age, for those who don't have a passport or driving licence, is easily available through the nationally recognised [PASS scheme](#) and the majority of teenagers already have proof of age.

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

When the age of sale increased from 16 to 18 in 2007 it had [no impact on the illicit market](#). Raising the age of sale one year every year will only apply to one year group at a time, which is a tiny proportion of those buying cigarettes, so

why would such a gradual and incremental change increase black market sales?

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, with increased funding, in light of the smokefree generation policy.

Already fewer and fewer people smoke and the legislation will increase 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.

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

Since legislation to raise the age of sale progressively one year at a time was announced, tobacco manufacturers have argued that the legislation will be [burdensome to business](#) and paid for advertising urging retailers to [lobby against the legislation](#).

However, research independent of the tobacco industry commissioned by ASH finds that most [retailers support](#) the government proposals. More than half (51%) of 900 small tobacco retailers in England and Wales spoken to on the phone by independent researchers supported the government's age of sale proposal, nearly double those opposed (26%).

Tobacco manufacturers have previously funded campaigns using retailers to try to prevent the [display ban](#) and [standardised packaging](#), from being passed by parliament, and failed. Independent surveys of retailers after implementation showed that the vast majority of retailers reported that the regulations had [no impact](#) on their business, either positive or negative. Furthermore the majority of retailers [support](#) existing regulations and would like to see them [strengthened](#).

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](#).

Selling tobacco is highly profitable for manufacturers, but not for retailers. Retailers make lower profit margins on tobacco than for selling other products ([6.6% compared to 24.1% in 2016](#)) while tobacco manufacturers make on average [50%](#).