



Llywodraeth Cymru
Welsh Government



Towards a Smoke-free Wales

Tobacco Control Delivery Plan 2022-2024

Introduction

A Smoke-Free Wales: Our long-term Tobacco Control Strategy for Wales sets out our ambition for a smoke-free Wales¹ by 2030. To support this ambition, the strategy focuses on **three key themes**: Reducing Inequalities, Future Generations and A Whole-System Approach for a Smoke-Free Wales.

Towards a Smoke Free Wales: Tobacco Control Delivery Plan 2022-2024 is the first in a series of two-year delivery plans. These delivery plans will detail the actions that will be undertaken and supported as we work towards a smoke-free Wales. By organising our actions into two-year delivery plans, we aim to maintain momentum and focus on the actions and areas that will support our ambition, ensure there is coherence between the delivery plans so we continually improve our approaches but also retain the flexibility to review progress and adapt to changing environments and priorities.

In this delivery plan, which covers July 2022 – March 2024 we have grouped the actions we will take into five priority action areas. These five areas cut across the three themes set out in the strategy and focus on the actions we will take over the next two years. We will support the changes needed to make smoke-free the norm, as well as the promotion of best practice and integration of tobacco control across the whole system.

We will be open and transparent on our progress with achieving the actions. We will publish annually a report setting out our progress and will provide an assessment at the end of this and each delivery plan which sets out how far we have come and what more we have to do to reach our goal of a smoke-free Wales. This will help us to ensure that all delivery plans maintain a relentless focus on our smoke-free goal, as well as giving us the evidence base to inform what actions we need to focus on next to meet our goal.

¹ Smoke-free is defined as <5% tobacco smoking prevalence in adults aged over 16+ in Wales



Implementation of the Delivery Plan

The **Tobacco Control Strategic Board** has overall responsibility for the implementation and delivery of the strategy and the delivery plans. This includes supporting the resourcing of the actions and ensuring our ambition remains achievable. The Board will be supported by the **Tobacco Control Delivery Plan Implementation Group** which will support, monitor and implement the delivery plans, as well as undertaking the engagement and collaboration needed. The Implementation Group members will be appointed by the Tobacco Control Strategic Board and report directly to them and Welsh Ministers. The membership of both the Board and the Implementation Group will be considered annually.

Tobacco Control Strategic Board members are:

- Welsh Government (Chair)
- Public Health Wales
- Directors of Public Protection Wales
- Directors of Public Health
- Third Sector Representative
- Royal College of Physicians
- Royal Pharmaceutical Society

The Tobacco Control Delivery Plan Implementation Group's remit is:

1. To drive the delivery of our vision and aims for a smoke-free Wales by 2030.
2. To oversee, monitor delivery and be accountable for the implementation of actions within the delivery plans.
3. To provide clear, realistic, evidence-based advice and recommendations to inform the implementation of the delivery plans, supporting a clear structure and appropriate milestones.
4. To support the development of subsequent delivery plans, using the lessons learnt from previous plans and ongoing evaluation.



Monitoring

We will monitor the success of the actions in this delivery plan and our progress towards a smoke-free Wales primarily using the following data sources:

- National Survey for Wales¹ which provides data on smoking tobacco in Wales and provides a smoking prevalence rate in adults age 16+.
- Student Health and Wellbeing in Wales survey² for smoking and vaping behaviours in young people aged 11-16.
- Maternity and birth statistics³ for maternal smoking rates.

We will also use our performance management structures to ensure our delivery partners maintain their focus on reducing smoking prevalence, including within smoking cessation⁴ and maternal smoking. We will use any other tools available to provide us with the best information to track our progress, across the population and across priority groups, towards a smoke-free Wales.

Whilst we have established that it is our ambition to achieve a smoke-free Wales by 2030 (a smoking prevalence rate of 5% or less in adults aged 16+ in Wales), we have not set milestone prevalence targets in our strategy or set a smoking prevalence rate that we will look to achieve by the end of this delivery plan due to current limitations in the necessary data. We recognise that one of the first undertakings is to ensure we have the right data being collected at the right points from the right sources to ensure ongoing and robust monitoring of our delivery plans and strategy. This work is already underway and is intended to allow us to monitor our progress in a much more refined way. We will also aim to develop data to demonstrate progress across different communities and demographics across Wales, allowing us to provide regular reporting against our plans in a much more timely way than we do now.

Our aim is for a sustained decline in prevalence across this and future delivery plans and we will work to ensure we continually look for opportunities to improve the data sources so that we have the monitoring systems in place to demonstrate this. We will also ensure we regularly review our data systems and make any changes necessary to support and maintain our focus on achieving our ambition.



The Towards a Smoke-Free Wales Five Priority Action Areas

This first two-year delivery plan will focus on the actions that support the further denormalisation of smoking and making smoke-free the norm in Wales, promotion of best practice and integration of tobacco control across the whole system. It is important that we focus on the prevention of the uptake of smoking as well as smoking cessation to support more smokers to quit for good. We have grouped the actions into five priority action areas, which are:

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

All five priority action areas are of equal importance and we intend to make progress across each area.





What progress should we make?

Through undertaking the actions listed in the five priority action areas below we will ensure that by March 2024 we will have in place:

- An approach to continue to support denormalisation of smoking and making smoke-free the norm in Wales.
- A clear understanding of how to tackle smoking in priority groups.
- The systems in place that will support our smoke-free Wales strategy, building on our knowledge and experience of tobacco control in Wales.

Priority action area 1

Smoke-free environments

Smoke-free environments are an important tobacco control measure. Evidence shows that smoke-free legislation reduces exposure to second-hand smoke, which has health benefits, as well as supporting changing attitudes towards smoking.⁵ In Wales we have implemented a number of smoke-free places policies, including introducing a ban on smoking in enclosed public spaces and workplaces in 2007. Research has shown that since this was implemented, there has been a reduction in non-smokers exposed to second-hand smoke (from 42% of non-smoking adults being regularly exposed to second-hand smoke in 2007 to 29% in 2015.⁶). Further smoke-free legislation prohibited smoking in cars carrying children was introduced in 2015, and more recently a range of public spaces including hospital grounds, school grounds, outdoor areas of childcare settings and public playgrounds became smoke-free in 2021. The majority of adults in Wales do not smoke,⁷ and smoke-free spaces support the behaviour of the most of the population in Wales. Surveys of attitudes towards smoking in Wales have indicated that there would be support for additional smoke-free spaces in Wales.⁸

There is an increased focus on the negative impacts that smoking and use of other nicotine products can have on the environment. The production of the 6 trillion cigarette sticks that are made globally every year requires significant land, water, energy and material resources, and produces large amounts of waste and emissions.⁹ Cigarette filters are a type of single-use plastic, which can stay in the environment for up to 14 years¹⁰. An estimated 122 tonnes of smoking related litter is dropped every day in the UK and cleaning smoking-related litter costs the taxpayer millions per year. A survey found that smoking related litter was found on 74.6% of streets in Wales, making it the most commonly littered item.¹¹

Whilst progress has been made to address the harms caused by second-hand smoke and to support making smoke-free the norm, we know we have more to do to promote smoke-free environments in Wales. We will therefore look to best practice internationally in establishing our future smoke-free places approach, as well as ensuring our existing requirements are supported and enforced. We will also look to how tobacco control measures can support environmental protection and climate change priorities.

In 2022-2024 we will:

1. Monitor and support the implementation of all existing smoke-free spaces, including the recently introduced restriction in hospital grounds, public playgrounds, school grounds and outdoor areas of childcare settings, and holiday and temporary accommodation and mental health units.
2. Explore the establishment of additional smoke-free spaces in Wales.
3. Advocate for publicly funded organisations to be smoke-free, including supporting more smoke-free spaces and embedding smoke-free principles.
4. Explore the role of environmental messages within tobacco control and work with the UK Government and other Devolved Administrations to support UK wide action to tackle the environmental impacts of smoking.



Continuous improvement and support for innovation

Wales has made significant progress on tobacco control, including work on making smoke-free the norm, reducing smoking uptake and promoting smoking cessation. We also have an integrated national smoking cessation service, **Help Me Quit**, which supported over 14,800 smokers in Wales from April 2020- March 2021.¹² There are also specialist programmes targeted at high risk groups, such as the **JustB SmokeFree** programme, which targets secondary school pupils in the areas with highest smoking prevalence.¹³

However, innovation is required as we work towards our vision of a smoke-free Wales by 2030. The number of people taking up smoking needs to decrease, and the number of people quitting smoking needs to increase in order for us to reach this goal. We are still creating a new generation of smokers with 4% of children aged 11-16 in Wales currently smoking¹⁴. 3.34% of smokers in Wales made a quit attempt using our bilingual **Help Me Quit** services from April 2020 - March 2021¹⁵. Whilst the proportion of people using Help Me Quit services has increased steadily and is seeing year on year increases in people succeeding to quit smoking for good, this is still below the target of helping 5% of smokers in Wales quit each year. **Help Me Quit** services have adapted and used innovative approaches in service delivery throughout the COVID pandemic, many of which are being incorporated into ongoing service delivery.

We need to build upon the successes of the existing tobacco control systems, by exploring how it can incorporate innovative, evidence-based interventions to scale up and support our ambition for Wales to become smoke-free. We also need to use behavioural science to encourage and support people on their quit journey. Whilst the intervention is likely to be different depending on the group we are targeting, we want to look at whether interventions such as incentives, communication methods and messaging and digital technologies could be effective in supporting more people to quit. We will also look at how we can have a more joined up approach to supporting people to quit by better integrating with those systems, services and policies (including for example primary care, mental health, substance misuse) that are supporting those in our priority groups - including looking at training needs. We also need to learn from successful international tobacco control interventions, such as **The Ottawa Model for Smoking Cessation**, which has been shown to increase long-term quit rates for smokers across Canada.¹⁶





For some people, e-cigarettes and other nicotine products can help them to stop smoking. Current evidence shows that using e-cigarettes is much less harmful than continuing to smoke tobacco. Currently 6% of adults in Wales reported to be current e-cigarette users, with 76% of e-cigarette users stating that their main reason for using e-cigarettes was to help them to stop smoking tobacco.¹⁷ However, there have been concerns around a lack of long-term evidence on the use of e-cigarettes, and the potential for them to cause harm in children, young people and non-smokers. Whilst the evidence on the use of e-cigarettes and other nicotine products for smoking cessation is constantly evolving, with multiple studies exploring their potential uses and limitations¹⁸, ensuring there is a clear position on their use in Wales is essential.

In 2022-2024 we will:

1. Implement a systematic Help Me Quit in Hospital smoking cessation service in Wales utilising learning from Canada's Ottawa Model for Smoking Cessation and adapting this for Wales with the additional inclusion of a prehospital stage in the programme.
2. Continually optimise smoking cessation and prevention of uptake provision. Explore innovative and digital methods to reduce smoking uptake and promote smoking cessation. Ensure a joined-up approach with consistent support for smokers to 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.

Priority action area 3

Priority groups

As identified in our strategy there are groups and communities in Wales for who have higher smoking prevalence, have a higher risk of taking up smoking, or experience increased health impacts from smoking. These priority groups are defined as pregnant people, children and young people, people from socio-economically deprived backgrounds, people in routine and manual occupation, people who are unemployed, people living in social housing, people engaged with mental health services, people from ethnic backgrounds which have a higher smoking prevalence, and people from the LGBTQ+ community. A cohesive, community-led approach is required to prevent uptake and reduce smoking prevalence in people who belong to one or more of these groups.

We have good data which shows smoking rates vary amongst different groups in our society. Smoking rates amongst people living in the most socio-economically deprived areas of Wales are over twice as high as the rates for people living in the least deprived areas.¹⁹ People in routine and manual occupations are 2.5 times more likely to smoke than those in professional occupations, whilst people who are unemployed are 2.8 times more likely to smoke.²⁰ People living in social housing are twice as likely to smoke compared to those living in other housing tenures.²¹ Higher smoking rates contribute to existing equalities and health inequalities in these disadvantaged groups.

In Wales, 15% of pregnant people are recorded as smokers at their initial assessment, increasing the risk of complications with pregnancy and birth such as low birth weight, premature birth and stillbirth.²² We have national guidance in place to support pregnant people who are smokers by recommending that all pregnant people are asked about their smoking status at antenatal appointments and referred to appropriate smoking cessation services for ongoing support.²³ Targeted smoking cessation support is offered to pregnant people in Wales, but further action is required to increase the proportion of smoke-free pregnancies, including promoting a smoke-free preconception period.



Supporting children and young people to have a smoke-free childhood is a key part of our vision for a smoke-free Wales. Currently 4% of secondary school pupils in Wales aged 11-16 smoke at least once a week, with those from the most deprived backgrounds having around twice the smoking rates of those from the least deprived backgrounds.²⁴ To support children and young people, we run the **JustB Smoke Free** programme which operates in socio-economically disadvantaged areas to prevent the uptake of smoking.²⁵ However, more work is needed to make smoke-free the norm, understand why children take up smoking (including the influence of e-cigarette and cannabis on tobacco use and why those in certain groups are more likely to take up smoking) and how to encourage them to remain smoke-free, in order to increase the number of children who have smoke-free childhoods.

Smoking rates are much higher in people who have mental health conditions. It is estimated that 33% of people with mental ill health smoke and smoking-related diseases are a major contributory factor to reduced life expectancy for those with schizophrenia.²⁶ Despite the persistent high prevalence of smoking amongst people with mental health conditions, only a minority of people with mental health conditions receive effective smoking cessation interventions.²⁷ Targeted and tailored support is therefore crucial to ensure we reduce the smoking prevalence for those with mental health conditions.

We also know prevalence of smoking and use of other tobacco products varies between people from different ethnic backgrounds. In Great Britain, smoking rates are higher for men and women of mixed ethnic backgrounds, compared to people from white ethnic backgrounds, and lower for most other ethnic groups.²⁸ There are also strong links between gender and smoking for people from different ethnic minority groups, with smoking rates being much higher in men from Black, Asian or Chinese ethnic backgrounds compared to women from those groups.²⁹ There are also differences in the types of tobacco products used by people from different ethnic groups, such as use of smokeless tobacco by people from South and Southeast Asian ethnic backgrounds.³⁰ It is important that our tobacco control actions consider these differences to provide appropriate support to people from a wide range of ethnic backgrounds.





Smoking rates are higher in lesbian, gay and bisexual people compared to heterosexual people.³¹ Surveys also show that transgender people are more likely to smoke.³² The relationship between members of the LGBTQ+ community and higher smoking rates is also seen from a young age, with 40% of 15-16 year olds who do not identify as either male or female smoking at least weekly.³³ Despite these higher rates many LGBTQ+ people report that they can feel excluded from healthcare by non-inclusive language and policies.³⁴ Further work is required in Wales to support LGBTQ+ people to reduce smoking rates amongst these communities.

We must collaborate and work together with people, communities and organisations from these priority groups to understand their reasons for smoking, the barriers to smoking cessation and work together to identify the interventions will work for them. We will support the development of specific, evidence-based actions that are appropriate and tailored to these priority groups, as part of a wider whole-system approach to tobacco control. This may involve communication methods and messages that engage with audiences in an appropriate way, including language.

In 2022-2024 we will:

1. Review the evidence and data around smoking cessation support for 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 percentage 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. We will also promote the importance of being smoke-free before pregnancy.
4. Ensure messaging is clear and consistent and is tailored to engage with our different priority groups.
5. Work to explore the evidence base, and working with partners, identify additional priority groups that we should work with to provide appropriate, additional support.

Priority action area 4

Tackle illegal tobacco and support the tobacco control legal framework

All tobacco products that are sold in the UK are subject to excise duty. Illegal tobacco is defined as any cigarettes or tobacco product that is sold without paying this duty. Illegal tobacco includes UK and foreign brands that are bought overseas and smuggled to be sold in the UK, as well as unregulated and counterfeit tobacco products.

The illegal tobacco market is dominated by organised crime groups who are often also involved in other crimes such as drug smuggling or people trafficking. In the UK, tobacco products are subject to high duty rates as part of our strategy to make tobacco less affordable, which has contributed to a fall in prevalence of smoking in the UK. Illegal tobacco however undermines these tobacco control efforts, by providing an easily available source of cheap tobacco products.³⁵

Tackling illegal tobacco is a key issue for tobacco control in Wales. Illegal tobacco was estimated to make up 15% of the tobacco market in 2015, with nearly half (45%) of smokers stating that they had been offered illegal tobacco. Younger smokers aged 16-34, men and people who are financially struggling are all more likely to be offered illegal tobacco.³⁶ The illegal tobacco landscape in Wales is also constantly changing, as the organised crime groups which dominate the illegal tobacco market adapt how they supply illegal tobacco.

Despite the known harms and its strong links to organised crime, many people are unaware of the damage illegal tobacco causes and don't feel that it is an important issue in their community. Amongst people who buy illegal tobacco, a majority expressed the opinion that it is an affordable and convenient method of purchasing tobacco products, and don't feel that they are causing harm by buying illegal tobacco.³⁷

Action is being taken across the UK to tackle illegal tobacco - over a million cigarettes with a street value of over £200,000 were seized by Welsh Trading Standards Team in partnership with Her Majesty's Revenue and Customs (HMRC) in Wales as part of the UK wide Operation CeCe.³⁸ However, Wales needs to continue to focus on illegal tobacco to ensure that progress continues.





The Public Health (Wales) Act 2017 includes provisions which may be used as part of our tobacco control legal framework in Wales. This includes:

- establishing a register of retailers of tobacco and nicotine products;
- the use of restricted premises orders and restricted sale orders relating to the sale of tobacco and nicotine products for those who have been convicted of tobacco or nicotine offences; and
- restrictions on remote sales of tobacco and nicotine products to those over the age of 18 years.

It is important all available enforcement tools are used to protect the public, particularly children and young people, from the harms of tobacco and nicotine products.

In 2022-2024 we will:

1. Review the evidence and data around the illegal tobacco landscape in Wales identify where gaps exist.
2. Raise awareness of the 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. Undertake a review of the tobacco control enforcement tools available in Wales to understand if and where strengthening is required.

Priority action area 5

Working across the UK

Reflecting the reductions in smoking we have seen in Wales, smoking prevalence has been steadily decreasing across the whole of the UK, from 20.2% in 2011 to 14.1% in 2019³⁹ and all four nations of the UK have comprehensive tobacco control strategies in place.^{40 41 42} Innovative approaches to support tobacco control are being implemented across the UK. Whilst the strategies and their implementation plans vary, all share the common aim of reducing smoking prevalence in the population.

In accordance with the WHO Framework Convention on Tobacco Control⁴³, the Welsh Government has used its powers to support tobacco control in Wales and many of these measures have been introduced in coordination with the other parts of the UK, such as the introduction of the ban on smoking in enclosed public and workplaces. However, in other areas we have taken our own actions to reflect our priorities here in Wales - in particular the recent introduction of smoke-free hospital grounds, school grounds, outdoor care settings for children and public playgrounds in 2021.

Wales has strong links and will continue to work in partnership with the other UK nations to share best practice and advocate, support and implement strong tobacco control measures (including how we can support the recommendations made recently by an independent review⁴⁴) because we recognise this will be crucially important in achieving a smoke-free Wales.

In 2022-2024 we will:

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



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