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# A Review of the Tobacco Control Action Plan and Delivery Plans for Wales

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# A Review of the Tobacco Control Action Plan and Delivery Plans for Wales.

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Views expressed in this report are those of the researcher and not necessarily those of the Welsh Government

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## **Glossary**

<b>Acronym/Key word</b>	<b>Definition</b>
ASH Wales	Action on Smoking and Health Wales
HMQ	Help Me Quit
MECC	Making Every Contact Count
NCSCT	National Centre for Smoking Cessation and Training
NRT	Nicotine Replacement Therapy
PHW	Public Health Wales
TCAP	Tobacco Control Action Plan
TCDP1	Tobacco Control Development Plan 1 (2012-2020)
TCDP2	Tobacco Control Action Plan 2 (2017-2020)
TCSB	Tobacco Control Strategic Board

# 1. Background and Aim and Objectives of the Review

1.1 The Welsh Government commissioned Bangor University to undertake a review of the Tobacco Control Action Plan and Delivery Plans for Wales. The first Tobacco Control Action Plan for Wales (TCAP) was published by the Welsh Government in 2012. The Plan established the following vision and aim:

Vision: a smoke-free society for Wales, in which the harm from tobacco is eradicated.

Aim: to drive down adult smoking prevalence levels in Wales to 20 per cent by 2016 and to 16 per cent by 2020.

1.2 In 2017, an updated Plan (TCDP2) was published to cover the period 2017-2020. A new Tobacco Control Strategic Board was also established and supported by sub-groups on prevention, cessation and de-normalisation, and a task and finish group on illegal tobacco.

The TCAP identified four action areas/themes:

- Action Area One: Promoting leadership in tobacco control
- Action Area Two: Reducing the uptake of smoking
- Action Area Three: Reducing smoking prevalence levels
- Action Area Four: Reducing exposure to second-hand smoke

1.3 In terms of progress to date, the data published on 1 July 2021 for the period January – March 2021 showed that 14 per cent of people aged 16+ in Wales are smokers and 5 per cent smoke e-cigarettes (StatsWales, 2022). The most recently published figures suggest that the smoking rate in Wales during 2020-2021 was 13.7 per cent (Statistics for Wales, 2022). Work is now underway to develop a new tobacco control strategy and delivery plans which aims for Wales to become smoke free by 2030.

## Aim and Objectives of the Research

1.4 The aim of the review is to gain independent insight into the effectiveness of activity to date, notably how the work associated with the TCAP, TCDP1 and TCDP2 may have contributed to the decline in smoking prevalence rates among both adults and young people in Wales during the period 2012-2020. The findings will help to inform the approach taken by Welsh Government to direct future action in tobacco control.

The specific objectives of the research are:

- To explore the extent to which the TCAP, TCDP1, and TCDP2 are likely to have contributed to the changes in smoking behaviour among adults with a particular focus on young adult smokers (aged 18-25) since their introduction in 2012.
- To examine the views of key stakeholders on the following issues:
  - the extent to which it is thought the action areas/themes within the TCAP were the most appropriate in tackling the issues identified when it was introduced;
  - which action areas/themes within the TCAP are likely to have been most (and least) effective in achieving progress;
  - which specific actions are likely to have been most (and least) influential in contributing towards the TCAP's overall aims, including the goal of reducing health inequalities (specified as an overall outcome in the TCAP).
  - the degree to which the implementation of the TCAP reflects the ways of working outlined in the Well-being of Future Generations legislation; and
  - the role that Welsh language provision has played in contributing to changes in smoking behaviour.
- To examine the views of young smokers around quitting, smoke free spaces, awareness of Help Me Quit, smoking and the pandemic and solutions for quitting smoking.

## **Structure of the Report**

1.5 Section 2 of the report will describe the methodology undertaken to compile the evidence including ethical considerations. Section 3 will present the findings from the interviews with young smokers, section 4 will present the findings from the interviews with stakeholders, section 5 will present the findings from the desk research and section 6 will present the netnography analysis. Section 7 will conclude the report and make recommendations for the Welsh Government's new tobacco control strategy and plan.

## **2. Methodology**

2.1 To accomplish the aim, objectives and requirements of the review, a mixed methodology was adopted consisting of two main methods: secondary desk-based research and primary semi-structured interviews with both a sample of key stakeholders and a sample of young, current smokers. These methods enabled the examination of how the work associated with the TCAP may have contributed to the decline in smoking prevalence rates in Wales during the period 2012-2020. A brief netnographic study was also conducted to more widely explore the success of the TCAP and TCDP. A holistic view of the effectiveness of activity to date is therefore provided with recommendations directing future action in tobacco control aligned with what worked between 2012-2020 as well as reflecting current times. Data collection took place between October and December 2021. The first research method undertaken was the desk research, which informed the design of the questions for the subsequent qualitative interviews, and continued alongside the primary data collection. The final research method undertaken was the netnography.

### **Desk-based research**

2.2 Desk-based research entails investigating and synthesizing existing evidence such as reports, online data, news articles and governmental policy documents on the subject matter. This type of secondary research is a first step in gathering knowledge on a particular subject, is cost-effective and data sources are easily accessible. To closely align the method with the TCAP and TCDP, the desk-based research reviewed evidence focussed specifically on the four action areas as follows:

- Promoting leadership in tobacco control: documents and media reports indicating or commenting on the leadership of tobacco control in Wales were sourced and reviewed. Additionally, documents charting the progress of work with the UK government and devolved administrations were reviewed. Relevant documentary evidence from Public Health Wales, all health boards and relevant third sector organisations such as ASH Wales were also evaluated. Requests for written material produced by the Tobacco Control Strategic Board such as progress reports, plans and targets for action were made but none were forthcoming.

- Preventing the uptake of smoking: the search and evaluation of documents centred mainly around accessing information from Public Health Wales and regional health boards. In line with the action points under this TCAP theme, information on levels of engagement with initiatives such as the Welsh Network of Healthy School Schemes and JustB/BywBywyd, the number of schools achieving the tobacco control core indicators, guidance to schools in relation to lifestyle choices, guidance to parents of children who smoke and involvement of young people in plans to prevent the uptake of smoking were sought. Indicators of the success of social marketing programmes and use of new technology to aid the prevention and the uptake of smoking were also evaluated. No documents from the Prevention sub-group were forthcoming.
- Reducing smoking prevalence levels: A number of online sources, media reports and documents were sourced and evaluated in relation to the actions listed under this theme such as information on the Help Me Quit service and other regional smoking cessation initiatives. Documentary evidence by the health boards and Public Health Wales in regards to referral rates and smoking cessation services were also reviewed. No documents from the cessation sub-group were forthcoming.
- Reducing exposure to second-hand smoke: a search was undertaken to identify any material from bodies such as local authorities, Welsh Government, Public Health Wales and ASH Wales relating to this theme. News items and media reports were also reviewed to explore the success of extending smoke-free premises, initiatives to de-normalise smoking and further work to address the dangers of second-hand smoke. No documents from the de-normalisation sub-group were forthcoming.

## **Netnography**

2.3 To gather a wider understanding of the success of the TCAP and TCDP, a brief netnographic study was conducted during the project. Netnography is an online marketing research technique that can be used to provide insight into people's opinions and behaviour (Kozinets, 2002) and can also be referred to as Social Media Listening or Social Media Observation. In this project, the netnography focussed on Help Me Quit, Choose Smokefree and ASH Wales in order to ascertain the usefulness, and popularity of each of their websites and social media channels. Social media engagement of each brand was analysed by evaluating their popularity metrics such as followers, an analysis of the content produced and

disseminated via these channels over the past year, and public perception and reaction to the content via an analysis of posts and comments posted.

## **Interviews**

2.4 Qualitative interviews are a favoured method of data collection in social science research as well as in health studies. Semi-structured interviews are useful where researchers have specific research aims to address and thus use predetermined questions to explore an issue whilst retaining a conversational and informal tone allowing participants to freely express their views (Silverman, 2011). Interviews with key stakeholders as well as a sample of young smokers were undertaken for this project. They were preferred over focus groups to more easily accommodate the schedules of individual stakeholders and to avoid the potential limitations of focus groups which can include the participants' temptation to agree with the group consensus, and the risk that one or two individuals dominate the discussion, meaning individual views and subtleties in attitudes are not represented (Stokes and Bergin, 2006).

### *Interviews with key stakeholders*

2.5 A number of key stakeholders consisting of representatives with responsibility for tobacco control policy and/or delivery in Welsh Government, Public Health Wales, local health boards, NHS Trusts, local authorities, professional bodies (e.g. Royal Pharmaceutical Society, British Medical Association) and third sector organisations (e.g. ASH Wales, Cancer Research UK) were invited to assist in the review by taking part in an interview. Members of the Tobacco Control Strategic Board who were responsible for advising the Welsh Government on tobacco policy were also invited for interviews. A list of 30 relevant stakeholders was compiled by both the Welsh Government and further desk research from the project team. Each stakeholder was contacted bilingually via e-mail and invited to take part in an interview about the effectiveness of the TCAP and TCDP. A total of 16 stakeholders were interviewed (see Table 2.1 for Stakeholder Information). Each participant was offered the option of being interviewed in English or Welsh and one participant opted to be interviewed in Welsh. In view of the Covid-19 situation and many stakeholders continuing to work from home, all interviews took place virtually via Zoom or Microsoft Teams. An interview guide was prepared in advance and covered the following topics (see Appendix 1 for the full interview guide):

- extent to which the themes within the TCAP were the most appropriate in tackling the issues identified when it was introduced;
- which themes within the TCAP are likely to have been most (and least) effective in achieving progress;
- which specific actions are likely to have been most (and least) influential in contributing towards the TCAP’s overall aims, including the goal of reducing health inequalities;
- the degree to which the implementation of the TCAP reflects the ways of working outlined in the Well-being of Future Generations legislation;
- the role that Welsh language provision has played in contributing to changes in smoking behaviour;
- the current smoking situation in Wales and impact of the pandemic.

All interviews were recorded and transcribed verbatim. The six step thematic analysis approach (Braun and Clarke, 2006) was adopted to analyse all interviews.

**Table 2. 1: Stakeholder Information**

<b>Stakeholder</b>	<b>Organisation</b>
1	Cancer Research UK
2	Public Health Wales
3	Betsi Cadwaladr Health Board
4	Public Health Wales
5	Public Health Wales
6	Cardiff and Vale University Health Board
7	ASH Wales
8	Asthma UK
9	Hywel Dda University Health Board
10	Cardiff and Vale University Health Board
11	Vale of Glamorgan Shared Regulatory Services
12	Public Health Wales
13	Cardiff and Vale University Health Board
14	NHS
15	Public Health Wales
16	Aneurin Bevan University Health Board

## *Interviews with a sample of young, current smokers*

2.6 An important part of the review was gathering the views of current young smokers aged 18-25, in particular the extent to which they are aware of Welsh tobacco control policies and smoking cessation initiatives in Wales, to establish which aspects of the TCDP may have been noticed by young smokers, to explore their history of smoking, their willingness and attempts to quit and to examine the impact of the pandemic on their smoking behaviour. Young smokers were chosen as the content of the TCAP is consistent with the goals of the Well-being of Future Generations (Wales) Act 2015 and the emphasis of the plan on reducing smoking prevalence among young people in deprived areas. The rationale for targeting young smokers was also due to mixed evidence regarding smoking behaviours as a result of the pandemic. For example, research by Cancer Research UK (2021) indicated that smoking among young adults increased by 25 per cent during the first lockdown and other reports suggest that people are smoking more indoors than they did before lockdown, and thus increasing other household members' exposure to secondhand smoke (Action on Smoking and Health Wales, 2020). Other reports suggest that smokers have been motivated to quit, due to the concerns regarding the increased risks of coronavirus to smokers, and the launch of campaigns such as #QuitForCOVID (Action on Smoking and Health Wales, 2020; Smokefreeaction, 2020). Recent research examining the impact of legislation on smoking in public places suggested that smokers were less inclined to smoke inside the home, or at least smoked in gardens/backyards/specific areas within the home (Parry & Hassan, 2019). Whether these findings still hold true under COVID-19 restrictions is a critical question, as increased smoking in the home has detrimental effects on others who live in the household, through secondhand smoking.

## *Recruitment of Young Smokers*

2.7 Initially, an online recruitment platform [Prolific](#) was used to recruit participants. Participants were selected on Prolific using filtering options based on the following criteria: willingness to take part in a video interview, Wales resident, minimum age 18, maximum age 25, non-student status and smoker. Postcodes of deprived regions within Wales were also selected (corresponding with the Welsh Index of Multiple Deprivation). However, the pool of potential participants was limited and even after relaxing some of the filters, only one eligible participant was recruited using this platform. The remainder of the young smokers were recruited via

Facebook. Specifically, a number of public community Facebook groups with over a thousand members e.g. Wrexham Noticeboard (12k members), Bangor Life (3k members), Denbigh Town Talk (10k members) and Cardiff Community News (7k members) were temporarily joined and a notice about the research was posted. Interested smokers were encouraged to send a private message to the Project Manager for further information. 15 were recruited using Facebook public groups. Therefore a total of 16 young smokers were interviewed (one via Prolific and 15 via Facebook groups) achieving the target of 15. All interviews were conducted via Zoom or Microsoft Teams and each participant was given the choice to be interviewed in Welsh or English, though no one opted to be interviewed in Welsh. Each participant was paid £15 for their time. See Table 2.2 for a list of the young smokers along with pertinent information. An interview guide was prepared beforehand and covered the following topics (See Appendix 2 for the full interview guide):

- Current smoking behaviour and brief overview of smoking history;
- Impact of pandemic on smoking behaviour; places they smoke;
- Extent of desire to quit and the steps they would take to try and quit;
- Which TCAP initiatives/actions they have noticed and/or engaged with;
- Other smoking cessation initiatives they have noticed and/or engaged with including web and social media content;
- Their thoughts on effective smoking cessation actions.

All interviews were recorded and transcribed verbatim. The six step thematic analysis approach (Braun and Clarke, 2006) was adopted to analyse all interviews.

**Table 2. 2 Young Smoker Information**

<b>Participant</b>	<b>Age when started smoking</b>	<b>Frequency</b>
1	15	10-15 a day
2	18	8-10 a day
3	14	'now and then'
4	15	10-15 a day
5	14	15 a day
6	14	10-25 a day
7	14	Unknown*
8	17	3 a day
9	18	5 a day
10	14	10-15 a day
11	18	6-8 a day
12	14	1 a day
13	15	10 a day
14	16	10 a day
15	10	50-60 a day
16	16	20 a day

\*Participant 7 did not disclose how many they smoked

### **Ethical considerations**

2.8 Before commencing data collection, an application for ethical approval was submitted and approved by Bangor Business School's Ethics Committee. Additionally, prior to every interview, the participants were e-mailed a Privacy Notice which was prepared by the Welsh Government explaining the purpose of the research, emphasising the voluntary nature of their involvement and assuring the confidentiality of their details and responses. At the beginning of each interview, the interviewer re-iterated that the interview would be confidential and permission to record the interview was obtained in advance.

### 3. Findings: Young smoker Interviews

#### Background and Smoking Places

3.1 16 young smokers living in Wales and aged between 18-25 years were interviewed as part of the review. The average age of when they started smoking ranged from 10 to 18 with the average age at 15. In terms of frequency, the participants smoked an average of 13 cigarettes a day, with three very light smokers and one very heavy smoker who smoked up to 60 a day. One participant did not disclose this information. When probed about their background and the smoking status of their parents, many of them had at least one parent who smoked:

*'my mum and my dad are both smokers. Yes, I grew up in quite a rough area where a lot of people I hung around with were smokers'* (Participant 4)

*'I kind of come from like the stereotypical council estate family, they weren't really bothered. If anything they were kind of, I wouldn't say glad, but they were like, they had someone to kind of go and get baccy for them as well, go and get smokes for them. So it was just, it just made their lives a bit more convenient.'* (Participant 1)

*'I grew up with my mother smoking and my birth father smokes and same with my ex-stepfather as well. So it was basically I'd always been around smokers'* (Participant 15)

3.2 The participants' smoking places were mainly outside, either in their garden or outside their back door. Only three participants smoked inside their homes. The main reasons cited for smoking outside included having children in the home and disliking the smell:

*'I smoke outside as I wouldn't want my flat to stink in case I have visitors'* (Participant 5)

*'We both hated the smoking in the house, we just smoke...just stand in the door in the kitchen. And I still abhor the stench of smoke and I hate the smell of it on me'* (Participant 14)

3.3 In terms of where they bought cigarettes and/or tobacco, most participants mentioned shops or markets.

## Smoking and the Pandemic

- 3.4 When asked about their smoking behaviours during the pandemic and in particular during the lockdowns, many of the smokers admitted to increasing how much they smoked, mainly due to anxiety, uncertainty and stress but also due to boredom and being 'trapped' or 'stuck' at home:

*'I used to go from smoking ten a day to smoking a whole pack a day when the first lockdown happened. So to be honest, I think it has affected it quite a bit'*  
(Participant 3)

*'Lockdown was a tough one, my habit did increase during that period as my mental health wasn't great. All the stress from uni work, to being trapped inside did not help me with my smoking habit. My routine was fag and a cuppa before doing work for some time, then I'd be constantly taking fag breaks from boredom'* (Participant 5)

- 3.5 Only one smoker stated that they had cut down on their smoking initially but progressively increased again after months of restrictions. However, findings suggest a temporary increase in smoking behaviours as some participants stated that their initial surge in smoking during the first lockdown had since eased:

*'since we have come back out of lockdown and I have been working more, I have eased down on the cigarettes and I have started vaping more'*  
(Participant 3)

*'Well, at first, like, I was obviously a bit worried, so it got worse. And then towards, like, the very end, before the new variant came out, it was getting better, and then I just have, like, one or two every day, and use my vape'*  
(Participant 12)

## Attitudes towards quitting

- 3.6 11 out of the 16 smokers had attempted to quit in the past, and most of the smokers expressed a desire to stop smoking, or to cut down before trying to stop completely. Re-starting after a quit attempt was related to stress relief as well as the social element to smoking:

*'I've tried, but obviously, life happens, so it's always been kind of something I can just fall back on if I'm feeling stressed'* (Participant 1)

*'I stopped smoking before I came to uni a couple of years ago, but you make new friends and join new friend groups. Especially on nights out, everyone goes for a fag at some point and you end up joining them'* (Participant 5)

- 3.7 Only two individuals stated that they did not wish to stop smoking at all, and three had longer term plans to quit:

*'I'm just not ready yet. I've got just a couple more years, I like it too much, it helps me deal with stress'* (Participant 14)

*'It's my only way of coping with everything that's going on at the moment, to me it is that addiction kind of runs in my family, and everyone goes a different way, and I'm more glad that I've gone the way of smoking than alcoholism, drugs, or gambling... So at the moment, I have no plans to quit'* (Participant 11)

- 3.8 Methods used to try and quit included the nicotine patches and gum, joining the Stoptober campaign, downloading various apps and asking a friend or a family member who also smoke to quit together. When discussing plans to quit in the future, many stated that instead of accessing help, they believed that they could 'quit cold turkey'. Only one had spoken to their GP about quitting but most young smokers were very reluctant to contact their GP or dentist as they were not perceived to be helpful or relatable:

*'regarding the GP, all they would give me is like a leaflet and that's it. I feel like that's what happen. I don't feel like they would do that much. I'm not one to go to support groups or something'* (Participant 14)

*'I just feel like the GP would offer patches and I feel that would only keep me addicted to nicotine'* (Participant 5)

*'I won't go and see my doctor. I definitely won't go and see my dentist because I smoke. That's a massive thing. I won't go to my dentist because as soon as I go to my dentist, do you still smoke? Do you still smoke? It's just embarrassing. I am embarrassed'* (Participant 13)

- 3.9 Most of the young smokers considered the transition from tobacco to e-cigarettes a more effective way to quit, with some currently using vapes as a means to cut down:

*'I did try to go to support groups et cetera to try and quit smoking but they were no help. I have tried all sorts of options to try and quit smoking but none of them have worked. The only one that has actually come close to helping me quit is vaping'* (Participant 3)

*'I go through phases of, like, vaping and then smoking, but I'm going through vaping at the moment to, like, cut myself down a lot more'* (Participant 12)

*'I have slowly started to take on vaping to help me quit smoking cigarettes. I do enjoy my apple flavour a lot. To be honest, I think it does have an effect on you and I do think it does have an effect on me but not as bad as cigarettes'* (Participant 3)

- 3.10 Other perceived benefits of vaping included the cheaper price and lack of smell in comparison to regular cigarettes. Although two young smokers were dubious about the health effects of e-cigarettes:

*'vaping to me is more risky...my friend owned a vape shop so I knew quite a lot is that some of the chemicals and juices have more chance of there being liquid in your lungs than there is...and cause more harm than actual smoking does'* (Participant 11)

### **Help Me Quit, Choose Smokefree and other initiatives**

- 3.11 When probed about Help Me Quit, three out of 16 had heard of the service and only one had used the service as she was referred by her midwife, but did not consider it a positive experience:

*'I wanted to do the right thing for my son... I'd got given the number (of Help Me Quit) and I had an appointment with them...because of the organisation that's the telephone call here, is basically you have to stop smoking completely and then swap over to the gum and the patches and all that lot from then and there. But then you don't get any help if you slip up and basically end up having a cigarette again and I don't want that'* (Participant 15)

*'I haven't actually seen that much advertisement for (Help Me Quit), is that I think in the last six months, to be fair, I don't think I've seen anything at all'*  
(Participant 11)

- 3.12 None of the young smokers had heard of Choose Smokefree and could only vaguely remember leaflets and some anti-smoking advertising campaigns. Apart from apps, they perceived very little information on social media:

*'I know there's plenty of resources online and apps and things like that, I know there's plenty of them, I know Stoptober...on social media specifically nothing really'* (Participant 2)

*'I haven't seen anything or heard of anything'* (Participant 4)

- 3.13 Two young smokers also believed that they would be able to access e-cigarettes from their GP, suggesting confusion with English versus Welsh tobacco control policies:

*'I think there's something now like getting e-cigarettes and stuff like that on the NHS, I think that's a good idea'* (Participant 2)

- 3.14 Only one participant acknowledged that support could be accessed from a pharmacy. In order to compare the levels of familiarity with quitting initiatives among lighter and heavier smokers, responses from participants who smoked less than 10 a day were compared with responses from those who smoked more than 10 a day. A few more of the heavier smokers had heard of initiatives but generally, most of the sample were not engaged.

### **Attitudes towards smoke free spaces**

- 3.15 Apart from one young smoker who was unaware that they could not smoke on hospital grounds, all participants were aware of the smoke free regulations in Wales and most were in support:

*'the ban is a good thing'* (Participant 9)

*'I'm aware of some of the measures recently in certain places it's been banned like near schools and, yeah, outside certain places which I'm all for, really...And then there's with regards to children, it was made illegal to smoke in the car with children and stuff, I completely support that 'cause I don't think any child should be around smoke whatsoever'* (Participant 2)

*'I agree with the smoking bans...smoke free areas keeps everyone happy'*

(Participant 5)

- 3.16 The concern of some of the participants were the perceived lack of enforcement of the rules:

*'I don't think anyone listens and I don't think anyone's ever enforced it either. When I drop my daughter off at school, as soon as I've dropped her off or as soon as I get back into the car before I go to college, I'll have a cigarette. And that's technically right outside the school'* (Participant 6)

*'The hospital in Wrexham, the Maelor, has these massive signs on the front door, oh, thank you for not smoking, but they're next to like two bins which are covered in fag buds, covered in ash...the signs don't work, you're trying to stop people from smoking there, but clearly it's not enforced because you still see 20-30 people all outside just puffing away like nobody's business'*

(Participant 7)

### **Solutions to aid quitting attempts**

- 3.17 When probed about their opinions on solutions or effective means of engaging with young people about quitting, options proposed included promoting the transition from cigarettes to e-cigarettes and promoting cutting down as opposed to stopping completely which was perceived as a more realistic and manageable goal:

*'I think promoting the transition from cigarettes to e-cigarettes is good, I think more engagement on that would be good'* (Participant 2)

*'I want to first off, gradually cut down to the point where a pouch is lasting me three, four weeks and then gradually make that go down to the point where I'm making it last a month'* (Participant 15)

- 3.18 A number of young smokers wanted to see more marketing communications about quitting, particularly on social media. A re-framing of the message to young smokers should also be considered which focuses on the short term benefits and how stopping smoking might be beneficial to young people's lifestyles:

*'most of us spend twice as much time on social media you'd think the government would be pushing for advertisement around stopping smoking. They need to be aiming the support to the right age group...I go to the gym daily and I see things to do with it effecting your breathing and cardio health.'*

*That will make me think about my habit because it's affecting what I want to achieve' (Participant 5)*

*'I think if you told people, young people, well, if you like going out, you're going to be coughing all the time, you're not going to be able to dance as much as you'd like and you're not going to be as fit as you used to be and you're just going to struggle with little things...maybe that's what they need to focus on instead of the cancer side of it and all the health problems and stuff like that' (Participant 7)*

*'instead of scaring people about oh you're going to get lung cancer, it should promote I can breathe better, now I can actually walk up the stairs without huffing and puffing. I can work out better. I'm healthier. I'm fitter.'* (Participant 14)

*'I think we quit for...I think it was five weeks I felt amazing, I could do three/four times as much at the gym' (Participant 6)*

- 3.19 The community or collaborative approach to quitting was also supported by young smokers, but not necessarily in the form of a formal support group but instead via virtual community support, or simply encouraging young smokers to find a quitting buddy:

*'it's easier to quit when you've got two people quitting, if you're both trying to work together' (Participant 6).*

- 3.20 Many of the young smokers talked about children starting smoking and alluded to the importance of denormalising smoking as means to discourage younger generations from starting:

*'I think the biggest thing is trying to get people to not smoke in the first place, more than actually trying to stop smokers. 'Cause I know most people, it's a personal thing, like, nothing anyone else says around you, can actually help, 'cause until you're ready yourself, you won't manage to...'cause I saw somewhere that there's a place, is it New Zealand, where they're stopping people from actually, if you're under a certain age, you can never buy fags' (Participant 10).*

*'they're not really stopping it where it starts, whereas usually you've got 12, 13 year olds that are smoking and it should be more aimed at trying to get them to*

*not start and them to stop rather than aim it for the older generations'*

(Participant 11)

- 3.21 Other proposed methods of stopping young people from smoking included raising the age of sale even further and increasing the price, thereby making it more difficult to purchase cigarettes. Table 3.1 provides a summary of the findings of young smoker interviews.

**Table 3. 1: Summary of Findings of Young Smoker Interviews.**

Number of interviews	16
Age when started smoking	10-18 (average age 15)
Current age	18-25
Parents smoking status	11 out of the 16 had at least one parent who smoked
Smoking places	Only two smoked inside, most either outside in gardens/back door area.
Smoking frequency	From 1 per day to 50 per day (average 13 per day)
Smoking and Pandemic	Most admitted increasing their smoking during lockdowns, mainly due to stress/anxiety and boredom.
Quit attempts	<ul style="list-style-type: none"> <li>• 11 have tried, 5 don't want to quit.</li> <li>• The ones who have tried have downloaded apps, used gum, vapes, nicotine patches, taken part in Stoptober.</li> </ul>
Help Me Quit, Choose Smokefree, and other related initiatives.	<ul style="list-style-type: none"> <li>• Three had heard of Help Me Quit, one had used the service.</li> <li>• No one had heard of Choose Smokefree.</li> <li>• Many were familiar with Stoptober.</li> <li>• Only one had sought help from pharmacy and two had spoken to their GP, many not keen on the idea.</li> <li>• Very little seen on social media.</li> <li>• Some could recall seeing posters about stopping smoking and been given leaflets.</li> </ul>
Vaping/E-cigarettes	<ul style="list-style-type: none"> <li>• Six said that they vaped, some as an aid to help them quit, but a couple of participants perceived them as harmful.</li> <li>• Some confusion as to whether e-cigarettes are promoted as a means of stopping smoking.</li> </ul>
Smoking laws	<ul style="list-style-type: none"> <li>• Most were aware of the regulations and perceived them as fair. Some comments on lack of enforcement.</li> </ul>
Solutions to aid quitting attempts.	<ul style="list-style-type: none"> <li>• Promoting the transition from cigarettes to e-cigarettes.</li> <li>• Promoting cutting down as opposed to quitting completely.</li> <li>• Increasing the price.</li> <li>• More advertising and virtual/community support on social media. Encouraging collaborative quitting.</li> <li>• Changing the message to short term benefits e.g. improved performance at the gym.</li> <li>• Targeting children/preventative agenda.</li> <li>• Raising the age limit.</li> </ul>

## 4. Findings: Stakeholder Interviews

### Background and roles of the stakeholders in relation to TCAP

4.1 The 16 stakeholders interviewed were from a range of organisations including Public Health Wales, ASH Wales, Cancer Research UK and there was representation from four out of the seven Welsh health boards. The degree to which each stakeholder had been involved with the TCAP varied, with roles including representation on the TCSB, participation in writing of the document, chairing one of the sub-groups, memberships of sub-groups, consulting on the plan and having responsibilities for specific actions within the plan. In terms of differences in findings among the third sector and public sector bodies interviewed, no notable differences in opinions were found among both groups.

### Strengths of the TCAP

4.2 The biggest strengths of the TCAP which were highlighted by a number of stakeholders included the reduction in smoking rates in line with the target set, the set up of an integrated Help Me Quit service, in particular the benefits of having a single brand and uptake of the service, and the introduction of smoke free spaces regulations:

*‘smoking prevalence fell during the period of the plan and more or less hit the target that had been set’ (Stakeholder 4)*

*‘Ultimately we’ve done very well hitting the 2020 target of 16 per cent adult smokers, just about hitting that, and we’re seeing major improvements, obviously, in terms of the bans on smoking in different places. We’re very happy that we are ahead of every UK nation now in terms of the ban, ‘cause of the restrictions placed on where people can smoke’ (Stakeholder 8)*

*‘The switch to Help Me Quit, a one stop shop approach, very positive...Providing the sort of tailored cessation support, depending on what those users want and need, is a positive’ (Stakeholder 1)*

*‘I think the targets that were in there were quite reasonable and pretty effective. I think the progress is good. The system is good. I like the Help Me Quit system. I think it’s good to have an integrated programme that is pulling in the same direction and that works well’ (Stakeholder 3)*

4.3 Other strengths which were commented on included the involvement of community pharmacy, involvement of the third sector in the plan and the collaboration among a number of organisations to achieve a number of the actions, the success of the cessation sub-group, the structure and readability of the document itself, the ideas it proposed and its ability to build a positive momentum and direction for tobacco control in Wales:

*'I liked the way the previous Tobacco Plan put an emphasis on not just smoking cessation, but also Tobacco Control. And I think they were some good Public Health achievements. I think the Tobacco Plan were very cognisant of things like the third sector, ASH Wales, the publicity control of smoking in schools and policies to advise that. Linking it to the Future Generations Act and Our Healthier Futures was important. So I think from a Tobacco Control part of that Plan, lots of good things were done'* (Stakeholder 9)

#### **Weaknesses of the TCAP**

4.4 Despite the success in the overall reduction in smoking prevalence, a negative consequence which was indicated by many of the stakeholders was the apparent lack of focus on the remaining three themes and the lack of progress made by the prevention and illegal tobacco sub-groups:

*'smoking cessation...I certainly think that's where the focus has been on the last plan, even though there's three parts to it, the prevention, cessation, and the environment. I certainly think we've done a lot on the cessation part and neglected the other elements of it...nothing has progressed that wasn't already in place on prevention...illegal tobacco, I don't know that there was any active progress there'* (Stakeholder 16)

*'I'd say that we've done a lot of cessation work nationally and locally, but not a lot of work has been done on prevention...I think that was a weakness in the last plan'* (Stakeholder 12)

*'I think there is a lot of focus on cessation when the evidence tells us internationally, that actual cessation at an individual level probably plays a marginal role when it comes to driving down population level smoking rates'* (Stakeholder 14)

4.5 Relatedly, a number of actions in the TCAP were considered not to have been completed such as the work on raising the age of sale, setting up a tobacco retailers register and reviewing tobacco education in schools. A common reason proposed was the failure to monitor progress of the actions and the lack of accountability and governance for various aspects of the plan:

*'I've talked about the evidence applied, evidence-based actions, I think they're in the plan, so I don't think there's an issue with that, it's about how we execute, how we implement it. I think that was the challenge with the previous plan was that there were three subgroups, cessation, de-normalisation and prevention of uptake. Only the cessation group met continuously through the 17 to 20 period. That's not good enough. You've got to have leadership, you've got to have continuous monitoring of progress. We need better ownership, leadership and governance'* (Stakeholder 2)

*'it probably could have been coordinated a bit better than it was and people held to account. The action plans, per se, how can I say, they don't seem to have been evaluated against what was actually in there as an action area to say whether it was completed or not and what was the progress against the action'* (Stakeholder 5)

*'I think there are big elements of the plan that haven't been monitored, haven't been achieved and haven't been implemented...a real problem around monitoring and around targets and around reporting, and accountability'* (Stakeholder 7)

4.6 Other weaknesses were discussed in relation to targets, primarily the perceived failure of not accomplishing the set target of 5 per cent of smokers accessing cessation services. Other areas of discussion centred around a lack of specific targets related to important segments of the population such as pregnant people, young people, smokers in deprived regions, hospital in-patients or people suffering from mental health:

*'what we are seeing from the stats is that the number of smokers making a quit attempt are well below the target every single month. A lack of data to really understand what it's looked like for priority groups, like pregnant women, young people, even drilling down into sort of manual workers...mental health et cetera'* (Stakeholder 1)

*'the limitation for me is about how do we capture the harder to measure stuff, the patient stories, the experiences and all of those sorts of things. I don't think it necessarily had that nuance around health inequalities from a treatment perspective. There were no targets around how do we target the treatments to those most in need, if that's the right way to put it'* (Stakeholder 3)

*'It cannot possibly be acceptable that having three and a half per cent of smokers accessing smoking cessation services can be deemed to be a success. That, in my view, is a total failure'* (Stakeholder 6)

*'we've failed to bring down smoking prevalence amongst 15 to 16 year olds, that's a key element of the plan. I would say that we've not necessarily hit our targets with regards to reducing smoking in pregnancy and also, you know, looking at the targeted action around priority groups hasn't been achieved either'* (Stakeholder 7)

- 4.7 Other weaknesses mentioned included a lack of clarification by the Welsh Government on the use of e-cigarettes, no common database to be used by all smoking cessation services, and the perception that targeted interventions by healthcare professionals in secondary care should be improved.

#### **Impact of Covid-19 on the TCAP**

- 4.8 Stakeholders discussed varying impacts of Covid-19 on the TCAP including the re-allocation of PHW resources to focus on the pandemic response, the disruption in schools which meant that initiatives such as JustB had to be paused and the impact on dentistry meaning that TCAP actions allocated to dental practices could not be accomplished. Moreover, one stakeholder referred to the reduced data collection capacity of the National Survey for Wales as a result of the pandemic, which impacted the publication of up to date smoking rates in Wales:

*'Did we reach 16 per cent? Well, nobody knew. We haven't had the data because of the issues with the National Survey for Wales and the data collections during COVID'* (Stakeholder 5)

- 4.9 A number of other stakeholders commented on the general 'reduced momentum' for tobacco control during Covid-19 and the need to deliver virtual services.

## Impact of Covid-19 on smoking behaviours

4.10 When probed about their thoughts on how the pandemic has affected smoking behaviours in general, the stakeholder responses were mixed although most acknowledged that more evidence on smoking rates during this period is required. Some referred to anecdotal evidence suggesting that rates had increased early on in the pandemic due to stress but some also referred to suggestions of a reduction in rates of 'social smoking' due to the restrictions in people meeting. A number of stakeholders believed that smokers may have been more reluctant to access help as access to GPs and pharmacies were perceived to be limited:

*'it's created a lot of stress for a lot of people and that's therefore made some start smoking again, made others abandon a quit attempt especially because it was harder to access behavioural support services during the early part of the pandemic. We're seeing fewer people going through the services in community pharmacy now than we were before COVID hit'* (Stakeholder 3)

*'at the start of the pandemic we saw figures, I think it was in a poll that ASH did actually at the time across the UK, which showed a huge increase in people seeking smoking cessation support, and stopping smoking, so that was a really, really positive result. But then, like six months ago, we saw a report from the King's Fund, that was mainly in England, but you could kind of imagine it being UK wide as well, suggesting there'd been an increase of smoking, and actually that people were taking the habit up, because they were bored and they were furloughed'* (Stakeholder 8)

4.11 In contrast, some commented that smokers had been prompted to engage with smoking cessation services at the beginning of the pandemic. Others referred to smokers quitting in response to the concerns around Covid-19 being a respiratory disease and the associated campaign 'Quit for Covid'. However some questioned whether initial motivations to quit had since waned:

*'...at the start of the pandemic, when people were really, really scared, it was an ideal time to get people to quit, because all the advice was, actually, smoking is a risk criteria, therefore you might get COVID and you might die because of it. It was a very powerful incentive. But that incentive kind of wore off as time went on, and with the vaccines coming out as well.'* (Stakeholder 8)

*'when we've looked at the trend in the referrals and then activity going through, we had a big spike in referrals coming in at the start of the pandemic...that's probably dropped off now people are more familiar with COVID. They've had their vaccines, so they're going back to those risky behaviours'* (Stakeholder 16)

- 4.12 One interviewee stated that understanding the smoking behaviours among children and young people during the pandemic should be prioritised as other risky behaviours among this group has increased:

*'I think that's the question that needs to be asked: what's happening with children and young people? Because I certainly know with alcohol, the feedback we're getting from the schools' network is that risky behaviours have increased: taking alcohol and having sex and so on'* (Stakeholder 12)

### **Impact of Welsh Language provision on smoking behaviours**

- 4.13 The general consensus by stakeholders in regards to the Welsh language provision on smoking behaviours was that it had made a minor but not a major contribution to reduced rates of smoking in Wales, mainly due to the little demand of Welsh only smoking cessation services:

*'there's been a minor contribution. I think, I mean all the marketing for cessation support was bilingual. Adverts were run on S4C and ITV and Welsh language is run on ITV as well. All posters are bilingual, Welsh first. The telephone line is answered Welsh first. But there's not a massive demand or provision of cessation support via the medium of Welsh. So that's why I say it makes a minor contribution'* (Stakeholder 1)

*'I don't think it's made a big difference. I don't think it has. Very few people I know converse first language Welsh, or even, more importantly, only Welsh. And I think sometimes it actually slows things up, getting things double-printed and things. But I know there's a Welsh Language Act legislation. Very few smokers, I think, would not attend a service because they don't speak Welsh'* (Stakeholder 9)

## Well-being of future generations and the TCAP

- 4.14 The Well-Being of Futures Generations (Wales) Act 2015 came into force after TCDP1 but prior to TCDP2. All stakeholders agreed that aligning the TCAP with the Act was beneficial and that work on prevention and denormalisation of smoking as means of deterring children and young people from taking up smoking remains critical:

*'I think, though, with the introduction of the Wellbeing of Future Generations Act, the ways of working have started to be embedded across organisations. So the main organisations who are involved in delivery really try and hold those core concepts in place, you know, not doing to people, it's about engaging with those, it's about having the person's voice, the smoker's voice'* (Stakeholder 5)

- 4.15 There was a sense that more work is needed to target children and young smokers in deprived areas, and retaining a strong focus on the five principles of the Act in planning for the 2030 smoke free ambition:

*'the evidence shows that all of the stuff that we've done around de-normalisation has now reached its limit with regards to having an impact on the smoking prevalence amongst children. Those actions and all the stuff around standardised packaging, you know, and making sure that we make cigarettes look as ugly as possible to kids and the health warnings, has all reached its limit. So that's why we've still got that hard core of kids still smoking and when you look at the prevalence in areas of deprivation in training colleges, you know, the number of children that are smoking there is significant. And we haven't got any intervention programmes in order to get in there and help them to stop or to stop them from starting in the first place. So there's more, absolutely more, that needs to be done...we really do need to be looking at these kids and seeing what we can do in order to help and support them'* (Stakeholder 7)

*'targeting 15/16 year olds...I think if we don't do something there, we're going to have another generation then of smokers, who've started smoking and we're never breaking that cycle of the generational smoking... How do we keep it as a partnership plan which would be linked to the five ways of*

*wellbeing and future generations type principles to keep it as we're all in this, we're all signing up to it being smoke-free by 2030' (Stakeholder 16)*

### **Progress of the TCAP towards reducing health inequalities**

4.16 Most of the stakeholders agreed that addressing health inequalities by targeting smokers in lower socio-economic groups had not been achieved by the TCAP:

*'I don't think that we can say that that plan, has achieved those, reducing health inequalities because we don't have the evidence base to support that. And if anything, you know, you're probably seeing an increase in health inequality not a decrease because we haven't had that targeted action' (Stakeholder 7)*

*'I think unfortunately think inequalities often is a little bit of an afterthought for a lot of policies and programmes. It's a bit like, oh we had better do something about this' (Stakeholder 14)*

4.17 In elaborating on the reasons and the difficulties of targeting this group of smokers, stakeholders discussed the challenges around access and communicating to such groups, as well as other aspects of the plan (smoke free spaces, denormalization and increased stigmatisation of smoking) contributing to the challenges:

*'Some people are quite secretive about their smoking and also they are not very receptive to messages about quitting smoking because they're feeling criticised. I guess when we look at health inequalities, that's the hardest thing to overcome because you're looking at a population that have lower education, lower income being told what to do by people with higher education and higher income because that's the nature of the system that the people writing the policy are not going to be those on lower incomes. So it becomes a little bit of a parent child relationship potentially and it causes disengagement' (Stakeholder 3)*

4.18 Many stated that these 'hard to reach' or 'hardened' smokers need to be clearly defined with well thought out targeted interventions for each group (e.g. pregnant people, families in immense poverty, smokers suffering with mental health conditions and young smokers in certain geographic regions). Most acknowledged that greater resources should be devoted to this problem and changing cultural norms would take time and significant investment. Some ideas proposed included

working with youth groups, debt advice services and the fire service, and expanding existing initiatives such as Just Be:

*'I think the really good ones for youngsters was actually the clubs in the evenings and stuff like that. Youth clubs and things like that because it was like not a pressured environment. You have got the workers there doing some smoking cessation work. And I think at the really good work has been done as well with the fire service, the housing associations, you know more of that work I think. And I know it has been started up with those, and I think ASH was involved in those as well. But I think more of that work that should bring it forward, because if the fire service are going there to test the ceiling monitors or they are putting them in, they can just raise the smoking at the same time. So I think, progressing that would help as well'* (Stakeholder 10)

*'Just Be is only offered to those schools in the highest areas of deprivation. So it's done something to try and raise the profile of the benefits of not smoking, but not enough'* (Stakeholder 16)

### **Stakeholder views of e-cigarettes**

4.19 Concerns around the use of e-cigarettes included the lack of clarification by the Welsh Government in regards to whether smoking e-cigarettes should be counted in smoking rates, regulation of the industry and whether they should be promoted as an aid to quitting:

*'I think a lot of it would be about vapes, where we are going to go. Because obviously England are now going to the route of probably allowing them on prescription. Wales not been, so I think, I know it been a while, but I think it is something that needs to be where we stand or where we want to be standing on vape, or what we would look into on the new plan as well'* (Stakeholder 10)

4.20 Some believed that more work should be done in understanding the role of e-cigarettes in smoking rates, why young people are taking up vaping and the potential risk of substituting one risky behaviour for another:

*'I don't think that we've given enough attention to e-cigarettes and understanding...or informing and educating the public on are they just going to replace smoking by using e-cigarettes? Is that for a quit attempt or just is it the new cigarette? I think we need to capture the number and per cent of e-cigarette user'* (Stakeholder 16)

*'is that a gateway, then, into smoking? We've got youngsters now, 16 and 17 year olds, even younger, 13, who are using vapes as a social thing. That's relatively unknown so will that potentially go towards increasing smoking as a behaviour? We don't know so...we can't take our eye off the ball'* (Stakeholder 5)

*'we need to be careful that we don't forget about vaping in the strategy but where we are at the moment, we are pushing for a five per cent tobacco smoking population by 2030. I think for some people they see that that's a way for us to get there but what worries me is that it will be a false achievement that we'll get there and then we'll feel we actually have a bigger mountain to climb than we'd started with because we've just swapped one problem for potentially an even worse problem'* (Stakeholder 3)

### **Priorities for the new tobacco control strategy for Wales**

4.21 In terms of priorities for the next strategy and what stakeholders believe should be focussed on, many of which relating to the sections above, the most important elements discussed were reducing the number of children and young smokers, focussing on the prevention and denormalization agenda, improved marketing of Help Me Quit, extending and enforcing smoke free spaces legislation, and coming up with radical ideas on how to reach out and engage with poorer communities and geographical areas where smoking prevalence is higher. A number of stakeholders wanted to see innovative digital solutions to engage with harder to reach smokers as part of the new strategy:

*'looking at new technologies, and reaching the other 97 per cent completely differently, not doing the same thing. Qualitative change in direction, using technology and government-designed apps that can integrate services. And I know, for example, smokers to directly book an appointment on their phone, not have to go through an 0800 number and leave an answer machine message, because by then, they have lost the impetus'* (Stakeholder 9)

*'we're getting to the hardened smokers now. People who have found it easy to give up have given up. Now it's the ones who have tried and tried and tried and they've found it really difficult so looking at innovative ways to work with those but other innovative ways as well of working with smokers. I think there's*

*part of the digital solutions aspect that is big as part of the strategy as well'*  
(Stakeholder 5)

*'if you expect a smoker to phone up a telephone helpline and go through lots of questions, and then go to a group session or to come back to hospital, that is a massive barrier. So you need to design the services around what the smoker wants. And clearly that is a digital tool, and I'm talking about an app that is linked to a complete implementation framework'* (Stakeholder 6)

4.22 Others discussed the need to conduct further research into priority area groups as well as unpacking existing data more refinedly in order to understand current behaviours more deeply, and to improve data systems to track and monitor uptake of cessation services which is integrated with proposed digital solutions:

*'We don't have the data systems in place. It's absent in the new strategy. We haven't got a great deal of milestones or anything in there because we don't have the data systems or the data to be able to take a baseline and then do the follow-up'* (Stakeholder 5)

*'ideally it would be good if we had some sort of data base that we could export into'* (Stakeholder 10)

*'the All Wales Stop Smoking app which links them, allows them to access services that they want, get NRT from where they want, get their exhale CO monitored wherever they want, everything, and all the data comes back...It's such an obvious solution'* (Stakeholder 6)

4.23 The need for further work to combat illegal tobacco was also highlighted by stakeholders:

*'Illegal tobacco is absolutely rife. You know, that is...I mean I know that it's sort of like now really being focused on about like getting illegal tobacco under control. So, maybe...again maybe that's something that could really have like, you know, helped a bit more if there was more of a crackdown'* (Stakeholder 13)

*'until we get this illegal tobacco issue sorted, you can have all the wonderful controls on the supply and the use of tobacco and tobacco products, and they will all be undermined because as you know, we are facing a problem where organised crime groups who traditionally might have dealt in drugs, in*

*weapons, in trading and trafficking people, they see tobacco as a much safer option of using all of their supply channels, but for illegal tobacco because the sanctions, if they're caught, the sanctions are minimal compared to the other areas of work that traditionally they would have been involved with'*

(Stakeholder 11)

- 4.24 Finally, a number of stakeholders discussed the Ottawa model of smoking cessation in secondary care as an exemplary model to follow, which could help to identify smokers going into hospitals and referring them onto smoking cessation services. The cost and resource implications were acknowledged but the long term gain of this approach was regarded as beneficial:

*'the Ottawa model for smoking cessation...it is quite expensive really, because you would have to get additional nurses and to be smoker's advisers. You would inevitably be talking about prescribing more nicotine replacements in hospital and it would potentially lead to quite a volume of people being referred into the service from discharge. But the implications it could have in terms of if people did quit, given how sick they were when they go into hospital, the risk of them being readmitted at one and three months is quite a lot lower'.*

(Stakeholder 14)

- 4.25 Other solutions proposed albeit less frequently included more autonomy to health boards, a new version of the Just Be initiative for older teenagers, and addressing price and availability of cigarettes. Table 4.1 provides a summary of the findings of stakeholder interviews.

**Table 4. 1: Summary of Findings of Stakeholder Interviews**

Number of interviews	16
Roles re TCAP	<ul style="list-style-type: none"> <li>• Representation on tobacco control strategy board</li> <li>• Writing strategy</li> <li>• Chair of one of the sub-groups</li> <li>• Member of sub-groups</li> <li>• Consultation and feedback on the plan</li> <li>• Responsibility for actions specified on the plan.</li> </ul>
Strengths of TCAP	<ul style="list-style-type: none"> <li>• Reduced smoking rates in line with target (16%)</li> <li>• Help Me Quit as an integrated and tailored service</li> <li>• Introduction of smoke free spaces regulations -smoke free playgrounds etc.</li> <li>• Involvement of community pharmacy</li> <li>• Success of cessation sub-group</li> <li>• Involvement of third sector and collaboration of a number of organisations/stakeholders</li> <li>• Structure and direction of the plan and the momentum it has built.</li> </ul>
Weaknesses of TCAP	<ul style="list-style-type: none"> <li>• Focus on cessation which took precedent over the other three themes -only cessation sub-group was productive</li> <li>• Continuous monitoring of progress, improved ownership of actions, lack of accountability</li> <li>• No specific targets re health inequalities, smoking in pregnant people, smoking among under 18s</li> <li>• A number of the actions were not achieved e.g. age of sale, Public Health Wales Act retail register</li> <li>• Only three and a half per cent of smokers are accessing smoking cessation services (target was 5%)</li> </ul>
Impact of pandemic on current plan	<ul style="list-style-type: none"> <li>• Redeployment of staff to the pandemic response</li> <li>• Pausing of some initiatives such as JustB (Byw Bywyd)</li> <li>• Momentum lost on some actions such as work in deprived areas and dental actions</li> <li>• Services have had to adapt (virtual replacement)</li> </ul>
Impact of pandemic on behaviours/tobacco control	<ul style="list-style-type: none"> <li>• Overall picture is unknown due to lack of data.</li> <li>• Mixed anecdotal evidence regarding whether smoking has increased or decreased.</li> </ul>

	<ul style="list-style-type: none"> <li>• People less likely to access smoking cessation services during pandemic (e.g. via GPs, community services)</li> <li>• Some initial messaging re danger of Covid for smokers may have encouraged quit attempts.</li> </ul>
What should be focussed on in next plan?	<ul style="list-style-type: none"> <li>• De-normalization</li> <li>• Improved marketing of Help Me Quit</li> <li>• Building on the Ottawa model/identification of smokers who come into hospitals as in-patients</li> <li>• Targeting deprived areas and focusing on outreach activities, particularly children in these areas. Need radical ideas here.</li> <li>• Digital solutions e.g. apps</li> <li>• Enforcing smoke free spaces regulations</li> <li>• Sales of illegal tobacco</li> </ul>
E-cigarettes	<ul style="list-style-type: none"> <li>• Some concern of use of e-cigarettes used to drive down further targets (related to future plan).</li> <li>• Others in favour of promoting use of e-cigarettes.</li> </ul>
Inequity	<ul style="list-style-type: none"> <li>• Challenge of targeting 'hard to reach' individuals in lower socio-economic bands such as people with mental health problems, smoking pregnant people.</li> <li>• TCAP has not thus far achieved reduction in health inequality.</li> <li>• Huge difficulty of communicating with these groups acknowledged and some ideas proposed.</li> <li>• Need more work with children in deprived areas as part of de-normalisation strategy.</li> </ul>

## 5. Findings: Desk Research

### Theme 1: Leadership/TCAP as a whole

- 5.1 Progress of some of the Theme 1 actions specified in the TCAP was difficult to establish via desk research due to the limited documentation/information available. However notable leadership indicators include the smoke free laws that have been introduced in Wales (detailed in 5.2) which are a step ahead of other UK nations in terms of smoke free school sites and playgrounds, and a declared ambition for a smoke free society by 2030, both of which have been covered extensively in the media (e.g. ITV, 2021; BBC News, 2021a). There is also a wealth of information on Welsh smoking policy and strategy on the Welsh Government's website including supporting promotional material and signage that are available to hospitals, playgrounds and vehicles. The Welsh Minister for Health and Social Services has also publicly discussed the TCDP and the overall vision for a smoke free society in Wales (Wales247, 2020).
- 5.2 There is indication that the Welsh Government is working with the national government on non-devolved issues such as illegal tobacco (BBC News, 2021b) and there is commitment by the Welsh Government to crack down on illegal tobacco by creating public awareness and appointing a specialist to tackle the problem (South Wales Argus, 2020a). A 'No Ifs. No Butts' website has also been created as a safe avenue for the public to report suspected illegal tobacco activity. ASH Wales has also recognised illegal tobacco as a priority area for tobacco control in Wales and has commissioned a study into its extent and scale (ASH Wales, 2018a). There is further evidence that ASH Wales is demonstrating their third sector leadership in tobacco control, with reports, statistics, support information and campaigns detailed on their website. One example of how ASH Wales have supported Welsh legislation is their national campaign banning parents from smoking at schoolgates, which was praised by the Children's Commissioner and the Minister for Mental Health, Wellbeing and Welsh Language:

**Figure 5. 1: No Smoking at Schoolgates campaign**



Source: ASH Wales website

5.3 The desk research provided no indication that sufficient scrutiny and monitoring of the TCAP has been conducted, or how the TCSB has maintained an overview of new and emerging threats to tobacco control. However, work is underway to develop a long-term tobacco control strategy as well as a new 2022-2024 delivery plan which will be the first in a series of two year plans aiming to achieve a smoke-free Wales by 2030 (Welsh Government, 2022).

## **Theme 2: Preventing the uptake of smoking**

5.4 Undoubtedly the smoke-free legislations in Wales have reduced visibility of the behaviour in public, contributing to the aim of denormalising smoking. It is now illegal to smoke in hospital grounds, at school grounds and in playgrounds. It is also illegal to smoke in private vehicles if anyone under 18 is present. More restrictions on the tourism sector in Wales are forthcoming from March 2022 where all types of self-contained holiday and temporary accommodation and all hotels, guest houses and inns will be required to be smoke-free. Outdoor day care and child-minding settings will also be required to be smoke-free from March 2022. There are signs that other settings and organisations are making their own decisions to support this theme. Since 2016, three beaches have introduced voluntary smoking bans and the Football Association of Wales have also followed suit by asking over 500 of their junior clubs to ask parents not to smoke during matches and training sessions (The Guardian, 2020). See figures 5.2 and 5.3 for media articles reporting the voluntary bans:

Figure 5. 2: News article about FAW's voluntary ban



Source: BBC News

Figure 5. 3: News article about a voluntary beach ban in Pembrokeshire



Source: The Guardian

5.5 In terms of targeting young children, The Welsh Network of Healthy School Schemes has been running for 20 years, is recognised by the World Health Organisation and many schools are involved (PHW, 2022). There is a section within

the scheme on 'Substance Use and Misuse' to help schools achieve the National Quality Award. Activities encouraged include National No Smoking Day Activities but the criteria does not appear to have been updated in line with the new Help Me Quit service and the increased use of e-cigarettes. Similarly, the National Award Criteria for the Healthy Pre-School Scheme's latest version appears to be from 2015. Progress of the JustB (Byw Bywyd) programme which runs in disadvantaged schools, along with the overall education curriculum review, is unclear. The latest guidance for substance misuse was published in 2013 (Welsh Government, 2013) however ASH Wales have provided more recent guidance (ASH Wales, 2017). Moreover, a recent study showed that 94 per cent of children recognised the harmful effects of cigarette smoking but perceived e-cigarettes as 'healthier' (NHS Wales, 2018a).

- 5.6 The new smoke free spaces legislation in Wales does not cover further and higher education settings. The Health Act 2006 bans smoking in enclosed places to which the public have access in England and Wales, and therefore all University premises are designated as no smoking. Universities and further education colleges are setting their own policies in regard to smoking areas. For example, Cardiff Metropolitan University campuses have been smoke free since September 2020 (Cardiff Metropolitan University, 2019). Most other colleges and universities have designated areas for smokers on their campuses. ASH Wales are calling for all of them to make their campuses smoke free (ASH Wales, 2022a).
- 5.7 The biggest marketing campaign on smoking in Wales during the past few years has been the launch and promotion of Help Me Quit, which was crowned The Drum Digital's Best Public Sector Campaign of 2019 (S3 Advertising Agency, 2019). Other social marketing campaigns have been developed to prevent the uptake of smoking. For instance the Smokefree Baby and Me campaign by ASH Wales and the 'Quit for Them' campaign commissioned by PHW which was targeted at parents and grandparents in North Wales who smoked. This campaign in particular addresses the evidence based findings that children whose parents smoke are more likely to smoke (NHS Wales, 2017), a problem which may have exacerbated during lockdown (ASH Wales, 2020).

Figure 5. 4: Quit for Them Campaign by PHW



Source: Social Change UK

Figure 5. 5: Smokefree Baby and Me campaign



Source: ASH Wales

5.8 In terms of raising the age of sale of tobacco, there is rationale and evidence for the move but it is unclear whether the Welsh Government have made recommendations in a Welsh context. There is a UK all-party parliamentary group calling for a consultation on this proposal (The Guardian, 2021) and ASH Wales is calling for the age of sale of tobacco to be raised to 21, a media campaign to crack down on the illegal sale of tobacco to under 18's' and the setting up of a tobacco retail register for Wales. In regard to e-cigarettes, there has been some research undertaken on attitudes towards alternative nicotine delivery systems in Wales and their effects on children/young people (e.g. PHW, 2018; Brown et al., 2020) and there are indications that usage among young people is declining (BBC News,

2020). In their position statement, ASH Wales state that they 'would encourage anyone who smokes to try switching to vaping' (ASH Wales, 2022b).

### **Theme 3: Reducing smoking prevalence levels**

- 5.9 Under this theme, there appears to be a number of accomplished actions aimed at reducing smoking prevalence, most notably the success of Help Me Quit which has had record breaking number of smokers using the service (NHS Wales, 2019). The success of its marketing as well as other campaigns are highlighted in 5.2 however there are calls for further campaigning to highlight smoking's impact on early preventable deaths in Wales, particularly in deprived communities (Wales Online, 2021). Pregnant people were identified as a priority group in the TCAP for which ASH Wales has developed a campaign and has a good deal of information and statistics on their website. An exemplary Help Me Quit for Baby service was also targeted towards pregnant people by the Betsi Cadwaladr Health Board between 2018-19 where 238 pregnant people were helped. However, there are indications that figures of smoking pregnant people are growing (Wales247, 2021a) and there is an urgent need to focus on teenage pregnant smokers (South Wales Argus, 2020b).
- 5.10 In terms of strengthening referral pathways for patients in secondary care, there is a respiratory health delivery plan published by the Welsh Government with a dedicated section on smoking which aims to increase referrals to services and improve smoking cessation services in hospitals. Smoking cessation projects have also been carried out by GPs in collaboration with PHW in primary clusters. For instance on Anglesey, 3000 letters containing a voucher were sent to patients who could then request smoking cessation support from selected pharmacies (PHW, 2019). The increased use of walk-in services available through community pharmacies have also been indicated (NHS Wales, 2018b) and a service specification by NHS Wales also indicates that smoking cessation support and NRT can only be supplied by pharmacies providing the Level 3 smoking cessation service. Access to a range of training for medical and health professionals is available via NHS Wales such as The MECC training and NCSCT online training although the uptake of training by healthcare professionals is unclear. Use of MECC is well publicised on the Cardiff and Vale health board but the extent to which the approach is used across Wales is unclear.

- 5.11 In terms of managing smoking at workplaces, PHW provides guidance and good practice in addition to signposting links to Help Me Quit and ASH Wales. All health boards have smoke free policies and steps have been taken by certain health boards e.g. Hywel Dda health board to emphasise both staff and patients in their smoke free policy. However, it is unclear how many of the health board staff have been referred to smoking cessation support.
- 5.12 The common database to be used by all smoking cessation services specified in the TCAP has not been created. Moreover, the tobacco cessation work and referrals by dentists do not seem to have progressed although this would likely have been impacted significantly by Covid-19.

#### **Theme 4 Reducing exposure to smoking**

- 5.13 Under this theme, the aforementioned legislations have contributed to reducing exposure to smoking and further pledges have been made for a smoke free Wales by 2030. On March 1 2022, smoking in bedrooms in hotels and guest houses will be banned across Wales, while smoking in self-contained holiday accommodation, such as cottages, caravans, will also be banned (but does not apply to e-cigarettes). ASH Wales hopes the recent Public Health (Wales) Act 2017 'could pave the way for more smoke-free spaces, with ministers indicating that a ban on smoking outside pubs, restaurants and cafes could be considered in the future' (ASH Wales, 2021). Asthma UK and The British Lung Foundation is calling for the Welsh Government to extend smoke free spaces to Welsh high streets (Herald Wales, 2021). Concerns around increasing cigarette waste on Welsh beaches are also further rationale for extending smoke free spaces (Wales247, 2021b). Currently there is no information on extending legislation to fairgrounds, larger sports grounds or shopping outlets. In terms of highlighting the positive aspects of smoke free spaces, signage and recommendations are provided by the Welsh government but incorporating the positive aspects of smoke free spaces and promoting the support available could be integrated into the various communications.
- 5.14 It is unclear whether progress is made on developing action plans addressing the unintended consequences of smoking bans, one consequence being smoking-related litter (Keep Wales Tidy, 2018). One solution may be special cigarette bins such as ones trialled in Blaenau Gwent (South Wales Argus, 2021). Whether other unintended consequences of the legislation such as anxiety and stress e.g. by not

being able to smoke outside a hospital, or increased smoking in the home have been explored, is also unclear.

- 5.15 As part of the move to reduce exposure to smoking, mental health units will be required to phase out any smoking rooms by September 2022. The relationship between smoking and mental health is highlighted by ASH Wales. Relatedly, smoking in prisons is now illegal and though e-cigarettes are still allowed, there is no information in regard to supporting prisoners not to take up smoking again on their release.
- 5.16 In terms of reviewing images of smoking on social media and in TV and films, ASH Wales supported a submission to the UK government warning that smoking on TV and in films encourages children to take up smoking (ASH Wales, 2018b) but it is unclear whether any resulting actions or policies have developed to tackle this issue.

## 6. Findings: Netnography

### Help Me Quit

6.1 Help Me Quit has a website and is visible on a number of social media channels including Facebook and Twitter. It is PHW's biggest public facing social media communicator relating to quitting smoking in Wales however it is not well publicised and difficult to find via PHW's own website and the NHS Wales website. The Help Me Quit website and social media channels are well integrated in terms of messaging and style, there is a wealth of information and options for an interested individual such as 'success stories', 'what choices do I have?', a 'request a call back' to prompt action and interactive exercises including 'How dependent on nicotine am I?' and 'What is smoking costing me?' The Help Me Quit social media channels along with engagement metrics are as follows:

- Help Me Quit Facebook page: 3,351 likes /3,400 followers.
- Help Me Quit Twitter feed: 1859 followers.
- Help Me Quit YouTube channel: (subscribers not shown)
- Help Me Quit LinkedIn page: 21 followers

6.2 There are between 4-10 posts on Facebook and Twitter each month consisting of factual information or a link to the website, the HMQ phone number or highlighting some of the benefits of quitting (see figures 6.1 and 6.2 for examples). Paid banner advertisements are also used attracting approximately 600 views each. Bilingual videos are uploaded on the YouTube channel, with the most viewed video attracting 22k views (3600 views of the Welsh version). Engagement with the social media posts is generally low, with not many 'likes', 'tagging', 'shares' or comments on the posts on Facebook. Increased engagement was apparent on National Stop Smoking Day with 19 sharing the posts on Facebook, and 20 retweets and 21 likes on Twitter. Engagement is also often boosted on Twitter when PHW, health boards or the Chief Medical Officer for Wales retweet relevant posts, however the posts are generally rather repetitive in nature.

Figure 6. 1: Help Me Quit digital advertisement 1



Source: Help Me Quit Facebook page

Figure 6. 2: Help Me Quit digital advertisement 2



Source: Help Me Quit Twitter page

6.3 When searching for information on smoking cessation and links to HMQ via each of the Welsh health board's website, it was apparent that health boards are under promoting HMQ, the information is difficult to find and there is inconsistency in how to navigate to the relevant services (see Table 5.1).

**Table 5. 1 Signposting to smoking cessation services on health board websites**

Health board	Targeting/info on Smoking
Betsi Cadwaladr	HMQ found in Smoking section under 'Health advice'
Aneurin Bevan	Nothing on smoking under 'Health services' or any other section
Cardiff and Vale	Nothing on smoking under 'Our services' or any other section
Cwm Taf	Nothing on smoking under 'Patient Advice' or 'Services'
Hywel Dda	Links to Smoking cessation and HMQ found under 'Healthcare services and teams'
Powys	Smoking information and a link to HMQ found under 'Staying Healthy'
Swansea	Stop smoking section with a link to HMQ found under 'Recovery and Wellbeing'

### Choose Smokefree

6.4 The Choose Smokefree website and Twitter account is currently inactive. There is a Facebook page with 1490 followers but there have been no new posts since March 2021. The Facebook page provides links to HMQ via the 'learn more' tab and there is a link to ASH Wales's website. The cover advertisement image on Facebook is not related to smoking.

**Figure 6. 3: Choose Smokefree Facebook cover advertisement**

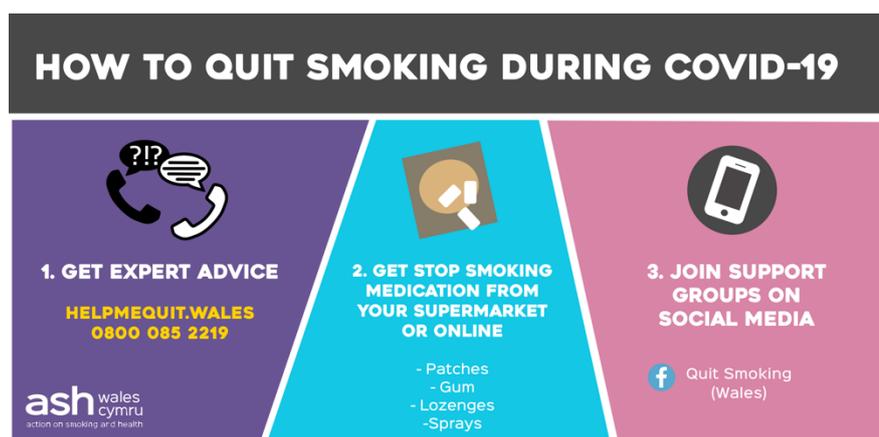


Source: Choose Smokefree Facebook page

## ASH Wales

6.5 The ASH Wales website has a wealth of information on smoking in Wales including the support available, a link to HMQ, tools for quitting, a blog, research, reports and statistics as well as details of all current and previous campaigns e.g. Healthy Homes and Smokefree Sports. ASH Wales's Facebook page has 991 'likes' and their Twitter feed has 3024 followers. The social media content is more varied than HMQ. For example, a December advent calendar campaign was used on Facebook leading up to Christmas, in order to persuade smokers to try quitting. Other examples of Facebook social media posts can be seen in Figures 6.4 and 6.5. Engagement on Facebook posts is low but higher on Twitter, with content ranging from links to relevant blogs, current news items in addition to their own posts. For example, they have recently been tweeting about the 'No Ifs. No Buts' illegal tobacco sales campaign.

Figure 6. 4: ASH Wales social media post



Source: ASH Wales Twitter page

Figure 6. 5: ASH Wales social media post 2



Source: ASH Wales Facebook page

## 7. Conclusion and Recommendations

7.1 This report has examined the extent to which the TCAP, TCDP1, and TCDP2 are likely to have contributed to the changes in smoking behaviour among adults and young smokers since their introduction in 2012. The aim of the review was to gain independent insight into the effectiveness of activity to date, and to examine how the TCAP may have contributed to the decline in smoking prevalence rates among both adults and young people in Wales during the period 2012-2020. By undertaking multi-method research including desk research, netnography and interviews with key stakeholders and young smokers, the extent to which the four themes of the TCAP have been influential and effective in achieving progress have been explored in detail.

7.2 The objectives of the research and how they have been accomplished are set out below.

**Objective 1:** To explore the extent to which the TCAP, TCDP1, and TCDP2 are likely to have contributed to the changes in smoking behaviour among adults with a particular focus on young adult smokers (aged 18-25) since their introduction in 2012.

**Findings:** Both the desk research and interviews with stakeholders confirmed that the TCAP has achieved its primary target, which was to reduce the smoking rate in Wales to 16 per cent. A number of completed actions of the TCAP are likely to have contributed to this change such as the uptake of the highly praised integrated Help Me Quit service and the work of the smoking cessation sub-group. Other successes of the TCAP include the various smoke free spaces regulations that have been enacted, which has likely contributed to the denormalization of smoking and reduced visibility of the behaviour. Additionally, the various campaigns by ASH Wales have played a supportive role to the work of the Welsh Government. A continuation in the reduced rate of smoking depends on deterring the younger generation from the behaviour. The official data does not publish smoking rates among this particular age group separately thus primary data collection was undertaken to explore the views of a sample of young smokers.

**Objective 2:** To examine the views of key stakeholders on the following issues:

- the extent to which it is thought the action areas/themes within the TCAP were the most appropriate in tackling the issues identified when it was introduced;
- which action areas/themes within the TCAP are likely to have been most (and least) effective in achieving progress;
- which specific actions are likely to have been most (and least) influential in contributing towards the TCAP's overall aims, including the goal of reducing health inequalities (specified as an overall outcome in the TCAP).
- the degree to which the implementation of the TCAP reflects the ways of working outlined in the Well-being of Future Generations legislation; and
- the role that Welsh language provision has played in contributing to changes in smoking behaviour.

**Findings:** Interviews were conducted with 16 stakeholders from relevant public and third sector bodies. The general view among the stakeholders was that the third theme (Reducing smoking prevalence levels) of the TCAP had been the most effective in achieving progress. Specifically, the integrated Help Me Quit service and the introduction of various smoke free spaces regulations were highlighted as success factors. The momentum which the TCAP has built as well as the collaborations and involvement of the third sector which it has motivated were also deemed influential. The weaknesses of the TCAP as indicated by the stakeholders included the lack of focus on the remaining three themes and the lack of accountability or monitoring of the remaining actions of the plan. Most of the stakeholders agreed that the goal of reducing health inequalities had not been achieved. All stakeholders agreed that aligning the TCAP with the Well-being of Future Generations Act was beneficial and that work on prevention and denormalisation of smoking as means of deterring children and young people from taking up smoking remains critical. Most stakeholders agreed that the role of the Welsh Language had a minimal impact in contributing to the changes in smoking behaviour.

**Objective 3:** To examine the views of young smokers around quitting, smoke free spaces, awareness of Help Me Quit, smoking and the pandemic and solutions.

**Findings:** Interviews were conducted with 16 smokers aged 18-25 years and living in Wales. Although most of the young smokers were in favour of the introduction of smoke free spaces regulations, their awareness of TCAP-related initiatives such as Help Me Quit and Choose Smokefree were low. The campaign which they were more familiar with was Stoptober and some could recall being given leaflets and seeing posters about stopping smoking. They were reluctant to seek support from their GP and instead preferred to use e-cigarettes as a way of cutting down with the aim of quitting. Some of the smokers were confused as to whether e-cigarettes are officially promoted as a way of stopping smoking. A number of young smokers stated that they had seen very little on social media about the availability of smoking cessation services. The results of the netnography supported this finding by demonstrating low engagement and low following of some of the key initiatives such as Help Me Quit.

7.3 Based on the findings of this report, the recommendations proposed for the new tobacco control strategy for Wales are as follows:

- **Focus on inequity.** Tailored and targeted interventions targeting hard to reach smokers in deprived communities should be prioritised with innovative and flexible means of engagement developed such as working with youth groups, debt advice services and the fire service. Moreover these 'hard to reach' groups in lower socio-economic bands should be specifically established i.e. low income families, people with mental health problems, teenage pregnant people, and the intervention adapted accordingly to each group.
- **Digital solutions.** Contemporary, user-friendly digital solutions should be developed to support existing cessation services e.g. a Help Me Quit app and online chat/whatsapp/Facebook messenger alternatives in addition to the HMQ phone number, which should engage younger smokers.
- **Marketing.** Improved social media marketing of HMQ and better visibility of smoking cessation services on key websites such as PHW and health boards with the aim of increased awareness leading to improved uptake. New messages such as 'cutting down' or 'quit with a friend' and focussing on the short-term benefits of stopping smoking for young people should be communicated. Other communication tools should be used such as virtual/community support for smokers on social

media, success stories and videos of young people who have quit and use of social media influencers to target teenagers. Platforms such as Tiktok and Snapchat should also be explored as means to engage with the younger generation.

- **E-Cigarettes.** Clarification by the Welsh Government on their stance on E-cigarettes should be sought, particularly in light of the policies in England. This should be followed by guidelines for the relevant smoking cessation services e.g. should the new strategy support and promote the transition from cigarettes to e-cigarettes as a way of quitting? What support should be offered to exclusive e-cigarette users who wish to quit?
- **Accountability and monitoring.** Improved accountability, monitoring and evaluation of actions set out in the strategy is imperative moving forward. Suggestions include named individuals/positions or specific departments to be placed against actions and /or any sub-groups and regular reporting of progress by these individuals/positions to the strategic board.
- **Re-prioritise incomplete actions.** An assessment of each incomplete action from the TCAP and whether and how they will be integrated into the new plan should be undertaken e.g. tobacco retailers register, the development of a common database to be used by smoking cessation services, review of tobacco education in schools, review of smoke free prison policy.
- **Denormalisation and preventing the uptake of smoking.** The denormalisation agenda should move forward with a focus on the young generation by increasing programmes to engage children and teenagers in schools, including an expansion of JustB (Byw Bywyd) to more schools. The potential of new smoke free spaces where children and young people spend time (e.g. skate parks, fairgrounds, tourist attractions) should also be explored, and voluntary smoking bans by influential organisations (as the Football Association of Wales have done) should be encouraged.
- **Viability of Ottawa model.** Examine the viability of developing an Ottawa type model in Welsh secondary care to ensure early identification of smokers, continuity of care and in-hospital support for smokers.

## 8. Reference section

ASH Wales (2020) [Children across Wales exposed to more second-hand smoke than ever during lockdown](#). Accessed 31/1/22.

ASH Wales (2018a) [Illegal Tobacco](#). Accessed 30/1/22.

ASH Wales (2018b) [ASH Wales supports submission to select committee warning of harms of UK's on-screen smoking habits](#). Accessed 31/1/22.

ASH Wales (2017) [Making your School Smoke Free](#). Accessed 31/1/22.

ASH Wales (2022a) [Smokefree Universities](#). Accessed 31/1/22.

ASH Wales (2022b) [Electronic Cigarettes](#). Accessed 31/1/22.

ASH Wales (2021) [Wales makes history by banning smoking in the grounds of schools and hospitals and in playgrounds](#). Accessed 31/1/22.

BBC News (2020) [E—cigarettes: 'Young people vape less but still smoke](#). Accessed 31/1/22.

BBC News (2021a) [Smoking: Plan to make Wales 'smoke-free' by 2030](#). Accessed 30/1/22.

BBC News (2021b) [Illegal tobacco: HMRC and Trading Standards seize one million cigarettes in Wales](#). Accessed 30/1/22.

Braun, V. and Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), pp.77-101

Cardiff Metropolitan University (2019). [Cardiff Metropolitan University prepares to go smoke-free in bid to become a clean air campus](#). Accessed 31/1/22.

Cancer Research UK (2021). [Smoking among young adults increased by 25% during first lockdown](#). Accessed 3/9/21.

Herald Wales (2021) [Ban smoking on the high street to save lives](#). Accessed 31/1/22.

Keep Wales Tidy (2018) [Smoking-related litter](#). Accessed 31/1/22.

ITV (2021). [Wales becomes first UK nation to ban smoking at all hospital sites and playgrounds](#). Accessed 30/1/22.

Kozinets, R.V., (2002). The field behind the screen: Using netnography for marketing research in online communities. *Journal of marketing research*, 39(1), pp.61-72.

NHS Wales (2017) [Young people more likely to try smoking if mother is a smoker, new study suggests](#). Accessed 31/1/22.

NHS Wales (2018a) [New research shows that primary school children have a good level of awareness of e-cigarettes](#). Accessed 31/1/22.

NHS Wales (2018b) [More smokers in Wales are quitting using NHS services](#). Accessed 31/1/22.

NHS Wales (2019) [Number of smokers accessing free NHS quit support increases by a third](#). Accessed 31/1/22.

Parry, S. and Hassan, L.M., (2019). Understanding the relationship between smoking and place across multiple places through the lens of place attachment. *Journal of Environmental Psychology*, 62, pp.115-123.

PHW (2022). [A healthy heritage: 20 years of the Welsh Network of Healthy School Schemes](#). Accessed 31/1/22.

PHW (2018) [Is it all smoke without fire?](#) Accessed 31/1/22.

PHW (2019) [Primary Care Clusters 2019](#). Accessed 31/1/22.

Silverman, D. ed., (2020). *Qualitative research*. sage.

Smokefree Action (2020). [Around 300,000 smokers have #QuitforCovid](#). Accessed 1/9/21.

South Wales Argus (2020a) [15 per cent of tobacco in Wales is illegal according to study](#). Accessed 30/1/22.

South Wales Argus (2020b) [Pregnant teens in Wales need urgent support to quit smoking](#). Accessed 31/1/22.

South Wales Argus (2021) [Are the smoking bins in Blaenau Gwent reducing litter?](#) Accessed 31/1/22.

[S3 Advertising Agency \(2019\)](#). Accessed 31/1/22.

StatsWales, (2022). [Adult lifestyles by health board](#). Accessed 18/1/22.

Statistics for Wales (2022). [Adult lifestyle \(National Survey for Wales\)](#). Accessed 19/1/22.

Stokes, D. and Bergin, R., (2006). Methodology or 'methodolatry'? An evaluation of focus groups and depth interviews. *Qualitative market research: An international Journal*.

The Guardian (2020) [Wales to ban smoking on sidelines of children's football](#). Accessed 31/1/22.

The Guardian (2021). [Raise age for sale of cigarettes to 21 and stop 'tobacco epidemic', say UK MPs](#). Accessed 31/1/22.

Wales247 (2020) [Welsh government proposals could see smoking banned outside pubs, cafes and restaurants](#). Accessed 30/1/22.

Wales247 (2021a) [Figures reveal rise in pregnant smokers in Wales](#). Accessed 31/1/22.

Wales247 (2021b) [Wales's beaches worst in Great Britain for cigarette butt litter](#). Accessed 31/1/22.

Welsh Government (2022) [Tobacco control strategy for Wales and delivery plan](#). Accessed 30/1/22.

Welsh Government (2013) [Substance misuse education: guidance](#). Accessed 31/1/22.

Wales Online (2021) [Smoking's impact on early preventable deaths in Wales revealed -and it's frightening](#). Accessed 31/1/22.

## **Annex A. Interview Guide: Stakeholders.**

Welcome and Brief introduction.

Thank you for taking part in this study. The aim of this project is to gain independent insight into the effectiveness of the Tobacco Control Action Plan (TCAP) and Delivery Plans (TCDP1 and TCDP2) for Wales, notably how the work associated with the Tobacco Control Action and Delivery Plans may have contributed to the decline in smoking prevalence rates among both adults and young people in Wales during the period 2012-2020. This study is funded by the Welsh Government.

This interview is confidential, you will remain anonymous, you have the right not to answer any of the questions and you can leave at any time. Please can I obtain your permission to record the interview.

### **Questions**

1. What organisation do you work for and what is your position?
2. Tell me about your role in relation to tobacco control in Wales.
3. What interested you in your role in tobacco control in Wales?
4. Tell me about your role in relation to the TCAP/TCDP? What was your role in the development of the plan?
5. What specific TCAP/TCDP actions was your organisation responsible for during 2017-2020? What progress has been made on achieving these actions?'
6. In general, what do you think the TCAP/TCDP has achieved? Has it been a success?
7. In your opinion, which themes/areas within the TCAP were the most appropriate in tackling the issues identified when it was introduced?
8. Which themes within the TCAP are likely to have been most effective in achieving progress?
9. Which themes within the TCAP are likely to have been least effective in achieving progress?
10. Which specific actions are likely to have been most influential in contributing towards the TCAP's overall aims, including the goal of reducing health inequalities;
11. Which specific actions are likely to have been least influential in contributing towards the TCAP's overall aims, including the goal of reducing health inequalities;

12. How does the implementation of the TCAP reflect the ways of working outlined in the Well-being of Future Generations legislation?
13. What role has the Welsh language provision played in contributing to changes in smoking behaviour?
14. What are your thoughts regarding the current smoking situation in Wales?
15. How do you think the pandemic has impacted smoking behaviours in Wales?
16. What do you believe to be urgent actions that now need to be taken to reduce smoking prevalence in Wales?

## **Annex B. Interview Guide: Young smokers**

Welcome and brief introduction.

Thank you for taking part in this study. The aim of this study is to gather your views on tobacco control policies and initiatives in Wales, and to discuss the impact of the pandemic on your smoking behaviour. This study is funded by the Welsh Government.

This interview is confidential, you will remain anonymous, you have the right not to answer any of the questions and you can leave at any time. Please can I obtain your permission to record the interview.

### **Questions**

1. Please tell me about your smoking background i.e. when did you start? Why? how much do you smoke (daily/weekly?)
2. Growing up, what was your parents' stance on smoking? Did they smoke regularly/socially?
3. Where do you smoke and why?
4. What is your living situation? (establish smoking habits within the home, who else smokes)
5. How has the pandemic affected your smoking behaviour? Have you smoked more/less? Why? How were you during lockdown? What were you doing and how did your smoking fit in?
6. Have you ever attempted to quit smoking?

- a. If yes, then why? What prompted you to try? What happened? What steps did you take to quit? Did you access any help to quit e.g. GP, pharmacy, friends/family, nicotine patches, websites (which ones?), anything else? What made you re-start smoking?
  - b. If no, then why?
7. Do you want to quit? Do you have any plans to quit?
  8. Have you heard of the Welsh Government Tobacco Control Action Plan? What do you think it is?
  9. Have you heard about any Welsh Government initiatives to help people stop smoking?
    - a. Prompt here about 'Help Me Quit' -have they heard about it and what they think it means.
    - b. Prompt here about 'Choose SmokeFree' -have they heard about it and what they think it means.
    - c. Prompt about smoking bans (e.g. in pubs/restaurants, outside hospitals)
    - d. Prompt about Commit to Quit (ASH Wales initiative)
    - e. Prompt about any support at GP/Community level
  10. What other general initiatives that aim to stop people smoking have you noticed? Prompt here about Stoptober if needed.
  11. Is there anything online/on social media to help people stop smoking? Do you think there should be?
  12. What are your thoughts in relation to secondhand smoking?
  13. Tell me about the rules on smoking in public places in Wales e.g. shopping centres, playgrounds, NHS settings, Universities/Colleges...Are you in favour of these rules? Why?
  14. What is your opinion on what the Welsh Government should do to help people stop smoking? What actions should they take? What would capture your attention?