



Agenda and Briefing Paper

Tackling Addiction and Dependence Together: A 360° Approach for Wales

25th June 2025 | ACT conference room in Cardiff

ash wales
cymru
action on smoking and health

    @ashwalescymru  ash.wales

Action on Smoking and Health (ASH) Wales Cymru is a registered charity (1120834) and Company Limited by Guarantee (6030302)

ASH Wales Tobacco or Health Network 2025

“Tackling Addiction and Dependence Together”

Tuesday 25th June 2025, 10AM-3PM

On 25th June 2025, ASH Wales Cymru will host “Tackling Addiction and Dependence Together”, a national conference bringing together stakeholders from across health, policy, research, and lived experience. The event will explore how Wales can build a more joined-up, compassionate, and evidence-informed approach to tackling tobacco, alcohol, and drug dependence.

This policy briefing sets out a series of recommendations that will be tested and debated on the day. Our aim is to assess their validity and relevance, drawing on diverse expertise and the lived realities of those affected by substance use in Wales. These discussions will shape the collective priorities we put forward to the next Welsh Government.

We’ll hear from a distinguished panel of speakers:

- **Dr Alan Curley**, Programme Lead in Adult Health Studies at the University of the West of Scotland, will share insights on behavioural change in addiction and his experience designing NHS Scotland’s smoking cessation services.
- **Elwyn Thomas**, Co-Production Lead at Kaleidoscope, will speak from his extensive frontline and policy experience, including peer-led innovations in harm reduction.
- **Dr Rachel Barry**, Research Fellow at the University of Bath and Vice President of ICARA, will explore the role of commercial determinants of health and how health-harming industries shape addiction and policy responses.
- **Cath Einon**, Service Development Manager for smoking and well-being at Hywel Dda University Health Board, will provide reflections from service development within NHS Wales.

Throughout the day, we will explore the rising complexity of addiction, the impact on families and communities, and the tactics used by industries to entrench harmful behaviours. We’ll also examine why tobacco must be tackled alongside alcohol and drug use to ensure better recovery outcomes and reduce health inequalities.

Together, we will agree our collective policy priorities for a healthier Wales grounded in best practice, lived experience, and a shared ambition to end preventable illness. These recommendations will be presented to relevant authorities to help shape future health policy.



Executive Summary

Tackling Wales's Deadliest Addictions

Tobacco, alcohol, and drugs are among the top causes of preventable illness, death, and inequality in Wales. Despite individual policy gains, the current siloed approach to tackling these addictions continues to permeate governance, policy and practice.

This paper sets out the rationale for **a more integrated, person-centred, and co-produced strategy that addresses co-occurring addictions**, emphasising the need to support people who use alcohol or drugs to also quit smoking.

Drawing on current Welsh data, public health research, and lived experience, the paper calls for a new, joined-up public health model responsive to the complex, engrained and overlapping nature of substance use and dependence.



1. A Fragmented Landscape for Complex Problems

Under the Well-being of Future Generations (Wales) Act 2015, public bodies are required to work collaboratively to improve the well-being of Wales. Yet for individuals experiencing multiple forms of addiction, services often treat tobacco, alcohol, and drugs separately, missing opportunities to tackle root causes together.

People who use drugs or alcohol are **disproportionately likely to smoke tobacco**, with UK data showing that **between 50% and 70%** of people in substance misuse treatment are smokers (Public Health England, 2017; ASH UK, 2022).

Despite clear guidance that **addressing tobacco use can support long-term recovery outcomes**, smoking is still rarely prioritised in alcohol and drug services. It is often addressed last, if at all, due to outdated fears that quitting tobacco could destabilise recovery (NCSCT, 2020).

2. Why a Coordinated Approach Matters

2.1. High Overlap of Use and Harm In Wales

In Wales:

- 3,845 annual deaths are attributed to smoking, with the burden greatest among those in poverty (Public Health Wales, 2024, ASH Wales, 2024).
- Alcohol-specific deaths reached record highs for three consecutive years, disproportionately affecting those in the most deprived areas (Public Health Wales, 2024).
- Drug misuse deaths have also reached record highs three times in five years, with the highest incidence in middle-aged adults (IWA, 2024).

Substance use is strongly associated with social inequalities, with multiple addictions clustering among the most vulnerable populations

(ASH, AHA & OHA, 2022).



2.2. Smoking Worsens Recovery Outcomes

- UK evidence increasingly supports the conclusion that continuing to smoke during recovery from alcohol or drug dependence negatively impacts long-term outcomes.
- The **National Centre for Smoking Cessation and Training** found that quitting smoking does **not undermine** recovery from other substances and may in fact **reduce the risk of relapse** (NCSCT, 2020).
- **Public Health England** reports that continued smoking is associated with **poorer recovery outcomes** and recommends that **tobacco dependence be treated alongside alcohol and drug use** (PHE, 2017).
- Smoking is also the **leading cause of long-term mortality** among people in recovery from other addictions, often exceeding the harms of drugs or alcohol in abstinent individuals (ASH Scotland, 2012).



Despite this, tobacco is often overlooked in treatment settings, driven by outdated fears that quitting smoking could destabilise recovery.

Current guidance urges services to address tobacco use as part of holistic, person-centred support.

2.3. Nicotine Use Among Substance Users

Smoking rates among people accessing alcohol and drug support services are significantly higher than in the general population. While around 13% of adults in Wales currently smoke, national data shows that smoking prevalence among people in substance misuse treatment typically ranges from 57% to 68%, depending on the treatment group (Public Health England, 2017; ASH UK, 2022).

- In England, Public Health England (2017) reported that 68% of people receiving treatment for opiate use were current smokers, with rates also high among those receiving treatment for other substances.
- In Wales, smoking is considered “near-universal” in drug and alcohol services, with professionals noting that it is often overlooked or tacitly tolerated, despite being a leading cause of long-term mortality (ASH Wales, 2024).
- Clinicians and harm reduction experts consistently observe that people in recovery from alcohol or drugs want to quit smoking but frequently lack the support to do so within existing treatment frameworks.

This shows that people who use substances frequently smoke, but with the right support, they are motivated and able to quit.

Integrating tobacco dependence treatment into substance misuse services is both a public health necessity and a matter of health equity.



2.4 Cannabis and Tobacco: The Overlooked Overlap

While cannabis use is often treated as distinct from tobacco, new data highlights a substantial and under-recognised area of overlap. This matters for public health, particularly given the scale of smoking-related harm and the government's ambition to create a smoke-free Wales.

Survey data from Wales shows that among respondents who had used cannabis in the past 12 months, 81% had smoked it, and 63% had done so mixed with tobacco (ASH Wales, 2024).

This reflects the UK's dominant method of cannabis consumption, where smoking joints laced with tobacco is far more common than in other countries (Freeman et al., 2014). This practice not only exposes users to the harms of tobacco but also develops dual dependence, entrenching nicotine addiction within cannabis-using populations (Hindocha et al., 2015).

This pattern is especially relevant among younger people and those in disadvantaged communities, where cannabis and tobacco co-use is more prevalent. Young people who smoke cannabis mixed with tobacco are being exposed to nicotine earlier, which builds addiction and increases the likelihood of dependence. (Hindocha et al., 2015; McNeill et al., 2022).

Alongside this behavioural data, the survey reveals significant **public confusion around the relative harms of cannabis and tobacco**:

- Only **17%** believe cannabis is more harmful than tobacco.
- **25%** believe it is less harmful, and 33% say it is equally harmful.
- A substantial **20%** said **they don't know** (ASH Wales, 2024).

These findings strengthen the case for **more nuanced public health messaging**. Misperceptions about risk may lead individuals to underestimate the consequences of regular cannabis use when mixed with tobacco.

With consideration for harm reduction, it is vital that education and prevention efforts reflect the reality of co-use, and that services are designed to **address all forms of smoked substance use together**.

If Wales is to reduce smoking prevalence equitably and effectively, **cannabis-tobacco co-use must be acknowledged** in policy, service delivery, and communications. This requires coordinated action across tobacco control stakeholders, substance misuse services, youth education, and mental health programmes.

3. Public Demand for Action

Public opinion in Wales continues to show strong support for greater government action on smoking and increasing concern about alcohol-related harms. The ASH Wales/YouGov data (2025) highlights widespread public backing for stronger regulation, clearer labelling, and a more coordinated approach to tackling addiction.

3.1 Government Action on Smoking and Alcohol

Between 2021 and 2025, concern that the government is “not doing enough” on smoking peaked at 52% in 2024, before returning to 43% in 2025. For alcohol, the figure remained relatively high, around 41–43%, before dipping slightly to 37%.

3.2 Public Support for Tobacco Control

There is strong and consistent public support for tobacco regulation in 2025:

- 43% of those surveyed think governments are not doing enough to limit smoking. In 2018, this was at 39%.
- 62% support a goal to make Britain a place where no-one smokes
- 87% support mandatory licensing for tobacco retailers.

When asked specifically about alcohol harm in 2025:

- 37% said the government is not doing enough (including 15% saying "not nearly enough").
- Only 12% felt too much is being done.
- 21% were unsure - suggesting low awareness or visibility of alcohol-related policies.

Support for alcohol-related measures is also significant:

- Around 50–53% support bans on alcohol advertising across media platforms and public spaces.
- 66% support mandatory health warnings on alcohol ads.
- 58% want restrictions on alcohol displays in retail settings.
- 67% support protecting public health policy from alcohol industry interference.

On pricing policies:

- 42% support minimum unit pricing.
- 55% support a levy on alcohol manufacturers to fund harm reduction services.

Alcohol Labelling Expectations

Labelling is a clear public priority:

- 80% want alcohol strength (ABV) clearly stated.
- 76% want number of units per product.
- Over 50% support inclusion of nutritional content, ingredients, and health warnings (e.g. cancer, liver disease).

These findings demonstrate a clear public mandate for stronger and more coordinated government action.

Public support exists not only for continued tobacco control but also for applying similar strategies to alcohol, particularly around advertising, product labelling, and insulating health policy from vested interests. This underlines the fundamental importance of addressing both substances within a unified public health framework.



4. Policy Actions to Be Explored on the Day (Not Exhaustive)

To improve addiction outcomes and address the interconnected nature of tobacco, alcohol, and drug use in Wales, we will explore a range of policy actions, including but not limited to:

- **Integrating smoking cessation** into all substance use treatment pathways as a standard component of care.
- **Developing joint strategies** for tobacco, alcohol, and drug harm reduction at both national and local levels.
- **Ensuring equal funding and policy priority** for treating tobacco dependence within recovery services.
- **Equipping frontline professionals** with the training and tools needed to support people with multiple dependencies.
- **Embedding lived experience** into the design, delivery, and governance of services to ensure they are person-centred and effective.
- **Protecting public health** policy from undue influence by vested interests across the tobacco, alcohol, and gambling industries.
- **Setting national targets** to reduce co-occurring substance use and smoking, and developing a framework of monitoring and accountability.

These and other options will be discussed to inform a more holistic, equitable, and evidence-based approach to tackling addiction in Wales.

5. Conclusion

A smoke-free Wales cannot be achieved through isolated policy interventions. If we are to reduce preventable illness, tackle health inequalities, and support individuals to thrive, we must address the interconnected nature of addiction.

By **integrating support** for smoking cessation into alcohol and drug services and by **designing policies that reflect real-world complexities**, we can take a major step forward in building a healthier, more compassionate Wales.

References

- Public Health Wales. (2023). Over 10 percent of deaths in Wales due to smoking. Available at: <https://phw.nhs.wales/news/over-10-percent-of-deaths-in-wales-due-to-smoking/> [Accessed 22 May 2025].
- ASH UK (2022). Tackling Tobacco in Substance Use Settings: A Guide for Commissioners. London: Action on Smoking and Health. Available at: <https://ash.org.uk>
- Royal College of Psychiatrists & ASH Scotland. (n.d.). Tobacco and recovery from addiction: Briefing for addiction services. https://www.rcpsych.ac.uk/docs/default-source/members/devolved-nations/rcpsych-in-scotland/faculties/scotland-faculties-addictions-ash-scotland.pdf?sfvrsn=15c6b221_2
- ASH Wales (2024). ASH Wales YouGov Survey 2024. Cardiff: ASH Wales Cymru. Available at: <https://ash.wales/yougov-survey-2024>
- ASH Wales (2025). ASH Wales/YouGov Survey Data (unpublished raw dataset).
- ASH, AHA & OHA (2022). Addressing the Three Biggest Killers: Policy Position Paper. London: Action on Smoking and Health. Available at: <https://ash.org.uk/media-centre/news/press-releases/demand-for-action-on-uks-top-three-killers-ahead-of-governments-10-year-health-plan>
- Freeman, T.P., Morgan, C.J.A., Hindocha, C., Schafer, G., Das, R.K. and Curran, H.V. (2014). Just say 'know': how do cannabinoid concentrations influence users' estimates of cannabis potency and subjective effects? *Addiction*, 109(10), pp.1686–1694. doi:10.1111/add.12634
- Hindocha, C., Freeman, T.P., Ferris, J.A., Lynskey, M.T. and Winstock, A.R. (2015). No smoke without tobacco: a global overview of cannabis and tobacco routes of administration and their association with intention to quit. *Frontiers in Psychiatry*, 6, p.100. doi:10.3389/fpsy.2015.00100
- Institute of Welsh Affairs (IWA) (2024). [Long Read] Drug Deaths Are on the Rise and We Need Action. Cardiff: IWA. Available at: <https://www.iwa.wales>
- McNeill, A., Brose, L.S., Calder, R., Bauld, L. and Robson, D. (2022). Vaping in England: Evidence Review 2022. London: Office for Health Improvement and Disparities. Available at: <https://www.gov.uk/government/publications/vaping-in-england-evidence-review-february-2022>
- National Centre for Smoking Cessation and Training (NCSCT) (2020). Smoking and Substance Use: A Briefing for Stop Smoking Services. London: NCSCT. Available at: <https://www.ncsct.co.uk/publications/topCategory/briefings-practice-guidance>
- Public Health England. (2018). Adult substance misuse statistics from the National Drug Treatment Monitoring System (NDTMS): 1 April 2017 to 31 March 2018. London: PHE. Available at: <https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2017-to-2018>
- Public Health Wales (2024). Alcohol-Specific Deaths and Hospital Admissions in Wales: Annual Report 2023/24. Cardiff: PHW.
- Welsh Government (2015). Well-being of Future Generations (Wales) Act 2015. Cardiff: Welsh Government. Available at: <https://www.futuregenerations.wales/about-us/future-generations-act/>