



**Smoking and Health Cross Party Group  
2019 Interim Report**

**Smoking and inequalities:  
Targeting the Endgame**

## About the Smoking and Health Cross Party Group

The Smoking and Health Cross Party Group is a group of Assembly Members with an interest in the effects of smoking and inequalities. Its agreed purpose is to act as a resource for group members on all issues relating to smoking and public health.

The group includes AMs from across the political spectrum who are keen to review and debate challenges around reducing the health inequalities caused by smoking in Wales.

The secretariat of the group, which meets several times a year, is provided by ASH Wales.

Cross Party Group on Smoking and Health Membership:

John Griffiths AM (Chair)

Mike Hedges AM

Helen Mary Jones AM

Dai Lloyd AM

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Caroline Jones AM

## ASH Wales

ASH Wales is the only third sector organisation whose work is exclusively dedicated to tackling the harm and health inequalities caused by tobacco. ASH is an independent body working in partnership with other organisations to achieve a reduction in, and eventual elimination of, the health problems associated with smoking and tobacco use.

ASH Wales' strategic aims:

- Build innovative partnerships to create high impact solutions to tackle the inequalities in smoking, and prevent take up
- Influence decision makers to prioritise tobacco controls in the health and wellbeing agenda and set targets
- Create public support for measures to protect our communities, help people quit and stop young people from starting
- Provide robust evidence on tobacco control, emerging threats and opportunities

## Introduction

Welsh Government has addressed the public health crisis of tobacco use through the Tobacco Control Delivery Plan for Wales (2017 -2020). The TCDP is working towards the overall vision of a smokefree Wales, in which the harm from tobacco is eradicated.

The plan is divided into four action areas:

- **Promoting Leadership in Tobacco Control**
- **Reducing the uptake of smoking**
- **Reducing smoking prevalence levels**
- **Reducing exposure to second-hand smoke**

Supporting the plan is the [Public Health \(Wales\) Act 2017](#) which legislates against smoking in hospital grounds, playgrounds and school grounds. The legislation also paves the way for a Tobacco Retail Register, a potentially powerful control measure on the sale of tobacco and nicotine products and a useful source of data.

These robust measures are welcomed by the Welsh public, with **68% supporting more government action to reduce smoking rates to less than 5% by 2035**. Strong effective tobacco control policies will have significant benefits for everyone. However, it is widely recognised additional action is needed to realise the ambitions of the [Wellbeing and Future Generations Act](#) and a radical reduction in smoking prevalence.

As the current TCDP expires in 2020 there is an opportunity to re-think Wales' approach to tobacco control and modernise efforts to create an equal smokefree society, without neglecting current actions that are effective.

With 5,500 deaths caused by smoking in Wales each year and an estimated one child every hour taking up smoking, there is a clear argument for doing things differently, to avoid condemning another generation to the harms of smoking and tobacco exposure.

### **Wales Headline Stats 2018/19**

- **17%** of adults smoke (estimated no. of smokers in Wales 467,000)
- **9%** of 15-16-year-olds smoke at least once week, a figure that has remained unchanged since 2013/14
- **21%** of adults from the **most deprived** areas of Wales smoke compared to **13%** among the **least deprived**
- **6%** of adults currently use an e-cigarette

The implementation of a comprehensive tobacco control programme has seen a substantial reduction in the number of adult smokers in Wales. In the last 20 years adult smoking prevalence has fallen from 27% in 1998 to 17% in 2018/19.

Despite decades of efforts, smoking is still the leading preventable cause of disease and premature death in Wales, kills more than alcohol, car accidents, illegal drugs, murders and suicides combined. Past smoking is the single biggest risk factor which contributes most to the current burden of disease and will do for many years to come.

Tobacco use adds a huge burden to the healthcare system and costs the Welsh NHS an estimated £302 million per year. In a time of limited resources and increasing pressures, it is critically important actions to reduce smoking continue, and tobacco control measures are prioritised.

Although tobacco use among the general population is declining, the rates of decline are slower in some groups. In addition, youth smoking rates have not declined since 2013 with 9% of 15/16 years olds still smoking regularly.

Prevalence remains stubbornly high in lower socio-economic groups and disadvantaged groups, including people with mental health problems, long-term conditions and those in the criminal justice system.

Tobacco use is a major contributor to, and a driver of, health inequalities across Wales, and as a consequence represents one of the primary reasons why Wales is struggling to achieve a healthy more equal population. It is responsible for half of the difference in life expectancy between the richest and poorest in Wales.

'The difference in life expectancy between the least and most deprived areas in Wales shows no clear signs of reducing.' Public Health Wales Observatory (2016).

The purpose of this interim report is to provide a summary of the main themes that have emerged from discussions with; the Cross Party Group, experts from a broad spectrum of organisations across Wales, third sector leaders and members of the public.

The report focuses on the impact of smoking on the most vulnerable in our communities and identifies what can be done to reduce the poverty and inequality that it causes.

Tobacco use is not a habit or lifestyle choice it is an addiction which is mainly formed during youth and early adult life.

The discussions have explored experiences around inequalities, poverty, illegal tobacco, housing, young people and cessation services. Together we examined the potential for additional legislation, adapting services, adopting new policies and national action.

Feedback was gathered on five key elements:

- Developing a broader and more consistent **community approach** to smoking cessation
- Tackling **illegal tobacco**/community involvement
- **Innovation** in smoking cessation services
- Reviewing **national action plans** to encourage policy coherence
- Push for the development of a **national strategy** to improve health, with reducing tobacco use as a key component.

Overall, partners, stakeholders and members of the public are calling for **bold government leadership, ambitious targets, innovation** in smoking cessation, and a **community-based strategy** to reach marginalised groups.

Nearly half of all Welsh adults (47%) think the government aren't doing enough to limit smoking (up from 39% in 2018).

The three main areas of focus for the Cross Party Group (2019) have been;

- 1. Smoking and Inequalities**
- 2. Smoking and Poverty**
- 3. Illegal Tobacco**

## 1. Smoking and Inequalities

Achieving a reduction of health inequalities has been a priority in Wales since devolution, however despite concerted efforts, the difference in life expectancy between the least and most deprived areas in Wales has shown little improvement in a decade.

Poorer people in Wales can expect to die around 9 years earlier than those from more affluent areas and live with ill health for 19 years longer.

In line with health, there has been little change in smoking inequalities in a decade and in fact, inequalities by occupation and mental health status are now higher than they were in 2004/5.

- Smoking rates in the most **deprived areas** of Wales stand at **21%**, compared to **13%** among the least deprived. (National Survey for Wales)
- **36%** of those with **mental ill health** smoke, compared to the average of **17%** of the adult population
- **30% of under 25's are registered smokers** at their first **maternity** session
- **16%** of women smoke **throughout their pregnancy**
- Smoking prevalence is highest amongst 25-34 year olds at **25%** (National Survey for Wales)
- Smoking is the single biggest factor in causing premature death and accounts for 43% of premature deaths in the lowest socio-economic groups.

NHS smoking cessation services are effective and are bucking the UK trend with numbers using the service increasing year on year. However, with less than 17,000 of the 467,000 smokers accessing the support, existing services, whilst vital, are not the entire solution.

In 2018/19:

- 3.2% of smokers accessed the stop smoking services
- 44% tried to quit
- 64% of smokers said they would like to quit

### **What our stakeholders said:**

- Take up of services is low and the model of stand-alone services appears to have outlived its value
- Pharmacy services across Wales vary with some Local Health Boards offering far less support than others
- People coping with a mental illness have in the past been offered relatively little support to give up even though smoking rates are extremely high
- Marginalised smokers are far more likely to be more heavily nicotine dependent
- Tobacco use amongst those at risk of drug and alcohol misuse is disproportionately high
- Cigarette smoking increases the likelihood of relapse among people in recovery from substance use disorder, helping patients quit and remain abstinent from smoking may improve their chances for sustained recovery from use of other drugs
- A large proportion of smokers are treated in hospital each year. In a study over 40% of smokers admitted to hospital were in the most deprived quintile, while 10% were in the least deprived

- Unclear messaging about the relative harms of e-cigarettes vs smoking may deter smokers from low socio-economic groups from trying to quit using an e-cigarette
- Health professionals are seeking clarity on the use and promotion of e-cigarettes
- 3.2 million e-cigarette users in the UK in 2018. (6% in Wales)
- 50% of these are ex-smokers, this has generally been growing over last few years
- E-cigarettes provide an opportunity to adopt a harm reduction approach
- Scotland has consistent data and targets for marginalised smokers and has seen the biggest fall in health inequalities of the four nations
- An opt-out service is needed in maternity settings. Mums and midwives don't always want to address the issue; midwives feel a lack of confidence; need a whole family approach – mums less likely to engage if dad is at home still smoking.

We need innovative ideas to reach communities and marginalised groups where smoking rates are highest. The challenge is to ensure we have a comprehensive package of tobacco control policies alongside smoking cessation and prevention services that are targeted at reducing marginalised smokers – those who bear the highest burden of smoking addiction.

### **Possible solutions**

- The adoption of an opt-out smoking cessation model to supporting smokers to quit in secondary care (likely to save the NHS money within the first year of implementation)
- A clear harm reduction approach (including e-cigarettes) to especially support marginalised smokers
- Targets for Local Health Boards for marginalised smokers
- A pan-Wales specialist support programme for pregnant smokers and those with mental health issues
- Cross government working to support smoker with substance use disorder to quit smoking
- Different sectors, such as housing and debt advice to be involved in the solutions

### **In Summary**

- **NHS opt-out model** for Wales
- **Harm reduction approach** (including e-cigs)
- **Specialist support** for marginalised smokers, including in maternity settings and for smokers with mental health issues.
- **Community-based** organisations to be involved in the solutions
- **Standardise data collection** on tobacco use to include categories for marginalised smokers

## 2. Smoking and Poverty

The most financially deprived smokers are more likely to smoke more heavily nicotine dependent. Children whose mothers smoke are also more than twice as likely to go on to become smokers themselves, continuing the cycle of inequality.

- **23%** of people in Wales live in **poverty**
- A **20 a-day** smoker spends over **£3,000** a year on tobacco
- **43%** of premature deaths in the lowest socio-economic groups are tobacco-related
- **43%** of the long-term unemployed smoke and **26%** of routine and manual workers - this compares to **11%** for managerial and professionals

### **What our stakeholders said:**

- Smokers addiction to tobacco puts a strain on personal finances, with tobacco purchases competing with essential household bills such as rent and food, placing stretched budgets under further pressure
- Those with financial worries are more likely to smoke however, they are just as likely to want to quit smoking
- There are perceived barriers to accessing NHS cessation services and take up is low (travel, time, motivation)
- The current services do not meet the needs of the disadvantaged smoker and services are not being adapted to reach the most hardened smokers
- Staff feel wary of giving advice and feel constrained by time and existing procedures

**Housing** - There are 158,000 tenants in social housing in Wales (approximately 10% of the population). Smoking prevalence among social housing residents is 24% almost double the average figure across all other housing tenures (13%). Social landlords looking to secure their rental income as well as supporting people's health and wellbeing, recognise the need for a broader community approach.

**Employers** - Smokers make up around 20% of the workforce and take more sick leave, more breaks and time off than non-smokers. Employers are increasingly more aware of the impact of smoking on their workforce but are unclear of what steps to take.

Debt advisers recognise that people who struggle financially are often coping with multiple issues and view smoking as a support mechanism.

Wales has the highest UK rates of poverty and the forecast shows the situation is likely to get worse. The average price of a packet of 20 cigarettes has risen to more than £10. For a smoker earning the minimum wage their tobacco addiction takes up around 13% of their take home pay.

Smoking is an expensive addiction and a significant financial burden for those already in crisis. There needs to be more understanding around why people smoke, the social network around smoking and the benefits of quitting which are beyond a person's health.

If we fail to make progress in getting the most vulnerable in our communities to quit smoking, we will be ensuring the next generation suffers from the same inequalities and a life lived in poor health with poor prospects.

## Possible solutions

- Smokers need support to stop smoking 'their way' the choice of the smoker needs to be prioritised
- More research on why people continue to smoke and barriers to quitting
- A behaviour change training model for non NHS staff to include smoking cessation
- Addressing smoking cessation is a difficult conversation, staff need training in order to be able to deliver support to clients and employees
- Additional advice for community-based organisations, such as housing and money advice to incorporate smoking cessation into services
- The adoption of a 'whole family approach' to break the intergenerational cycle that starts in childhood and leads to a lifelong pattern of inequality and disadvantages
- Initiatives and incentives around behaviour change, and health and wellbeing that can be embedded into future employment funding programmes such as the Economic Contract.

## In Summary

- **Unified** position statement on e-cigarettes
- Smoking cessation **training model** for frontline **non-NHS staff**
- Government programme of **incentives and guidance for employers**
- Targets for **marginalised smokers**

## 3. Illegal Tobacco

The illegal tobacco market represents a serious public health risk because it undermines the tobacco controls that reduce smoking rates including, taxation, age restrictions on sales and point-of-sale display bans.

- Illegal tobacco makes up **15%** of the entire tobacco market in Wales
- The latest survey shows **Wales** has the **highest prevalence in the UK**
- **45%** of smokers have been offered illegal tobacco
- The average price is **£4 for 20** compared to the retail price of **£10**
- **18%** of **16-24 year olds** smoke in Wales

Illegal tobacco is cheap and available, making it easier for young people to afford and for smokers to continue smoking. Research has found young smokers are more likely to be offered illegal tobacco than adults (55% of 14 and 15-year-olds who smoke buy illegal tobacco, compared to 25% of adults).

Despite the point of sale display bans, plain packaging and regular price the number of young smokers hasn't changed in four years.

Illegal tobacco also funds criminality in our communities and with one million illegal cigarettes being smoked in Wales every single day it is big business. For criminals, tobacco is a low risk but high return activity.

70% of those who buy illegal tobacco in Wales say the availability of illegal tobacco makes it possible for them to smoke when they could not otherwise afford it.



## **What our stakeholders said:**

Cutbacks in enforcement means this is a challenging space to work in, with criminals easily able to adapt to their environment. The landscape for catching and punishing criminals is ever changing and we need to be able to respond to this.

It is expensive to prosecute these criminals and the resources going into combatting illegal tobacco result in an unmet need in other areas of rogue trading.

Any plans to drive down smoking need to be supported by national action to reduce the illegal tobacco market in Wales.

Two young people from ACT training joined the CPG to share their personal experiences of illegal tobacco, 17-year-old, Jack and Chloe commented:

- Illegal tobacco easy to get hold of – shops rarely ask for ID and regularly offer single cigarettes from under the counter
- Illegal tobacco is an easy option when you have no/little money – price of cigarettes is constantly going up
- It's easier to buy tobacco than alcohol
- Tobacco is expensive and half of Jack's money goes on this
- They started smoking because of their peers/social smoking
- Their parents smoked
- It did not take long before they felt addicted; not that easy to give up
- Little information given out in school about the consequences; smoking was rolled into substance misuse lessons

The discussion centred around:

- The threat of illegal tobacco is increasing
- Time spent tackling illegal tobacco leaves other areas of illicit trade neglected, resulting in the unmet needs of vulnerable people and less safe communities
- Calls for a mapping exercise of Serious Organised Crime gangs so resources can be better targeted
- An updated all Wales profile of illegal tobacco
- Health and Safer communities need to be more aligned; more cross government working to ensure effective use of limited budgets
- Involvement of the third sector and support organisations in building a stakeholder group for further action
- Standardised reporting model for illegal tobacco
- More information on tobacco use and support for young people – aged 16-24 who want to give up smoking.

## **Possible solutions**

Create a nationally funded campaign and enforcement programme that responds to the scale of the problem

- A minimum of 3 years with the focus on criminality and changing public attitude towards IT
- Direct link to cessation/quit services

Build partnerships and engagement to enhance enforcement

- Develop protocol around the sharing of intelligence and resources
- Clear lines of coordination and responsibility

Develop a clear public reporting strategy

- Where and to whom
- Website; Apps; Phoneline

Implement harsher penalties for those that sell it

- Magistrates need to increase fines/understand the severity of the crime
- Involve social housing organisations; penalise individuals found guilty of selling from their own homes

A post 16 education programme that supports young people to quit smoking and reduces the attractiveness of illegal tobacco

### In Summary

- **Updated** Illegal Tobacco **profile** for Wales
- National **campaign and enforcement** programme
- Build **partnerships** and engagement to align **health and safer communities**
- Increase **Cross-Government working**
- **Clear reporting** mechanisms and **harsher penalties** for sellers
- **Education and support programme for 16-24 year olds**

## Conclusions and

Wales needs to be clear about its own ambitions. Welsh Government has made tackling poverty and inequality a priority, with a range of intervention programmes. However, without a substantial reduction in the number of people smoking, with a greater reduction in specific groups, progress will be limited.

The report sets out a series of actions that support the smokefree agenda and tackles inequalities across Wales:

### 1. Ending the Tobacco Epidemic in Wales

Governments of Scotland, England, Ireland, New Zealand, Canada and others have all pledged their support to an endgame target for smoking. The endgame is to achieve a smoking prevalence of less than 5% and to finally end the tobacco epidemic. To help focus action Wales needs a smokefree target.

The dates set so far include; Scotland: 2034, England: 2030, Ireland: 2025, New Zealand: 2025, Canada: 2035.

The TCDP sets out the ambition for Wales to become smokefree there is now an opportunity to set a date by which Wales hopes to realise this ambition.

ASH Wales' YouGov survey showed 68% of adults in Wales would support an endgame target of 5% by 2035 and 73% support additional tobacco control policies, including imposing a levy on tobacco companies to fund stop smoking support.

An endgame goal will require progressive new measures that will focus long-term action to fight tobacco use. To support the endgame ambition and inform the creation of a new tobacco control delivery plan for Wales the following recommendations have been identified.

## **2. Promoting Leadership in Tobacco Control**

Partners, stakeholders, and the public want strong leadership and bold action to make Wales smokefree. Addressing the burden of tobacco use requires government and stakeholders to have the capacity and direction to deliver a healthier Wales. To achieve this there needs to be;

- Clear accountability and public annual reporting of the implementation of Wales' tobacco control measures
- The clear adoption of a harm reduction approach to tobacco control including a unified consensus on e-cigarettes
- Standardise data collection on tobacco use to include categories for marginalised smokers
- All local government strategies to be measured on the implementation of key tobacco control strategies, regulation, prevention and cessation
- Health and wellbeing strategies embedded in community support services such as; community hubs, education providers, money advice centres, housing support offices food banks
- Health outcomes included in all government funded programmes including the Financial Tools Programme used by Debt Advisers and the Economic Contract for Employers.

## **3. Reducing the Uptake of Smoking**

To achieve a smokefree Wales we need to 'turn off the tap' and take action to prevent young people becoming addicted to tobacco. Tobacco needs to become less attractive and less available to young people and the intergenerational cycle of smoking needs to be interrupted and broken.

Illegal tobacco opens a door to smoking. The availability of it in the communities where vulnerable people live, helps to sustain addiction and exposes people to a world of criminality. If we can minimise access to cheap tobacco we will support one of the main influences for quitting; the financial cost.

Further recommendations around youth uptake and cessation will be formulated over the coming year, however, so far stakeholders have called for;

- Increasing the age of sale from 18 to 21
- Use evidence from the Retail Register to inform discussions on the density of tobacco retailers around high risk areas such as schools
- An education and support programme for 16-24 year olds who want to give up or reduce their tobacco use (to include cannabis use)
- An all Wales opt-out model in maternity settings with specialist smoking cessation support for pregnant women and their families
- Implement a programme to tackle illegal tobacco sales in Wales
- Updated illegal tobacco profile for Wales
- National illegal tobacco campaign and enforcement programme
- Build partnerships and engagement to align health and safer communities
- Increased Cross-Government working

- Clear reporting mechanisms
- Harsher penalties for sellers to underage children

#### **4. Reducing Smoking Prevalence**

Our single greatest opportunity to close the gap in health outcomes is to radically reduce smoking prevalence and adopt a targeted approach to help people quit. There are now far less smokers than ten years ago and Wales needs a modernised tobacco control strategy. Our stakeholders have called for;

- The introduction of the NHS opt-out model for Wales, with the universal introduction of smoking cessation aids at the point of contact with smokers
- Innovation to help smokers stop – current services do not meet the needs of the majority of smokers who want to quit.
- Incentives for cessation services to adopt innovative ways to attract marginalised smokers
- Specialist support and targeted action for marginalised smokers
- Community-based solution - professionals trained to hold conversations around behavioural change with vulnerable groups. Smoking cessation advice to be embedded as part of the support they offer.
- A person-centred approach to smoking cessation with a unified position on e-cigarettes and training for NHS and non NHS workers on a harm reduction
- Education and support programme for 16-24 year olds

#### **5. Reducing Exposure to Second-hand Smoke**

Since 2007, smoking in enclosed public places has been prohibited throughout the UK. Regulations to prohibit smoking in cars when children are present entered into force on 1 October 2015 in England and Wales. Similar regulations are due to be implemented in Scotland and Northern Ireland.

There is significant support for smokefree policies in Wales with 63% of adults support a smoking ban in outdoor seating areas of restaurants and cafes, and over half (59%) support a ban in town centres. Our stakeholders have called for;

- The full implementation of the Public Health (Wales) Act 2017
- An annual review of additional smokefree spaces
- A programme of cessation and support to compliment the implementation of smokefree spaces

#### **Summary**

This interim report reflects the findings of the CPG meetings for 2019. Evidence and recommendations have been gathered around how to tackle inequalities, poverty and illegal tobacco. The recommendations have been summaries under the action areas outlined in the TCDP for Wales.

The next stage of the CPG will be to explore the following topics

- **Smoking and Young People**
- **A shared vision delivered through community-based solutions**
- **Supporting the workforce to quit and reducing exposure to second-hand smoke**

A full report will be presented to the Tobacco Control Strategy Board in March, ahead of the formation of the new Tobacco Delivery Plan for Wales.