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A Smoke-Free Wales: Our long term Tobacco Control Strategy for Wales and Towards a smoke-free Wales delivery plan 2022 to 2024

Next steps following consultation and engagement

July 2022

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.

This document is also available in Welsh.

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Introduction

The Welsh Government undertook a consultation exercise between 8 November 2021 and 31 March 2022 to gather views on the long-term tobacco control strategy *A smoke-free Wales* (‘the strategy’) and the delivery plan *Towards a smoke-free Wales delivery plan 2022 to 2024* (‘the delivery plan’). In addition to the consultation, the Welsh Government engaged with individuals and stakeholders via focus groups and a conference and also commissioned a review of the previous strategy (the *Tobacco Control Action Plan*) which was published in 2012 and its delivery plans. The outcome of the consultation, the engagement work and research are detailed in the following documents:

1. A Review of the Tobacco Control Action Plan and Delivery Plans for Wales
2. Tobacco Control Strategy for Wales and Delivery Plan Consultation – Summary of responses
3. A Smoke-free Wales Stakeholder Engagement Event Report
4. A Smoke-free Wales Priority Group Engagement Report

These documents are available on the Welsh Government website at: https://gov.wales/smoking

This is document provides a summary of the issues raised in all four of the above reports and is organised to reflect the structure of the questions asked during the consultation. It also provides the Welsh Government’s response to these issues and sets out how the strategy and delivery plan documents have been amended.

Summary, response and amendments

Question 1
Do you agree with our ambition of Wales becoming smoke-free by 2030?

<u>Summary of the issues raised in relation to question 1</u>

There was general support for the establishment of the smoke-free ambition, particularly from organisations. Almost all attendees (98%) at our stakeholder engagement event answered that they agreed with the ambition. The health benefits for Wales were noted by many, not only to individuals but in reducing health inequalities and for significant savings for the NHS. During the consultation, many individuals who responded felt that the ambition and proposals in general took away an individual’s freedom of choice and commented that the government were unduly controlling people’s rights to make decision for themselves in relation to smoking.

It was recognised by many stakeholders that reducing smoking prevalence to 5% in Wales by 2030 is very ambitious, and some did question if it was an achievable ambition. A point was also made that setting targets that are too ambitious can lead to a negative effect. Overall however, stakeholders agreed that it is right to be ambitious to address smoking and 2030 is the correct year to pursue. Queries over the meaning of ‘smoke-free’ were made and whether this means tobacco free or whether this is wider with the intention of covering all nicotine containing products (for example e-cigarettes). Some points were raised in relation to interim targets which have been considered under question 3.

Welsh Government response and amendments made to the strategy and the delivery plan

It is very positive that many of those who shared their views with us on this point felt that establishing the smoke-free ambition for Wales was the right thing to do and agreed with the 2030 target. We therefore intend to keep the smoke-free ambition at 5% smoking prevalence by 2030 as it establishes a clear intention to take action to reduce smoking in Wales. We are also grateful to those that shared their objections to the ambition and the proposals in general with us. Whilst we will move forward with implementing the actions to deliver upon the ambition, the points made in opposition will help us to understand some of the barriers, in particular the public's perception of our smoke-free ambition. This will be particularly important in the public communications work we undertake.

The strategy and the delivery plan have been amended to:

- Make it clear that smoke-free means a tobacco-free Wales.

Question 2
The strategy sets out three themes under which we will work as we drive forward the changes in smoking in Wales:

- **Theme 1: Reducing Inequalities**
- **Theme 2: Future Generations**
- **Theme 3: A Whole-System Approach for a Smoke-Free Wales**

Do you agree that these are the right themes to focus the strategy around?

Summary of the issues raised in relation to question 2

There was support during the consultation and engagement that the three themes are the right ones to focus the strategy around with many commenting that the themes are interconnected and support each other. Many of those that answered no to this question reiterated the comments provided to question 1 around infringement on freedom of choice.

Theme 1: Reducing Inequalities
Respondents who commented on this theme made points in relation to the role that inequalities and disparities play in driving tobacco use and that action needs to be prioritised in populations with high levels of smoking prevalence. Some suggestions were also made around linking funding allocations to levels of deprivation. The need to link interventions on smoking to wider government strategies on public health, housing and child poverty were also highlighted in order to support addressing the underlying reasons why a greater proportion of those from lower socio-economic backgrounds become smokers in the first place. Some suggested a national, cross-government strategy that recognises the complex and wide-ranging causes of health inequalities is needed. Some respondents also called for stronger and improved

access to smoking cessation services, particularly those that are community based in more socio-economically deprived areas or other priority groups.

Theme 2: Future Generations
Many of those who commented to the consultation agreed with the inclusion of future generations as a theme. This was also strongly supported during our engagement event. Respondents were pleased to see it included in the strategy with many stressing the importance of early intervention and a strong emphasis on prevention measures in relation to tobacco to protect future generations. The importance of changing children and young people's perceptions around smoking was also raised so that the next generation do not grow up thinking that smoking is an appealing or 'cool' behaviour. Linked to this were points made on the importance of communicating effectively with children and young people so that they are better informed about the impact of smoking via appropriate communication methods and messaging.

There were also many comments on maternal smoking. The prevalence of smoking rates amongst 16–24-year-olds was noted and smoking during pregnancy highlighted as an issue that needs to be addressed under this theme. Increasing the proportion of smoke-free pregnancies was a clear priority for many respondents, including the need to consider the preconception period as well as addressing the direct adverse consequences of smoking on the unborn child and infant. The wider influences on maternal smoking, including family support and partner smoking were also raised. Linking to strategies that look to reduce teenage pregnancies and proactive interventions with young people in education settings where there is a higher prevalence of smoking was also suggested as being required.

Links to vaping (including the availability of non-nicotine vapes) and cannabis use were also raised in the context of tobacco use by young people and suggested as potential 'gateways' into smoking and nicotine addiction. Suggestions to provide targeted interventions and support to help young people quit vaping and/ or cannabis use were also made, as was the importance of linking these issues to anti-smoking messages. Others however highlighted the importance of not creating barriers to young people using e-cigarettes as a cessation tool. There were also calls for stricter enforcement on the selling of tobacco and e-cigarettes to children, and steps to further discourage the uptake of e-cigarettes by children and young people.

Theme 3: A Whole-System Approach for a Smoke-Free Wales
There was agreement to this theme with many highlighting that a whole-system approach is essential so that all partners and stakeholders, including the public, are lined up in the same direction and collaborate to achieve the strategy's ambition. Comments were also made that the approach needs to be comprehensive and cover legislation, education, communication, cessation, and tobacco industry regulation. Consistency across the UK was also as being needed to support the change in attitudes. The breadth of partners involved was also considered important with many saying it needs to be very wide, be cross-sector and cross-government and go beyond the usual statutory and third sector organisations usually involved in tobacco control. There were also calls for the work to be coordinated at local, regional, and national levels, possibly led by existing established partnerships such as the Public Service Boards (PSBs) and Regional Partnership Boards (RPBs). The need to focus

on a seamless transition between hospital-led to community-led services was also felt to be very important as was the need for a sustainable approach. The example of the COVID-19 vaccination roll-out was highlighted as an area where good practice took place and lessons could be learnt.

Some respondents suggested improvements to the way that the *Help Me Quit* (HMQ) service is delivered so that it is becomes more seamless and integrated. The example noted was the Ottawa Model for Smoking Cessation as this was felt to be an effective approach which brings together primary, secondary, and tertiary care to address smoking. These points have been considered under questions 6, 7 and 8 (Priority Action Area 2 – Continuous Improvement).

<u>Welsh Government response and amendments made to the strategy and the delivery plan</u>

During our consultation and engagement, the three themes in the strategy were widely supported and considered to be the correct areas to focus the strategy around. The Welsh Government is committed to addressing health inequalities of which smoking is a major cause and therefore we welcome that this was recognised and supported. As smoking addiction usually begins in adolescence, the future generations theme is intended to ensure that all actions flowing from the strategy into each of the delivery plans have this front and centre so that we are taking action in areas that not only prevent and reduce the number of young people smoking, but also support the wellbeing of all young people in Wales. Providing children in Wales with the best start in life includes supporting a smoke-free start and therefore addressing maternal smoking is a ministerial priority area and one (along with smoking cessation) that ministers are looking to health boards to address with tangible, measurable actions.

The comments received on theme 3 (the whole systems approach) will be taken into account in how we foster an inclusive approach to take forward the strategy and we will also consider how we can involve structures such as PSB and RPBs in the work as we agree this is crucial to support the system change needed at local, regional, and national levels. Learning from the approaches used in other areas such as *Healthy Weight: Health Wales* and the COVID Vaccination system is agreed as vital as we move towards implementation of the strategy and delivery plan.

The strategy and the delivery plan have been amended to:

- Make it clear that the pre-conception period is included in our approach to address maternal smoking.
- Reflect the influence of that vaping and cannabis use has on tobacco use amongst young people.
- Highlight the importance of structures such as PSBs and RPBs in the work to support the system change needed at local, regional, and national levels.
- Ensure it is clear that we will look to apply the learning from the approaches used in other areas such as *Healthy Weight: Health Wales* and the COVID Vaccination system as we move towards implementation of the strategy and delivery plan.

Question 3
Whilst we have established that it is our ambition to achieve a smoke-free Wales by 2030, we have not set milestone smoking prevalence targets in our strategy or set a smoking prevalence rate that we will look to achieve by the end of the first delivery plan. However, our aim is for a step-wise reduction in smoking prevalence over the next 8 years. We will use the following data sources to monitoring smoking rates in Wales:

- **National Survey for Wales which provides data on smoking in Wales and provides a smoking prevalence rate.**
- **Student Health and Wellbeing in Wales survey for smoking and vaping behaviours in young people aged 11-16.**
- **Maternity and birth statistics for maternal smoking rates.**

Do you feel this is the right approach?

<u>Summary of the issues raised in relation to question 3</u>

Almost 60% of those who responded to this question during the consultation said that they supported or partially supported the approach we proposed. Comments were that these data sources are accurate, large, robust and up-to-date, which will together provide good population level evidence on progress. Caution over the interpretation of the recent reduction in smoking prevalence (in the National Survey for Wales (NSW)) was highlighted, as was that the survey mode may have been influenced by the COVID-19 pandemic.

Some respondents did point out issues however in particular with using the NSW data for our purposes, including that it is self-reported and therefore questioned whether it is an accurate reflection of smoking rates in Wales. Comments were also made as to whether the NSW sample size is sufficient, particularly for interrogation at local level, or whether it can be used to identify the priority groups. A suggestion to increase the sample size of the NSW was made as this would provide more reliable trends. It was also suggested that the NSW does not capture some populations such as those with no fixed address, those currently supported within mental health hospitals, or in prisons. There were also suggestions to add to the data collected via the NSW to capture the following:

- smoking and cannabis use
- quit attempts and the methods used to quit
- e-cigarette prevalence and motivation for use.

Whilst only a small number of comments were received in relation to the Student Health and Wellbeing in Wales survey, those that did comment mainly welcomed the use of this for data collection on smoking in young people. Some also wanted primary school data to be collected too.

The importance of having tobacco use accurately recorded in the maternity and birth statistics was also supported, although some respondents noted issues with this, such as this information not being currently routinely collated at early pregnancy (to formulate baseline data) or at 36 weeks. Many respondents felt that a consistent and robust data collection and reporting approach across all health boards is needed in relation to maternal smoking, which includes carbon monoxide validated smoking status, as per National Institute for Health and Care (NICE) guidance. A suggestion for collection of follow up data to track progress of maternal smokers' post-birth was also made to ensure parents are supported on an on-going basis. Comments on maternal data were also received under question 7, with a suggestion for standardising the screening tools for pregnant people by using health visitors (or other community-based health professionals) and directing to cessation services.

On the use of targets, there was support for setting specific goals (perhaps to coincide with the end of each delivery plan) in relation to specific population (priority) groups (specifically for young people and pregnant people) which could help support the theme of targeting inequalities. However, not many comments were received in support of establishing an interim milestone target, prior to 2030. Some said they would find it useful to have a clearer definition of what a 'step-wise' reduction meant, i.e. whether it's a steady decline, or steep drop(s) followed by plateaus. However, it was noted that intermediate targets are useful in ensuring that the final target is met – otherwise (as some suggested) the final target maybe be missed. Some did urge caution as although targets can be useful to focus efforts and can motivate, they can also lead to neglect other important interventions.

<u>Welsh Government response and amendments made to the strategy and the delivery plan</u>

As the responses received during our consultation process and engagement support our approach to data collections, we will continue as planned to use the following main data sources to measure tobacco use in Wales:

- National Survey for Wales, which provides data on smoking in Wales and provides a smoking prevalence rate.
- Student Health and Wellbeing in Wales survey for smoking and vaping behaviours in young people aged 11-16.
- Maternity and birth statistics for maternal smoking rates.

In relation to the comments received on these data sources, we will look at how to address the issues of sample size as smoking prevalence reduces and groups we may be missing (those that are homeless, people in prison and those supported by mental health hospitals) with the NSW team. Whilst the NSW is comprehensive and collects data on many different areas, there may be the opportunity to look at whether this is the correct way to collect other data as suggested. Work to extend the Student Health and Wellbeing survey to primary schools to complement secondary schools data collection is underway and data on tobacco use will be collected.

On maternity and birth statistics for maternal smoking rates, we note the issues raised around this data and will look at how we can improve and support robust data collection of this group. As stated above, the Minister for Health and Social Services has made it clear that addressing maternal smoking (as well as achieving smoking cessation targets) is a ministerial priority and she has asked health boards to ensure actions are focused in this area.

We have established a tobacco data and monitoring work stream to advise the Tobacco Control Delivery Plan Implementation group (who are responsible for supporting delivery of the strategy and delivery plan) on the data requirements to support the strategy and delivery plan. This group will help us to identify the additional data sources available or where gaps exist, for example those that will help us focus and monitor interventions on priority groups. In relation to the comments on the wording ‘step-wise’ we agree and have amended the wording in the delivery plan to be clearer.

In relation to establishing intermediate targets (i.e. between 2022 and 2030), we will keep this issue under review. Currently, we feel further data would need to be available to accurately project prevalence in Wales over the coming years, although we are looking at how this can be achieved with the tobacco data and monitoring work stream group.

The amendments made to the strategy and the delivery plan in relation to these issues are detailed below under question 4.

Question 4
Are there any other data sources that should be used to monitor the success of the strategy and delivery plan? If so, what would they be?

Summary of the issues raised in relation to question 4

Many respondents supported strengthening the data collections on smoking and embedding the information into existing NHS data collection methods in primary (GP screening assessments and services and dentistry services) and secondary care (hospital admission, mental health and maternity were raised specifically). The routine, consistent and systemic ascertainment of smoking status was considered critical, and the HMQ services data was agreed as an important element. Specific points raised in relation to maternity data were the monthly reports from maternity hospitals (neonatal mortality) and information on partner smoking status.

Respondents provided many other additional data sources, such as sales and e-cigarette use data, the Smoking Toolkit Study data, local authority data, ASH Wales and YouGov surveys and, in relation to illegal tobacco specifically, the NEMS Biennial survey and Track and Trace data.

Welsh Government response and amendments made to the strategy and the delivery plan

We agree it is critical that the data is available at every level to support the strategy, and the comments received on other data sources that could be used will be looked at by our tobacco data and monitoring work stream group.

We think there are many benefits to moving towards a much more integrated data systems in relation to smoking and the work of Digital Health and Care Wales and the Welsh Clinical Portal is welcomed so that health professionals are better able to identify a smoker and link up their records so that the person can be supported with cessation in a way that best suits them. We also recognise that the right data is crucial for health boards (as well as local authorities) to have the information available to direct their services. For us in Government the data must be able to enable us to monitor the success of the strategy and delivery plan but also have the agility to adjust and target interventions if that is what is needed. We will therefore continually look at how our existing data sources could be adjusted, in addition to looking at other sources to support our work. The tobacco data and monitoring work stream group is tasked with advising on the additional data sources to project tobacco use in Wales and will ensure the data is available to monitor and adapt our inventions as needed.

Following the comments received in relation to questions 3 and 4, the strategy and the delivery plan have been amended to:

- Remove reference to 'step-wise' reduction in smoking prevalence.
- Make it clear that we will be continuously looking for opportunities to improve the main data sources.

Question 5
To support delivery of the strategy it is our intention to publish a series of two-year delivery plans. Do you agree that we organise our actions into two-year delivery plans?
Please explain why the structure works well or outline how it could be made better.

<u>Summary of the issues raised in relation to question 5</u>

246 respondents to the consultation answered the question of whether they agreed that we organise our actions into two-year delivery plans, with 45% agreeing the approach and 8% partially agreeing. 37% said they disagreed. Comments in support said that this structure would allow sufficient time to implement changes made by the actions and make progress towards the strategy's objectives, as well as allowing for plans to be adjusted at regular intervals as needed. A two-year cycle, it was suggested, would also provide both a structure to maintain momentum and flexibility to adapt to new learning and evidence during the lifespan of the strategy.

Different time periods and structures were suggested by some, including more frequent (annual) delivery plans, so that frequent visible progress could be seen. Alternatively, longer (three-year) plans were suggested, as this timescale would align with planning and funding cycles, particularly for the third sector.

Some of those that answered no to this question did not provide an explanation or re-iterated concerns previously expressed that the proposals take away an individual's freedom of choice or are a waste of resources.

The need for effective evaluation arrangements alongside the delivery plans, including establishing appropriate key performance indicators was emphasised. Some also recommended more formal evaluation structures, such as commissioning an independent dedicated team to assess the progress of the strategy frequently (annually was suggested). The need for coherence between each two-year plan and ensuring delivery plans are appropriately resourced and achievable was also raised.

Welsh Government response and amendments made to the strategy and the delivery plan

On balance after consideration of the points raised in relation to this question, we consider that two-year delivery plans provide the appropriate balance between the frequency of reporting and maintaining momentum to focus and drive actions forward that will sufficiently impact on smoking prevalence. In terms of formal evaluation structures, we have set out our governance structures in the strategy and delivery plan and consider the Tobacco Control Delivery Plan Implementation Group and the Tobacco Control Strategic Board (which report's to Ministers) are the right structures to ensure the delivery plans and strategy remain on track.

We therefore intend to keep the two-year delivery plan structure but will ensure our governance processes review and consider whether this continues to be appropriate as the lifetime of the strategy progresses. We also understand the need for the progress being made on the delivery plan actions to be transparent and the comments received on this point will be very useful to the Implementation Group and the Tobacco Control Strategic Board. Under question 12, it was also requested that progress reports are published. The Tobacco Control Delivery Plan Implementation Group and the Tobacco Control Strategic Board will therefore consider the availability of progress reports, their frequency and their publication arrangements (further details are provided in the Welsh Government response to question 12).

The need for coherence between each two-year plan and ensuring delivery plans are appropriately resourced and achievable are agreed as crucial points and amendments will be made to the documents to reflect this.

Following the comments received in relation to question 5, the strategy and the delivery plan have been amended to:

- Make it clear that annual progress reports will be provided.
- Ensure it is clear that, as much as possible, there will be coherence between each two-year plan.
- Reflect the importance of ensuring the strategy and delivery plans are resourced and achievable.

Question 6
In the first two-year delivery plan, which covers April 2022 – March 2024, we have grouped the actions we will take into five priority action areas:

- **Priority Action Area 1: Smoke-Free environments**
- **Priority Action Area 2: Continuous improvement and supporting innovation**
- **Priority Action Area 3: Priority groups**
- **Priority Action Area 4: Tackle illegal tobacco and the tobacco control legal framework**
- **Priority Action Area 5: Working across the UK**

Do you agree that these are the right priority action areas to focus the 2022-2024 delivery plan around?
Please explain why you consider the priority action areas are right or if you think a different approach is needed.

Summary of the issues raised in relation to question 6

Many comments were received in relation to the five priority action areas in general as well as the five specific areas identified in the delivery plan. In the main, there was general agreement with the priority areas but suggestions for improvements were made, including:

- ensuring that there is clear alignment between the priority areas and the three strategic themes;
- either making it clear that the priorities are not listed in priority order or placing them in a different order as some suggested the current ordering doesn't reflect the areas that will be the most impactful;
- ensuring sufficient resources are in place to make progress against the priority areas; and
- establishing clear delivery and accountability mechanisms for making progress against the priority areas.

Many suggested there must be a focus on the actions that will have the greatest impact on smoking. A significant number of respondents who disagreed with the proposals noted that they take away an individual's freedom of choice or are a waste of resources.

Specific comments on each of the priority action areas are set out below:

Priority action area 1 (smoke-free environments)
Many of those that commented on this area emphasised that smoke-free environments are an essential element of an effective tobacco control strategy as they discourage smoking, have a cultural effect of de-normalising smoking and reduce health risks related to second-hand smoke, particularly for children and young people. Comments were also made that existing smoke-free environments have contributed to a reduction in smoking rates and that extending to new areas could be seen as a relatively less complex area for the Government to progress, however.

A small number of suggested improvements to Priority Action Area 1 were also made, including that focus should be on building upon the progress made so far, there should be suitable enforcement of the existing smoke-free requirements by local authorities, a focus on children's exposure to smoking within the home, and ensuring that any legislative changes are communicated clearly through public campaigns. In addition, particularly during the engagement event, the challenges of monitoring smoke-free environments (particularly in hospitals) was noted as was local enforcement capacity. Careful consideration to how e-cigarette use would be treated in smoke-free environments was also highlighted.

However, others raised concerns relating to the priority area, suggesting that as significant progress has already been made in this area, resources would be best prioritised elsewhere. A few suggested removing the priority area entirely because enforcing further smoke-free environments could have a negative impact on the hospitality sector and the freedom of private businesses. Others said that increasing other measures such as persuasion and/or support to stop smoking would be more effective than regulation of smoke-free environments.

Priority action area 2 (continuous improvement and supporting innovation)
Some respondents suggested that continuous improvement and supporting innovation as a key underlying principle of the whole strategy shouldn't be a stand-alone priority area but rather it should be a theme which underpins the strategy as a whole. Comments in support of this action area noted that innovation, and a willingness to experiment and learn from new evidence is key for making progress against the strategy and achieving the ambition of a smoke-free Wales. Finding and supporting effective preventative approaches, especially for young people was seen as particularly important, as was putting in place effective ways to discourage individuals from smoking, and excellent cessation support systems, including digital offers. Supporting a preventative approach to ill health and promoting healthy lifestyles was also seen as essential, again particularly for young people.

Suggested improvements included more emphasis on effectively implementing things that we know work and the need to focus more clearly on the provision of support for cessation (particularly for certain priority groups such as those engaged with mental health services) and for some this meant expanding the reach and access to services. Making it clearer of the intention to work with partner organisations (such as schools) and those already working with priority groups was also raised. Some respondents also recommended considering alternative nicotine products as a way of supporting people to stop smoking. It was also highlighted that there are regional differences and that not all health boards are starting from the same level of smoking prevalence. Taking account of regional differences and targeting to areas with highest prevalence is needed and accounting for rural and urban differences.

Priority action area 3 (Priority groups)
Respondents were clear that focusing on supporting priority groups to stop smoking will ensure that reducing health inequalities is at the forefront of tobacco control action in Wales. Based on their own experience and knowledge, many respondents agreed that smoking prevalence is higher amongst the identified priority groups, with one respondent noting that children and young people from less affluent families are twice as likely to report smoking as their more affluent counterparts. Additional groups identified for inclusion in this action area were care-experienced children, people who are experiencing homelessness, and people in prison.

Many respondents to the consultation provided additional evidence and details to support the inclusion of the priority groups identified in the delivery plan, in particular children and young people, people from socio-economically deprived backgrounds, and pregnant people. Working collaboratively with those from priority groups to understand the reasons why there is a higher prevalence of smoking and to establish effective support mechanisms was considered critical. Treating smoking as an addiction not a lifestyle choice was, many thought, crucial.

Priority Action Area 4 (tackle illegal tobacco and the tobacco control legal framework)
A high number of those that responded to the consultation and provided their views in the engagement event agreed that tackling illegal tobacco should be a priority area. Responses from health boards highlighted that the continued supply of illegal tobacco particularly in areas of high deprivation where smoking prevalence is highest undermines existing legislation and, that work to effectively address illegal tobacco

will be required with whole communities, and a variety of sectors. Access and use of illegal tobacco by those in some of the priority groups (primarily young people and those from socio-economically deprived backgrounds) was also highlighted, and so tackling this issue is seen as even more important in those groups. Other concerns highlighted included the rise in on-line sales of tobacco products to children under the age of 18; the availability of unlicensed e-cigarette liquid; and that the supply of illegal tobacco which makes it easier for children to start smoking and become addicted to nicotine and make it harder for adults to quit. Tackling the supply of other nicotine products (not just tobacco) was also highlighted.

It was also recognised that tackling illegal tobacco requires a long-term strategy to suppress both supply and demand and that the order of the priority areas should be more reflective of the relative impact to address health inequalities in priority groups. The difficulties with tackling this area was highlighted by some, as it is a UK-wide issue and therefore requires a strong approach from those tackling organised crime, and border control to address supply. Supporting local authorities in tackling the issue was seen as important.

Priority action area 5 (working across the UK)
Many respondents supported the action area as it was considered that collaborative working across the UK would enable the sharing of innovation, best practice, and learning. Consistency of approach across the UK was also seen as important, as not all tobacco control actions are devolved issues, and having access across the UK to reduced harm alternatives to tobacco was considered important. Some also added that this would ensure the Welsh Government has access to the most effective approaches. As with Priority Action Area 2, some felt that working across the UK shouldn't be a stand-alone priority area, but rather a theme which underpins the whole strategy. A few respondents noted that the scope of the areas should be extended beyond the UK to include working at an international level. Others however questioned the benefit of UK wide working and suggested the focus should be on effective national working within Wales first as we have a responsibility for this.

Question 7
We have developed a number of actions within each priority action area. Do you feel these are the right ones?
Please explain why the actions are right or how they can be improved.

<u>Summary of the issues raised in relation to question 7</u>

The majority of the comments received in relation to this question related to the following issues:

1. E-cigarettes and vaping - improving the action relating to the role of e-cigarettes and other nicotine products (action 3 under Priority Action Area 2). Many felt there is a need for more definitive action or a position statement from the Welsh Government relating to these products, including a clearer stance on adopting nicotine products as a harm reduction tool, clearer statements on the plan to gather evidence and the plans for effective enforcement of these products via age-related legislation.

2. Priority groups (Priority Action Area 3) - The main priority groups highlighted by respondents were children and young people, pregnant people, those engaged with mental health services, and people from socio-economically deprived backgrounds. Standardising screening for pregnant people by using health visitors (or other community-based health professionals) and directing to cessation services was suggested as was establishing school-based interventions for children and young people.
3. Smoking cessation – many emphasised the need to highlight in the delivery plan the innovative and digital methods available to reduce smoking uptake and promote smoking cessation. Some asked for additional detail on the proposed models of smoking cessation, including highlighting the role of primary care services and details on how a systematic secondary care smoking cessation service should look.
4. Additional actions on data and gathering evidence across all the priority action areas – it was felt that consistent, regular data is needed to support the proposed actions and to evaluate and review different approaches on an ongoing basis as well as to gather evidence relating to the most effective approaches in future. This includes the mandatory capturing of smoking status, consistent training for all staff and collecting international evidence.

Question 8
Do you think there are any key actions not captured in the priority action areas? If so, what would they be?

<u>Summary of the issues raised in relation to question 8</u>

Comments here were in relation to the following areas:
1. Enforce the requirements already in place or implement areas already available. Respondents felt there is a need to suitably implement and enforce existing legislation relating to tobacco control. This point was particularly raised in relation to Priority Action Area 1 (smoke-free environments) and the Public Health (Wales) 2017 Act. Enforcing legislation relating to underage sales of tobacco and nicotine products and supply chains was also considered important.
2. Suggestions to bring forward plans to extend smoke-free spaces (with some suggesting private homes), increasing age restrictions on tobacco and nicotine containing products and look at the provisions which already exist (in the Public Health (Wales) Act 2017) to target supply of illicit products and underage sales.
3. A clearer emphasis on the role of professionals and partners in supporting the proposed priority action areas. Professionals included pharmacists, nurses, midwives, primary care professionals and those working in trading standards. Training was also felt to be critical and must be provided to all staff and form part of their mandatory training schedule, including enabling all NHS staff to be able to offer appropriate first-line support to smokers they encounter. Partnerships will be necessary to deliver the plan, including third sector organisations and national partners at UK level.
4. Smoking cessation support. Access must be increased with an emphasis on it being supportive, not stigmatising or punitive, otherwise there was felt to be a risk of alienating smokers. Also, an increased used of incentives to encourage smoking cessation, particularly for priority groups and address vaping. The

different staff that are involved in stop smoking support should also be recognised at appropriate banding and the range of professional skills, with a standardisation of the offer across Wales. In relation to community pharmacy, a specific comment was that all health boards be as part of the HMQ in Pharmacy service and all pharmacies offer the level 2 service without any commissioning restrictions.
5. Mass media campaigns and the importance of effective mass media campaigns as part of the overall tobacco control delivery plan was highlighted.
6. Consideration of smoking on other factors including the use of cannabis, alcohol or drugs, gambling and mental health issues.

<u>Welsh Government response to questions 6, 7 and 8 and amendments made to the strategy and the delivery plan</u>

The responses to these questions provided many useful suggestions for how the first two-year delivery plan can be improved.

Priority Action Area 1: Smoke-Free environments
We agree it is imperative that existing legislative requirements in relation to smoke-free requirements are properly enforced and supported, and amendments will be made to the delivery plan to ensure this is clear. We will also work with our Tobacco Control Delivery Plan Implementation Group to identify any barriers to enforcing the current legislative requirements. Ensuring the impact of any future legislative changes are understood is also an integral part of the policy and legislation process and any future smoke-free requirements will be properly appraised, including the impact of business. It is also important that we ensure the public understand the reason for legislative changes and so the role of clear communications through public campaigns is important. How legislative requirements link to other measures, such as smoking cessation services is also important and we will ensure all future communications campaigns (specifically on smoke-free areas but also more widely) are clear and use appropriate communications methods. Comments on communications were also raised under question 12.

In relation to children’s exposure to smoking within the home, protecting children and young people from harmful second-hand smoke is extremely important, not least from a health impacts point of view but also from a denormalisation perspective. Whilst we have limited ability to legislate on restricting activities in dwellings, on 1 March 2021 we made it an offence to smoke in a home whilst a person is working there. We are also working with the Student Health and Wellbeing Survey to understand young people’s perception of smoking (including in the home).

Priority Action Area 2: Continuous improvement and supporting innovation
It is very positive that many respondents agree that innovation (including looking at international initiatives), and a willingness to experiment and learn from new evidence are key elements to making progress against the strategy. Innovation in prevention and cessation are particularly important areas as we know we need to look for and implement the interventions that will resonate with those we want to reach, particularly those in our priority groups. This is likely to be different depending on the target group but could be things like incentives, communication methods and messages (for example to prevent young people taking up smoking) or a smoking

cessation offer that is supported by technology (for example digital cessation tools like apps). Aligning these methods with other approaches is also important. We have therefore amended the strategy and delivery plan to illustrate the types of innovations that may be looked at and also highlight the importance of linking with other systems that are promoting healthy lifestyles and supporting the same groups are those we are targeting.

The role of professionals and partners in supporting the ambition is also agreed. The documents have been amended to highlight the importance of our partners in delivering the strategy as well as supporting those professionals that have interactions with smokers with appropriate training so that they feel able to offer appropriate first-line support to smokers they encounter.

Whilst innovation is critical, so too is building on the things we already have in place and know work. Our HMQ smoking cessation service supports many people each year to quit smoking but some of those that provided their views during the consultation and engagement suggested the services could be expanded to support more people, for example people in hospital. We agree the different staff across the range of professional skills that are involved in stop smoking support should also be recognised. As highlighted, there are regional differences in approaches and not all health boards are starting from the same level of smoking prevalence. Therefore whilst targeting to areas with highest prevalence is needed, we agree the approach must account for rural and urban differences and we know many health boards already account for this. Points on supporting people via HMQ though the Welsh language were also made under question 12 and general points on the approach of the services (i.e. that they are not stigmatising or punitive) were also highlighted. We will ensure PHW, health board tobacco leads and the Tobacco Control Delivery Plan Implementation Group have access to the views provided in relation to HMQ and can consider the best ways to support the continuous improvement of the service, including supporting equal access across Wales to services like those in pharmacies that will ultimately support more people to quit smoking for good.

A significant number of comments were made on E-cigarettes and vaping which is set out in action 3 of this priority action area. We agree that there is a need for a clearer position statement on the role of nicotine products as a harm reduction tool in Wales, in smoke-free environments and for smoking cessation in particular. We are clear however that e-cigarettes should never be used by children and young people and non-smokers, although as some respondents stated in their contributions, their use by these groups does happen. We intend to look at this area as a priority, as we agree clarity is needed. Restrictions on the products themselves is a matter for the UK Government and we continue to engage with them to support a strong regulatory framework.

Priority action area 3: Priority groups
It is positive that many respondents agreed with the identified priority groups and the insight provided on approaches that may work for these groups will be shared with the Tobacco Control Delivery Plan Implementation Group. Standardising screening for pregnant people by using health visitors (or other community-based health professionals) and directing to cessation services and establishing school-based interventions (including better resourcing school nurses) for children and young

people are examples. The use of incentives for many groups is an area we intend to explore with the view of developing evidence based interventions that will support cessation. Care-experienced children, people who are experiencing homelessness, and people in prison were additional groups suggested and we will ensure these are highlighted to the implementation group in their consideration of the priority groups work. We agree with many respondents that working collaboratively with those from priority groups to understand the reasons why there is a higher prevalence of smoking and to establish effective support mechanisms is critical and the strategy and the delivery plan documents have been amended to reflect this. As above, working within those structures that already work with and support those in priority groups is important as is it important to understand the influence of other factors on tobacco use such as the use of cannabis, alcohol or drugs as well as mental health issues.

Priority Action Area 4: Tackle illegal tobacco and the tobacco control legal framework
Illegal tobacco was identified as being an issue in Wales several years ago and the Welsh Government have recruited a trading standards professional to assist with the development of initiatives to tackle illegal tobacco in Wales. In addition, national funding provided by HMRC is leading to increased reporting and seizure of illegal tobacco products in Wales. The comments received during the consultation and engagement on illegal tobacco are being considered as this area of work continues.

Priority action area 5: working across the UK
We agree with many of the responses on this area that a working together across the UK is particularly important as many of the significant interventions that we would support in Wales (increases in age of sale for tobacco, addressing plastic pollution, licensing for retailers, reducing the nicotine content of products and a levy on the tobacco industry for example) will be most impactful at a UK wide level. As with continuous improvement and supporting innovation, some felt that working across the UK and learning from good practice elsewhere should underpin the whole strategy. We agree this is important, as is learning from other approaches, including those being taken internationally and so the documents have been amended to reflect this.

Structure of the delivery plan
We are pleased that respondents considered the five priority areas to be the right areas to focus action on in the first two-year period. Some comments were made questioning the ordering of the priority action areas however and whether they necessarily reflect the importance of the actions or link directly to the three strategic themes. It is our approach that all five action areas are of equal importance, and we intend to make progress across each area. The numbering is therefore for monitoring purposes rather than an indication of importance, but we will have made this clearer in the delivery plan.

The comments on ensuring sufficient resources are in place to make progress against the priority areas and establishing clear delivery and accountability mechanisms are in place have been reflected under question 5.

The strategy and the delivery plan have been amended to:
- Make it clear in the delivery plan that all five priority action areas are of equal importance.
- Ensure it is clear in the delivery plan that supporting and enforcing existing legislative smoke-free requirements is required.
- Highlight the importance of communications campaigns and methods that engage with audiences in the appropriate way (including language).
- Illustrate the types of innovations that may be looked under the Continuous Improvement Priority Action Area.
- Highlight the importance of linking innovations in smoking with other systems that are supporting the same priority group.
- Ensure that the principles of continuous improvement and supporting innovation and learning from good practice elsewhere (nationally and internationally) is highlighted in the documents.
- Make it clear that clarifying the position on e-cigarettes in Wales is a priority.
- Highlight the importance of our partners in delivering the strategy.
- Ensure training needs for staff is considered.
- Make it clear that working collaboratively with those from priority groups to understand the reasons why there is a higher prevalence of smoking and to establish effective support mechanisms is critical.

Question 9
Do the strategy and delivery plan align with other relevant areas of policy and practice?
Please explain why it aligns well or outline how it could be made better.

Summary of the issues raised in relation to question 9

Half of all respondents that answered this question in the consultation agreed or partially agreed that the strategy and delivery plan align with other relevant areas of policy and practice, including the *Well-being of Future Generations (Wales) Act 2015, A Healthier Wales*, the Welsh Government Covid Recovery strategy and Race Equality Strategic Action Plans. Some of those who commented also noted that they align with various prevention, children and inequalities strategies as well as other areas of relevance to tobacco including Trading Standards priorities, improving access to healthcare, workforce (one raised specifically was the pharmacy workforce through *Pharmacy: Delivering a healthier Wales*), resilience, and crime control.

In relation to improvements, the following points were made:
1. There is a need for a clear declaration of Welsh Government's commitment to the World Health Organisation's Framework Convention on Tobacco Control in the strategy, with particular reference to implementation of Article 5.3, which protects health policies from vested interests of the tobacco industry, as well as an associated commitment to insulate policy decisions from the influence of the tobacco industry.
2. A small number of responses said the strategy should fully embrace the ethos of the *Wellbeing of Future Generations Act 2015* and that the five ways of working should be embedded within future delivery plans so that smokers, their families

and the communities and organisations that support them are involved in the development of actions.

3. In relation to the whole system approach, it was suggested that there is clearer alignment with wider policies relating to mental health, social housing, substance misuse, nursing, the healthy school schemes, learning disabilities and cannabis use. Ideally the smoke-free ambition would be embedded into all organisations and their wider documents and practices, particularly those that support priority groups. A few also emphasised a need for better alignment with relevant existing practice and structures, such as those in primary care, PSBs and RPBs as well as processes for consultation with children and young people.

<u>Welsh Government response and amendments made to the strategy and the delivery plan</u>

A key theme of the strategy is the whole system approach and therefore it is positive that many respondents felt the strategy and delivery plan align well with many other areas of legislation, policy and strategy. This includes reflecting the joined up, collaborative approach adopted in *A healthier Wales: long term plan for health and social care*. In developing the strategy and delivery plan, we wanted to embed the requirements of the *Wellbeing of Future Generations Act 2015,* particularly the five ways of working, to ensure we are tackling the challenges presented by tobacco in a sustainable way. The strategic theme of ‘Future Generations’ was also deliberately chosen in the context of tobacco because of the impact smoking has on children and young people and to reflect the requirements on the Government to take actions that benefit future generations. Protecting children and young people from the dangers of tobacco and smoking are therefore essential. We also agree with the importance of involvement and collaboration particularly with those from priority groups, their families, and the communities and organisations that support them in the development of actions. This point is highlighted in Priority Action Area 3 of the delivery plan but we will continue to look for opportunities to strengthen this approach in the strategy and elsewhere in the delivery plan.

We agree with the need to embed the smoke-free ambition into all organisations and their wider documents and practices, particularly those policies and organisations that support priority groups. Existing practice and structures were highlighted, such as those in primary care, PSBs and RPBs. We also agree with the need for alignment with other policies relating to for example mental health, substance misuse, nursing, the healthy school schemes, learning disabilities and cannabis use. We have looked to reflect these points under the ‘Whole-System Approach for a Smoke-Free Wales’ theme in the strategy as well as in the priority action areas of the delivery plan.

The Welsh Government is bound by the requirements of Article 5.3 of the World Health Organisation Framework Convention on Tobacco Control to protect public health policy from the vested interests of the tobacco industry. In addition a statement on Article 5.3 was included on the engagement event registration page and attendees were asked to declare any conflict of interest. Whilst the draft documents did refer to Article 5.3, we have amended the wording to strengthen the commitment in the strategy and the delivery plan.

The strategy and delivery plan have been amended to:

- Ensure the importance of involvement and collaboration, particularly with those from priority groups and the communities and organisations that support them is highlighted.
- Take account of the systems and policies highlighted as important under the Whole-System Approach for a Smoke-Free Wales.
- Ensure the obligations to Article 5.3 are appropriately reflected in the documents and that all actions support the obligations (as also highlighted under question 12).

Question 10
We would like to know your views on the effects that A Smoke-Free Wales: Our long-term tobacco control strategy for Wales and Towards a Smoke-Free Wales: Tobacco Control Delivery Plan 2022-2024 would have on the Welsh language, specifically on opportunities for people to use Welsh and on treating the Welsh language no less favourably than English. What effects do you think there would be? How could positive effects be increased, or negative effects be mitigated?

Summary of issues raised in relation to question 10

Of the 126 responses received to this question during the consultation, two-fifths specifically stated that they did not anticipate that the strategy and delivery plan would have any direct effects upon the Welsh language. Of those that commented, some said that it would not be reasonable to expect the strategy and delivery plan to positively contribute towards the Welsh language and others commented that the documents could not be expected to have any bearing (positive or negative) upon the Welsh language.

In relation to positive and negative effects highlighted, these were:

- The strategy may have a positive effect in that it will lead to healthier communities, and healthier Welsh speakers.
- In relation to negative effects, these were concentrated on the economic impacts for example a negative impact on visitor numbers across Wales.

Three broad themes also emerged from the responses received to this question:

- The need for services, publications and communications campaigns to be fully bilingual (and consideration of the language included when these are being developed) so that they are accessible and meaningful to everyone in Wales, including Welsh speakers.
- The fact that the implementation of the strategy would need to comply with Welsh language legislation and standards.
- The need to consider other prevalent languages when implementing the strategy so that all information and support is available in all required languages to ensure we are inclusive.

The Welsh Government response and amendments made to the strategy and the delivery plan in relation to these issues are detailed below under question 11.

Question 11
Please also explain how you believe the proposed strategy and delivery plan could be formulated or changed so as to have positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language, and no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

<u>Summary of issues raised in relation question 11</u>

Fewer than one in ten of those who contributed to the consultation exercise offered any specific ideas in response to this question. Of those who did comment, they reinforced Welsh language legislation and standards requirements and support the objectives of Cymraeg 2050. One respondent said that the strategy makes no reference to the Welsh language at all.

Many of the responses referred to the need to ensure that equal access and bilingual resources and services continue to be available to users in the future and that smoking cessation clinics could be run in a bilingual approach. The resources (in both languages) need to be accessible and easy to read. However, responses from providers of smoking cessation services noted that support is routinely available to users in Welsh and English and all resources (such as support resources, posters, and information on websites) and social media communication are already being produced bilingually. Comments on bilingual services also included the need to offer bilingual helplines and online chat services and more smoking cessation support groups in Welsh, especially in North and West Wales. A suggestion to incentivise people for example by offering free Welsh lessons to parents who successfully quit smoking was also made. One respondent commented that nursing staff must have the opportunity to learn Welsh so that those who are more comfortable discussing their health in Welsh can do so.

<u>Welsh Government response to questions 10 and 11 and amendments made to the strategy and the delivery plan</u>

The Welsh Government fully agrees that bilingual Welsh and English smoking cessation services and support materials are provide and are available. Our smoking cessation service, HMQ offers fully bilingual services and all our communication materials are bilingual and checked to ensure they are engaging in both languages. NHS services are also available in prevalent languages. However, there are always ways to improve services. The comments received in relation to these questions will be shared with Public Health Wales and the health board tobacco leads to consider in the delivery of HMQ and cessation support across health boards, particularly in relation to support groups, helplines and chat functions in Welsh. The comment on incentives has been considered under questions 6, 7 and 8.

Question 12
We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them.

Summary of issues raised in relation to question 12

During the engagement event, delegates were asked what their 'message to the Minister' regarding the smoke-free ambition would be. Messages relating to the following areas were provided:

- The need for ring-fenced resources to support the strategy's implementation.
- A joined-up approach across all parts of Welsh Government is required. This not only extends to bringing together health related messages but across departments.
- The importance of listening to those from priority groups and provide support that is non stigmatising.
- Provide clarification on the position on e-cigarettes.
- Mandatory training for all NHS staff focusing on smoking interventions and cessation.

89 responses were provided during the consultation to this question, a third of which reiterated their objection to the strategy either because the strategy intended to restrict people's freedom of choice or because it was perceived as being a waste of public money. Around a tenth of the responses received reiterated their support for the strategy, and several responses said that they wanted to be actively involved in supporting its implementation. Another commented that the consultation documents themselves were aimed more at professionals and would have benefited from a simpler document aimed at members of the public. Some comments were also received under the following themes:

Communications – Several respondents provided ideas for how the strategy could be promoted and communicated effectively. In relation to media campaigns this included promoting smoking cessation by establishing an independent body to deliver a single mass media campaign and focusing on the benefits of giving up smoking in terms of health, financial and social acceptance benefits. Another called campaigns to adopt a targeted approach (as a general public health information approach doesn't always work) so ensure that appropriate channels of communication are used to reach priority groups such as vulnerable children and young people, and foster carers. The materials must be suitable for all audiences (including suitable for children and young people) and use plain English, avoiding jargon. One respondent suggested videos may help particularly children and young people to understand the messages.

Governance, milestones, and progress - Some respondents said that there is no detail about what will happen when the 2022-24 delivery plan comes to an end and more details are needed into the factors which will determine what will be included in the next delivery plan for 2024-25. Some respondents questioned whether the proposed monitoring and reporting processes are sufficiently robust to determine whether the delivery plan will have an impact and some wanted to see the delivery plan set out clearer milestones which would allow the Welsh Government to measure if progress made over time is acceptable. One such response suggested adding an interim review to assess progress at the mid-point mark. Another requested that progress reports made available to the Tobacco Control Strategic Board be published and that the action plan should specify how frequent these reports should be prepared and published. The composition of the Tobacco Control Strategic Board was also commented upon in particular that the nursing profession is not represented and the Welsh Government should consider how best to engage with the nursing profession at a strategic level on tobacco, given their absence from this Board.

Additional comments - A comment was made in response to this question on smoking prevalence amongst people with severe mental illness such as schizophrenia and bipolar disorder remain high. This issue has been considered in the Welsh Government response to questions 6, 7 and. 8. Another suggested that Welsh Government should set a subsequent target of 5% or less smoking prevalence in Wales for all socio-economic groups, including the most deprived quintile. This has been included and considered in the comments under question 3. Under priority action area 5, a suggestion to working with HMRC to update the anti-smuggling strategy was made.

Declaration of vested interest - One response drew attention to the fact that the consultation exercise did not require responses to declare any vested interests and that this was in breach of the World Health Organization Framework Convention on Tobacco Control whose signatories are obligated to protect public health policy from the vested interests of the tobacco industry. A review to identify responses with such conflicts was therefore recommended be undertaken.

<u>Welsh Government response and amendments made to the strategy and the delivery plan</u>

Communicating with the public as a whole and with also with specific audiences and groups on smoking and smoking cessation is an extremely important part of the strategy and delivery plan. In delivering recent communication work (the introduction of the smoke-free area legislation on 1 March 2021 and more recently in encouraging participation with the consultation) it has been our aim to ensure the messages on smoking are easily understood and accessible. We produced a video of school children talking about smoking and also a person talking about his experience of quitting. In delivery of the strategy and delivery plan, we will be working with our Tobacco Control Delivery Plan Implementation Group to understand how best to undertake future communications, whether this be with those from priority groups such as children and young people or more generally. This will include communication methods and also language (for example prevalent languages of those in particular priority groups). We also look to integrate smoking messages with other health improvement messages, as was recently undertaken with the Help Us, Help You Campaign. We will also be looking at HMQ to ensure the communication methods used to promote that service are being best utilised. If there are also opportunities to link in with smoking messages across the UK, we would welcome looking at the possibilities for this.

In relation to governance of the strategy and delivery plan, the membership of the Tobacco Control Strategic Board is considered on an ad hoc basis, but the documents have been amended to ensure it is clear that membership of the Board and Tobacco Control Delivery Plan Implementation Group is considered at least annually. Whilst a representative from maternity services is on the Tobacco Control Delivery Plan Implementation Group, this Group and the Board will continually consider how the nursing profession is represented. The Board meets twice a year and will receive from the Tobacco Control Delivery Plan Implementation Group progress reports. Arrangements will be put in place for the publication of progress reports and an annual report.

As stated in relation to question 9, the Welsh Government is bound by the requirements of Article 5.3 of the World Health Organisation Framework Convention on Tobacco Control to protect public health policy from the vested interests of the tobacco industry and we have strengthened the wording on this in the strategy and delivery plan.

The strategy and delivery plan have been amended to:

- Highlight the importance of communications campaigns and methods that engage with audiences in the appropriate way (including language).
- Make it clear that membership of the Tobacco Control Strategic Board and the Tobacco Control Delivery Plan Implementation Group are considered annually.
- Make it clear that the Tobacco Control Delivery Plan Implementation Group and the Tobacco Control Strategic Board will be transparent on progress with achieving the actions.
- Ensure the obligations to Article 5.3 are appropriately reflected in the documents (as also highlighted under question 9).