

# Preventing Non-Communicable Diseases (NCD)

A collaborative briefing from Wales's leading NCD charities.



**We are calling for all political parties in Wales to make bold commitments to the Welsh people and work to end preventable death and disease.**

## **The Problem**

NCDs (such as cancer, heart disease, stroke, diabetes, lung disease, and liver disease) are responsible for at least 20,000 deaths every year in Wales — more than half of all deaths<sup>1</sup>, many of which could be prevented through action on smoking, alcohol and obesity rates. For more information see our collective paper available at [www.bhf.org.uk/what-we-do/in-your-area/wales/ncd-prevention-report](http://www.bhf.org.uk/what-we-do/in-your-area/wales/ncd-prevention-report).

## **The Solution**

Focus must be placed on population-level measures based on the regulation of common environmental factors which help drive consumption of tobacco, alcohol and unhealthy food and drink. Wales needs to commit to empowering people to make healthier choices through interventions to reduce smoking rates; levels of overweight and obesity; and alcohol consumption — all of which we know impact worse on the poorest in our society. We have identified four areas of action to reduce the burden of NCDs in Wales: **1. Availability** **2. Marketing** **3. Pricing and Promotion** **4. Treatment Services.**

# Availability

Across tobacco<sup>2</sup>, alcohol<sup>3</sup> and high fat, salt and sugar (HFSS) food and drinks, there is a clear link between the increased availability and worse health outcomes. In tobacco control for instance only 45% of people think that laws on selling tobacco to children are well enforced, making tobacco easier for children to access. While 38% of people are more likely to buy unhealthy food or drink if it is readily available and easy to access<sup>4</sup>.

## Recommendations

- 1. Empower and encourage local governments to regulate access to unhealthy food through improved planning and registration arrangements for the out of home sector<sup>5</sup>.**
- 2. The Tobacco Register should be implemented and made conditional — where a condition of registration is adhering to age restriction laws. This would allow for swift action to be taken against retailers who break the law and would also create a mechanism for introducing new measures on the availability and price of tobacco without needing further legislation. And work with Welsh Government to tackle illegal tobacco sales.**
- 3. Commit to a national conversation, including all key partners, to develop a national strategy on the availability of alcohol through the lens of harm reduction.**

# Marketing

Marketing of health-harming products drives consumption and harm. As we have seen with tobacco over many years, regulating the content and the extent of marketing is a vital part of a whole systems approach to de-normalising use and supporting healthier living.

## Recommendations

- 4. Restrict the advertising of alcohol and HFSS food and drink. This should include outdoor advertising such as billboards, public transport, digital media advertising, and sponsorship of professional sports and events.**
- 5. Commit to yearly, unique mass media campaigns taking into account the needs of different groups of smokers to encourage them to quit, targeted at communities where smoking rates are highest. These campaigns should promote the use of smoking cessation services to enable people to engage with effective support to quit smoking.**

# Pricing and Promotion

Around half of people in Wales are more likely to buy unhealthy food and drink when it is on price promotion and 41% of people are more likely to buy alcohol if it is priced competitively<sup>6</sup>. The people of Wales need to be supported to make healthier choices. This can be done through making the price of health harming products less attractive and making healthier choices more affordable.

## Recommendations

- 6.** Legislate to restrict the use of price promotions on HFSS food and drink, to help make the healthiest choice the easiest choice.
- 7.** Propose to continuously review minimum unit price for alcohol to take account of price inflation and to optimise the effect of the policy in reducing alcohol harm, in line with the most recent available evidence.
- 8.** Gather evidence and explore the introduction of minimum/maximum unit pricing for tobacco products. It is important that this be supported by improvements to encourage the use of treatment services.

# Treatment Services

Treatment services are the most effective way to quit smoking or reduce alcohol. However, current services in Wales are not reaching everyone who needs them.

## Recommendations

- 9.** Place the restoration of support services for weight management, alcohol treatment and smoking cessation at the heart of the NHS's recovery planning. This should include sharing learning on how technology can provide more flexible and accessible options for people in need of support.
- 10.** Systematic, structured and ongoing smoking cessation support should be provided to ensure that all smokers are offered services in primary and secondary care, as well as utilising community pharmacy for local service delivery. [The Ottawa Model](#) for Smoking Cessation should be rolled out across Wales following trials, targeting more deprived communities with higher smoking rates.
- 11.** Ensure equitable access to effective weight management services across all local health boards.

# References

1. England and Wales, Office for National Statistics (2018). Deaths registered by cause, gender and age. <https://bit.ly/3oDKKcB>.
2. NHS Scotland (2018). What is the causal link between tobacco outlet density and smoking prevalence. <https://bit.ly/3oJpQJ5>.
3. Alcohol Focus Scotland (2018). Alcohol outlet availability and harm in the city of Edinburgh. <https://bit.ly/2Jd5k3g>.
4. YouGov Survey for BHF Cymru of 1060 Adults (18+) in Wales, 11-16 November 2020.
5. Obesity Action Scotland. <https://bit.ly/3kLrNCo>.
6. Ibid. 4.

## Contact Details

If you'd like any more information about preventing NCDs, contact any of the charities involved in this report.

### BHF Cymru

**Gemma Roberts**  
Policy and Public Affairs Manager  
[robertsge@bhf.org.uk](mailto:robertsge@bhf.org.uk)

### BLF-Asthma UK

**Joseph Carter**  
Head of Devolved Nations  
[jcarter@auk-blf.org.uk](mailto:jcarter@auk-blf.org.uk)

### Stroke Association

**Matthew O'Grady**  
Policy, Information and Campaigns Officer  
[Matthew.O'Grady@stroke.org.uk](mailto:Matthew.O'Grady@stroke.org.uk)

### British Liver Trust

**Angie Contestabile**  
Public Affairs and Engagement Manager  
[Angie.Contestabile@britishlivertrust.org](mailto:Angie.Contestabile@britishlivertrust.org)

### ASH Wales

**Suzanne Cass**  
CEO  
[Suzanne@ashwales.org.uk](mailto:Suzanne@ashwales.org.uk)

### Cancer Research UK

**Andy Glyde**  
Senior Public Affairs Manager  
[Andy.Glyde@cancer.org.uk](mailto:Andy.Glyde@cancer.org.uk)

### Diabetes UK

**Joshua James**  
Policy and Public Affairs Manager for Wales  
[joshua.james@diabetes.org.uk](mailto:joshua.james@diabetes.org.uk)

