



# ASH Scotland

## How smoking affects personal finances

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Working for a tobacco-free Scotland

### Key points:

- smoking has hidden, associated costs but no benefits
- giving up can save a surprising amount of money
- there are additional health benefits from quitting
- supported quit attempts work better than trying to stop alone and there is free help – find out where to get support.

**This briefing highlights a number of issues which money advice workers may wish to consider in their work.**

A person who smokes 20 cigarettes a day at an average of £6.29 per packet will be spending £2295 a year<sup>1</sup>. To find out how much smoking can cost visit the online calculator at [www.canstopsmoking.com](http://www.canstopsmoking.com). Multiply the annual total by how many years a person has been smoking to give a total sum which illustrates the long-term financial cost of tobacco use.

## Hidden financial costs of smoking

### Home and life insurance policies

Smoking can almost double the cost of premiums. It doesn't matter if a person is a one-a-day or forty-a-day smoker, if they have smoked in the last twelve months they will be classed as a smoker. Once a smoker has given up for a whole year (this includes any tobacco-replacement products they might be using, such as nicotine patches) they should go back to their insurer and ask for non-smoker rates. Checks may be made against applicants to discover if they are telling the truth about smoking and if it can be proved from a postmortem that a person who said they didn't smoke was a smoker, then a life policy is deemed worthless<sup>2</sup>.

Policies which cost more for smokers include:

- **life & critical illness insurance** - research by moneysupermarket.com revealed critical illness cover of £100,000 for a 30 year old male smoker over the next 25 years would cost £44.60 a month with Legal and General, but only £25.70 for a non smoker; a saving of £18.90 or 42% - £5,670 over the full term. A non smoking female with insurance company LV= would pay £5,346 less than a smoker<sup>3</sup>.
- **home insurance** – is higher for people who smoke because of the residential fires started by cigarettes, also children are more likely to have access to matches and lighters than in homes of non-smokers again increasing the risk of

accidental fires. Smokers' materials (i.e. cigarettes, cigars or pipe tobacco) were the most frequent source of ignition causing accidental dwelling fire deaths, accounting for 102 deaths and 1,047 non-fatal casualties, which is over a third of all accidental dwelling fire deaths in the UK in 2007. In Scotland, smoking as a cause of accidental dwelling fires, is attributed to fewer than 8% of incidents but when a fire death occurs the figure rises to 41%<sup>4</sup>.

### **Car costs:**

- **careless driving** – if smoking/lighting up at the wheel is deemed to cause careless driving it will be viewed as an offence under section 148 of the Highway Code. If proven, this could lead to a fine of up to £2,500, a mandatory 3 to 9 penalty points; and discretionary disqualification. This in turn would increase the cost of car insurance.
- **car insurance** – insurers charge more as they regard smoking whilst driving a distraction.
- **resale value of car** – signs of tobacco use such as smell, burns and stains are implicitly included among many factors that diminish the value of a car. Some materials used in cars may be especially prone to absorbing smoke (e.g. upholstery, carpeting, and ceiling liners) and there will be a distinct smell of residual second-hand smoke for weeks or months after the last cigarette was smoked there.

### **Home costs:**

- cigarette smoke may cause yellowing stains to build up on walls, ceilings and paintwork. Soft furnishings and carpets also may become stained from exposure to cigarette smoke as well as retaining the smell and being vulnerable to burns. Plug-in fragrances, candles and aerosol fresheners are themselves sources of air pollution and temporarily mask rather than remove the smell of stale cigarette smoke. The resale value of a home may be reduced as smoke-staining and the smell of stale smoke could deter non-smokers.

### **Employment**

- Smoking affects health and ability to work. Absenteeism is higher among those who smoke when compared to non-smokers and it has been estimated that this costs the Scottish economy approximately £210 million annually<sup>5</sup>. Time may also be lost because of 'smoke-breaks' and this combined with smoking-related absences can affect employability.

### **Smoking and health**

The more a person smokes, the younger they started, and the longer they keep on smoking, the more likely they are to get cancer. There is very clear link between smoking and many different types of cancer. Tobacco is the cause of 90% of lung cancers and can also increase a person's risk of cancer of the

- mouth
- nose and sinuses
- voice box (larynx)
- foodpipe (gullet or oesophagus)
- stomach

- pancreas
- bladder
- liver
- neck of the womb (cervix)
- kidney.

Overall, over a quarter (29%) of all cancer deaths are linked to smoking<sup>6</sup>.

Smoking is one of the major causes of cardiovascular disease, and smokers are almost twice as likely to have a heart attack as people who have never smoked. Smoking causes many respiratory conditions including chronic obstructive pulmonary disease (COPD) which includes the conditions chronic bronchitis and emphysema. About 3 in 20 people who smoke one packet of cigarettes (20 cigarettes) per day, and 1 in 4 40-per-day smokers, develop COPD if they continue to smoke. For *all* smokers, the chances of developing COPD is between 1 in 10 and 1 in 4.

Smoking can also have an impact on personal appearance, especially teeth. Smoking can lead to gum disease because smokers are more likely to produce bacterial plaque; smoking causes a lack of oxygen in the bloodstream so infected gums fail to heal. Smoking also causes people to have more dental plaque and for gum disease to progress more rapidly than in non-smokers. Gum disease is the most common cause of tooth loss in adults.

## **Second-hand smoke**

Exposure to second-hand smoke increases the risk of fatal and non-fatal coronary heart disease in non-smokers by about 30%<sup>7</sup>. Compared with unexposed non-smokers, non-smokers exposed to second-hand smoke have blood chemistry similar to that of active smokers<sup>8</sup>. For example, even 30 minutes of exposure to a typical dose of second-hand smoke can damage the layer of flat cells lining the inside of a non-smoker's blood vessels and heart in the same way that actively smoking would<sup>9</sup>.

Children and infants face the highest level of second-hand exposure at home and in cars as they are often unable to remove themselves from smoky environments. With their smaller airways, faster rates of breathing and immature immune systems children and infants are also most vulnerable to any adverse health effects<sup>10</sup>. Exposure to second-hand smoke in childhood is associated with reduced lung function, middle ear disease, an increased risk of a range of respiratory symptoms and a higher incidence of respiratory tract infections. Second-hand smoke exposure has also been shown to be a cause of Sudden Infant Death Syndrome (SIDS)<sup>11</sup>.

Additionally, the health of pets can be compromised by exposure to second-hand smoke.

## **Does smoking relieve stress?**

Numerous laboratory studies have failed to detect any mood enhancing effects of smoking or nicotine<sup>12</sup>. It is sometimes suggested that smoking relieves stress but in one study people who smoked who managed to quit for six months reported a steady

reduction in stress from the first month of abstinence, such that six months after quitting their stress levels were lower than when they smoked<sup>13</sup>. The 'stress-relieving' properties of smoking are probably caused by the relief from nicotine withdrawal symptoms which smoking another cigarette produces, perhaps heightened by deep inhalation and reward/time-out factors. Generally, smoking appears to be associated with lower levels of pleasure and poorer quality of life, with levels of pleasure for those from less advantaged backgrounds who smoke lower still<sup>14</sup>.

## Free support to stop smoking

People who smoke have a much better chance of giving up smoking if they get support to do so, There are lots of different ways to find support: :

- through the local doctor's surgery
- phone free to Smokeline on **0800 84 84 84** (9am – 9pm, seven days a week). Smokeline advisors provide free advice and information for anyone who wants to stop smoking, or who wants to help a loved one to quit. Smokeline also provides information about the free stop smoking services provided by every health board in Scotland
- many pharmacies/local chemists are able to provide advice and support. Where appropriate, the pharmacist can identify the most suitable nicotine replacement therapy (NRT) and some pharmacies even run NHS-funded stop smoking services. NRT is free on prescription for one month.
- request stop smoking leaflets, a magazine and a DVD from Smokeline either by calling the helpline, or by texting 'QUIT' to 83434.
- or visit [www.canstopsmoking.com](http://www.canstopsmoking.com) and enter a postcode to find the nearest stop smoking service
- use webchat support at [www.canstopsmoking.com/WebChat.htm](http://www.canstopsmoking.com/WebChat.htm)
- download smoking apps and desktop widgets at <http://smokefree.nhs.uk/quit-tools/>

## Conclusion

Giving up smoking will improve a person's health and well-being and reduce exposure to second-hand smoke for those around them, including pets. Becoming a non-smoker releases cash to spend on other things or to reduce debts, as well as providing significant financial benefits.

## References

- <sup>1</sup> Tobacco Manufacturers Association. [2010] *UK cigarette prices* [online] Available from: [www.the-tma.org.uk/tma-publications-research/facts-figures/uk-cigarette-prices/](http://www.the-tma.org.uk/tma-publications-research/facts-figures/uk-cigarette-prices/) [accessed 07 July 2010]
- <sup>2</sup> 'It's time to smoke out this unfair policy on occasional smokers', The Guardian, 1 November 2003. [www.guardian.co.uk/guardian\\_jobs\\_and\\_money/story/0,3605,1074984,00.html](http://www.guardian.co.uk/guardian_jobs_and_money/story/0,3605,1074984,00.html) [accessed 25 August 2010]
- <sup>3</sup> [www.moneysupermarket.com/c/press-releases/kicking-the-habit-could-have-saved-you-8500-since-the-smoking-ban/0005309/](http://www.moneysupermarket.com/c/press-releases/kicking-the-habit-could-have-saved-you-8500-since-the-smoking-ban/0005309/) press release moneysupermarket.com 29/06/09. [accessed 23 July 2010]
- <sup>4</sup> Community Fire Safety Study 2009 'Scotland Together', Scottish Government, [http://www.lothian.fire-uk.org/IMAGES/Scotland\\_Together.pdf](http://www.lothian.fire-uk.org/IMAGES/Scotland_Together.pdf)
- <sup>5</sup> Nash R. Featherstone H. *Cough up: Balancing tobacco income and costs in society* [online]. Policy Exchange. March 2010. Available from: [www.policyexchange.org.uk/publications/publication.cgi?id=182](http://www.policyexchange.org.uk/publications/publication.cgi?id=182) [Accessed 21 October 2010]
- <sup>6</sup> Does smoking increase cancer risk? Cancer Help UK (online) [www.cancerhelp.org.uk/about-cancer/cancer-questions/does-smoking-increase-cancer-risk](http://www.cancerhelp.org.uk/about-cancer/cancer-questions/does-smoking-increase-cancer-risk) [accessed 20 September 2010]
- <sup>7</sup> US Department of Health and Human Services, Women and smoking: a report of the Surgeon General. Washington, DC: US Government Printing Office, 2001.
- <sup>8</sup> Panagiotakos DB, Pitsavos C, Chrysohou C, Skoumas J, Masoura C, Toutouzas P, et al. Effect of exposure to second-hand smoke on markers of inflammation: the ATTICA study. *Am J Med* 2004;116: 145-50.
- <sup>9</sup> Otsuka R, Watanabe H, Hirata K, Tokai K, Muro T, Yoshiyama M, et al. Acute effects of passive smoking on the coronary circulation in healthy young adults. *JAMA* 2001;286: 436-41. Available at: <http://jama.ama-assn.org/cgi/content/abstract/286/4/436> [accessed 5.09.08]
- <sup>10</sup> Bearer CF. Environmental health hazards: How children are different from adults. *The Future of Children* 5(2):11-26, 2005.
- <sup>11</sup> Scientific Committee on Tobacco and Health (SCOTH). *Secondhand smoke: review of the evidence since 1998. Update of evidence on health effects of secondhand smoke.*[online] London: Department of Health, 2004. Available from: [www.advisorybodies.doh.gov.uk/scoth/PDFS/scothnov2004.pdf](http://www.advisorybodies.doh.gov.uk/scoth/PDFS/scothnov2004.pdf) [Accessed 20 August 2010]
- <sup>12</sup> Nicotine addiction in Britain (3.1). Royal College of Physicians, London. Available from: [www.rcplondon.ac.uk/pubs/books/nicotine/3-psychol.htm](http://www.rcplondon.ac.uk/pubs/books/nicotine/3-psychol.htm) [accessed 3 September 2010]
- <sup>13</sup> Cohen S, Lichtenstein E. Perceived stress, quitting smoking, and smoking relapse. *Health Psychol* 1990; 9: 466-78. [www.ncbi.nlm.nih.gov/pubmed/2373070](http://www.ncbi.nlm.nih.gov/pubmed/2373070) [accessed 3 September 2010]
- <sup>14</sup> Lang, I., Gardener, E., Huppert, F.A. and Melzer, D. (2007). English Longitudinal Study of Ageing. Was John Reid Right? Smoking, Class, and Pleasure: a Population-based Cohort Study in England. Institute for Fiscal Studies, London. Published in March 2007 *Public Health* Vol. 121, No.4. [www.ifs.org.uk/elsa/publications.php?publication\\_id=3890](http://www.ifs.org.uk/elsa/publications.php?publication_id=3890) [accessed 03 September 2010]

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