Policy Briefing

Building a Prevention Nation:

A Co-ordinated Approach to Addiction and Dependence in Wales

The Challenge in Wales

Wales is facing a **growing** and **interconnected crisis** of **preventable harm**. **Smoking**, hazardous **alcohol** use, **drug** dependence and **gambling** harms affect hundreds of thousands of people and their families each year and they **rarely occur in isolation**.

Key facts:

- Over **320,000 people still smoke in Wales** (around 13% of adults).
- Around **17% of the population drink** at hazardous or harmful levels (National Survey for Wales 2023).
- **8.8% of adults (16–59) report using an illicit drug** in the last 12 months (CSEW 2024).
- **48% of adults gambled in the last month,** and 60% in the last year; around 3% are at high or moderate risk of harm.

These harms are fatal and unequal:

- **Tobacco remains Wales's biggest preventable killer**, causing an estimated 3,800 deaths each year.
- There were **562 alcohol-specific deaths in 2023, the highest on record.**
- **In 2022,** 318 deaths due to drug poisoning were registered in Wales, with opioids contributing to more deaths than any other substance.

The burden falls heaviest on people already facing disadvantage:

- **30% of people living in social housing smoke**, compared with 9% of homeowners.
- **People in the most deprived areas** are almost **three times more likely** to be admitted for, or die from, **alcohol-specific conditions** than those in the least deprived areas.
- **Problem gamblers** are far more likely to **experience unemployment, homelessness** and recent **hospital admissions**.

These problems cluster. Around 60% of people in alcohol or drug treatment also smoke, and 81% of people who used cannabis in the last year smoked it mixed with tobacco - meaning nicotine is “super-charging” existing addictions.

Despite this, support is fragmented. **Tobacco, alcohol, drugs and gambling are often addressed through separate policies**, funding streams and services. People with multiple needs must navigate multiple assessments, referral routes and waiting lists, while many never receive help at all.

What we heard at the WTHN 2025 event

In June 2025, the Welsh Tobacco or Health Network (WTHN) event “Tackling Addiction and Dependence Together” brought together:

- People with lived experience of addiction and recovery
- Third sector organisations and peer-led services
- NHS clinicians, public health teams and local authorities
- Academics, criminal justice, housing, youth and family services

Key messages:

- “People do not experience addictions separately – so the system should not treat them separately.”
- Lived experience voices described trauma, stigma and shame – and the difference it makes when services are co-produced, relational and compassionate.
- Practitioners highlighted a system that is issue-based rather than person-centred, with missed opportunities to address tobacco, alcohol, drugs and gambling together.
- Welsh examples such as Hywel Dda’s co-working model show that integrated, multi-disciplinary teams can achieve markedly higher engagement and cessation outcomes.

There is a clear appetite to move from ad-hoc local innovation to a coherent national framework, co-designed with people who use and deliver services.

Four Strategic Actions For The Next Programme for Government

1. Create a National Framework for Addiction and Dependence

- Bring tobacco, alcohol, drugs and gambling into one coherent policy and accountability framework, with shared outcomes and measures.
- Embed co-production and lived experience leadership in the design, governance and evaluation of this framework.

2. Establish integrated pathways and a single “front door” for support

- Ensure that wherever someone presents – primary care, mental health, substance misuse, housing, criminal justice, youth or family services – they receive a holistic assessment covering all relevant addictions, mental health and social needs.
- Replace fragmented, condition-specific pathways with joined-up care plans, routine cross-referral and improved data-sharing.

3. Build workforce capability and system conditions for joined-up care

- Develop a national workforce programme on co-occurring addictions, trauma-informed practice, motivational approaches and CBT-informed tools.
- Support multi-disciplinary teams, shared competencies and co-produced training with people who have lived experience.
- Scale effective Welsh models (such as Hywel Dda) through national leadership, resources and peer-learning.

4. Strengthen protection from commercial drivers of harm

- Take a systematic approach to the commercial determinants of health across tobacco, alcohol and gambling – including marketing, product design, availability and lobbying.
- Ensure that health policy is transparent, evidence-led and protected from vested interests, in line with the direction set by national public health leadership.

What Success Would Look Like?

Fewer people starting to **smoke, drink** at harmful levels, **use drugs or experience gambling harms.**

People with multiple needs accessing **timely, person-centred, co-produced support** through **a single, joined-up system.**

Narrowing health inequalities, with the steepest improvements in Wales's most deprived communities.

A health and care system under less pressure because harm is prevented earlier and recovery better sustained.

ASH Wales Cymru stands ready to work with **Welsh Government, Members of the Senedd, public bodies and communities,** including those with lived experience, **to design and deliver this cohesive national response.**