

# Briefing on the Royal College of Physicians' 2026 *Smoking, Health and Social Justice* report

This briefing summarises the key evidence and recommendations from the Royal College of Physicians' 2026 *Smoking, Health and Social Justice* report which calls for action to tackle the inequities of tobacco use prevalence and for opt-out smoking cessation services in all NHS settings.

## Summary

- **Smoking remains the leading cause of preventable death**, and prevalence rates between the most and least advantaged communities remain stark. Smoking continues to cause around 76,000 deaths each year in the UK and is responsible for about half the inequalities in life expectancy.
- **Smoking cessation is highly effective and cost-effective**, but access to evidence-based support is uneven, with people in high-prevalence and disadvantaged groups least likely to receive timely, tailored treatment despite having the greatest need and most contact with public services. **The introduction of universal, opt-out NHS quit pathways would have a significant impact in closing that gap.**
- **Related health inequalities are driven by structural factors beyond the control of affected communities** including poverty, insecure housing, poor education and social exclusion. People living in the most deprived areas are more than twice as likely to smoke as those in the least deprived areas, reflecting deeply embedded social and economic disadvantage rather than differences in motivation or knowledge.
- **Better data is essential to target resources effectively and reduce** smoking in high prevalence and marginalised groups. National smoking prevalence estimates underestimate true smoking rates because many high-prevalence groups, including people experiencing homelessness are routinely excluded from household surveys.
- **There is a significant 'smokefree dividend' for individuals, communities and local economies if smoking rates are reduced.** In England alone, the smokefree dividend is estimated at £10.9 billion per year, driven by reduced household spending on tobacco and increased economic participation.
- **An equitable tobacco control approach is critical to achieving a smokefree future for all.** Without targeted action, declining national smoking rates risk masking rising concentration of harm among the most marginalised populations.
- **Commercial determinants of health, particularly tobacco industry pricing and marketing tactics, deliberately sustain inequalities.** The tobacco industry actively segments the market to ensure cheaper tobacco products are disproportionately available and promoted in more deprived communities.

## RCP recommendations

To reduce smoking-related health inequalities, the RCP calls on government to:

1. **Deliver a comprehensive, equity-focused national tobacco control strategy**, underpinned by targeted action that weights national tobacco policy towards high prevalence groups to close the tobacco-related health inequalities gap. **Address structural drivers of smoking**, including poverty, housing insecurity, education and employment.
2. **Strengthen regulation of the tobacco industry**, including pricing, retail licensing and across digital platforms
3. **Expand and protect smoking cessation services**, ensuring universal opt-out NHS pathways and high-quality treatment provision.
4. **Improve tobacco-use data collection**, particularly for marginalised populations and illicit tobacco markets.
5. **Adopt a coherent cross-government policy approach to address cross-risk factors** from high-risk consumption of tobacco, alcohol and unhealthy foods.

## Smoking and health inequalities

- Smoking prevalence remains disproportionately high in the most disadvantaged communities. These inequalities have persisted over decades and are deeply rooted in structural and systemic factors, including:
  - Poverty and financial insecurity
  - Poor quality and unstable housing
  - Lower educational attainment
  - Social exclusion and marginalisation
- Smoking prevalence in some of the most deprived local authorities in England, such as Blackpool, approaches 20%, compared with around 4% in areas such as Woking.
- Among people with serious mental illness and those experiencing homelessness, smoking prevalence commonly ranges between 40% and 80%, far exceeding the national adult average of 10.6%.
- There is an estimated 'hidden population' of 1.9 million adults in England who have a smoking prevalence between 58% and 66%, representing over 1 million additional people who smoke, skewing official UK prevalence estimates.
- Without tackling these drivers, progress in reducing smoking will continue to be uneven, leaving the most disadvantaged communities behind.

**We need:** to align tobacco control with wider action on poverty reduction, housing, education and employment if smoking cessation efforts are to succeed. Interventions focused solely on individual behaviour change are insufficient to address a behaviour that is strongly socially determined.

## The role of commercial determinants

- Health inequalities are reinforced by commercial practices of the tobacco industry, which:
  - Use pricing strategies to maintain addiction among people on lower incomes
  - Exploit marketing and imagery, particularly via digital platforms
  - Target communities with the highest smoking prevalence
- The tobacco industry has traditionally responded to price sensitivity by offering a wide range of lower-priced tobacco products, ensuring affordability even as overall tobacco taxation rises. Retail density for tobacco outlets follows a social gradient, with significantly higher concentrations in more deprived areas.
- These practices undermine individual attempts to quit and perpetuate population-level harms.

**We need:** a comprehensive and equity-focused tobacco control approach , including:

- Strong price measures (minimum excise tax and minimum unit pricing)
- Retail licensing to reduce availability
- Regulation of tobacco imagery across digital and online media
- Cross-government coordination on cross risk factors from high-risk consumption of tobacco, alcohol and unhealthy foods

## Smoking cessation and safer alternatives

- People in disadvantaged groups are no less motivated to quit, but face greater barriers to success, including limited access to tailored support. Evidence consistently shows that people who receive smoking cessation support are significantly more likely to quit than those who attempt to stop unaided.
- Large scale NHS opt out tobacco dependency treatment pathways in hospitals have demonstrated particularly strong reach and quit outcomes among people from the most deprived communities.
- **We need:**
  - Opt-out smoking cessation services into all NHS settings Enhanced and equitable access to smoking cessation services

- Access to safer nicotine alternatives as part of harm reduction
- Financial, digital and community based support targeted to high prevalence groups
- E-cigarettes are a substantially safer alternative to smoking for people who are unable or unable to quit nicotine completely.

## The importance of better data

- Progress in reducing smoking-related inequalities is constrained by gaps in data, particularly for high-prevalence and marginalised groups. Many populations with the highest smoking rates are effectively invisible in routine data collection, leading to systemic under-investment in services for those most in need.
- Priority areas for improvement include data on:
  - People experiencing homelessness or living in temporary accommodation
  - People with serious mental illness
  - Asylum seekers and migrant populations
  - Users of non-cigarette tobacco products
  - Regional illicit tobacco markets
  - Smoking cessation outcomes by deprivation level

## The 'smokefree dividend'

- The net contribution to individuals and communities in England that could be realised if people who smoke were able to quit is estimated to be £10.9 billion, at the individual level, this equates to £246 per adult in England, and £1,776 per adult who smokes.
- In 2024, premature deaths caused by smoking resulted in approximately £1.35 billion in lost productivity across the UK
- Reducing smoking prevalence would deliver a significant economic and social return, known as the smokefree dividend. This dividend could:
  - Boost local economies
  - Reduce financial stress for low-income households
  - Support economic participation and productivity

**Led by the RCP special adviser on tobacco Professor Sanjay Agrawal, the report was developed with members of the RCP Tobacco Advisory Group and approved by RCP Council.**

The full RCP report and executive summary are available on the RCP website.

© Royal College of Physicians May 2026.