

WALES TOBACCO CONTROL ALLIANCE

CONSULTATION RESPONSE TO :

Tobacco control strategy for Wales and delivery plan



About: The WTCA is an action group that works to monitor the evidence around tobacco use in Wales. The alliance also monitors and supports progress made in relation to the Tobacco Control Strategy for Wales.

The below consultation response has been comprised from a survey open to all WTCA members. As each organisation has its own stance and policy positions towards tobacco control, not all members are able to sign up to this consultation response. The WTCA prides itself on providing a platform where organisations across Wales can express different views and positions relating to tobacco control. This is essential for a think tank to operate effectively.

This response has been endorsed by the following organisations:

ASH Wales Cymru
Asthma & Lung UK
Cancer Research UK
Royal College of Midwives Wales
Royal College of Nursing Wales
Royal College of Paediatrics and Child Health Cymru
Royal College of Physicians Cymru
Royal College of Psychiatrists Wales
Tenovus Cancer Care



Coleg Brenhinol
y Meddygon (Cymru)



Coleg
Brenhinol y
Bydwagedd
Cymru

Abbreviations

FCTC- Framework Convention on Tobacco Control

LHB- Local Health Board

SCS- Smoking Cessation Services

SES- Socioeconomic Status

TCDP- Tobacco Control Delivery Plan

WG- Welsh Government

WTCA- Wales Tobacco Control Alliance

Consultations Questions

Question 1

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

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

[Yes]

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

The WTCA supports Welsh Government's ambition for a smoke-free society by 2030 (less than 5% of the adult population smoking) and believes the plan sets a welcome and essential framework for action. Historically, there has been a WTCA consensus for Wales to set an endgame target of 5% or less. The rationale behind this target is to spur action, and in turn increase the pace of change needed to realise a smoke-free society. In addition, there is clear public support (73%, including 40% of smokers surveyed) for Wales to set an endgame date of 2030¹.

Smoking is still the leading cause of preventable death in Wales². Modelling by CRUK indicates that if the current pace of action continues, Wales will not reach a smoke-free status until 2037³. The analysis expects that the UK's most disadvantaged SES groups will reach the 5% target much later than their least disadvantaged counterparts. In light of this, the WTCA recommends that the 5% target is extended across SES groups, to aid efforts to reduce health inequalities evident in Wales⁴. Furthermore, the WTCA strongly supports the strategy's overarching theme to reduce inequalities caused by smoking across Wales.

The WTCA supports:

- The ambition to make Wales smoke-free by 2030.
- The endgame target of 5% or less.
- Reducing inequalities.

The WTCA recommends

- 5% endgame target is extended across all SES groups.

¹ ASH Wales. [YouGov Survey 2021](#)

² NHS Wales. [Health in Wales | New evidence shows that smoking remains the biggest cause of preventable ill health in Wales](#). 2019

³ CRUK. [Smoking prevalence projections for England, Scotland, Wales, and Northern Ireland, based on data to 2018/19](#) 2020

⁴ NSW. [National Survey for Wales 2018-19: adult smoking and e-cigarette use](#) 2019

Question 2

The strategy sets out three themes under which we will work as we drive forward the changes in smoking in Wales:

Theme 1: Reducing Inequalities

Theme 2: Future Generations

Theme 3: A Whole-System Approach for a Smoke-Free Wales

Do you agree that these are the right themes to focus the strategy around?

[Yes]

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

The WTCA represents a broad spectrum of views from organisations with varying priorities. In light of this recommendations have been left broad in a bid to present a consensus.

The WTCA agrees that the themes outlined are the right themes to focus the strategy around. Within these themes, the WTCA recommends that actions actively seek to reduce and not exacerbate inequalities caused by tobacco use.

The WTCA recommends that actions should be evidence-based, and that actions with the highest impact on smoking prevalence should be prioritised. To support this, actions and their impact should be robustly monitored and evaluated. The WTCA highlights the importance of assessing how these themes feed into other relevant government frameworks and strategies.

The WTCA recommends:

- Evidence-based actions with the most impact are prioritised.
- Ensure actions actively seek to reduce and not exacerbate inequalities caused by tobacco use.
- Actions are robustly monitored and evaluated for impact.
- An assessment of how tobacco control principles can feed into other relevant government frameworks and strategies.

The WTCA has produced recommendations for the specific themes. These have been included below.

Theme 1: Reducing Inequalities

The WTCA supports the inclusion of 'reducing inequalities' as a theme, as smoking related inequalities place a disproportionate burden of ill health on specific groups in Wales.

Data shows that adults in the three most economically deprived areas of Wales are more likely to smoke than the two least deprived areas⁵. This is mirrored in Welsh youth, as young people from less affluent families are twice as likely as those from more affluent families to report current smoking (6% vs. 3%)⁶. Such inequalities are echoed throughout many priority groups outlined within the strategy.

In light of the above, the WTCA recommends that research is conducted into which interventions best support priority groups. The WTCA believes the evidence in this area needs to be reviewed and strengthened in order to; identify where gaps exist, assess which interventions work and where the most impact can be made. Currently, the evidence-base in this area is lacking. In light of this, Wales has an opportunity to share learnings within this field at a UK and international level.

In addition, there are strong calls from WTCA members for improved smoking cessation services within this workstream. This includes increased accessibility to these services for priority groups, and ringfenced funding.

The WTCA highlights the need for accurate reporting mechanisms for priority groups, that are transparent and publicly available.

The WTCA recommends:

- Research into which interventions work best for priority groups.
- Share findings on a UK wide and international level.
- Improved SCS services for priority groups, which includes better accessibility and ringfenced funding.
- Robust and accurate reporting mechanisms that are transparent and publicly available.

Theme 2: Future Generations

The WTCA supports the inclusion of ‘future generations’ as a theme for the strategy.

According to the latest maternity and birth statistics, around one in six (17%) Welsh mothers were recorded as smokers at their initial assessment in 2020⁷. The rate is much higher in younger mothers, where a third (33%) of women aged under 20 smoked, while only just over a tenth (12%) of women aged over 35 smoked⁸. Maternal smoking prevalence has been proven to have a significant impact on uptake amongst young people.

In addition to the above, youth smoking rates remain stubbornly high with 8% of 15-16 year-old smoking on a regular basis, a figure that has not changed since 2013⁹. Therefore, a theme to address the protection of future generations is welcomed.

⁵ NSW . [National Survey for Wales 2018-19: adult smoking and e-cigarette use](#) 2019

⁶ SHRN. [Report of the 2019/20 School Health Research Network Student Health and Wellbeing Survey](#) 2021

⁷ Statistics and Research. [Maternity and birth Statistics-Welsh Gov](#) 2020

⁸ Statistics and Research. [Maternity and birth Statistics-Welsh Gov](#) 2020

⁹ SHRN [Youth smoking and vaping in Wales](#) 2020

The WTCA recommends that a focus on actions with the greatest impact should be a key consideration within this theme. Thus, an assessment of actions which hold the greatest impact on smoking prevalence would be beneficial.

The WTCA recommends:

- An assessment of actions and their impact within this workstream.
- Implementing actions with the greatest impact.

Theme 3: A Whole-System Approach

The WTCA supports the inclusion of 'a whole-system approach' as a theme for the strategy.

As the strategy rightly highlights, Wales must work together in a collective effort to ensure that all levers, mechanisms and systems are fully utilised to achieve the smoke-free ambition.

Question 3

Whilst we have established that it is our ambition to achieve a smoke-free Wales by 2030, we have not set milestone smoking prevalence targets in our strategy or set a smoking prevalence rate that we will look to achieve by the end of the first delivery plan. However, our aim is for a step-wise reduction in smoking prevalence over the next 8 years. We will use the following data sources to monitoring smoking rates in Wales:

- **National Survey for Wales which provides data on smoking in Wales and provides a smoking prevalence rate. Student Health and Wellbeing in Wales survey for smoking and vaping behaviours in young people aged 11-16.**
- **Maternity and birth statistics for maternal smoking rates.**

Do you feel this is the right approach?

[Partly]

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

The WTCA believes that a step-wise approach should be given a fuller explanation, as this could mean a steady decline or a series of steep drops followed by plateaus.

While the WG marks that it will not set milestone targets within the first stage of the delivery plan, the WTCA believes targets may be useful for later stages of the strategy. The rationale behind this is to ensure progress is sustained throughout the strategy, and that impact on smoking prevalence is frequently monitored throughout the TCDP.

The WTCA recommends:

- A clear definition of a step-wise approach.
- A commitment to setting interim milestone targets for later additions of the TCDP.

Question 4

Are there any other data sources that should be used to monitor the success of the strategy and delivery plan? If so, what would they be?

Please provide additional comments

The WTCA has not submitted a response to this section.

Question 5

To support delivery of the strategy it is our intention to publish a series of two-year delivery plans. Do you agree that we organise our actions into two-year delivery plans?

[Yes]

Please explain why the structure works well or outline how it could be made better.

The WTCA believes 2 years provides enough adjustment time and sets a firm framework for delivery and measuring targets. Members have highlighted that this model is echoed in other delivery plans, such as Healthy Weight Healthy Wales.

The WTCA highlights the importance of securing solid data pathways within the first phase of the TCDP. The rationale for this is improved monitoring to ensure TCDP progress is sustained.

Towards the end of each series, it would be beneficial to set time aside to assess progress and plan the next TCDP phase. This would be conducted before each TCDP phase is finished. This would ensure that the two-year time frame is fully utilised, and that focus is steered towards action.

The WTCA recommends:

- Organising actions into two-year delivery plans.
- Secure data pathways within the first TCDP.
- WG to factor in time for planning and review before the end of each TCDP phase.

Question 6

In the first two-year delivery plan, which covers April 2022 – March 2024, we have grouped the actions we will take into five priority action areas:

Priority Action Area 1: Smoke-Free environments

Priority Action Area 2: Continuous improvement and supporting innovation

Priority Action Area 3: Priority groups

Priority Action Area 4: Tackle illegal tobacco and the tobacco control legal framework

Priority Action Area 5: Working across the UK

Do you agree that these are the right priority action areas to focus the 2022-2024 delivery plan around?

[Yes]

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

The WTCA believes the five priority areas are correct, however, the alliance recommends that the order of actions should be reflective of the relative impact each has on smoking prevalence.

The WTCA recommends:

- Ordering priority actions by the greatest impact on smoking prevalence.

Question 7

We have developed a number of actions within each priority action area. Do you feel these are the right ones?

[Partly]

Please explain why the actions are right or how they can be improved.

Priority action area 1: Smoke-free environments

Evidence shows smoke-free legislation can improve health outcomes through a reduction in second-hand smoke¹⁰, and has a positive influence on smoking behaviour and social norms¹¹.

The WTCA recommends a review of the existing legislation and opportunities to enhance the impact of smoke-free environments.

In addition, the added value of third sector partnerships should be promoted throughout this action area. For example in 2021, the implementation of smoke-free school gates enabled ASH Wales and Public Health Wales to work together to place advertising outside over 20 percent of schools in Wales, and in turn promote smoke-free spaces.

The WTCA also believes the promotion of voluntary smoke-free spaces in publicly-funded bodies would help create pathways for expansion, innovation, cross-government working and third sector partnerships.

The WTCA recommends:

- A review of the existing legislation, as outlined in the TCDP.
- Promotion of voluntary smoke-free spaces within publicly-funded bodies.
- Promote third sector partnerships to maximise the impact of smoke-free spaces.

Priority Action Area 2: Continuous improvement and supporting innovation

The WTCA supports this priority area, and supports plans to develop a systematic secondary care service for Wales.

As previously outlined, evidence-based actions which hold the greatest impact should be prioritised throughout the TCDP. In light of this, we welcome the actions included within this area. As the Deputy Minister outlines in her forward to the long-term strategy, ambition and meaningful change are necessary for Wales to achieve its 2030 ambition. In context to

¹⁰ Frazer K, Callinan J, McHugh J, Van Baarsel S, Clarke A, Doherty K, Kelleher C. [Legislative smoking bans for reducing harms from secondhand smoke exposure, smoking prevalence and tobacco consumption](#), 2016

¹¹ Bauld, L. [Impact of smokefree legislation in England: Evidence review](#) .2011

this area of the TCDP, for meaningful change to be realised a step-change is necessary to strengthen smoking cessation services in Wales. From March 2020 to April 2021, 3.34% of smokers in Wales made a quit attempt using Help Me Quit services¹². To reach our 2030 ambition, there needs to be a steep rise in those accessing such services in Wales. Thus, the WTCA is pleased that cessation services are being strengthened, and have included recommendations on how these services can be reinforced.

i) A systematic secondary care smoking cessation service in Wales

The WTCA recognises the importance of a systematic secondary care smoking cessation service in Wales, and views this as an important element of the TCDP.

WTCA members have not shown preference over one SCS model over another, but recognise the importance of flexibility within this new secondary service, to meet the service needs of Wales. The WTCA recommends that the new service meets the needs of service users within this workstream.

The WTCA recommends:

- Creating a systematic secondary care smoking cessation system for Wales, ensuring flexibility within the service.
- Create services that suit the needs of the service user.

ii) Digital solutions for smoking cessation support

The WTCA welcomes WG's plans to explore innovative and digital methods to reduce smoking uptake and promote smoking cessation.

In Wales, it is estimated that 45% of adult smokers try to quit each year¹³. Despite this, less than 3.3% of people trying to quit seek support through national smoking cessation services, which means the vast majority of smokers attempt to quit outside of available services each year¹⁴. In addition, use of SCS was impacted during the pandemic, with almost 1,000 less smokers accessing services in 2020, bringing service figures down for the first time in 6 years¹⁵. In light of this, we highlight the need to reinforce and improve smoking cessation services in Wales.

The WTCA recommends that digital solutions, coupled with system change, are explored within this workstream, as part of wider efforts to improve smoking cessation services in Wales.

¹² Welsh Government. [NHS smoking cessation services 2020-2021](#) 2021

¹³ NSW. [National Survey for Wales 2018-19: adult smoking and e-cigarette use](#) 2018

¹⁴ Welsh Government. [Welsh resident smokers who made a quit attempt via NHS smoking cessation services, by local health board and cumulative quarters within a financial year](#) 2021

¹⁵ Welsh Government. [Welsh resident smokers who made a quit attempt via NHS smoking cessation services, by local health board and cumulative quarters within a financial year](#) 2020

It would be beneficial to assess how this area would feed into other areas of the TCDP, such as the Help Me Quit Hospital Model and reducing inequalities. Within this scope, we highlight the importance of acknowledging the service needs of priority groups, to ensure that this body of work is as accessible and inclusive as possible. Research into this area would be beneficial, as the evidence base is lacking.

WTCA members have highlighted that development in this area should be influenced by frontline professionals that work with smokers in Wales. The rationale behind this is that health care providers offer invaluable insights into the daily lives and obstacles of people accessing these services when seeking support.

The WTCA recommends:

- Work to drive forward digital solutions and system changes to improve support services for smokers.
- Solutions to work with current smoking cessation programmes.
- Research into which solutions work best for certain groups, with a focus on priority groups.
- Drawing upon the experience of frontline workers and smokers, in the development of digital solutions and system changes.

Priority action area 3 : Priority groups

The WTCA supports this priority action area, and recommends the following within his workstream.

i) Strengthened support for pregnant people

The harms of smoking during pregnancy are well documented, which includes complications within pregnancy, stillbirths, neonatal death and serious long-term health implications for both mothers and babies¹⁶. Studies have also shown that children growing up in a household where their mother smokes are over 2 times more likely to smoke in later life, reinforcing existing inequalities and cycles of disadvantage¹⁷. Thus, the cross-generational nature of smoking prevalence within this area should not be overlooked and the actions to address this issue need to be proportionate.

In Wales, 17% of women were recorded as smokers at their initial assessment in 2020, a 1% point increase from the previous year, with young mothers aged between 16-19 marking the highest smoking prevalence (35% of all smoking pregnancies)¹⁸. Compared to the previous year, smoking prevalence has risen by 5 percentage points in groups aged 16-19 and 40-44¹⁹.

¹⁶ Mund M, Louwen F, Klingelhofer D, Gerber A. [Smoking and Pregnancy — A Review on the First Major Environmental Risk Factor of the Unborn](#) 2013

¹⁷ Leonardi-Be, J et al., [Exposure to Parental and Sibling Smoking and the Risk of Smoking Uptake in Childhood and Adolescence: A Systematic Review and Meta-Analysis](#). 2011

¹⁸ Welsh Government. [Maternity and birth statistics: 2020 | GOV.WALES](#) 2021

¹⁹ Welsh Government. [Maternity and birth statistics: 2020 | GOV.WALES](#) 2021

WTCA members who work within neonatal clinical settings have pointed out the need for a consistent level of care and service across Wales. Currently, smoking cessation services for pregnant people are inconsistent across Welsh health boards. The WTCA again highlights the need for flexibility within services to ensure the needs of patient and individual health boards are met. This recommendation calls for more consistency in the level of care offered to pregnant smokers across Wales.

Within this workstream, the WTCA recommends that carbon monoxide screening is delivered by maternity services in Wales, as standard practice. Evidence suggests that routine CO monitoring of smokers increase smokers' motivation to stop smoking and improves the effect of quit advice in the general population^{20 21}. CO monitoring provides smokers with visible proof of the harm caused by smoking, and it gives people a practical measurement of their smoking status with which to chart their progress after they stop smoking. In addition, CO monitoring can be used as a diagnostic tool used to assess a women's exposure to CO and identify a way of managing that risk - usually through referrals to SCS²².

The WTCA recommends that there is a commitment to exploring innovation within this area, in a bid to aid efforts to curtail smoking prevalence within this priority group.

The WTCA recommends:

- A standardised smoking cessation service for pregnant smokers in Wales.
- CO screening offered within all maternity services in Wales.
- A commitment to exploring innovation within this area.

ii)Additional priority groups

The WTCA supports TCDP action to address smoking prevalence within this workstream.

As the strategy highlights, smoking rates remain high within certain priority groups in Wales. For example, it is estimated that smoking prevalence among people living with mental health conditions stands at 33% in Wales²³. According to ASH Wales YouGov survey (2018), smoking prevalence among Welsh social housing tenants is around double the average figure across all surveyed respondents²⁴. According to SHRN, a significantly greater proportion of less affluent young people report to have ever smoked in Wales²⁵. These disparities are echoed throughout many of the priority groups outlined within the strategy, and in turn contribute to health inequalities in Wales.

²⁰ Goldstein A O, Gans S P, Ripley-Moffitt C, Kotsen C, Bars M. [Use of Expired Air Carbon Monoxide Testing in Clinical Tobacco Treatment Settings](#). Feb 1;153(2):554-62. 2018

²¹ Shahab L, West R, McNeill A. [A randomized, controlled trial of adding expired carbon monoxide feedback to brief stop smoking advice: evaluation of cognitive and behavioral effects](#). 2011

²² Smoking in Pregnancy Challenge Group. [Evidence into Practice:CO monitoring and data collection throughout pregnancy](#) 2021

²³ ASH Wales . [Smoking Cessation and Mental Health](#) 2017

²⁴ ASH Wales. [Second-hand smoke exposure and smoking](#). 2018

²⁵ SHRN. [Youth smoking and vaping in Wales](#) 2020

In light of the above, the WTCA recommends that specialists who engage with specific priority groups are represented at TCDP implementation groups. The success of actions within this field will be significantly aided by prior experience and understanding of specific groups.

As previously mentioned, there is a lack of evidence outlining which interventions and services best support individual priority groups. In light of this, the WTCA recommends additional research within this area.

The WTCA recommends:

- Specialists in each field represented in the implementation groups for the TCDP.
- Funding research to establish what interventions work for these priority groups.

Priority Action area 4: Tackle illegal tobacco and support the tobacco control legal framework

Illegal tobacco is a serious problem in Wales; it undermines all of our tobacco controls and makes it easier for children to access tobacco. It is estimated that one million illegal cigarettes are smoked in Wales every day²⁶.

In 2021, HMRC funded a national enforcement campaign, Operation Ce Ce, which is run by trading standards teams across Wales. In 2021 alone, 2.84 million cigarettes and 404kg pouches of hand-rolling tobacco were seized from the illegal market in Wales²⁷.

WTCA partners such as ASH Wales have long campaigned for a dedicated enforcement and marketing campaign to tackle the illegal tobacco market in Wales. In 2021, Welsh Government funded a national marketing campaign aimed at reducing the demand and supply of illegal tobacco. Key elements of the campaign include:

- A dedicated reporting portal for illegal tobacco
- A website hosting the campaign assets
- A suite of resources for stakeholders
- A targeted mass media campaign which includes digital assets
- Pan Wales police training on the impact of illegal tobacco and how to report it
- A NEMS survey of adults and young people and their access and attitudes to illegal tobacco

The above campaign seeks to; build essential partnerships in the fight against illegal tobacco, assist in the creation of tailored messaging for priority groups, and provide national data on the scale of the problem of illegal tobacco in Wales.

In light of the body of work carried out within this field, the WTCA recommends the following to reinforce efforts to curtail the illegal tobacco in Wales.

²⁶ ASH Wales [CPG on Illegal Tobacco Brief and Minutes](#) 2019

²⁷ Stats obtained from HMRC in January 2022.

WTCA recommendations:

- WG commit to continued funding the illegal tobacco marketing campaign in Wales, to ensure progress is sustained in this area.
- WG commit to funding a biennial NEMS survey for young people and adults, to assess the market's impact on Wales.
- Local Authorities across Wales are tasked with producing Annual Tobacco Control Surveys including data relating to under age sales and other enforcement activity.

Within this workstream, the WTCA supports the following.

i) Tobacco control legal framework

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

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

Developments for the proposed retail register have been underway since 2015, with the last TCP marking an ongoing review of evidence of 'the Public Health (Wales) Act 2017 to examine the density of tobacco retailers'²⁸. A tobacco retail register for Wales has yet to be established and implemented. ASH Wales has gathered that progress has been halted over concerns the register may duplicate elements of the proposed track and trace system.

The WTCA recommends:

- The full implementation of the section 2 of the Public Health (Wales) Act 2017 within the 2022-24 framework to include;
 - A register of retailers of tobacco and nicotine products.
 - The use of restricted premises orders and restricted sale orders relating to the sale of tobacco and nicotine products for those who have been convicted of tobacco or nicotine offences.
 - Restrictions on remote sales of tobacco and nicotine products to those over the age of 18 years.

²⁸ Welsh Government. [tobacco-control-delivery-plan-for-wales-2017-to-2020](#). 2017

Question 8

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

Media Campaigns

Mass media campaigns have been a key component of the UK's tobacco control strategy since the early 2000s, and there is strong evidence that tobacco control MMCs can increase adult smoking cessation and reduce smoking uptake^{29 30 31}. Systematic reviews of economic evaluations of past campaigns have found MMC's to be cost effective³², however, campaigns need to have sufficient intensity and be sustained in order to have a meaningful effect³³. For effective MMC's, see the Royal College of Physicians *Nicotine Without Smoke* report³⁴, and its review on effective levels of gross rating points (MMC exposure).

England's 2012 Stoptober campaign, which used both new and traditional media, was estimated to have generated 350,000 quit attempts and almost 9,000 permanent quitters in October 2012 (based off the conservative estimate that 2.5% of quit attempts would lead to permanent cessation)³⁵.

A 2016 regional mass media campaign conducted by Fresh North East and Smokefree Yorkshire and Humber illustrates the value of mass media in promoting quit attempts³⁶. The campaign reached approximately 333,000 people via TV, radio, print and online. Of those who saw the campaign 16% (around 55,300 people) cut down on their smoking. A further 8.4% (around 28,000 people) made a quit attempt as a result of the campaign while 4% switched to electronic cigarettes³⁷.

The Royal College of Physicians highlights within its *Nicotine without Smoke* report: *'Over the period from 2002 to 2009, when adult smoking prevalence in Britain fell from 26% to 21%, an estimated 13.5% of this decline was attributable to the effect of MMCs'*^{38 39}.

It is the WTCA's understanding that the WG has utilised focus groups to ensure that TCDP messaging can target and resonate with specific groups in Wales. The WTCA supports this action, and suggests this approach is continued.

²⁹ Wakefield MA, Durkin S, Spittal MJ, et al., [Impact of tobacco control policies and mass media campaigns on monthly adult smoking prevalence](#). 2008

³⁰ Durkin SJ, Biener L, Wakefield MA. [Effects of different types of antismoking ads on reducing disparities in smoking cessation among socioeconomic groups](#). 2009

³¹ National Cancer Institute. The role of the media in promoting and reducing tobacco use. NCI Tobacco Control Monograph Series. Bethesda, MD: US Department of Health and Human Services, National Institutes of Health, National Cancer Institute, 1998

³² Atusingwize E, Lewis S, Langley T. [Economic evaluations of tobacco control mass media campaigns: a systematic review](#) 2015

³³ Durkin S, Wakefield M. [Commentary on Sims et al. \(2014\) and Langley et al. \(2014\) Mass media campaigns require adequate and sustained funding to change population health behaviours](#). 2014

³⁴ RCP [Nicotine without smoke: Tobacco harm reduction](#). 2016

³⁵ Brown J, Kotz D, Michie S et al. [How effective and cost-effective was the national mass media smoking cessation campaign 'Stoptober'?](#) 2014

³⁶ ASH UK. [Stoptober: ASH calls for more mass media campaigns to help smokers to quit](#) 2016

³⁷ ASH UK. [Stoptober: ASH calls for more mass media campaigns to help smokers to quit](#) 2016

³⁸ RCP [Nicotine without smoke: Tobacco harm reduction](#). 2016f

³⁹ Sims M, Salway R, Langley T et al. Effectiveness of tobacco control television advertising in changing tobacco use in England: a population-based cross-sectional study. *Addiction* 2014;109:986–94.

In light of the above, the WTCA recommends that MMC's are implemented throughout the TCDP.

WTCA recommendations:

- Targeted and consistent media campaigns are included within the strategy.

Question 9

Do the strategy and delivery plan align with other relevant areas of policy and practice?

[Partly]

Please explain why it aligns well or outline how it could be made better.

Declaration of Interest for Welsh Government TCDP working groups and consultation responses

As a Party to the World Health Organisation Framework Convention on Tobacco Control ([FCTC](#)), the Welsh Government has an obligation to protect public health policy from the vested interests of the tobacco industry. To meet this obligation, the WTCA recommends that a declaration of interest is required for future TCDP consultations and working groups which centre on health policy.

WTCA recommendation:

- Declaration of Interest for Welsh Government TCDP working groups and consultation responses.

Implementation of WHO FCTC.

The WTCA calls for the Welsh Government's Tobacco Control Strategy to be protected from the influence of the tobacco industry, in line with our commitments under the sole international public health treaty to which UK and EU are signatories ([FCTC](#)).

WTCA partners have expressed concern around the tobacco industry's proximity to the Senedd⁴⁰. Recently, partners have relayed how the industry has continued efforts to reframe its image through acts of corporate social responsibility⁴¹. This tactic is not new, and is defined in the Conference of Parties guidelines on Art 5.3 as tobacco industry marketing⁴². CSR is a known strategy used to garner political support and influence.

The WTCA recommends that the FCTC obligations are incorporated into the strategy, with particular reference to implementation of Article 5.3, which protects health policies from vested interests of the tobacco industry⁴³.

WHO FCTC guidelines have been implemented by the Scottish Government since its 2013 strategy, with a required declaration of interests for those taking part in Ministerial advisory groups, and respondents to consultations on tobacco health measures. The Scottish DOI requirement was recently updated in line with international good practice and applied to members of the working group convened to consider Scotland's next Tobacco Action Plan.

⁴⁰ ASH Wales. [JAPAN TOBACCO INTERNATIONAL IN SENEDD ESTATE](#) 2021

⁴¹ Hirschhorn N. [Corporate social responsibility and the tobacco industry: hope or hype? | Tobacco Control \(bmj.com\)](#) 2004

⁴² WHO. [Guidelines for implementation of Article 5.3 of the WHO Framework Convention on Tobacco Control](#)

⁴³ WHO. [Guidelines for implementation of Article 5.3 of the WHO Framework Convention on Tobacco Control](#)

WHO FCTC policy guidelines were also included in England's *Healthy Lives, Healthy People: A Tobacco Control Plan for England 2011*⁴⁴. In addition, WHO FCTC policy guidelines were included in *Towards a Smokefree Generation: A Tobacco Control Plan for England (2017)*, which is referenced below:

'Finally, there is a fundamental and irreconcilable conflict between public health and the interests of the tobacco industry. Under Article 5.3, the WHO FCTC includes an obligation for all countries that have ratified the treaty to protect public health policies from the commercial and other vested interests of the tobacco industry. The government will continue to uphold its obligations under the WHO FCTC'⁴⁵.

To match policy safeguards evident in other UK nations, The WTCA recommends FCTC guidelines are implemented within Wales' own approach to tobacco control.

WTCA recommendations:

- Implementation of the WHO FCTC.

⁴⁴ Department of Health and Social Care. [The tobacco control plan for England](#) 2011

⁴⁵ Department of Health. [Towards a Smoke free Generation - A Tobacco Control Plan for England 2017-2022](#) 2017

Question 10

We would like to know your views on the effects that *A Smoke-Free Wales: Our long term tobacco control strategy for Wales and Towards a Smoke-Free Wales: Tobacco Control Delivery Plan 2022-2024* would have on the Welsh language, specifically on opportunities for people to use Welsh and on treating the Welsh language no less favourably than English.

What effects do you think there would be? How could positive effects be increased, or negative effects be mitigated?

The WTCA have not submitted a response to this question.

Question 11

Please also explain how you believe the proposed strategy and delivery plan could be formulated or changed so as to have positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language, and no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

The WTCA have not submitted a response to this question.

Question 12:

We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them:

Please enter here:

The WTCA have not submitted a response to this question.

Responses to consultations are likely to be made public, on the internet or in a report. If you would prefer your response to remain anonymous, please tick here:

References

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