

Equality Impact Assessment

Describe and explain the impact of the proposal on people with protected characteristics as described in the Equality Act 2010.

The tobacco control strategy and delivery plans have a focus on reducing tobacco related inequalities. Despite progress in reducing smoking, we know that rates of smoking and use of other tobacco products in Wales vary between different groups of people. There is evidence that smoking rates are higher in certain groups, including people living in socio-economically deprived areas, people in routine and manual occupations, people who are unemployed, people with mental health conditions, people from some ethnic minority backgrounds and people from the LGBTQ+ community.

These disparities in smoking rates are causing a greater burden of smoking related diseases in these groups and in turn, contributing to inequalities and health inequalities. We have seen how a pandemic like COVID-19 has exposed these inequalities, affecting smokers and the communities where smoking prevalence is higher in a disproportionate way. The tobacco control strategy focusses on increasing the sophistication of the approach to drill down into these inequalities, and ensure we develop tailored approaches.

In order to do that, we will work in collaboration with these communities, to gather insights into the complex drivers for smoking behaviours and the barriers to accessing and using smoking cessation methods, which are crucial to supporting a smoke-free future for these groups.

This will result in a positive impact on the groups mentioned above, by reducing the significant harms caused by tobacco.

The Tobacco Control Implementation Delivery Group and Tobacco Control Strategic Board will oversee the implementation of “Towards a Smoke-Free Wales” and will monitor the impact of the actions in this delivery plan and our progress towards a smoke-free Wales. This includes a range of actions targeting priority groups, to tackle the inequalities related to tobacco use.

Record of Impacts by protected characteristic:

Protected characteristic or group	What are the positive or negative impacts of the proposal?	Reasons for your decision (including evidence)	How will you mitigate Impacts?
Age (think about different age groups)	Children and young people 0-18- positive Adults 18+ - positive	<p>Smoking impacts on the lives of children and young people throughout their childhood, from pregnancy to adolescence. 4% of 11-16 years olds identify as current smokers, and this rises with age with 9% of 15-16 year olds currently smoking in Wales. By working towards a smoke-free Wales we aim to make smoke-free the norm, increase the proportion of smoke-free childhoods, reduce exposure to second-hand smoke and reduce harms to children and young people from tobacco.</p> <p>Currently 14% of adults in Wales are smokers, causing significant health impacts to smokers and people exposed to second-hand smoke. Making Wales smoke-free (smoking prevalence</p>	

		of 5% or less) will reduce the harms from tobacco for adults in Wales.	
Disability (consider the social model of disability ¹ and the way in which your proposal could inadvertently cause, or could be used to proactively remove, the barriers that disable people with different types of impairments)	People with mental health conditions- positive	Smoking rates are much higher in people who have mental health conditions. It is estimated that at least 33% of tobacco consumed in the UK is used by people with mental health conditions, and 60% of people with a diagnosis of schizophrenia smoke.² Despite the persistent high prevalence of smoking amongst people with mental health conditions, only a minority of people with mental health conditions receive effective smoking cessation interventions.³The strategy and delivery plan include actions for targeted and tailored support to	

¹ Welsh Government uses the social model of disability. We understand that disabled people are not disabled by their impairments but by barriers that they encounter in society. Ensuring that your proposal removes barriers, rather than creating them, is the best way to improve equality for disabled people. For more information, go to the intranet and search ‘social model’.

² ASH Wales. 2017. Smoking and mental health. Available at: <https://ash.wales/campaign/mental-health/#1525163605269-654d5fb5-6839>

³ Royal College of Physicians and Royal College of Psychiatrists. 2013. Smoking and Mental Health. Available at: [Smoking and mental health | RCP London](#)

		ensure we reduce the smoking prevalence for those with mental health conditions, improving mental wellbeing in this priority group.	
Gender Reassignment (the act of transitioning and Transgender people)	Transgender people-positive	<p>Surveys show that transgender people are more likely to smoke. The relationship between members of the LGBTQ+ community and higher smoking rates is also seen from a young age, with 40% of 15-16 year olds who do not identify as either male or female smoking at least weekly. Therefore transgender people have been highlighted as one of the priority groups in the strategy and delivery plan.</p> <p>The strategy and first delivery plan specifically focus on the needs of priority groups, including transgender people. This work includes reviewing evidence around support for priority groups, and engaging with people from priority groups and organisations representing priority</p>	

		groups to understand their reasons for smoking and barriers to smoking cessation, and work with them to develop tailored actions to support tobacco control.	
Pregnancy and maternity	Positive	<p>In Wales, 17% of pregnant people are recorded as smokers at their initial assessment, which is known to increase the risk of complications during pregnancy and beyond such as low birth weight, premature birth and stillbirth.</p> <p>The strategy states that work will be undertaken to increase the proportion of smoke-free pregnancies in Wales. This will reduce the harmful impact of tobacco both during pregnancy and beyond.</p>	
Race (include different ethnic minorities, Gypsies and Travellers and Migrants, Asylum)	People from ethnic backgrounds which have higher smoking prevalence- positive	Prevalence of smoking and use of other tobacco products varies between people from different ethnic backgrounds. In Great Britain, smoking rates are higher for men and women of mixed ethnic backgrounds, compared to people	

seekers and Refugees)

from white ethnic backgrounds, and lower for most other ethnic groups. There are also strong links between gender and smoking for people from different ethnic minority groups, with smoking rates being much higher in men from Black, Asian or Chinese ethnic backgrounds compared to women from those groups. There are also differences in the types of tobacco products used by people from different ethnic groups, such as use of smokeless tobacco by people from South and South East Asian ethnic backgrounds.

The strategy and delivery plan specifically focus on the needs of priority groups, including people from ethnic backgrounds which have a higher smoking prevalence. This work includes reviewing evidence around support for priority groups, and engaging with people from priority groups and organisations representing priority groups to understand their reasons for

		smoking and barriers to smoking cessation, and work with them to develop tailored actions to support tobacco control.	
Religion, belief and non-belief	None	There is no evidence to suggest that tobacco use is related to religion, belief or non-belief.	
Sex / Gender	Positive	Currently in Wales the percentage of males who smoke in Wales is consistently higher than that of females. The strategy and delivery plans may particularly benefit men if we can reduce smoking prevalence in this group.	
Sexual orientation (Lesbian, Gay and Bisexual)	LGBTQ+ people- positive	Smoking rates are higher in lesbian, gay and bisexual people compared to heterosexual people. Despite these higher rates many LGBTQ+ people report that they can feel excluded from healthcare by non-inclusive language and policies. The strategy and first delivery plan specifically focus on the needs of	

		<p>priority groups, including LGBTQ+ people. This work includes reviewing evidence around support for priority groups, and engaging with people from priority groups and organisations representing priority groups to understand their reasons for smoking and barriers to smoking cessation, and work with them to develop tailored actions to support tobacco control.</p>	
<p>Marriage and civil partnership</p>	<p>None</p>	<p>There is no evidence to suggest that tobacco use is related to marriage or civil partnership.</p>	
<p>Children and young people up to the age of 18</p>	<p>Positive</p>	<p>Smoking impacts on the lives of children and young people throughout their childhood, from pregnancy to adolescence. 4% of 11-16 years olds identify as current smokers, and this rises with age with 9% of 15-16 year olds currently smoking in Wales. By working towards a smoke-free Wales we aim to make smoke-free the norm, increase the proportion</p>	

		of smoke-free childhoods, reduce exposure to second-hand smoke and reduce harms to children and young people from tobacco.	
Low-income households	Positive	<p>Smoking rates amongst people living in the most socio-economically deprived areas of Wales are over twice as high as the rates for people living in the least deprived areas.</p> <p>Therefore low-income households have been highlighted as one of the priority groups in the strategy and delivery plan.</p> <p>The strategy and first delivery plan specifically focus on the needs of priority groups, including low-income households. This work includes reviewing evidence around support for priority groups, and engaging with people from priority groups and organisations representing priority groups to understand their reasons for smoking and barriers to smoking cessation, and work with them to</p>	

		develop tailored actions to support tobacco control.	
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Human Rights and UN Conventions

Do you think that this policy will have a positive or negative impact on people’s human rights?

Human Rights	What are the positive or negative impacts of the proposal?	Reasons for your decision (including evidence)	How will you mitigate negative Impacts?
	<p>It is considered that the proposals will not have any substantial effect on the rights protected by the ECHR and HRA 1998.</p> <p>Any adverse impact on the rights of smokers will be minimal, proportionate to the public interest and in the pursuance of a legitimate aim of working towards a smoke-free Wales.</p>		