

**Cross Party Group on Smoking & Health**

**Supporting the Public Health (Wales) Act 2017**

**1. Overview of the Act**

On March 1<sup>st</sup> 2021 Wales will become the first country in the UK to extend its smoking ban to outdoor areas including: hospital grounds, schools grounds and local authority play grounds.

These laws are a major public health achievement and will further Wales' profile as the UK lead in measures to denormalise smoking. It is crucially important to maximise the benefits of these policies to ensure they play a role in tackling smoking prevalence and changing perceptions of smoking. There is also the potential for these measures to play a key role in Wales' response to Covid-19.

Emerging evidence shows smokers have a greater risk of developing severe respiratory disease from COVID-19 and the Health Minister Vaughan Gething has said that these regulations 'will support our response to the pandemic'.

**Wales' Headline Stats:**

- 18% of people smoke - 466,827 smokers<sup>1</sup>
- 24% of non smokers reported being exposed to smoke outdoors (2018/19)<sup>2</sup>
- 64% of smokers would like to give up (2016/17)<sup>3</sup>
- 4% of all adolescents reported smoking at least weekly, unchanged since 2013/14<sup>4</sup>
- Rising to 9% of 15-16 year olds smoking at least weekly
- 15-16 year olds from the most deprived areas (14%) are twice as likely to smoke as those from the most affluent areas (7%).

Research shows there is strong support for the introduction of more smoke-free spaces in Wales with ASH Wales' latest YouGov survey (2020) showing 82% of adults would support a ban on smoking in areas where children play sport. In a previous survey 63% of adults supported a smoking ban in the outdoor seating areas of restaurants and cafes and over half (59%) were in favour of town centre smoking bans.

**ASH Wales' YouGov Survey**

- 81% of smokers were 18 or under when they had their first cigarette (2020)
- 82% of Welsh adults believe smoking should be banned in outdoor areas where children play sport (2020)
- 71% agreed smoking should be banned on hospital grounds (2017)

<sup>1</sup> National Survey for Wales 2019-20

<sup>2</sup> National Survey for Wales 2019-20

<sup>3</sup> National Survey for Wales 2016-17

<sup>4</sup> School Health Network Survey 2019

### Increasing measures

- 43% think Welsh Government are not doing enough to limit smoking (2020)
- 63% of all Welsh adults supporting a measure to ban smoking in outdoor seating areas in all restaurants, pubs and cafes (2019)
- 59% support the banning of smoking in all town centres (2019)

## 2. Cross Party Group

At a Cross Party Group meeting on 30 September, chaired by John Griffiths MS, we heard from experts from across the UK and the rest of Europe on their experiences of smoke-free policies. Using the Act as a backdrop, the meeting centred on how we can work together to successfully maximise the impact of the legislation.

More than 40 individuals from across Wales took part in the event including Members of the Senedd, public health, local authorities, policy and third sector representatives.

### Key Speakers:

**Claire Clement, Policy Officer, Smoke Free Partnership (SFP).** *The Smoke-free Partnership is an NGO Coalition of nearly 50 European-wide and national organisations, working together to advance the implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC).*

In her presentation Claire shared the Smoke-free Partnership's Smoke-free Map 2020 which revealed the extent to which different European countries have adopted and implemented WHO FCTC policies and where improvements need to be made. The UK as a whole is identified as a country where the adoption of smoke-free legislation is very strong.

Claire stressed the importance of **effective enforcement** and emphasised the popularity of these measures which tended to increase once implemented.

Methods of enforcement in Europe have included fines and working in partnership with existing enforcement agencies. Citizen driven compliance mechanisms have also proved successful in some areas with digital maps of smoke-free zones.

According to Claire, the **Covid-19 crisis should act as a catalyst for change** by emphasising the burden tobacco places on health and economic systems. However, this may be hampered by tobacco industry interference around the relationship between Covid-19 and smoking at the start of the pandemic.

**Dr Esteve Fernandez, Director of Tobacco Control Unit of the Catalan Institute of Oncology and Professor of Epidemiology and Public Health at the School of Medicine of the University of Barcelona.**

*Spanish Tobacco Control law includes bans on smoking in hospital grounds, school grounds, children's playgrounds and more recently a ban on outdoor terraces and public places. Dr Fernandez has been the driving force behind the introduction of smoke-free hospitals across the Catalan region of Spain.*

In his presentation, Dr Fernandez highlighted some of challenges associated with implementing the policy, most notably the continued presence of smokers at the entrance to smoke-free areas, stressing the need for **additional smoke-free zones** around these areas, such as school gates.

The Catalan Network of Smoke-Free Hospitals was first set up in 1998. Initially no government funding was provided for the initiative. There are now 84 hospitals affiliated to the scheme.

Implementation involved:

- Training healthcare professionals in cessation
- Setting up and promotion of working groups and annual meeting
- Monitoring of smoking prevalence among healthcare professionals
- The **establishment of an accreditation process** in which healthcare settings are given a gold, silver or bronze level depending on the smoke-free policies.

**Andrea Crossfield MBE, Independent Public Health Consultant, Greater Manchester Health & Social Care Partnership:** Andrea leads the mobilisation of the Making Smoking History Strategy in Greater Manchester to reduce smoking prevalence further and faster than anywhere else in the UK and globally, over the next 3 years.

The strategy aims to achieve smoking prevalence of 115,000 fewer smokers by the end of 2020, and to reduce the smoking rate from 18.4 to 13% by 2021 and in the longer term to 5% by 2027. The strategy also aims to reduce smoking at delivery from 12.6 to 6%.

Creating smoke-free environments – including parks, playgrounds and areas around schools - across GM is key to its aim of protecting people from second hand smoke.

There is **strong public support** for the Making Smoking History Strategy with 79.3% of survey participants saying they overwhelmingly agreed with making smoking history in GM and more than three quarters in favour of extending smoke-free spaces.

So far the strategy has resulted in a **2.2% reduction** in the rate of smokers from 18.4% in 2016 to 16% in 2019. Significantly more GM smokers are now attempting to quit with the quit attempt rate at 40% or above for past year.

### 3. What did we learn?

Wales has already implemented the most internationally recognised practices to denormalise smoking. In the UK, Wales leads the way with Smoke-free Spaces; they are popular with the public and cost effective to implement. However, the CPG heard that the public and policy makers must be involved at the beginning of the process and fully engaged throughout. Smoke-free spaces need to act as a spur to additional action to decrease take up and increase quit rates.

Investment must be scaled up and sustained at local, regional and national levels. A Smoke-free 2030 Tobacco Levy that ensures tobacco manufacturers pay for services to help smokers quit is needed to secure the right level of investment. In order to tackle inequalities both whole population and targeted approaches are needed.

There is consistent evidence to show that in countries where comprehensive smoke-free legislation has been implemented, reductions in second-hand smoke exposure of between 80-90% have been recorded in these areas.

Details of the outcomes from the discussions of the CPG are attached. (Appendix 1)

## 4. Recommendations

From the discussions, there were four key calls to action to support the implementation of the Act and maximise its effectiveness. These are:

### **1. Clear plan on implementation and maintenance**

- A ringfenced budget matching the scale of the regulations
- Guidance on local authority and enforcement process
- Clear signage with signposting to cessation support
- Consistent messaging across all smoke-free spaces
- Clear reporting systems and accountability

### **2. Whole 'system' approach**

- Smoking cessation programme for NHS staff
- Adoption of the Ottawa/ CURE model of 'routine' behavioural intervention and pharmacotherapy support for smokers
- Development of VBA training model for all frontline workers on behavioural change and smoking cessation schools/ councils/ hospitals
- An accreditation programme for hospitals, schools and the wider community to recognise success
- Include health in outcomes for funding grants
- Publish an end game target with a strategy to deliver it, to endorse Welsh Government's bold ambition and actions to demonstration commitment

### **3. Harness civil society action**

- Investment in mass media/social media campaign to target parents/pupils/carers to maximise engagement and increase quit rates
- A third sector and key community stakeholder forum to increase buy-in
- Regular social media campaigns so the message is understood
- Annual surveys/questionnaires to monitor attitudes and rates of change
- Smoking cessation services to harness advances in technology and be community lead in order to respond to the needs of the smoker
- Produce research to demonstrate importance of promoting smoking cessation to support community organisations' aims

### **4. Embed monitoring and evaluation into the programme to assess progress**

- Use evidence to provide a benchmark and explore compliance
- Monitoring and inspection programme with a view to prosecution and or supporting good practice
- Monitor key indicators of exposure to second-hand smoke/ smoking cessation amongst staff/ smoking prevalence/ attitudes
- Annual surveys/questionnaires to monitor attitudes and rates of change
- Identify additional smoke-free spaces that support the ambitions of Wales tobacco control policies
- Funding to go beyond initial implementation to sustain the success.

## APPENDIX 1



### Cross Party Group – 30 September 2020

#### The Public Health (Wales) Act

#### Discussions and Recommendations

<b>How is Wales doing compared to other European countries?</b>
Wales is considered to be one of the most advanced countries in terms of tobacco control policies and smoke-free spaces
In light of Covid-19 there is now an even stronger message around 'protecting people's health'
Covid-19 presents us with opportunities to do things differently
Smoke-free policies help to create a 'new normal'
Comprehensive approach is needed to make it work
Sweden and France are also advancing their smoke-free places policies at a rapid rate; Sweden aims to be smoke-free by 2025; France smoke-free spaces include universities and colleges and all residential healthcare facilities
There is an emphasis around places where children and families congregate
Voluntary policies, particularly at a national level, have proved to be ineffective in reducing exposure to second hand smoke.
Essential that mechanisms are put in place to evaluate the impact of the measures

<b>What is best practice for implementing smoke-free spaces policies?</b>
Awareness raising campaigns, including media campaigns, alongside increased support for smoking cessation services
Explicit signage and enforcement, with penalties, is a key part of ensuring compliance
Clarity around who is responsible for enforcement
Enforcement activity in the period immediately following implementation of the law is critical to its success and the success of future monitoring and enforcement
Government has an important role to play in building support for and ensuring compliance with legislation on smoke-free environments
Education and communication about the new policy is crucial to success
Evaluation is an essential element of the regulations in order to measure impact and review success/change

<b>Smoke-free Hospitals – helping patients inside and out</b>
Buy in from the top is essential to ensure full engagement; everyone needs to be on message
Essential to have a consistent approach; manage expectations before people come to the hospital; give advance warning
Create a team of 'volunteer smoke-free champions' to support and publicise the policy
Educate & train staff to understand the addiction and the role being smoke-free plays in recovery
Include information on smoke-free policy during induction and training of new staff
Very Brief Advice Training for all staff so that anyone can talk to a smoker – medical and non medical staff
Access to quitting advice; staff, patients, visitors – inside and outside the hospital so that support is very visible
Temporary wardens at the start of the smoke-free policy to help enforce the change and increase visibility of the ban
Monitor staff smoking levels to measure success
Staff and patient questionnaires to monitor impact of implementation
Create a reward system for hospitals that achieve the 'gold standard' – creates competition and rewards success
Create a network of best practice examples so that others can follow

<b>Greater Manchester 'Making Smoking History'</b>
Ambitious programme to reduce smoking rates in Greater Manchester by a third by the end of 2021. Faster than any other major global city; 115,000 fewer smokers
Strong political will from local government followed by a whole population conversation to bring about big change; overwhelming public support
Whole system approach using existing budgets (reallocation of NHS money) to rapidly and greatly improve the health of the local population and reducing inequalities
Smoke-free spaces extended across the region/focus on family friendly/ lets make everyone healthier
A fully smoke-free NHS with primary and secondary care smoking cessation support
Mass media campaigns, driven by local insight; community level and region wide
State of the art stop smoking support, including digital support
Innovative e-cigarette friendly policies including partnerships with social housing
On track to meet its bold ambitions including reducing smoking rates in routine and

manual workers
School gates – healthy streets – giving community the power and control – whole approach, not just smoking
Third Sector play a significant role; smoke-free events / work with LGBT community
Investment in Smoking Toolkit Data was key to track prevalence and monitor quit attempts
Currently reducing smoking by 2.2% compared to Wales 1.4%