



Llywodraeth Cymru
Welsh Government

A SMOKE-FREE WALES PRIORITY GROUP ENGAGEMENT REPORT



Dewiswch fod yn Ddi-fwg
Choose Smokefree

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Appendix 1: Participant Profiles

1.0 Introduction

Priority groups are those groups known to have higher smoking prevalence, have a higher risk of taking up smoking, or increased health impacts of smoking. To ensure that those groups had the opportunity to meaningfully contribute to the consultation a series of focus groups and interviews were held to gather in-depth thoughts and opinions.

The task was to engage as much as possible and hear from priority groups listed as pregnant people, children and young people, people accessing mental health services, people from socio-economically deprived backgrounds and those from minority ethnic backgrounds and the LGBTQ community.

Engaging with these groups and coordinating focus groups, particularly those ‘hardest to reach’ was made more challenging by further Covid-19 restrictions, but nevertheless all target groups were successfully engaged with 14 interviews completed and 4 focus groups held across Wales with ex-smokers and smokers included. Where focus groups fell-through despite best efforts the team increased the number of interviews to ensure fair representation. Several interview and focus group participants represented more than one of the priority groups. Appendix 1 includes a full-list of participants, anonymised, with the groups they represent.

Focus groups and interviews followed a format adapted from the topic guide used for the wider consultation to enable comparisons across each element of the consultation and ensure that priority groups had the opportunity to fully-contribute to the Tobacco Control Strategy for Wales, *A Smoke-free Wales* and the first draft Delivery Plan, *Towards a Smoke-free Wales Delivery Plan 2022-2024*.

Session outline:

Discussing and gathering your views:-

- 1. To explore the perceived benefits and drawbacks of the smoke-free Wales 2030 ambition*
- 2. To focus on those strategic themes set out in the strategy that are important to the audience and suggest possible alternatives.*
- 3. To share the 5 priority action areas and their actions which are in the first 2-year delivery plan and concentrate on those that are important to the audience.*

This report follows that same format, identifying key themes under each Theme and Priority area, and including a comprehensive range of relevant quotes to fully reflect views expressed by participants.

Participants are anonymised in the report though a table of participants with context provided for example the priority groups they represent, smoker status, age and gender, can be found in Appendix 1.

2.0 Tobacco Control Strategy for Wales, A Smoke-free Wales

All but two participants agreed with the Welsh Government's ambition of Wales becoming smoke-free by 2030? Both were part of Group 4, representing new parents, who objected on the basis that *'It sounds as though it is dictating to people and removing individual choice.'* All participants identified significant benefits (pros), and challenges/drawbacks (cons), listed below.

2.1. What do you feel are the pros and cons of the ambition to achieve a smoke-free Wales by 2030?

Pros

Health benefits were mentioned by all but one interviewee and focus groups. Many participants were happy to give 'health benefits' as a general answer while others focused on their personal environment, for example benefits to their children, a reduction in premature deaths and secondary smoke:-

- *'Health reasons are clear, important we consider health of everyone in the community'* (Participant B)
- *'It will be nice to go for a walk without worrying that my little boy will inhale second hand smoke.'* (Participant F)
- *'There's a lot of things that go along with smoking that people don't realise – it suppresses your taste buds, makes your skin yellow, rots your teeth – so there are lots of health benefits.'* (Participant J)
- *'Secondary smoke can be very unpleasant and harmful to non-smokers, especially children. Less obvious, but frequent situations such as smoke drifting across a neighbour's fence or walking behind someone smoking could be reduced.'* (Group 4)
- *'It should create a nicer environment, especially for children to grow up in.'* (Group 4)

Closely linked to health benefits was financial benefits, both individuals and the NHS, mentioned by several interviewees:-

- *'If less people smoke there will be less health issues and more money to spend on other things.'* (Group 2)
- *'Healthier country will lead to economic benefits'* (Participant I)

Other emerging themes included positive benefits of making smoking less appealing to children, and less littering leading to a better environment.

Overall all but two participants agreed with the ambition to achieve a smoke-free Wales

- *'It is the right ambition, create a safe environment for all to safeguard health and well-being.'* (Participant H)
- *'A pretty great ambition for a small nation.'* (Participant L)

Cons

There were diverse reasons given for the 'cons' of a smoke-free Wales. Both smokers and non-smokers highlighted the importance of **freedom of choice**, that people should be able to smoke if they want to:-

- *'Individuals have the right to smoke, wouldn't want to feel that a person's rights are taken away.'* (Participant B)
- *'It can be seen as taking away people's choices. I hear people saying 'I live in Caia Park, my only joy is having a fag'. This is people's perception - that it takes away their liberties.'* (Participant D)
- *'Freedom of choice is important to consider, people value it as a relaxant.'* (Group 3)

- *'If it is peoples' choice, they are educated about it, and they are doing it in an environment that does not hurt others we have no right to stop them' (Group 4)*

Linked to this were comments about the importance of **avoiding a 'nanny state'** and the stigmata associated with smoking already – further reductions in the number of smokers threatened to **alienate smokers** even further. Also discussed were the **risks of knock-on effects of smoking cessation**, perhaps leading to smokers trying other addictive substances such as drugs or alcohol.

- *'Could people switch to something as harmful or more harmful if not smoking. Increase in vaping where effects are not known, seen as anti-social too therefore risk of replacing one problem with another.'* (Group 1)
- *'If people don't smoke they may use something else instead, like drugs.'* (Participant N)
- *'Could be a backlash if people feel their freedom of choice is taken away, result in people turning to the black market.'* (Group 1)
- *'Smokers are already treated like pariahs, people will feel alienated.'* (Participant I)

Some participants had particular **concerns for smoker health and well-being**, and the resources required to address their needs,:-

- *'Mental health issues could become an even more severe issue if smoking was either banned or priced out of the reach of those who depend on it.'* (Group 1)
- *'They better get more mental health nurses and doctors because that's a massive part of it when people are stressed and stuff like that.'* (Participant K)
- *'Smoking is often used as a coping mechanism for other issues' (Group 4)*

One participant highlighted the potential loss of **social benefits** that smoking has brought her, helping with her own mental health:-

- *'I met a lot of friends in a smoking area. It takes a social outlet away.'* (Participant J)

This was supported by an ex-smoker who works with young people from socially-deprived backgrounds:-

- *'Need to further explore what connections people get from smoking, smokers create new set of friends through their addiction'. Drug usage is the same. Smokers want to rebel and they get a 'sense of satisfaction' from the experience. Do we need to do more work on exploring the triggers for this?' (Participant H)*

Another collective challenge that emerged was the **extent of the ambition**, some felt that it wasn't achievable, with others highlighting the challenge of addressing an addiction and changing perceptions of those that are addicted, particularly established smokers:-

- *'Would be much healthier, but is 'pie in the sky' as society needs to change to enable it, needs to better discipline with young people to stop peer pressure.'* (Participant E)
- *'Not sure it's achievable, after Covid people will not take very well to being told that they can't do something.'* (Participant F)
- *'It is too great a challengeaddiction is too hard to combat.'* (Group 2)
- *'Smoking is an addiction that's difficult to quit, this is the ninth time I've tried to quit, a three-month gap is tough to get past'* (Participant C)
- *'Will be difficult to get established smokers such as the elderly to quit.'* (Participant F)

Interestingly some 'pros' also featured as 'cons' with several groups and individuals querying the effect on **tax income** if smoking is reduced.

- *'Reducing smoking is a tax implication for somebody along the way, but our taxes aren't devolved so would it affect Wales directly?'* (Participant L)

Also one participant mentioned environmental consequences of reducing people's opportunities to smoke:-

- *' Environmental consequences of reducing opportunities to smoke could be more littering e.g, in Spain where no ashtrays are provided so cigarette stumps appear everywhere. Stubs take 400 years to degenerate.'* (Participant H)

Two participants suggested that the challenge is greater because there are **more important societal issues to prioritise** such as the cost of living:-

- *'Too much money will be spent on an issue that many people don't see as a priority. It is a matter of 'perspective' and that in the bigger picture, smoking is not that important.'* (Participant G)

2.2 Theme 1: Reducing Inequalities

Rates of smoking and use of other tobacco products in Wales varies with evidence that smoking rates are higher in certain groups, including those:

- living in socio-economically deprived areas
- in routine and manual occupations
- who are unemployed
- with mental health conditions
- from some ethnic minority backgrounds
- from the LGBTQ+ community.

2.2.1 Do you agree that Reducing Inequalities is the right theme?

All but one group/interviewee agree with this theme, with comments emphasising the importance of fairness and equal opportunities:-

- *'It is better to focus on groups with the highest percentage of problems as that will help to achieve the aims better.'* (Group 2)

Many wanted to have more information about 'why' participants from these groups are more likely to smoke, outside of their own group. The need to consider wider issues that influence the decision to smoke came through strongly and was integrated in the key themes that emerged:-

- *'What is driving them to smoke should be identified and solutions for the root cause developed, consequently reducing the smoking need.'* (Group 4)

Discussion points within this theme can be grouped into smoking as a coping mechanism, a need to 'fit in' and family influences.

Smoking as a coping mechanism

Many participants identified that despite significant inter-group differences individuals from these priority groups possibly faced greater societal pressures as they identify as 'minorities' and identify with the challenges that accompany that status.

Smoking was seen as a coping mechanism and stress reliever to various degrees, depending on the audience they belong to and their perceptions of groups outside their own. There was particular sympathy, and empathy with those accessing mental health services and/or struggle with their mental health:-

- *'All these groups are under stress or feel they do not fit in to society. People who tend to have anxiety for different reasons; they are on the back foot. Would add occupations where stress levels are high e.g. doctors, performing arts' (Group 1)*
- *' Important to have awareness of the wider issues, that it's a coping mechanism, a response to stress, establishing other mechanisms to combat this would be worth considering for everyone's health and wellbeing. For example living conditions and stress cause people to smoke.'* (Group 2)
- *'When I was smoking my most I was also at my most anxious. I lived in a flat on my own, didn't have a job, struggling emotionally. Smoking is a nice break from reality. Everything is on pause, you are thinking about one thing, you are breathing in and out. For somebody who is mentally ill it's a good way to put life on pause, to focus on one thing.'* (Participant J)
- *'Some of the groups are no surprise, for the unemployed it's a habit to relieve boredom.'* (Group 3)
- *'Mental health benefits of smoking is a factor, a relaxant. My sister has smoked since she was 13, she's manic if she can't smoke.'* (Group 3)

- *'The cost has gone up. Those that live in deprived areas want them the most. Putting prices up makes them go into more debt, smoking is a crutch.'* (Group 3)
- *'These groups are more likely to be faced with discrimination, people face hardships take to smoking. When I say I deal with stress by smoking, I don't face the hardships that some of these people face.'* (Participant M)
- *'People with my background [access mental health support] do rely on things to help them, and smoking is something to rely on to get them through the day. What I loved about smoking was the deep breathing, it was a release.'* (Participant N)

Smoking to 'fit in'

While several participants mentioned the social side of smoking as a 'need to fit in' it was most apparent from the LGBTQ+ community:-

- *'Those from LGBTQ+ community face a different kind of pressure, not fitting in, finding yourself and trying to find a group to belong to.'* (Group 1)
- *'Not surprised that LGBTQ+ In a world where you are a minority and unable to connect with others because you're in a minority group, one commonality will be smoking and that ability to have a conversation on a smoking terrace when you're on your own and able to connect over something as common as a cigarette then that's how I see us in there.'* (Participant L)
- *'Smoking when I was growing up was seen as cool and everybody was doing it. I am glad that this is becoming less and less common these days.'* (Participant F)

Family Influence

Participants identified the influence of parents/friends who smoke as a trigger for their own smoking habit, comments suggest that it is particularly pertinent to those from BAME communities, particularly those of south Asian heritage:-

- *'It's a generational thing. Smoking was cheap for my family in India. I smoked to copy my parents, it is more normal in ethnic minority communities to continue the tradition. It's also down to social life, peers smoking in ethnic minority communities ensures the tradition continues.'* (Participant A)

Only one participant disagreed with this theme, though another was concerned that it should be worded differently to not alienate audiences. The participant who disagreed was offended by the idea that routine is a cause as he used routine to give up smoking a few years ago. While he disagreed with the theme he did agree that those with mental health conditions are at a higher risk due to the stress it could cause.

N.B. Participants revisited the topic of reducing inequalities when discussing Priority 3.

2.3 Theme 2: Future Generations

Smoking impacts on the lives of children and young people throughout their childhood, from pregnancy to adolescence.

The focus of this theme is to create an environment where smoke-free is the norm for all children and young people in Wales and remain smoke-free into adulthood.

2.3.1 Do you agree that Future Generations is the right theme?

This theme received unequivocal support from all participants with some quite passionate responses. Many believed that this theme should be prioritised over others:-

- *'Agree with this priority, future generations deserve a better chance, need to live in a more sustainable world. They are depending on us to make the right decisions for them.'* (Participant F)
- *'It makes more sense to focus on pregnant mums to adolescents, so the kids don't start smoking'* (Participant G)

The topic of e-cigarettes (vaping) punctured discussions throughout interviews and focus groups and featured prominently in this section, perhaps due to a perception that vaping particularly appeals to children and young people:-

- *'Vaping needs to be examined quickly as it's becoming the new norm – and can be seen as 'cool'. (Group 1, teacher)*
- *'Vaping has become normalised. It still encourages people to use a substitute, and in your mind it is still about smoking something, a crutch for any anxiety or to be cool in younger circles.'* (Group 1)

- *'I think there's been a massive shift in the last ten years in young people smoking. I don't think it's the norm now. It used to be the cool thing to smoke but vaping seems to be the new thing.'* (Participant N)

Other prominent themes discussed below included the role of education and educators, peer pressure and rebellion, the importance of role models and the family.

Importance of education

Representatives from all priority audiences mentioned the importance of education, not necessarily in school, while highlighting the challenges of changing behaviour through education. Comments were particularly pertinent to Pregnant People:-

- *'Even though there's a lot of warnings of smoking during pregnancy people do it anyway and leaves children susceptible to illnesses such as asthma.'* (Participant J)
- *'It is hard to change parents' attitudes towards smoking. By educating the next generation before they become parents they and their children will be healthier, causing more permanent change.'* (Group 4)
- *'You can teach children about not smoking while they're in school, but the home environment has a greater impact on them.'* (Group 2)
- *'Pregnancy is a very important aspect. Once a habit is picked up at a young age it's difficult to remove.'* (Participant C)
- *'Bring in role models to emphasise harm and wasted money. Campaign like 'Just say no' drug campaign which worked for one of the participants in the 80s. Also Welsh Youth Parliament. Look at incentivising involvement from young people.'* (Group 1)

Peer Pressure and Rebellion

Participants acknowledged that peer pressure and the need to rebel are factors in influencing the take up of smoking amongst young people that should be addressed as part of this theme. However it should be noted that young people (Group 2) saw smoking tobacco as an issue for older people, while other participants who work with young people suggested that 'vaping' was now seen as the 'cool' option:-

- *'Younger generation can have a certain 'attitude' towards tobacco and there is an excitement about experimenting with it.'* (Participant B)
- *'They will smoke if they want. They see some advice, for example my own cancer scare, as scaremongering.'* (Participant H)
- *'Peer pressure, online and at schools, often leads to mental health issues as well as smoking, and this should be focused on as part of this.'* (Group 4)
- *'Smoking is more of a habit with older people more "built in" to that generation'* (Group 2)
- *Peer pressure amongst young people is still a factor but now linked to vaping. The message about smoking is not being translated into anti-vaping where 'everyone is puffing on a vape'* (Participant G)

Some participants also noted that society has changed to the point that people are more open about issues that affect them and potentially more aware of the dangers of smoking tobacco:-

- *There is more open-ness these days, about mental health for example, young people are on the ball. Get them educated on smoking matters which will influence family members, get them to communicate on health matters like they do with climate change' (Participant D)*
- *Would be interested to see what data there is and how it compares to 10-15 years ago – are younger people more aware now? (Participant B)*
- *Younger generation seem more aware of health benefits. (Participant I)*

2.4 Theme 3 - A Whole-System Approach

To achieve the ambition of a smoke-free Wales, a whole-system approach to tobacco control must be taken. This means everyone working together in a collective effort to contribute to this shared vision to achieve change.

2.4.1 Do you agree that A Whole-System Approach is the right theme?

All interviewees and groups agreed with this Theme. Perhaps understandably given their diverse backgrounds, some participants saw this from more of a consumer perspective highlighting the importance of different generations working together rather than organisations.

- *'Getting everybody on board is good, so everyone is included and gets the basic message.'* (Group D)
- *'In agreement, more prominent campaigns are done in synergy.'* (Participant A)

Discussions focused on the importance of working together, particularly the role of health services and the wider community, and the importance of a customer-centred approach that addresses the needs of smokers.

The Role of Health Services and the Wider Community

Group 2, made of up of schoolchildren primarily from BAME backgrounds had an expansive discussion on this theme. They saw it as important, that if everyone is working together there is more chance of the effects 'trickling down to others', and that everyone needs to be represented.

They held interesting views that suggest a worry that some groups will get missed out e.g. communities such as mosques, and demonstrates the importance of authenticity from partners:-

- *'Parents may not be willing to listen to their children when they tell them that there is Government support to stop smoking, because the Government does not help in other ways.'* (Group 2)
- *'Doctors, teachers and politicians smoke. People who push the message need to be showing that they are listening as well.'* (Group 2)

While most smokers and ex-smokers acknowledged the support available, some felt that more could be done to proactively encourage smokers to stop, summed up by the following from young smokers:-

- *'There's not much effort from the health system. They asked me if I smoke, said yes, and said that there's help there if you want to give up. It seems that health and education systems could do a bit more.'* (Participant M)
- *'Every time I go, he [the doctor] just says, I see you're still smoking. But I know you're not ready to quit yet so just come back when you are and I'll talk you through it.'* (Participant G)

Some participants identified a need for alternative activities, particularly for young people:-

- *'Absolutely need to ensure there is more investment in activities in communities for young people so that it relieves boredom. Boredom in young people encourages them to smoke.'* (Group 3)

Addressing the Needs of Smokers

- *'Be wary of whole system approach becoming a 'Nanny state approach'. If they want to, they will find it.'* (Participant H)
- *'Not sure what would this look like in practice. For a lot of smokers it may feel like us and them.'* (Participant I)
- *' This is the only way to do it so you don't pick on a specific demographic or geography. Everyone's got to work together. However it would be very difficult to implement as people would be resistant to it'* (Participant G)
- *'Need to ensure touch points and check-ins with people on their patch. Working class background connecting with working class background.'* (Participant D)
- *'Natural that smokers are tempted back to smoking. They need support at 3 to 4 months, need to look more at help available at this stage. Smokers need psychological support. Help offered by Help Me Quit – patches for example, didn't work.'* (Participant C)

2.5 Other Themes to Consider?

Are there other themes/things that need to be considered for Wales to achieve its ambition of being 'smoke-free' by 2030?

It was clear from discussions of all three Themes that the vast majority were in agreement and all but 2 participants in Group 4 agree with strategy overall.

- *'Think these are really good themes. By targeting these groups it seems very cohesive. Targeting those most vulnerable, nice to draw attention to that. More reasonable will take it on board and try to promote change.'* (Participant J)

Some alternative themes were suggested that primarily emphasised the importance of topics close to their hearts, and indeed linked to the Themes and/or Priorities set out in the strategy and draft delivery plan:-

- *'Agree with the themes but branding needs to be different – what do these titles really mean? Will they resonate with people?'* (Participant D)
- *'Recommend changing the approach to stopping smoking by showing them [the smokers] what's in it for them; give them something back'* (Participant G)
- *'Not preachy. Highlight negative impact from a young age, but not preachy. Get young people on-board'* (Participant I)
- *'A bit more about why people do it in the first place. Creating better role models. We're still recovering from a time when smoking was promoted as healthy and cool.'* (Participant M)
- *'Need to give people alternatives to smoking e.g. exercise.'* (Group 2)

- *'Economic impacts could be included as a theme: focussing on potential job losses in the smoking industry from reduced tobacco consumption, how they might diversify, and impacts on income stream from taxes.'* (Group 4)

3.0 Towards a Smoke-free Wales Delivery Plan 2022-2024.

This section moved on to discuss the first two-year delivery plan, which covers April 2022 – March 2024, particularly the **five priority action areas** each with several actions.

3.1 Priority Action Area 1: Smoke Free Environments

Smoke-free environments are important to reduce exposure to second-hand smoke, which has health benefits, as well as supporting changing attitudes towards smoking. Several smoke-free places policies having already been implemented in Wales. Such as:

- a ban on smoking in enclosed public spaces and workplaces in 2007
- prohibited smoking in cars carrying children in 2015
- prohibited smoking in public spaces including hospital grounds, school grounds, outdoor areas of childcare settings and public playgrounds in 2021.

3.1.1 Do you feel that this is the right priority to achieve the ambition of becoming a smoke-free Wales? And if not, what are your suggested alternatives?

There was some support for this priority amongst individuals and groups consulted but the majority expressed concerns over enforcement, particularly in hospitals, and the impact on smokers.

Others, smokers in particular, emphasised the importance of adequate shelters for smokers so that they do not feel 'forced out'.

Support for this Priority

- *We've already visible changes that have impacted everyone. We are being seen as a country who is actively helping others and their environments' (Participant B)*
- *Completely agree. As a smoker for 10+ years I never really liked the smell of cigarette smoke and was always conscious of who was around me such as children/elderly. I am now even more aware of those smoking around me as I do not want this around my son, therefore designated smoking areas would be an amazing thing (Participant F)*

Concerns about Enforcement

- *'It is a good idea in theory, but how will it be policed and monitored? Is it possible with available resources or practical to enforce it?' (Group 4)*
- *Can be prioritised but needs to be absolute, hospital patients for example are smoking – the ban is not enforced.'* (Participant C)
- *'Need to ensure that work already done is implemented, e.g. hospital ban, there are smokers in the entrance of Maternity Entrance at the local hospital. (Participant D)*
- *'A good idea but won't usually work as they're not enforced. Children's parks work because it's socially unacceptable to smoke in front of children even if they're in an outdoor park.'* (Participant G)

A ban on smoking on hospital grounds was a particularly hot-topic, with many participants relating personal experiences:-

- *'Smoke-free zones don't work around hospitals, if there's a law then it needs to be enforced, but would be difficult to do so as some people 'don't have the capacity to understand that they can't smoke there' so it would be unfair to fine everybody.'* (Participant E)

- *'I go there [to hospital] every week and there's like 40 plus people smoking outside the hospital. They're outside there in wheelchairs and with drips and everything. They're stood right in front of the sign saying that if you smoke they'll give you a £100 fine or something. But it never happens. The security blokes are out there just watching and no one does nothing to stop them [smoking]. If they say they're going to fine them then do it. It would certainly stop me if I knew I'd have someone giving me a ticket [fixed penalty notice]. You've got to make it so it's too uncomfortable for you to smoke there.'* (Participant G)

Many expressed concern for those who have the job of enforcing this law at a local level, particularly at hospitals where people may have just received bad news:-

- *'Enforcement is difficult e.g. hospitals – when people are stressed they smoke. I don't know anyone who'd tell anyone not to smoke in a hospital ground. Are we better off spending funds elsewhere?'* (Participant I).
- *'Look at other areas which could be banned but not hospital grounds as when people are addicted and receive bad news, it would be unfair not to allow them to go outside and smoke.'* (Group 1)
- *Who is going to monitor implementation? Are they going to pay someone to go and stop them? If so I think they, the smoking police, will get treated worse than traffic wardens. Money could be better spent elsewhere, for example on proper policing or young people.'* (Group 3)

Importance of Well-Maintained Shelters

Both smokers and non-smokers who work with smokers were supportive of a need for well-maintained smoking shelters so that smokers are not pushed out to smoke on the streets which may result in littering and further alienation for smokers:-

- *'Need to ensure that they aren't naïve about the how banning smoking can create its own problems, for example littering. Need to create a safe area. Our organisation*

(participant owns a social enterprise working with children and young people) created a specific smoking area on-site, off road to safeguard them.' (Participant H)

- *' Important to keep smoking shelters for smokers. They have designated areas at work and they've filled them up with building supplies, so I go to my car. Some patients smoke in the car park.'* (Participant K, works part-time in the care sector)
- *' Need to provide a place to smoke that's better than a mouldy bus-stop type shelter. Though I do agree with a ban in school and hospital grounds.'* (Participant M)

3.2 Priority Action Area 2 - Continuous Improvement and Support for Innovation

Proposed Actions

1. Implement a systematic secondary care smoking cessation service in Wales utilising learning from Canada's Ottawa Model for Smoking Cessation.
2. Continually optimise smoking cessation and prevention of uptake provision. Explore innovative and digital methods to reduce smoking uptake and promote smoking cessation. Ensure consistent support for smokers. Increase uptake of smoking cessation. Work with groups with the highest smoking prevalence or lowest uptake of smoking cessation services to understand barriers to smoking cessation and explore innovative solutions.
3. Explore the role of e-cigarettes and other nicotine products for smoking cessation.

3.2.1 Do you feel that this is the right priority to achieve the ambition of becoming a smoke-free Wales? And if not, what are your suggested alternatives?

Participants were supportive of this priority, particularly making smoke-free the norm, mentioned by several participants:-

- *'Making smoke free the norm is a good one, because it's very much not the norm. A lot of people are pressured socially by smoking. That fear of being left out motivates you to take it up.'* (Participant J)

There was a recognition that much has already been achieved given the fall in smoking rates, (though Group 3 was unclear if the 14% included 'occasional smokers' who have one on a night out) and the need for new ideas to tackle current challenges and achieve a smoke-free Wales:-

- *'Continue the good work with strong collective messages.'* (Group 1)

- *'A lot of good stuff has been done. It's been a successful campaign up to now, for examples cigarettes are out of sight in stores.'* (Group 3)

Many individuals and groups also offered ideas based on their own experiences and backgrounds, particularly related to e-cigarettes (vaping). Ideas included:-

Business involvement:-

- *'Need to consider building better relationships with workplace settings e.g. in places like Airbus they have launched bite-sized health sessions.'* (Participant D)

Educating parents:-

- *'Increase parental education so that link between their own smoking behaviour and their children's health is clear. Need to break the cycle from one generation to the next.'* (Participant G)

Tools to help smokers quit:-

- *I was given a smoking pen through Help Me Quit but I can't get that now – which turned people to vaping. The hand to mouth habit is difficult to give up. More research into things like 'chamfix' particularly for those who've had mental health issues – it did work for me.'* (Participant I)

Voucher system for those receiving government support:-

- *'If you live on benefits, you could introduce a voucher system which does not allow you to buy cigarettes. Helps people to aspire to a better life.'* (Group 1)

Adjusting the focus:-

- *'If one cigarette a day is good for a person's well-being could that be the focus rather than cut it completely? Reducing the amount of tobacco consumed rather than cessation?'* (Group 3)

Reinforce the 'help' message by using role models relevant to each audience:-

- *'Focus on help for people, seems the 'help' message isn't getting through and they see it as a stop message. Use trusted figures from their communities, people will listen to family members and important people within communities rather than politicians.'*
(Group 2)

Make use of technology to inform and persuade smokers to quit:-

- *'Suggest ventilated smoke-zone systems, create apps similar to 'step' apps that highlight how much has been consumed, monitors that control tobacco intake.....Create VR sets to place on smokers' head to see themselves as non-smokers.'* (Participant B)
- *Suggest an app to help quit smoking, show the harm to the body on an app. 18-34 year olds particularly will be motivated by the visual impact of the harm of smoking.*
(Participant C)

Consistent and targeted messaging was considered important too in terms of content (benefit focused) and tone (don't preach):-

- *'It's a fine balance between the need to reinforce messages without becoming preachy.'*
(Participant D)
- *'A lot of people ignore that it is an addiction, it's going to be hard. Reducing the uptake is really good.'* (Participant J)
- *'A good thing to do is to talk about the financial savings. Exploring what you could use that money for instead. Smoking and ingesting something in general, some people have an oral fixation, so an alternative to that too e.g. chewing gum.'* (Participant J)
- *'The habit of smoking is very expensive, and you should explain to people the cumulative cost of smoking over a year can amount to the equivalent of desirable products such as holidays or a house deposit, showing people the bigger picture that might not be considered on a daily basis.'* (Group 4)

Many agreed on the importance of exploring the role of e-cigarettes. Understandably there was further discussion within this priority on whether they are seen as a step in the right direction or a dangerous alternative:-

- *'Are e-cigs 'support for innovation'? I tried that too in order to give up, the habit then becomes e-cigs. Shouldn't propose to promote it as a solution, their harm needs to be considered.'* (Participant C)
- *'It's sophisticated equipment, it happens indoors, there's a lack of awareness around its effects, the heat causing blisters for example. I started vaping to help me give up smoking, and then I was addicted to that.'* (Participant I)
- *'If you're going to give up give up properly, don't turn to ecigs that cause popcorn lungs. If it's not a cigarette it's still chemicals so not sure you can say it's healthier.'* (Participant K)
- *'If you can take someone's cigarettes off them and replace them with e-cigarettes then that's a step in the right direction. Are we trying to step towards people not smoking anything or just cigarettes? Some smokable products are beneficial for their health, CBD products for example. Vaping is a better alternative but doesn't stop people 'smoking' (Participant M)*
- *'Could ban flavours on e-cigs, might stop people from taking it up. It's the flavours that are attractive. Vaping is an 'image' now. Packaging has become really important. It's targeted at younger people, impressionable people.'* (Group 3)
- *'Vaping may reduce the issue, but it is far from fixing it, and still creates very unpleasant secondary smoke.'* (Group D)

As a mother of a 14 year old child Participant G had many observations relating to the prevalence and impact of vaping amongst children:

- *'Smoking of cigarettes by school ages children is now very uncommon – vaping is an increasing trend. The key to breaking the smoking/vaping cycle is via education and by making vaping less desirous to children and young people so reducing peer pressure to take up vaping. Young people view vaping as fashionable and less dangerous than smoking.'*
- *Vapes have become a trading commodity in schools (confirmed by participant G's child). A pupil who has ADHD can swap three days' worth of Ritalin for seven disposable vapes. Designer clothes are swapped in school for disposable vapes, while a 'tank vape' can be purchased for £25 from other pupils and a 1,500 puff disposable vape cost £10.'*
- *Older pupils can purchase vapes on-line or in a number of local shops where they are rarely asked for their age. Much trading is carried out among pupils both within their own school and between schools via SnapChat*
- *Parents will sometime give vapes to their children believing that they are healthier than cigarettes.'* (Participant G)

One group (Group 3) picked up on the importance of up to date data to support innovation that accounts for the impact of the pandemic, e.g. demand for mental health support, and also includes comparable data for other addictive substances such as drugs and alcohol:-

- *Demand for the counselling service has gone up tenfold post-Covid, people are more anxious, more lonely. If alcohol consumption gone up because of the pandemic does that go hand in hand with smoking? (Group 3)*

- *The thing when I was younger was to smoke. Drugs is now seen as the norm, as smoking was. Smoking has gone down, but will be interesting to see what else has gone up – you're not going to eradicate people's vices, drugs are worse aren't they? In a couple of years you'll see drugs and vaping as more of an issue than smoking.'* (Group 3)

3.3 Priority Action Area 3: Priority Groups

Proposed Actions

1. Review the evidence and data around smoking cessation support for these priority groups and identify where gaps exist, including where the greatest impact can be made.
2. Engage 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.
3. Increase the proportion of smoke-free pregnancies by looking at initiatives to reduce smoking in pregnancy and optimise smoking cessation provision for all pregnant people across Wales. Work with maternity services to ensure that all pregnant women have their smoking status recorded and appropriate referrals made to smoking cessation services.
4. Ensure messaging is clear and consistent and is tailored to different priority groups.
5. Explore the evidence base, and working with partners, identify additional priority groups that we should work with to provide appropriate, additional support.

3.3.1 Do you feel that this is the right priority to achieve the ambition of becoming a smoke-free Wales? And if not, what are your suggested alternatives?

Participants were supportive of this priority and eager to know more to understand their reasons for smoking, which is interesting given that participants belonged to at least one of these priority groups. Many saw the importance of focus on the cause, and also to take account of the wider societal issues – economic, social that could be a root cause:-

- *We need to discover what motivates them to smoke, to understand the barriers that they are facing. You hear of Alcoholics Anonymous but you don't hear of Smoking Anonymous. There needs to be more support groups. Use influencers who've quit smoking, get the right people in the right places.'* (Participant A)

This is echoed by another participant who describes himself *as a smoker that just hasn't smoked today* despite quitting three years ago, He failed to quit for years as he faced barriers to do doing so included feeling judged by health workers, made to feel like a leper, and that they were trying to control his choices. He felt that an AA-type system could have helped:-

- *An Alcoholics Anonymous approach with personal, mutual approach from a mentor who knew what I was dealing with and was there when I needed a bit of extra support would have helped*

Participant F, a new mother and former smoker (now vaper), feels that there is a need for further support for that priority group as well as consistent messaging:-

- *You are told that smoking is dangerous for unborn babies, but I know plenty of women that have received the medical advice that it is ok to carry on smoking if they wish to do so. I know of one individual that was told that quitting smoking during her pregnancy could cause more harm than good. We are told conflicting information during pregnancy about researching things.* (Participant F)

- *Some people believe that they know what is best for their babies and that smoking in pregnancy never harmed any of their other children, people like this should receive more person-centred support as they may have been brought up with that attitude or that the opinion has been encouraged as this is what was done when our parents/grandparents were in this position. (Participant F)*

Participant F believes that stress of motherhood is a leading cause for new mums to smoke:-

- *'Stress is the main cause of new mums smoking again, or even [feeling out of] control. New-born babies are hard work, tiring and have a complete mind of their own, there is no element of success or even that you are winning in the first few weeks. It is so easy to go and buy a packet of cigarettes as you are tired, stressed and feel alone. I know this is how I felt, I am very lucky that my partner is so against smoking, otherwise I would have gone back to smoking before my baby was even 4 weeks old. What would help? Providing struggling new parents with alternatives to coping with their stresses and help to find ways to manage their want [temptation] to smoke. (Participant F)*

This view is supported by Participant H:-

- *When all is against them, they find that smoking seems to help them. Many pregnant people/mothers have managed to quit during pregnancy and then return to smoking after a short period after giving birth.*

The use of role models that are relatable to the target community as a vehicle for tailored communications were mentioned by several groups and participants. Group 2 had several positive contributions to this priority as a group of young people (school-age) from a BAME community:-

- *'Put smokers from a priority group in touch with non-smokers in the same groups in order to help them. People with the same issues and problems.'*
- *'Need to be able to seek advice from people who have experience within a priority group. People who reflect the person you are.'*

- *'People will listen to other people they like, respect and who love them and value them back. Messages from people you relate to will be listened to much more than messages from the Government.'*
- *'Give more support to younger, less-empowered people in the groups to help them with peer pressure.'*
- *'Some ethnic groups place a lot of importance on reputation. If you make smoking something which hurts that reputation, then that would work.'*

This principle was echoed by Group 1, made up of individuals from the LGBTQ+ community:-

- *Community champions could be used, people that vulnerable groups will listen to.*

This group also highlighted the challenge brought by the diversity of each group, also mentioned by others, and the need for tailored messaging:-

- *LGBTQ is such a broad group - you have people from all spectrums of life and are part of all the priority groups - you have old, young, thin, overweight, pregnant, from deprived areas etc. so how do you target them specifically? (Group 1)*

One view is to uncover facts that are common to all groups:-

- *Hunt for facts to communicate the issue. Blanket statements cause rebellion. e.g. rather than 'smoking=cancer' she finds that recent listing of 73 chemicals that can cause cancer listed in cigarette packs is a better approach. (Participant H)*

Others reinforced the importance of tailored messaging, to be culturally aware and sensitive to motivations for smoking and the challenges of quitting (if they want to):-

- *'Need to be aware of cultural differences. Some groups consider smoking to be normal.'*
(Group 2)
- *Important not to preach to these priority groups. (Participant 1)*
- *Be very careful not to judge or berate people for their life choices as this will automatically alienate them, but be supportive and understanding throughout, taking them with you on the journey for their benefit.'* (Group 4)
- *'Do not paint everybody with the same brush, but be aware that everyone is different, with different needs, and smoke for different reasons.'* (Group 4)

3.4 Priority Action Area 4: Tackle illegal tobacco and support the tobacco control legal framework

Proposed Actions

1. Review the evidence and data around the illegal tobacco landscape in Wales and identify where gaps exist.
2. Raise awareness of illegal tobacco and its impacts through communications materials and campaigns.
3. Develop a system to share information about illegal tobacco which supports effective enforcement across Wales.
4. Work with partners including the Police, HMRC and Local Authorities to explore innovative ideas to tackle illegal tobacco across Wales.
5. Review tobacco control enforcement tools available in Wales to understand if and where strengthening is required.

3.4.1 Do you feel that this is the right priority to achieve the ambition of becoming a smoke-free Wales? And if not, what are your suggested alternatives?

Participants were supportive of this theme though knowledge of the issue varied. Based on discussions it's perhaps fair to assume that those that currently smoke and are from more socially deprived backgrounds and/or younger people are more exposed to illegal tobacco and have more knowledge of it. Those smokers from a more middle-class background and/or had recently quit smoking had less awareness of illegal tobacco and its impact, but were mindful of the temptation to purchase illegal tobacco due to rising costs:-

- *'Absolutely necessary as a priority. When I was a student they were readily available. They're particularly tempting for low income groups – students, immigrants for example. You have to be informed on where to go, word of mouth.'* (Participant C)
- *'As long as you know which shops to go to, can buy for half the price so it's very tempting to do so, particularly with the rise in the cost of living.'* (Participant K)

- *'It's a big issue. In my uni accommodation a girl had access to tobacco from another country so made loads of money selling it for £4 a pack. It makes it easier for younger people to buy it as it's not really regulated. Lots of 'turf wars' too as there is with anything else that's illegal, and by extension drives people into poverty.'* (Participant J)
- *'People will find a way to get hold of things, I know it's available in pubs locally through word of mouth, easily available if you know where.'* (Participant I)
- *'I've only bought tobacco from supermarkets and off-license. You can see that some tobacco pouches have been re-wrapped, but only a few times. Not something I'd seek out, would rather pay the right price.'* (Participant M)
- *'There is a trade in smuggled cigarettes by adults in the community as well as the illicit trade in vapes by young people. It's driven by poverty, people want what they can't afford and peer pressure drives it.'* (Participant G)

Participant E believes that illegal tobacco is rife across certain housing estates and that 'cut-price' cigarettes and vapes are available 'under the counter' at a number of shops around the town and that those selling them need to be tackled as it has massive profit potential. However he doesn't believe that it is related to poverty:-

- *I do not believe that poverty is the driving force, but rather the greed and the desire for fancier things than you can afford like the latest phone, Sky TV or indeed smoking that is driving these people to break the law in this way.* (Participant E)

Other participants disagree and believe that economic circumstances coupled with the high cost of cigarettes is driving people to illegal tobacco and that it will be tough to address it:-

- *'It'll be a tough one to change. I live in a community where if people can have a good deal they'll go for it.'* (Group 3)

- *'This ties back to inequality and high prices of legal tobacco, reinforcing financial inequality as people in priority groups may buy illegally as they cannot afford to spend more money.'* (Group 4)
- *'It is really difficult to tackle underground, illegal activities. Smuggling is a huge network and very hard to deal with. An individual will have little impact.'* (Group 2)
- *'When the government increases the cost of cigarettes, the black market will grow. Perhaps remove duty free so they are not allowed to bring it in.'* (Group 1)

The 'Black-market' was mentioned by several groups as somewhere smokers would go should costs continue to rise and/or tobacco availability is curtailed:-

- *'When the government increases the cost of cigarettes, the black market will grow. Perhaps remove duty free so they are not allowed to bring it in.'* (Group 1)
- *'Should tobacco become illegal then it will surface on the black-market. They will find it elsewhere.'* (Participant H)

Perhaps in response to this danger a few queried whether it needed to be such a big problem and whether resources could be focused elsewhere, perhaps highlighting the need for further awareness raising:-

- *'It seems like a slap on the wrist crime. It doesn't seem to have increased the number of smokers has it? Perhaps put more resource into other issues such as county lines.'* (Group 3)
- *'They seem to already be doing a pretty good job on this, most people seem to smoke legally, and seizures of illegal tobacco seem few and far between.'* (Group 4)
- *'Perhaps a campaign promoting the dangers of buying counterfeit and what the impact could be?'* (Group 1)

3.5 Priority Action Area 5: Working across the UK

Proposed Actions

1. Review tobacco control actions and policies that are implemented by other UK nations and share best practice on tobacco control actions and policies in Wales across the UK.
2. Continue to work with the other UK Governments on a broad range of non-devolved tobacco control issues to support a strong tobacco control system, including:
 - a. age of sale
 - b. the environmental impact of smoking
 - c. safety warnings on tobacco and nicotine products
 - d. tobacco pricing, levy, and taxation

3.5.1 Do you feel that this is the right priority to achieve the ambition of becoming a smoke-free Wales? And if not, what are your suggested alternatives?

There was uniform agreement on this priority with all participants mentioning the importance of working across the UK and learning from others. Many mentioned that it's important to look beyond the UK:-

- *'When it comes to smoking, Wales cannot solve the problem by itself. Make sure that we're seeking opportunities to speak to other countries about this. If we concentrate too much on Wales/UK we could be creating a 'group think'. It is good that we listen to others from different perspectives and differentials.'* (Participant B)
- *Let's also see what works in other areas e.g., Scotland, Ireland, or other countries further afield e.g., Netherlands. Let's ensure we're aware of lessons learned from those areas, there is no point re-inventing the wheel.'* (Participant D)
- *To be a wholly effective policy it needs to be UK-wide: a smoke-free UK, not just Wales. Unless we are all on the same place there will be loopholes and gaps that people will always take advantage of - crossing borders etc.* (Group 4)

The enthusiasm for a UK-wider approach seems motivated by memories of the Pandemic and different regulations in each UK nation:-

- *'Learning from the bad handling of the pandemic and how confusing it was for people travelling regularly between different UK countries with different rules in each one.'* (Group 4)
- *'Different Covid restrictions in England and Wales showed how difficult it became to have clear rules to follow. Need to "fight it together".'* (Group 2)
- *'What we have learnt in the pandemic is the disparity in rules between here and the rest of the UK have created such divide and complication, so if there are new rules being enforced this side of the border about smoking in certain domains, or not, rules get confused and undoes the good work.'* (Participant J)

While there is universal agreement for a united approach some participants feel a lack of trust in Government (UK) may hamper the strategy:-

- *Need one organisation to lead. Not sure who that is. People have a lot of resentment towards the government (UK) at the moment so it needs to come from another source.*

4.0 Message to the Minister: if you could send a **'Message to the Minister'** regarding the ambition to achieve a Smoke-Free Wales, what would that be?

Messages from most participants and groups were supportive of the strategy and its importance. Others, while supportive, acknowledged the extent of the challenge, particularly within wider challenges brought on by the Pandemic and current economic climate:-

- *'Feel passionate about the campaign. Show that you care about it; not just telling other people what to do.'* (Group 2)
- *'Good initiative, go for it. Most important are the kids/pregnant people. That's the group to focus on. 11-16 year olds'* (Participant M)
- *'This is a great initiative that I can support as a smoker. The influence of children on parents is important – my daughter influences me and makes me want to quit – she tells me not do it but also asks 'can I have one', it gives me pain.'* (Participant C)
- *'Go for it ... the ambition to get Wales Smoke-Free by 2030 is a really good message. It's going to be hard work but I appreciate it's real importance.'* (Participant D)
- *'Commit to it and get it done, because it's a great ambition.'* (Participant L)
- *'What they've done so far has been effective, as a smoker I've been in the minority (not bothered by how I'm viewed as a smoker, I don't like it when I see others smoking e.g. with a pram). Tackle people not working, not sure how to get through to them.'* (Group 3)
- *'Don't be preachy.'* (Participant I)

Other messages were a little more nuanced, focusing on specific concerns and passions held. All but one were largely positive:-

- *'Don't assume anything and really find out why there is this dependence on smoking and don't be afraid to collaborate with others to find the right solution. AND don't be afraid of innovation.'* (Participant B)
- *'Just say NO doesn't work'. Don't create an illegal black market and don't take everything away from people.* (Participant H)
- *Target those groups best you can but think about the wider view and complexities within those groups. Needs to be considerate and tailored to all people.* (Participant J)
- *Focus on people's health – how it will really help them financially and health-wise.* (Group 2)
- *Address the root cause of the problem, including working with manufacturers, which is very important and will require a collective working approach across the whole UK.* (Group 4)
- *The most important parts of the project should be education from an early age, communication and focussing on the product.* (Group 4)
- *Focus on more meaningful things like mental health and the cost of living, they are more important* (Participant K)

5.0 Conclusion

Based on interviews and focus groups with members of the priority groups identified it is fair to conclude that there is strong support overall for the ambition to achieve a smoke-free Wales by 2030.

Participants generally agreed, with few exceptions, with the three themes outlined in the *Tobacco Control Strategy for Wales, A Smoke-Free Wales:-*

- **Theme 1: Reducing Inequalities** was widely supported with particular sympathy, and empathy, for the wider pressures faced by these groups (particularly those accessing mental health support services) and the need to tackle them.
- **Theme 2: Future Generations** received most support, with all groups identifying the importance of taking care of younger generation and possibly breaking the generational cycle of smoking.
- **Theme 3: A Whole System Approach** also met with widespread approval with all participants recognising the importance of working together.

Priorities set out in *Towards a Smoke-free Wales Delivery Plan 2022-2024* draft also met with widespread support though participants challenged each one based on their experience and knowledge.

- **Priority Action Area 1: Smoke Free Environments.** Participants expressed concerns over enforcement and therefore whether this needed to be a priority, though many fully supported it.
- **Priority Action Area 2: Continuous improvement and support for innovation** was fully supported with many suggesting ideas of their own. Particular attention was paid to vaping (in this section and throughout this consultation) and how it fits within the smoke-free Wales ambition – is it part of the solution or an additional threat.
- **Priority Action Area 3: Priority Groups** was supported, particularly the exploration of why these groups smoke and the need for tailored support.

- **Priority Action Area 4: Tackle illegal tobacco and support the tobacco control legal framework.** Knowledge of the issue was mixed, though many smokers were aware of how to access it. There was general support for this as a priority with some sympathy for smokers given economic pressures.
- **Priority Action Area 5: Working across the UK.** This had strong overall support with requests to explore good practice from other nations too.

Messages to the Minister were generally supportive of the strategy and its importance. Others, while supportive, acknowledged the extent of the challenge, particularly within wider challenges brought on by the Pandemic and current economic climate.

Personal experience and expertise from within each group led to thoughtful contributions to be considered as part of the consultation process. Participants showed concern for the most vulnerable and the need to understand and address the reasons behind smoking, the importance of a supportive tone of voice to avoid alienating smokers further, the potential of utilising relatable role models, and perhaps most of all the benefits of a smoke-free Wales.

Appendix 1: Participant Profiles

	Participants	Priority group(s) represented	Notes
Interviews			
Participant A	Male, 18-34, South Wales, smoker	BAME	
Participant B	Female, 18-34, South Wales	BAME	
Participant C	Male, 35-45, West Wales, smoker	BAME Accessing Mental Health support	
Participant D	Female, 35-45, North Wales	Pregnant people, socio-economically deprived backgrounds	Works closely with people from both communities as part of her work in the health service
Participant E	Male, 60+, North Wales	Socio-economically deprived backgrounds	Gave up smoking 3 years ago, describes himself as a smoker that hasn't smoked today.
Participant F	Female, 18-34, North Wales, ex-smoker, now vaper.	Socially deprived area, pregnant people.	New mother
Participant G	Female 18-34, North Wales, smoker	Socially deprived area	Smoker since early teens, now 29
Participant H	Female 45-55, West Wales, ex-smoker	Socially deprived area, LGBTQ+, young people	A cancer survivor as a result of exposure to secondary smoke. Owns a social enterprise that helps young people
Participant I	Female, 35-45, South Wales, smoker	Accessing Mental Health Support	Works for a mental health charity as well as accessing support herself
Participant J	Female, 18-34, South Wales, smoker	BAME, socially deprived area	
Participant K	Female, 45-55, South Wales, smoker	BAME, socially deprived area	
Participant L	Male, 35-45, South Wales	LGBTQ+	
Participant M	Male, 18-34, West Wales, smoker	Young people	Works part-time in hospitality
Participant N	Female, 35-45, South Wales, ex-smoker	Accessing Mental Health Support	

Focus groups			
Group 1	Mixed group aged between 25 and 55, either smokers or ex-smokers (5 participants), South Wales	LGBTQ+	
Group 2	Mixed gender, up to 16 years old, South Wales (11 participants)	Socially deprived area, young people, BAME	Hosted by high school in central Cardiff
Group 3	Mixed gender aged between 25-65 West Wales, mix of smokers and ex-smokers (5 participants)	Accessing Mental Health Support, Young people, socially deprived area	Hosted by mental health charity in the Amman Valley, included reps from a construction industry apprenticeship organisation.
Group 4	Mixed group aged between 25 and 45, South Wales (5 participants)	Pregnant people	A group for new parents of twins