

# Fastfacts

## Smoking and health inequalities

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### Smoking is both a cause and an effect of health inequalities:

- one in three (35%) of adults in the 20% most deprived areas of Scotland smoke, compared to fewer than one in ten (11%) in the 20% least deprived
- incidence of lung cancer is around three times higher in the 20% most deprived areas of Scotland than in the 20% least deprived
- almost half of adults who are permanently sick or disabled (48%) are current smokers
- almost half of adults who are unemployed and seeking work (46%) are current smokers
- people with mental health problems are far more likely to smoke than those in good health, using one third of the tobacco smoked in the UK
- recent mapping work at the University of Edinburgh has shown that shops selling tobacco are more common in more deprived areas, a factor associated with smoking prevalence and tobacco consumption

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### Smoking in pregnancy perpetuates health inequalities:

- the poorer you are the more likely you are to smoke and continue to smoke during pregnancy with subsequent health implications including miscarriage, stillbirth, and cot death
- mothers from the most deprived fifth of areas are five times more likely to smoke compared to mothers from the most advantaged fifth of areas
- children born to mothers who smoke are much more likely to smoke themselves

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### Smoking contributes to and exacerbates poverty:

- if the smoking rate in the 20% most deprived areas of Scotland fell just 1% (from 35% to 34%) Scotland's poorest communities would save £14.5 million a year
- a low-income family earning £18,400 a year, where both parents smoke 20 cigarettes a day, will spend more than a quarter of their entire income on tobacco or around £5,200 a year
- approximately 1.2 million children in the UK are living in poverty in households where adults smoke. If these adults quit and the costs of smoking were returned to household budgets, 365,000 of these children would be lifted out of poverty