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Consultation – summary of response

Tobacco Control Strategy for Wales and Delivery Plan

July 2022

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.

This document is also available in Welsh.

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Overview

The Welsh Government undertook a consultation between 8 November 2021 and 31 March 2022 to gather views on the draft tobacco control strategy for Wales “A smoke-free Wales” and the delivery plan ‘Towards a smoke-free Wales 2022-2024’. OB3 Research were appointed by the Welsh Government to prepare this report which synthesises the responses received as part of the consultation exercise.

Action Required

This document is for information only.

Further information and related documents

Large print, Braille and alternative language versions of this document are available on request.

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Additional copies

This summary of response and copies of all the consultation documentation are published in electronic form only and can be accessed on the Welsh Government’s website.

Link to the consultation documentation: https://gov.wales/tobacco-control-strategy-wales-and-delivery-plan

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Glossary

Acronym	Description
ASPBs	Assembly Sponsored Public Bodies
COVID-19	Coronavirus disease 2019
e-cigarette	Electronic cigarette
EU	European Union
WHO FCTC	World Health Organisation Framework Convention on Tobacco Control
GP	General Practitioner
HMQ	Help me Quit
HBSC	Health Behaviour in School Aged Children
KPIs	Key Performance Indicators
MMCs	Mass media campaigns
NEMS	A market research company
NHS	National Health Service
NICE	National Institute for Health and Care
PSB	Public Service Board
RPB	Regional Partnership Board
Snus	A smokeless oral tobacco product

1. Introduction

1.1 Welsh Ministers launched a consultation exercise in November 2021 to gather views on its long-term tobacco strategy ‘A smoke-free Wales’ and its detailed delivery plan ‘Towards a smoke-free Wales delivery plan 2022 to 2024’.

1.2 OB3 Research was appointed by the Welsh Government to prepare a report which synthesises responses received as part of this consultation exercise. The consultation was undertaken between 8 November 2021 and 31 March 2022 and this report sets out the findings of the analysis, including key messages and themes to emerge in consultation responses.

1.3 Further information about the strategy and consultation exercise is available here.

About the consultation

1.4 The consultation sought views on the Welsh Government strategy for achieving a smoke-free Wales by 2030 and the detailed delivery plan up to 2024. The strategy set out an ambition for achieving a smoking prevalence rate in adults of 5% or less by 2030. It proposed action across three key themes of reducing inequalities, future generations, and a whole-system approach for a smoke-free Wales. The two-year delivery plan sets out five priority action areas which are: smoke-free environments; continuous improvement and supporting innovation; priority groups; tackling illegal tobacco and the tobacco control legal framework; and working across the UK.

About the consultation responses

1.5 The consultation exercise sought to gather stakeholder views on a total of 12 qualitative questions. Seven of these questions also contained a closed question asking contributors whether they agreed in full, partially agreed or disagreed with elements of the strategy.

1.6 The analysis draws upon the views of 246 responses. Of these:

- 212 were submitted via the online survey form

- 29 were submitted via the written response form, and
- five were submitted in another format i.e., a written general response which did not follow the consultation question format in any way.

1.7 The profile of those who responded to the consultation exercise is set out at Table 1.1, based on categorisation by OB3 Research. It shows that the majority of responses were submitted by individuals whilst professional bodies and health related organisations accounted for the largest cohorts of organisations.

1.8 Three responses were received from the tobacco industry, three responses from the vaping industry, and one response from a tobacco lobby group. In line with Article 5.3 of the World Health Organisation (WHO) Framework Convention on Tobacco Control, these comments have been documented as part of this analysis. However, they will not be taken into consideration as the strategy and delivery plan are further developed.

Table 1.1 Profile of consultation respondents

Type of organisation	Number	Proportion
Individual	199	80.9%
Professional bodies, interest group and membership-based organisations	14	5.7%
Health Board or other health related organisation	14	5.7%
Tobacco and vaping industry/lobbying groups	7	2.8%
Third sector	6	2.4%
Local authority	3	1.2%
Private sector	1	0.4%
Welsh Government departments and ASPBs	1	0.4%
Higher Education	1	0.4%
Total	246	100.0%

1.9 The organisations who responded were coded against a set of specific priority interest groups. Of those that responded, five represented the interest of children and young people whilst one organisation specifically represented the interests of pregnant women.

1.10 The length of response of each submission varied. An analysis of the 34 written submissions[1] showed that they varied from 3 to 37 pages in length, averaging at just over 10 pages. The number of consultation questions addressed by each written submission also varied. For instance, the number of consultation questions addressed by written submissions varied, with 10 submissions responding to all 12 questions.

Approach to the analysis

1.11 Our approach to the analysis involved:

- attending an inception meeting with the client and accessing all consultation responses via a secure portal
- preparing a bespoke consultation analysis template in Excel and importing the content of all responses into this template
- undertaking an initial review of a sample of responses (30%) to each of the 12 questions and developing a coding framework. The sample of responses to each question were randomly selected to ensure that a different set of submissions were considered for each. The coding framework allowed for the identification of common codes for labelling key phrases and issues and was used as an overarching framework for thematic analysis
- using the coding framework to categorise all consultation responses received, ensuring that the analysis is undertaken in a consistent manner without bias. New themes identified during this exercise were added to the coding framework
- analysing the response to each of the consultation questions. This included quantifying the numbers agreeing or disagreeing with

[1] Such an analysis could not be undertaken for the online responses as these were not submitted as documents.

closed questions as well as the numbers who did not offer a clear viewpoint. It also involved developing a narrative to provide insight into the open-ended responses provided, including a broad overview of how many respondents made specific points and from which respondent group they originate. Common responses for each question and differences in opinions between different respondent groups were highlighted.

1.12 Each response has been given equal weighting within this analysis, regardless of the response method adopted or the extent to which a submission represents the views of a single individual, organisation, or wider membership group. It is also worth noting that some responses, such as membership-based organisations, represent the view of a larger number of organisations or members although it is not possible to identify the degree of variance of views within that membership.

Structure of this report

1.13 This report synthesises the key points made by contributors. It has been structured to correspond with the 12 core questions. The report is therefore set out as follows:

- chapter two: considers the responses to Question 1 on the overall ambitions of the strategy
- chapter three: provides an analysis of responses to Question 2 about the themes set out within the strategy
- chapter four: reflects on responses to Questions 3 and 4 on data sources
- chapter five: considers responses to Questions 5 and 6 on delivery plans and priority action areas
- chapter six: sets out responses to Questions 7 and 8 about key actions and those not captured within the strategy
- chapter seven: considers responses to Question 9 regarding the strategy's alignment with wider policy

- chapter eight: considers the effects of the strategy upon on the Welsh language (Questions 10 and 11)
- chapter nine: includes analysis of any themes or issues raised that were outside the direct remit of the consultation questions (Question 12).

2. Ambition to become a smoke-free Wales by 2030

2.1 This chapter considers the ambition in the tobacco control strategy to become a smoke-free Wales by 2030 as set out in Question 1 of the consultation.

Question 1

It is our ambition to become a smoke-free Wales by 2030 (smoke-free means that 5% or less of adults in Wales smoke). All our actions over the next 8 years will work towards and contribute to achieving this.

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

Please explain why our ambition is right or how our ambition would need to change if you think a different approach is needed.

2.2 Firstly, the question asked whether respondents agreed with the ambition of Wales becoming smoke-free by 2030. The response was as follows:

Table 2.1 Do you agree with our ambition of Wales becoming smoke-free by 2030? [n=246]

	Number of responses	Percentage (%)
Yes	116	47%
Partly	26	11%
No	94	38%
No response	10	4%
Total	246	100%

2.3 Respondents were provided with the opportunity to expand on their answers and to explain why the ambition was right, or how the ambition needed to change, if they felt that a different approach is needed.

2.4 A total of 202 written responses were received for this question of which half agreed with the ambition.

2.5 A quarter of the responses included general comments that demonstrated they were in full agreement with the ambition of the strategy and felt that whilst it was a challenging ambition, it remained realistic and achievable:

‘The 2030 ambition might be a huge challenge but the prize is worth putting everything into’

‘I agree with the ambition and think it’s a great idea’

‘I think it is a realistic timeframe’

2.6 In some cases, whilst respondents agreed with the ambition, they also outlined their desire for it to be more ambitious – particularly in terms of the timescale:

‘Not ambitious enough, should be sooner…2028, compress the timelines!’ [R60]

‘Do it sooner 2030 is too far away!’

2.7 A quarter of the responses cited the health benefits that could be achieved if the ambition was realised as a key factor in their support for the approach. Responses mentioned how the ambition would lead to a reduction of smoking related deaths and an improvement in health outcomes. Several responses discussed the improved health outcomes that could be achieved for specific priority groups such as babies, children, young people, or pregnant mothers. Similarly, other responses felt that the ambition outlined in the strategy would reduce health inequalities in Wales:

‘Across Wales, 17% of mothers smoke throughout their pregnancy, with prevalence highest among pregnant 16–19-year-olds… [the strategy and plan] should help to address socio economic inequalities in health outcomes’

‘Smoking causes untold damage for both the smoker and the people around. It’s an immeasurable burden on the NHS and has furthering impacts on social care and if it could be reduced, all the better’

‘Smoking is still the leading cause of preventable death in Wales’

‘This is a good approach to public health and will hopefully reduce health inequalities’

2.8 The focus on children and young people was discussed in around one in ten of the responses and these highlighted the need to educate children and young people about the negative effects of smoking, and ensuring that access to products is limited:

‘We believe that children and young people are entitled to live in smoke-free homes’

‘still too many smoking, especially the young’

2.9 Different opinions were conveyed about the use of smoking alternatives such as vaping and e-cigarettes. A small number of the responses called for the strategy to cover a reduction and elimination in the use of vaping or similar substances. For instance, one response noted:

‘smoke-free by 2025 we would be but then vape free by 2030’

2.10 Others wished to see the strategy encourage smokers to make greater use of safer smoking alternatives.

‘I…think there should be a clear distinction between ‘smoking’ and ‘vaping’ as evidence shows that vaping is a much less harmful pursuit than smoking’

2.11 A small number of other specific comments were also received, with each of the following points offered by a few responses each:

- realising the ambition will help to improve the environment:

  ‘cigarette butts/filters are one of the most numerous items of plastic pollution in the oceans’

  ‘Smoking is…a major cause of litter’

- the ambition should be supported as it will reduce the impact of organised crime
- educating people around the risks of smoking is of paramount importance

- current smokers will need support in their attempts to stop smoking.

2.12 Half of all the responses received disagreed with the ambition set out in the strategy. Around four in ten responses felt that the ambition took away an individual's freedom of choice and felt that the government were unduly controlling people's rights to make decision for themselves:

'You need to stop trying to control how people live their lives'

'Wales needs to remain a free, open country where each individual has his or her own right to choose what they want to do'

'it's called free choice'

2.13 Other responses (less than one in ten) did not agree with the ambition for other reasons. One issue raised was that the focus should be on other problems such as obesity, use of alcohol and/or drugs:

'obesity, drug and alcohol misuse are far bigger drains on the NHS focus on those instead and stop punishing the smokers that are already heavily taxed on the products they use'

'because relative to alcohol and drugs, smoking cigarettes is the least damaging habit. Wales should be focusing on drug rehab and alcohol abuse…'

2.14 Others provided written answers that did not answer the question directly, but the comments made it clear that they disagreed with the ambition in principle:

'it's ridiculous'

'mind your own business'

2.15 Just under one in 10 of the answers to this question raised concerns that the ambition outlined in the strategy was unrealistic as it stood and, in some cases, offered suggestions as to why they believed this:

'Honestly, I don't think that the goal of reducing the smoking prevalence to 5% by 2030 is realistically achievable. Setting the date to 2035 seems to me a little more realistic target'

‘Agree with ambition, but without proper Health Board funding, and a clear position statement on e-cigs, this ambition will struggle.’

3. Themes of the strategy

3.1 This section covers the responses received to Question 2 of the consultation:

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?

Please explain why you consider the themes are right or if you think a different approach is needed.

3.2 Respondents were asked to state whether they agreed with the suggested themes and responded as follows:

Table 3.1 Do you agree that these are the right themes to focus the strategy around? [n=246]

	Number of responses	Percentage (%)
Yes	106	43%
Partly	31	13%
No	91	37%
No response	18	7%
Total	246	100%

3.3 Respondents were then asked to explain why they considered the themes to be the right ones or whether they thought another approach was needed. 148 detailed responses were received for this question, and around a third of

these provide comments that show support for the three themes proposed, believing them to be interconnected and supporting each other:

'I believe these are the right themes'

'Seems a well-balanced strategy'

'These themes seem sensible in tackling this issue'

3.4 Around one third of responses make specific comments or raise issues in relation to **Theme 1: Reducing inequalities**. Several of the responses highlight the importance of this particular theme and give reasons as to why it is the right theme for the strategy:

'the COVID-19 pandemic has amplified the negative impact on health outcomes for the most deprived communities of Wales'

'there is a well-evidenced link between socio-economic status and smoking prevalence'

[there must be] recognition of the role that inequalities and disparities play in driving tobacco use'

3.5 Responses point to the importance of ensuring a holistic approach that reduces inequalities across all populations and communities, with a need to prioritise population level interventions in areas of high smoking prevalence, with some suggestions around linking any funding allocations to levels of deprivation. Other responses comment on the need to link to wider public health and child poverty government strategies to deal with the underlying reasons as to why a greater proportion of people from lower socio-economic backgrounds become smokers in the first place. There are also calls for stronger and improved smoking cessation services within this workstream with increased accessibility for those who require them, particularly from more deprived communities and/or ring-fenced funding for priority groups.

3.6 A third of the responses received also make specific references or raise issues in relation to **Theme 2: Future Generations**. These responses generally concur with the theme and are pleased to see it included in the strategy. Respondents often stress the importance of early intervention and prevention measures in order to protect future generations:

‘Future generations is the most important – looking after the health of future generations to help the NHS’

‘Must ensure the children and young people do not think smoking is cool’

‘This theme is welcomed: prevention of smoking uptake in the first place is more effective than later intervention and treatment’

3.7 Responses to Theme 2 consider the importance of communicating effectively with children and young people so that they are better informed about the impact of smoking, with the use of social media suggested as a means of targeting this age group with appropriate messaging.

3.8 Some of the responses also stress the importance of working more holistically with children and young people, with greater consideration and focus needed on the potential ‘gateways’ into smoking and nicotine addiction through non-nicotine products such as vaping. There are also calls for stricter enforcement on the selling of tobacco to children. Some of the responses also note the potential links between tobacco and cannabis use and call for targeted interventions and support to help young people quit cannabis use alongside any anti-smoking campaign.

3.9 High prevalence of smoking rates amongst 16–24-year-olds and young women aged 24 and under smoking during pregnancy are highlighted as an issue that needs to be addressed under this theme. Increasing the proportion of smoke-free pregnancies is a clear priority for several responses to this theme, including the need to consider the preconception period as well as addressing the direct adverse consequences of smoking on the unborn child and infant.

3.10 Finally, issues of e-cigarette use and vaping amongst young people are raised under this theme, with several responses welcoming the commitment to discourage the uptake of e-cigarettes, whilst others call for evidence based targeted support to help young people quit vaping and/or cannabis use.

3.11 Around a quarter of the responses to Questions 2 make specific comments or raise issues in relation to **Theme 3: A Whole System Approach**:

- there is agreement that a whole system approach is imperative – with a need for all partners and stakeholders, including the public, to be lined up in the same direction and to collaborate effectively to achieve the strategy's ambition
- the 'whole system approach' needs to be cross-sector and cross-governmental with the widest range of partners involved, beyond the usual statutory and third sector organisations. There are calls for it to be coordinated at a local, regional, and national level, possibly led by existing established partnerships such as the Public Service Boards (PSBs) and Regional Partnership Boards (RPBs)
- the 'whole system approach' needs to be comprehensive and cover legislation, education, communication, cessation, and tobacco industry regulation
- some improvements are needed to the way that the Help Me Quit (HMQ) service is being delivered so that it is becomes more seamless and integrated
- there is an opportunity to learn lessons from the COVID-19 vaccination roll-out and to focus on a seamless transition for service users from hospital-led to community-led services
- sustainability of the approach post 2030 needs to be considered in order to uphold any gains made.

3.12 A few responses to Question 2 (less than five) highlight the need to focus on education and behaviour change and only two responses suggest a different approach (suggesting a step-by-step rather than whole system approach). A similar number of responses also point to the Ottawa Model for Smoking Cessation[2] as a good example of an effective approach which brought together primary, secondary, and tertiary care, whilst the CURE project in Greater Manchester is also highlighted as a successful scheme based on this approach.

[2] https://ottawamodel.ottawaheart.ca/

3.13 There was one suggestion for the inclusion of a ‘Treatment of Tobacco Dependency’ standalone theme to focus on the most entrenched people who smoke. One response suggests that the ‘Whole system approach’ theme should be the first of the three themes, as it is all encompassing. A further response felt that the wording for this theme is clear for those working in the sector, but a more user-friendly wording for the theme might be more suitable for the public.

3.14 Just under half of the responses received did not answer the question directly or reiterated previous comments around freedom of choice.

4. Data sources

4.1 This chapter considers the responses received to Questions 3 and 4 in relation to the use of data sources to monitor smoking rates in Wales

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?

Please explain why this is the right approach or if you think a different approach is needed.

4.2 Question 3 asks whether the intention to use the National Survey for Wales to provide a smoking prevalence rate; the Student Health and Wellbeing in Wales survey to ascertain smoking and vaping behaviours amongst 11-16-year-olds; and maternity and birth statistics for maternal smoking rates is the right approach. Respondents set out their views as follows:

Table 4.1 Do you feel that the approach set out for monitoring smoking rates in Wales is right? [n=246]

	Number of responses	Percentage (%)
Yes	91	37%
Partly	54	22%

	Number of responses	Percentage (%)
No	82	33%
No response	19	8%
Total	246	100%

4.3 Question 3 received 128 written comments in addition to the above. Of these, around a fifth included supportive comments about the outlined approach and agreement that it was an appropriate way to proceed:

'These are accurate and up-to-date sources of data'

'I think this is a sensible and practical way forward'

'These are large and robust data sources which will together provide good population level evidence on progress'

4.4 A third of the responses received provided specific suggestions in relation to the approach.

4.5 Whilst many of these comments agreed with the use of the National Survey for Wales as a reliable data source, some specific concerns were raised including:

- the sample size being insufficient
- sample size unable to be representative at a local level
- the sample size being too small to effectively target priority groups
- data reliant on self-reporting and is therefore limited in its ability to provide an accurate account of smoking status
- whilst the data provides an indication of smoking prevalence in people living in households it will not provide data for those with no fixed address, in mental health hospitals, or in prisons

4.6 There were also calls to strengthen the data currently being collected via the National Survey for Wales and to add the following:

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

4.7 In terms of the Student Health and Wellbeing in Wales survey, a small number of comments were made, which mainly welcomed the use of the survey. A couple of respondents were keen to see the survey being used to collect primary school data too or to use data from the Wales Health Behaviour in School Aged Children (HBSC).

4.8 The small number of comments received in relation to maternity and birth statistics generally concurred with the importance of collating this data. Two responses stated that this information is not currently routinely collated at early pregnancy (baseline data) or at 36 weeks and called for a consistent approach of robust data collection and reporting to be used across all Health Boards, with a suggestion for using CO (carbon monoxide) validated smoking status as per National Institute for Health and Care (NICE) guidance. It was suggested that follow up data could also be collected, to track progress of maternal smokers' post-birth to ensure they are supported, and progress is being made.

4.9 A fifth of the responses received made comments in relation to the proposed targets. Of these:

- around one in ten wanted to see specific goals set in relation to priority groups – with some highlighting the need for targets specifically for young people and pregnant women:

  'Extend endgame target across all priority groups in Wales'

  'We would encourage monitoring of success in specific population groups'

  'There is a concern that blanket targets can actually increase inequalities, so we call for more 2024 robust targets for specific priority groups, which could help support the theme of targeting inequalities.'

- fewer than one in ten suggested that interim milestone targets needed to be set prior to 2030, with some suggesting that these needed to be set closer to 2030 (rather than from the outset):

  'Intermediate targets are useful in ensuring that the final target is met. Otherwise, the final target is likely to be missed.'

  'Whilst target figures can motivate, it can also lead people to neglect useful interventions. May need targets closer to 2030 to focus efforts'

  'Be brave, set measurable targets on a 2 yearly basis'

4.10 A very small number of respondents felt that a clearer definition of what a 'step-wise' reduction meant would be useful, that they did not have sufficient knowledge to provide comment or did not feel that any monitoring approach was needed:

'We feel it would be helpful to include a definition of 'step-wise reduction', for example, whether it's a steady decline, or a steep drop(s) followed by plateau(s)'

'Remove targets up to and including 2030. Setting arbitrary targets puts unnecessary pressure on government'

4.11 A small number of responses highlighted issues with the latest adult smoking prevalence figures adding that they should be treated with caution. It was noted that the steep drop in adult smoking prevalence figures compared to previous years could be partly due to the COVID-19 pandemic influencing the survey mode. As such there was a call for the Welsh Government:

'to treat the latest NSW smoking prevalence data with caution'.

4.12 A third of the responses received for Question 3 did not answer the question directly.

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?

4.13 120 responses were received to this question and two thirds of these offered additional suggestions but did not always provide specific data sources for the collection of the data suggested. A fifth of the responses suggested specific and additional data sources that could be used to monitor the success of the strategy.

4.14 A quarter of the responses received to Question 4 called for data collection on smoking use to be embedded within existing NHS data collection methods around primary and secondary care, GP services and dentistry services. Not all of these responses mentioned specific data sources but there was a clear call for the need to receive better evidence of smoking prevalence through health-related data to enable more effective targeting of interventions at a local level:

'a key driver is to ensure that smoking status is ascertained for all individuals accessing hospital as outpatient or inpatient, mental health settings and at primary care screening appointments. We know that this question is not routinely asked … as part of national data set [it] would be a useful baseline in measuring continued focus on tackling smoking'.

4.15 Some other suggestions from one or two respondents included:

- reports from maternity hospitals of their monthly neonatal mortality meetings
- partner smoking status collected during booking and at delivery – pregnant women
- patient smoking status on admission to hospital
- hospital admissions associated with smoking.

4.16 Additional and specific data sources were suggested and are outlined in the chart below:

Table 4.2 Suggested additional data sources to monitor the success of the Tobacco Control Strategy for Wales

Data Source	Rationale for adding data source
Help me Quit (HMQ) Wales services data	To ensure smoking cessation statistics include deprivation area analysis on uptake of services To monitor the success of the strategy and smoking cessation service
Local authority Public Protection Enforcement data and annual tobacco control surveys	To provide data on intervention and enforcement work regarding underage sales and environmental data re: cigarette litter
Smoking Toolkit Study data	To provide real time data to inform interventions and measure success
ASH Wales annual survey / YouGov Survey of public attitudes towards tobacco control	To reinstate this survey as it contained useful data.
Wales Health Behaviour in School Aged Children (HBSC)	To report on trends of tobacco use among young people aged 11 to 15.
NEMS Biennial survey	To collect data on prevalence of illegal tobacco trade
Track and Trace data collected quarterly	To record retail prevalence and market activity

4.17 A few additional suggestions to the above were made, but without any specific data sources mentioned from which to gather the information:

- e-cigarette use[3]
- sales of nicotine products and tobacco consumption in Wales

[3] Most of these comments were made by Tobacco and vaping industry/lobbying groups

- gender, socio-economic status, and ethnicity of smokers.

4.18 A fifth of the responses received for this question did not answer the question directly.

5. Delivery plans and priority action areas

5.1 This chapter considers views on the proposed delivery plans and priority action areas.

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.

5.2 Question 5 firstly asked contributors whether they agreed with Welsh Government's proposal to publish two-year delivery plans. The response was as follows:

Table 5.1 Do you agree that we organise our actions into two-year delivery plans? [n=246]

	Number of responses	Percentage (%)
Yes	111	45%
Partly	20	8%
No	91	37%
No response	24	10%
Total	246	100%

5.3 Respondents were provided with the opportunity to expand on their answers and explain why the structure works well or how it could be made better.

5.4 A total of 119 written responses were received for this question. Of these, over a quarter set out the reasons why they felt that a series of two-year delivery plans was an appropriate structure. They primarily commented that two-year plans would allow sufficient time to start implementing changes and make some progress towards the strategy's objectives, as well as allowing for plans to be adjusted at regular intervals as needed. As such, two-year

plans were seen to provide both a structure to maintain momentum and flexibility to adapt to new learning and evidence:

'This approach will provide flexibility so that the response can be agile and adapt to changing need through the lifespan of the strategy. The use of two-year time intervals provides adequate time for actions to be implemented whilst ensuring regular review to adapt to societal and cultural context.'

5.5 Around two-fifths of responses emphasised the need for effective evaluation arrangements to be established alongside the delivery plans. These responses highlighted a need for effective measurement of progress (including establishing appropriate Key Performance Indicators (KPIs)) and the effective use of data and evidence to guide next steps. Responses also recommended more formal evaluation structures be established to support the delivery plans, including mid-term reviews and appropriate accountability structures.

'Work with [partners] to develop a framework to monitor and evaluate current and future delivery plans. This should involve commissioning an independent, fully funded dedicated project team to assess the progress of the strategy annually…We believe that developing a high-quality framework will allow the Welsh Government to adapt its programme of activity quickly and support the development and delivery of the individual delivery plan.'

5.6 A similar number (under two-fifths) of responses recommended alternative time periods or structures. Some suggested annual delivery plans (or simply more frequent delivery plans), others suggested three-year plans and a few suggested alternative proposed approaches (such as overall targets to work towards rather than delivery plans). The rationale for the proposed time periods was provided in a few cases. Those who recommended annual delivery plans wanted progress to be visible sooner than two years, while those who suggested three years thought this would be a more appropriate fit with planning cycles.

'Current Welsh Government funding in third sector grants is often on a three-year cycle of funding. It would, therefore, be helpful to align with the funding cycle to ensure meaningful work can be undertaken.'

5.7 A small number of responses (less than one in ten) made suggestions relating to the content of the delivery plans or recommendations for ensuring effective implementation. Examples of suggestions included providing more detailed action steps and responsibilities within delivery plans, ensuring coherence between each two-year plan, working in partnership to deliver the associated actions, and ensuring delivery plans are appropriately resourced and achievable.

'Yes, as long as the message remains fairly consistent.'

5.8 A few responses also expressed general agreement with the proposed delivery plan structure without providing further detail. A few also noted that faster progress could be made towards an outright ban on tobacco, though little additional detail was provided.

5.9 One response in particular was pleased to see that a clear young person's version of the delivery plans had been produced and they 'welcome the approach to outlining what children and young people will expect to see'.

5.10 Some issues raised in responses to previous questions were also re-iterated here. Around one in ten responses raised each of the following issues: that the proposals take away an individual's freedom of choice, are a waste of resources or responses expressed criticism of government in general.

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.

5.11 Question 6 firstly asked whether contributors agree that these are the right priority action areas to focus the 2022-2024 delivery plan around. The responses were as follows:

Table 5.2 Do you agree these are the right priority areas to focus the 2022-2024 delivery plan around? [n=246]

	Number of responses	Percentage (%)
Yes	91	37%
Partly	50	20%
No	84	34%
No response	21	9%
Total	246	100%

5.12 Respondents were provided with the opportunity to expand on their answers and to explain why they consider the priority action areas were right or if they think a different approach is needed.

5.13 A total of 129 written responses were received for this question. While some responses made general comments relating to the priorities overall, others made specific comments relating to individual priority areas.

5.14 Around a fifth of responses expressed general agreement with the priorities overall but made minor suggestions about overarching improvements. These suggestions included ensuring 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; 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.

‘[We] broadly agree with the priority areas outlined in the first two-year delivery plan. But we feel that either the number associated with the priority areas should be removed or they should be renumbered as we do not feel that the current ordering reflects what would be most impactful…All priority areas should be adequately resourced, regardless of numbering.’

5.15 Around a fifth of responses provided reasons as to why they agreed with **priority action area 1** (smoke-free environment). Responses often emphasised that smoke-free environments are an essential element of an effective tobacco control strategy since they can discourage smoking and reduce health risks related to second-hand smoke, particularly for children and young people. Existing smoke-free environments are deemed important and are seen to have contributed to a reduction in smoking rates; responses therefore understand the case for expanding such environments. Establishing smoke-free environments is also seen as a relatively less complex priority area where fairly immediate action can be taken.

‘Smoke-free environments reduce exposure to second-hand smoking in a way that focusing only on reducing individual smoking behaviour would not. They also have the cultural effect of de-normalising smoking.’

5.16 A smaller proportion (just over one in ten) provided suggestions for potential improvements to priority action area 1. Many of these were relatively minor improvements or suggestions for a slight change in focus. For example, responses suggested ensuring that any legislative changes are communicated clearly through public campaigns; that this priority area should focus on building upon progress achieved to date in relation to smoke-free environments; that the priority area should include a focus on children’s exposure to smoke within the home; and that careful consideration should be given to how ‘vaping’ would be included or excluded in smoke-free environments.

‘This legislation needs publicising, full implementation, and enforcement by local authorities as and when necessary. Further guidance would be welcomed as to how this can be fully achieved.’

5.17 However, a few were more significant suggestions or concerns relating to the priority area. Examples include de-prioritising smoke-free environments because significant progress has already been made in this area and resources would be best prioritised elsewhere; 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; and that persuasion and/or support to stop smoking would be more effective than regulation of smoke-free environments.

‘I feel that limiting people on their ability to smoke outside will be detrimental to public opinion of the Senedd. There are very many older people that smoke and will not give up now as they will be "set in their ways"; it would be very difficult for them.’

5.18 Just over one in ten responses provided reasons why they agreed with **priority action area 2** (continuous improvement and supporting innovation). Responses noted that innovation and a willingness to experiment and learn from new evidence is key for making good progress against an ambitious strategy. Responses also noted that finding effective ways to discourage individuals from smoking is essential and would necessitate innovative approaches, while emphasising in particular the need to provide excellent support and preventative mechanisms. Preventative approaches and support for cessation are seen as particularly important for young people.

‘Smoking impacts the health of young people throughout their lives, with earlier initiation linked to increased levels of smoking and dependence, a lower chance of quitting and higher mortality. Promoting healthy lifestyles and preventing people from becoming ill is key to reducing existing and future burden of disease and ensuring that everyone can live long and healthy lives. 84% of children and young people think that there isn’t enough awareness of healthy behaviours and 81% don’t feel that there is enough support to help them to know what to do.’

5.19 A slightly larger proportion (just over a fifth of responses) provided suggestions for potential improvements to priority action area 2. Many of these were relatively minor improvements or suggestions for a slight change

in focus. In particular, responses emphasised 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 the need to work with partner organisations (such as schools) already working with priority groups. A few responses recommended considering alternative nicotine products as a way of supporting people to stop smoking.

'We support the intention for review of innovative delivery methods for smoking cessation services as a means of expanding reach and improving access. However, a desire to be innovative should not distract from the need to effectively implement things that we know work. Effective cessation support may be able to contribute to reducing health inequalities and, as such, should be prioritised.'

5.20 However, a few were more significant suggestions or concerns relating to the priority area. In particular, responses suggested that continuous improvement and supporting innovation shouldn't be a stand-alone priority area but should rather be a theme which underpins the strategy as a whole.

'Continuous improvement and supporting innovation are key underlying principles that should be applied and embedded across all priority action areas within the strategy and delivery plan, and not necessarily seen as a separate priority action *area'.*

5.21 Just over one in ten responses provided reasons why they agreed with **priority action area 3** (priority groups). These responses often provided additional evidence to support the inclusion of various priority groups, in particular children and young people, people from socio-economically deprived backgrounds and pregnant women. They agreed that smoking prevalence is higher amongst these priority groups, based on their own experience and knowledge.

'Focusing on supporting these groups to stop smoking will ensure that reducing health inequalities is at the forefront of tobacco control action in Wales…Priority groups are affected by smoking in a number of ways, for example: Children and young people are more affected by second-hand

smoke than adults. Young people from less affluent families are twice as likely to report smoking than their more affluent counterparts.'

5.22 A smaller proportion (one in ten) provided suggestions for potential improvements to priority action area 3. Most of these were relatively minor improvements or suggestions for a slight change in focus. For example, responses recommended working collaboratively with priority groups to establish effective support mechanisms and considering structural reasons why smoking is more prevalent amongst the priority groups. A few responses also suggested additional priority groups which should be included, such as care experienced children, people who are experiencing homelessness and people who are incarcerated.

'Targeted intervention with these groups requires active engagement and involvement with the groups to ensure collaborative solutions are identified.'

5.23 Just over one in ten responses provided reasons why they agreed with **priority action area 4** (tackle illegal tobacco and the tobacco control legal framework). These responses frequently noted that illegal tobacco will undermine the wider strategy's objectives and make it difficult for regulations to be enforced effectively. Responses also noted that some of the priority groups – primarily young people and those from socio-economically deprived backgrounds – are more likely to be affected by access to illegal tobacco, making tackling this issue even more important within the context of other priority areas.

'An important priority; failure to tackle the supply of illegal tobacco will undermine the legislation on accessibility and affordability of tobacco sales which has contributed to declining smoking prevalence rates.'

5.24 A smaller proportion (just over one in ten) provided suggestions for potential improvements to priority action area 4. Many of these were relatively minor improvements or suggestions for a slight change in focus. These included highlighting a need to consider how this priority action area could be implemented effectively (such as local authority responsibilities and cross-border working), suggesting the priority area is extended to include the illegal supply of other nicotine products and giving this area slightly more or slightly

less focus compared to other priority areas. However, a few were more significant suggestions or concerns relating to the priority area. Most of these argued that measures to tackle illegal tobacco would not be effective and would be difficult to enforce.

'Illegal tobacco is more dangerous so is a good priority, but I would assume it affects borders and U.K. nationally not just Wales.'

5.25 Just over one in ten responses provided reasons why they agreed with **priority action area 5** (working across the UK). The primary reason provided was that collaborative working across the UK would enable the sharing of innovation, best practice, and learning – this would ensure Welsh Government has access to the most effective approaches. Working across the UK is also seen as important to ensure consistency in the approach and support available to individuals across the UK, particularly since not all tobacco control actions are necessarily devolved issues.

'Whilst the four separate nations have their own health agendas and responsibilities, a coordinated response is vital to ensure that adult smokers across the UK all have the same opportunity to access potentially reduced harm alternatives, and that these alternatives are effective and successful[4].'

5.26 A smaller proportion (just under one in ten) provided suggestions for potential improvements to priority action area 5. A few of these were relatively minor improvements or suggestions for a slight change in focus, such as focusing on effective national working within Wales first or re-adjusting the focus of this priority area to work at an international level. However, a few were more significant suggestions or concerns relating to the priority area. As with priority action area 2, responses suggested that working across the UK shouldn't be a stand-alone priority area but should rather be a theme which underpins the strategy as a whole. A few stated there would be limited value in working across the UK.

'I can't see why we have to take a UK approach - we have a responsibility to educate Welsh people and play our part in this'.

[4] Tobacco and vaping industry/lobbying groups

5.27 Around a fifth of responses re-iterated points raised earlier in their consultation responses, noting that the proposals take away an individual's freedom of choice or are a waste of resources.

6. Key actions and those not captured

6.1 This chapter considers the responses received to Questions 7 and 8 on actions proposed within each priority action area.

6.2 94 responses were received for Question 7 and 114 were received for Question 8. These responses have been analysed together, as responses frequently raised similar themes in response to both questions; responded to one question by providing answers to both; interpreted question 7 as asking about any key actions not captured; or discussed actions which are already covered in response to question 8. The themes identified have been reported under the most appropriate question, based on a total of 128 responses which have answered either question 7, question 8 or both.

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.

6.3 Question 7 firstly asks whether the actions developed within each priority action area are the right ones.

Table 6.1 Do you feel the actions developed within each priority action area are the right ones? [n=246]

	Number of responses	Percentage (%)
Yes	69	28%
Partly	60	24%
No	85	35%
No response	32	13%
Total	246	100%

6.4 Around a fifth of responses provided suggestions on improving the action relating to the role of e-cigarettes and other nicotine products (action 3 under priority area 2). There was limited consensus in the responses relating to

what the proposed action should include, but an overarching theme was the need for a more definitive action or position statement relating to such products. This included a clearer stance on adopting nicotine products as a harm reduction tool, clearer statements on the plan to gather evidence and proceed cautiously and effective enforcement of age-related legislation:

'A definitive position on the role and/or harm of e-cigarettes needs to be established as soon as possible.'

'Clearer direction in relation to evidence base and Welsh position on vaping'.

6.5 Around a fifth suggested potential improvements to the actions relating to priority groups (priority area 3). These respondents agreed with the proposed actions in general but provided significant detail on both the evidence base for prioritising such groups and effective measures which should be included as part of the proposed actions for each group. The main priority groups highlighted by responses were children and young people, pregnant women, those engaged with mental health services and people from socio-economically deprived backgrounds. A wide range of detailed additional actions were proposed, for example standardising screening for pregnant women and establishing school-based interventions for children and young people.

'Consult with young people directly to hear their experiences of smoking. Work with them to develop interventions that they believe would work for reducing tobacco consumption in their communities.'

'Health visitors (or other community-based health professionals) should offer all pregnant women breathalyser tests to monitor smoking prevalence, alongside advice on local smoking cessation services.'

6.6 A little under a fifth provided reasons why they believe the proposed actions under each priority area are the right ones (even if they then went on to propose improvements). They primarily provided additional evidence to support the proposed actions, such as data on smoking prevalence rates and evidence relating to the effectiveness of proposed actions. Some commented that, based on their own professional expertise, they welcomed the proposed actions.

‘I feel like each priority area action is well planned and well thought out. I believe that following these actions in the priority order will lead to a reduction in smoking statistics in Wales.’

‘[Our organisation] welcomes WG’s plans to explore innovative and digital methods to reduce smoking uptake and promote smoking cessation and believes this action should be priority in the 2022-24 timeframe.’

6.7 Around one in ten responses emphasised the need to build in additional actions relating to gathering evidence. They recommended gathering consistent, regular data to support the proposed actions, to evaluate and review different approaches on an ongoing basis and to gather evidence relating to the most effective approaches in future (including international evidence).

‘Clearer mandate on required training and required data capture e.g., capturing of smoking status to become mandatory. Nationally agreed outcome dashboard and data set’

6.8 A smaller proportion of responses (less than one in ten) raised each of the following themes:

- general agreement with the proposed actions without providing further detail
- the need to include more detailed objectives, outcomes, and targets as part of the actions, such as SMART objectives
- additional detail which could be included in relation to 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.

6.9 Around a quarter of responses took this opportunity to re-emphasise points raised earlier in their consultation responses, noting that the proposals take away an individual’s freedom of choice or are a waste of resources.

Question 8

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

6.10 Around one in ten responses emphasised the need to implement and enforce existing legislation and regulations relating to tobacco control. This was particularly raised in relation to priority action area 1 (smoke-free environments), with responses noting the need to enforce and review actions relating to the Public Health Wales (2017) Act. Responses also recommended enforcing legislation relating to underage sales of tobacco and nicotine products and regulations relating to supply chains.

'Through the Public Health Wales Act (2017), Welsh Ministers have recently expanded smoke-free spaces in Wales… [our organisation] recommends that the planned smoke-free spaces are implemented in a timely manner and that actions include the promotion of cessation services and maximising impact.'

There exist 'a range of sanctions aimed at controlling the supply of tobacco by targeting supply of illicit product and underage sales. None of these provisions have yet been implemented and it would be helpful to know what the current intentions are in this respect.'

6.11 Around one in ten responses also recommended more detailed actions relating to the role of professionals and partners in supporting the proposed priority action areas. Responses gave examples of the types of professionals who will play a key role in implementing the Tobacco Control Delivery Plan, such as pharmacists, nurses, midwives, primary care professionals and those working in trading standards. They also gave examples of key partnerships that would be necessary to deliver the plan, including third sector organisations and national partners at UK level.

'Consideration needs to be given to the different staff that are involved in stop smoking support, appropriate banding and the range of professional skills, with a standardisation of the offer across Wales.'

‘We would like to see a Community Pharmacy [medicinal] Service available in all health boards as part of Help Me Quit @ Pharmacy and recommend that all pharmacies should be able to offer the level 2 service without any commissioning restrictions.’

6.12 Smaller proportions (less than one in ten in each case) raised the following themes:

- a general need for more actions relating to providing more access to preventative or cessation support, ensuring support isn’t stigmatising or punitive:

  ‘I think more support is needed for smokers and also the current narrative of smokers and smoking being seen as awful (which to an extent smoking is) has alienated the smoking community to want to do better.’

- a need for actions to ban tobacco products sooner (particularly for younger age groups)
- actions relating to the provision of appropriate training for relevant professionals and resources to support each priority action area:

  ‘Training must be provided to all staff and form part of their mandatory training schedule. A guide containing clear instructions on appropriate first line support would be helpful for reference.’

- an increased used of incentives to encourage smoking cessation, particularly for priority groups
- examples of specific locations which need to be identified as part of the priority action area 1 (smoke-free environments), including homes
- the importance of effective mass media campaigns as part of the overall tobacco control delivery plan, with evidence to demonstrate their effectiveness in supporting smoking prevention and cessation:

  ‘Mass media campaigns have been a key component of the UK’s tobacco control strategy since the early 2000s, and there is strong

evidence that tobacco control MMCs can increase adult smoking cessation and reduce smoking uptake.'

- holistic actions which take into account factors that influence smoking, including the use of cannabis, alcohol or drugs and structural inequalities:

  'Smoking is often a self-medicating strategy for other problems...It masks depression, anxiety, and other things. It helps control hunger for unhealthy eating habits, and it is near impossible to access counselling services or primary mental health support instead to have support to address route causes.'

7. Policy alignment

7.1 This chapter considers Question 9 on whether the strategy and delivery plan align with other relevant areas of policy and practice.

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.

7.2 Contributors were firstly asked whether they feel that the strategy and delivery plan align with other relevant areas of policy and practice. The response was as follows:

Table 7.1 Do the strategy and delivery plan align with other relevant areas of policy and practice? [n=246]

	Number of responses	Percentage (%)
Yes	76	31%
Partly	43	17%
No	82	33%
No response	45	18%
Total	246	100%

7.3 Contributors were offered the opportunity to expand on their answer and explain why the strategy and delivery plan aligns well or how it could be made better. A total of 76 written comments were received for this question.

7.4 Over a quarter of responses explained why the strategy and delivery plan align well with strategies, policies, or practice. They noted that the strategy and delivery plan align well with specific strategies or similar, 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. They also noted that they align with various policy areas of relevance to Welsh Government and the respondents, including Trading

Standards priorities, reducing health inequalities, improving access to healthcare, resilience, and crime control:

'The strategy aligns strongly to a number of key policy and practice areas identified by Welsh government in A Healthier Wales and the Health and Social Care Committee strategy for the sixth Senedd and by the pharmacy workforce through Pharmacy: Delivering a healthier Wales.'

'The strategy aligns with Future Generations and our strategy for health by looking at prevention, children and inequalities in particular.'

7.5 A small number (four) of responses argued that the strategy should fully embrace the ethos of the Wellbeing of Future Generations Act, noting that:

'We would suggest that the five ways of working identified within the Well-being of Future Generations (Wales) Act are embedded within future delivery plans. This will ensure that smokers, their families and the communities and organisations that support them are involved in the development of actions.'

7.6 Over a fifth of responses explained how the strategy and delivery plan could be better aligned with strategies, policies, or practice. In particular, they noted there is a need for a clear declaration of Welsh Government's commitment to the World Health Organisation's Framework Convention on Tobacco Control (FCTC) as part of the strategy, as well as an associated commitment to insulate policy decisions from the influence of the tobacco industry:

'[We recommend] that the FCTC obligations are incorporated into the strategy, with particular reference to implementation of Article 5.3, which protects health policies from vested interests of the tobacco industry.'

7.7 These responses also highlighted a need for clearer alignment with wider policies, such as those relating to mental health, substance misuse, learning disabilities and cannabis use, as well as policies relating to nursing and the Healthy Schools Scheme. A few also emphasised a need for better alignment with relevant existing practice and structures, such as primary care processes, consultation with children and young people and Public Service Boards and Regional Partnership Boards.

‘Becoming smoke-free is wider than it being an NHS/Health Board action alone. Ideally smoke-free objectives would be embedded within other Policies/strategies, so it is not a separate or stand-alone Strategy, but rather a part of plans already in place to support priority groups.’

7.8 A smaller proportion (less than one in ten) provided general comments agreeing that the strategy and delivery plan align with relevant policy, without further detail.

7.9 Around a quarter re-iterated points they had raised earlier relating to freedom of choice for individuals and general criticism of the Welsh Government’s approach and/or the consultation. Just over one in ten stated that they were unsure or not well-placed to respond to the question.

8. Effects on the Welsh language

8.1 This chapter considers the effects of the strategy upon on the Welsh language.

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?

8.2 Question 10 asked contributors about their 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 upon the Welsh language, specifically on opportunities for people to use Welsh and on treating the Welsh language no less favourably than English. Contributors were asked to identify any effects, how positive effects could be increased, or any negative effects mitigated.

8.3 A total of 126 responses were received for this question. Of these two-fifths specifically stated that they did not anticipate that the strategy and delivery plan would have any direct effects upon the Welsh language. Two main issues were raised by those who did not think the strategy would have any direct effects upon the Welsh language. One issue related to the fact that it would not be reasonable to expect such a strategy and delivery plan to positively contribute towards the Welsh language:

‘We would not anticipate that there would be a direct effect on the Welsh Language.’

8.4 Another issue was that these responses failed to understand how such a strategy and delivery plan could ever be expected to have any bearing (be that positive or negative) upon the Welsh language:

‘Smoking and the Welsh language are not related or connected.’

‘What on earth does smoking have to do with the Welsh language?’

8.5 Around a quarter of responses did not directly answer the question and around a tenth chose to reinforce the importance of individual freedom when addressing the question.

8.6 Smaller numbers (a handful in each case) specifically stated that the strategy would either have a positive or negative effect upon the Welsh language. The strategy was expected to have a positive effect in that it would lead to healthier communities, and healthier Welsh speakers whilst its negative effects were considered to be economic in nature e.g., a negative impact on visitor numbers across Wales.

8.7 Three broader themes emerged from the responses received to this question. These related to:

- the need for the strategy’s engagement work and provision to be fully bilingual so that they can be accessed by Welsh speakers. Just over a tenth of those who responses to this question discussed this issue and comments included:

  ‘Specific consideration of the Welsh language will be needed when developing services and undertaking communication campaigns to ensure that they are accessible and meaningful to everyone in Wales.

  ‘It is essential to have all publications and data available in both languages and ensure smoking cessation advice is available in Welsh for those who need it.

- the fact that the implementation of the strategy would need to comply with Welsh language legislation and standards which was raised by a handful of responses:

  ‘Statutory organisations that have a role in supporting the Strategy and Delivery plan implementation would all be subject to the Welsh Language Standards and would be well versed in promoting the Welsh language and its use throughout their work’.

- the need to consider other language needs when implementing the strategy:

‘We also acknowledge that within our Health Board area there are a number of languages spoken and we aim to offer information and support in all required languages to ensure we are inclusive.’

‘Information should also be available in other prevalent languages.’

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.

8.8 Question 11 focused on how 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.

8.9 Fewer than one in ten of those who contributed to the consultation exercise offered any specific ideas on how the strategy and delivery plan could increase its positive impact upon the Welsh language. In many cases, these ideas simply reinforced what would be required to comply with current Welsh language legislation, including the Welsh language standards, and to achieve the objectives of Cymraeg 2050.

8.10 Many of these responses referred to the need to ensure that bilingual resources and services continue to be available to users in the future. 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. This was not

perceived to be the case by all however and a few of the comments made stressed the importance of offering a bilingual service in the future:

‘Advice on quitting smoking should be offered in Welsh and English, as should any leaflets and literature. Smoking cessation clinics could be run in a bilingual approach’.

8.11 Given the relatively small number of specific suggestions offered, the following points are comments offered by no more than a couple of responses each:

- increase the reference to the Welsh language in the consultation document:

  ‘The strategy makes no reference to the Welsh language at all, which is unacceptable.

- improve the quality of translated resources, ensuring that grammatical errors are removed. Several errors within the consultation document itself were highlighted by one response. The translation of the term ‘pregnant women’ to ‘pobl beichiog’ (pregnant people) was highlighted as one such example
- offer bilingual helplines and online chat services
- hold more smoking cessation support groups in Welsh, especially in North and West Wales
- incentivise people across both areas e.g., offering free Welsh lessons to parents who successfully quit smoking
- to ensure an equal experience for patients regardless of language
- ensure that Welsh language resources are accessible and easy to read. One response stated that:

  ‘On many occasions Welsh language resources are produced using language/words that are not common to the average Welsh speaking person which prohibits even fluent Welsh speakers from using the Welsh resource – far easier to use the English version which has been developed with the populations reading ability in mind.’

- increase the sector's Welsh language capacity to deliver services in Welsh

  'Nursing staff must have the opportunity to learn Welsh so that those who are more comfortable discussing their health in Welsh can do so. A special effort should be made to ensure specialist nursing advice for priority groups is available bilingually.'

8.12 A larger cohort, around a fifth, provided a response to this question but their responses did not address the question posed. Many of these responses questioned the relevance of the question and considered it an inappropriate question to ask. For instance:

'What the Welsh language has to do with a smoke free Wales is beyond me.'

9. Other issues raised

9.1 This chapter considers responses to Question 12.

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.

9.2 Question 12 asked responses to report any related issues which were not specifically addressed by the consultation questions. Of the 246 responses received, 89 provided a response to this question.

9.3 A third of the responses received 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 of these responses wanted to be actively involved in supporting its implementation.

9.4 Most of the remaining comments made can be grouped into four key themes. These issues, raised in each case by no more than a tenth of those who responded to this question, are considered below in order in which they were most commonly raised:

Communications

9.5 Several responses offered ideas for how the strategy could be promoted and communicated effectively. One response called for the Welsh Government to establish an independent body to deliver a single mass media campaign in order to promote smoking cessation, as this would provide the most effective approach to deliver this work. Another response called for the campaign to demonstrate the benefits of giving up smoking be they health, financial, social acceptance benefits.

9.6 Another response called for the campaign to adopt a more targeted approach, ensuring that separate and appropriate channels of

communication be adopted to reach priority groups such as vulnerable children and young people, and foster carers:

'A general public health information approach doesn't always work. Separate channels of targeted information need to be made available using all the social media outlets.'

9.7 Aligned with this, there was a call to ensure that promotional materials be adapted to meet the specific needs and level of comprehension across different target audiences, including children and young people. One such response called upon materials in plain English which avoid the use of jargon whilst another called upon the Welsh Government to provide more data on the position of children and young people within the consultation resources:

'A video may help include children and young people who can't read at this level yet. Additionally, a separate young person friendly response form may be useful… the plan shows data on reducing second hand smoke for adults, is there a corresponding figure for young people?'

9.8 Aligned with this, 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.

Governance, milestones, and progress

9.9 The key points made in relation to this theme were that there is no detail about what will happen when the delivery plan for 2022-24 comes to an end. A couple of responses would welcome greater consideration for future action at this point in time and a greater insight into the factors which will determine what will be included in the next delivery plan for 2024-25.

9.10 A couple of responses questioned whether the proposed monitoring and reporting processes are sufficiently robust to determine whether the delivery plan will have an impact. A couple of responses also expressed their desire 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.

9.11 One response requested that progress reports made available to the Tobacco Control Strategic Board be published and that the delivery plan should specify how frequent these reports should be prepared and published.

9.12 One response questioned the composition of the Tobacco Control Strategic Board and observed that the nursing profession was not represented in any way on the body. A call was made for the Welsh Government to consider how best to engage with the nursing profession at a strategic level, given their absence from this Board

Additional comments on specific groups

9.13 Some specific additional points were made by individual responses, in relation to specific priority groups. These were:

- that smoking rates amongst people with severe mental illness such as schizophrenia and bipolar disorder remain stubbornly high and that this group are more likely to need help to quit smoking. It was argued that psychiatrists are well placed to support these individuals to quit smoking
- that the Welsh Government should set a subsequent target of 5% of less smoking prevalence in Wales for all socio-economic groups, including the most deprived quintile

Declaration of vested interest

9.14 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[5]. One such response noted recommended that:

[5] Although these responses have been coded as such and referenced accordingly throughout this analysis.

‘a review to identify responses with such conflicts be undertaken and those identified be considered together.’

Annex 1: List of organisations that responded to the consultation

Welsh Network of Healthy Schools
Royal College of Midwives
Community Pharmacy Wales
Newport City Council
Neath Port Talbot Council
Royal Pharmaceutical Society
Caerphilly Council
Aneurin Bevin University Health Board
Children's Commissioner for Wales
Cwm Taf Morgannwg University Health Board
Public Health Wales
Hywel Dda University Health Board
Royal College of Nursing
Royal College of Paediatrics and Child Health
British Medical Association
British Heart Foundation Cymru
Betsi Cadwaladr University Health Board
Juul Labs Inc
Royal College of Psychiatrists Wales
Spectrum Consortium
Trading Standards Wales
UK Vaping Industry Association
Japan Tobacco International
Wales Tobacco Control Alliance
Cardiff and Vale University Health Board
ASH WALES
Independent British Vape Trade Association
Cancer Research UK
FOREST
The Fostering Network Wales
ASH
VELINDRE Health Trust
Swansea Bay Health Board
Cwm Taf Morgannwg University Health Board
Association for Young People's Health (AYPH)
NHS
University South Wales
New Nicotine Alliance
Tenovus Cancer Care
Imperial Brands Plc
DECIPHer
Africa Harm Reduction Alliance
Public Health Wales - Health Improvement Division, Substance Misuse Team
Philip Morris Limited