Tobacco Control Strategy for Wales and Delivery Plan: Consultation Document

Tenovus Cancer Care is one of Wales's leading cancer charities, with a long and distinguished history of providing practical and emotional support to everyone affected by cancer in their community.

Tenovus Cancer Care has no direct or indirect links with, and is not funded by, the tobacco industry

Abbreviations

CRS- Corporate Responsibility
EC- E-cigarettes
FCTC- Framework Convention on Tobacco Control
MMC- Mass Media Campaign
NRT-Nicotine Replacement Therapy
OMSC- Ottawa Model for Smoking Cessation
PHW- Public Health Wales
SCS-Smoking Cessation Services
TCDP- Tobacco Control Delivery Plan
WG- Welsh Government
WHO- World Health Organisation

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?

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

Tenovus Cancer Care response: Yes

Tenovus Cancer Care strongly 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. Smoking is a huge public health burden and a leading factor in health inequalities across Wales and so bold initiatives are required.

Smoking is still the leading cause of preventable death in Wales[1]. Progress has been made, however, there is a clear need to increase the pace of change, build on and accelerate existing interventions as well as deliver new initiatives outlined in the plan. Modelling by CRUK in 2020 indicates that, if current actions continue, Wales will not reach a smoke-free future until 2037, with more deprived groups reaching 5% much later.

Smoking cigarettes is the single biggest risk factor for lung cancer. It is responsible for more than 70% of cases.[2] Lung cancer is the **biggest cancer killer** in Wales – more than breast and bowel cancer combined.[3] It is also one of the least-survivable cancers. One-year survival rates lag slightly behind those for England and Northern Ireland. In addition, five-year relative survival for lung cancer in women in Wales is 10%, which is **below the average for Europe** (16%). In men the survival rate is 5%, which is also below the average for Europe (12%)[4]

It is well known that there is a link between deprivation and smoking. Unfortunately, this wide gap in deprivation status is reflected in cancer statistics[5] too. Across all cancer types in Wales 1-year survival in 2018 was 79% in the least deprived areas *vs* just 68% in the most deprived areas. The 5-year survival gap across all cancer types widens even further (67% in least deprived areas *vs* 50% in the most deprived areas).

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[1] Health in Wales | New evidence shows that smoking remains the biggest cause of preventable ill health in Wales

[2] https://www.nhs.uk/conditions/lung-cancer/causes/#:~:text=develop%20the%20condition.-,Smoking,carcinogenic%20(cancer%2Dproducing).

[3] https://www.uklcc.org.uk/sites/default/files/2021-12/An-overview-of-the-impact-and-priorities-for-lung-cancer-in-Wales.pdf

[4] Lung cancer survival statistics | Cancer Research UK

[5] Welsh Cancer Intelligence and Surveillance Unit (WCISU) - Public Health Wales (nhs.wales)

For lung cancer, which represents the greatest burden on the Welsh NHS, the number of people diagnosed in 2018 from the most deprived areas of Wales was more than double the number from the least deprived areas.

Deprivation status and regional differences represent the two strongest causes of inequality for cancer in Wales. However, that is not to say that other inequalities do not play a role as well. More research is needed at ground level by utilising those that can work directly with people to find out what the needs are on the ground across different areas of deprivation across Wales that can also identify what makes people engage/disengage with services. Family first/community services are ideal for this rather relying on than a top-down approach.

Tenovus Cancer Care believes reducing inequalities needs to be a clear component of the endgame target. To ensure no smoker is left behind, the 5% target by 2030 should be applied across all priority groups outlined within the TCDP and equally across areas of multiple deprivation. This would ensure actions to reduce smoking prevalence will be targeted, appropriately resourced and that all groups will simultaneously become smoke-free.
Wales also needs a concurrent strategy for how inequalities, including deprivation will be tackled. There are initiatives across the country that seek to address inequalities but currently nothing that clearly brings these together whilst Wales has the worst poverty rates in the UK.

As Scotland highlighted in its strategy to become smoke-free by 2034, Wales should also strive towards this goal without stigmatising smokers. Tenovus Cancer Care welcomes the evidenced-based approach to view smoking as an addiction, as this will draw attention to the counter measures to address that addiction[6]. Tenovus Cancer Care believes that this approach should be adopted across all clinical settings to maximise the impact of interventions.

Tenovus Cancer Care believes that monitoring, reporting and sufficient funding for the actions to make Wales smoke-free will be key to the success of the plan. Tenovus Cancer Care believes that to achieve a smoke-free Wales by 2030 there will need to be increased monitoring, accountability (with it being clear who is accountable) and ring-fenced funding for all priority action areas.

Tenovus Cancer Care Recommends:

- 5% target by 2030 applied across all priority groups and areas of multiple deprivation.
- The approach to treat smoking as an addiction to be adopted, with particular attention to clinical settings.
- Increased monitoring, accountability, and ring-fenced funding for tobacco control measures**.**
- An all-Wales strategy for tackling inequalities, including areas of deprivation in Wales that brings together strategies and initiatives across the country and allows a platform for shared good practice.

[6] Bokkapittel_West_Christmas_Hastings_Michie.pdf (nfap.no)

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

Tenovus Cancer Care response: Yes

We agree that these are the correct themes, although we believe more emphasis should be placed on reducing inequalities. Smokers in poverty may spend in excess of £1200pa on smoking[7], and research shows that increasing incomes above the poverty line may lead to improvements in cessation rates.[8]

At Tenovus Cancer Care, we believe that there should be more importance placed on Nurse training with regards to supporting smoking cessation, particularly within the fields of maternity and neo natal care. Within this priority group cannabis usage must also be recognised as a factor.

It is also important to ensure actions to reduce uptake and increase quit attempts do not exacerbate inequalities caused by tobacco use. The themes and actions should universally seek to address the difference in life expectancy between the least and most deprived areas in Wales, which has shown little improvement in a decade.

Former plans and actions have been heavily weighted towards individual behavioural change and promotion of smokefree environments at the expense of an upscaling of the delivery of Very Brief Advice (VBA), direct action to prevent uptake, mass media campaigns and tailored support for priority groups. It is important that the new plan is supported by the analysis of impact of the actions undertaken.

In addition, mapping a pathway for these themes and actions to feed into other government frameworks and strategies such as supporting mental health, reducing our environmental impact, tackling drug and alcohol misuse and community safety should also be a core component of the new plan. Tenovus Cancer Care believes this will cohere to the 'whole system approach' of the strategy, whereby all government mechanisms and levers are fully utilised to achieve the smoke-free ambition.

When considering future generations, the focus should be on prevention rather than cessation, and de-normalising smoking would support both of these aims, as research shows that children are far more likely to smoke if they see role models

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[7] S2056469420000881jxx 213..218 (cambridge.org)
[8] (PDF) Poverty status and cigarette smoking prevalence and cessation in the United States, 1983-1993: The independent risk of being poor (researchgate.net)

smoke. Attempts to quit are also more successful when tobacco use is seen as less socially acceptable and less available.
Future generations should also highlight that cannabis usage is associated with an increased risk of starting smoking.[9]

Tenovus Cancer Care recognises the importance of all three themes, and the impact each holds on the tobacco control landscape in Wales. Considering this, we recommend that they are not numbered, and that they are equally prioritised throughout the strategy.

Tenovus Cancer Care Recommends:

- More importance placed on Nurse training with regards to supporting smoking cessation, particularly within the fields of maternity and neo natal care. Within this priority group cannabis usage must also be recognised as a factor.
- When considering future generations, the focus should be on prevention rather than cessation.
- Evidence-based actions with the most impact is prioritised.
- Ensure actions do not exacerbate inequalities caused by tobacco use
- Analysis of impact of the actions undertaken
- Welsh Government ensures tobacco control principles are embedded across all policy areas
- Themes are shown equal importance, and not numbered in the strategy

Overview of themes:

Reducing Inequalities

Tenovus Cancer Care fully 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 and greatly increase the risk of some cancer, such as lung cancer.

Evidence shows adults in the three most economically deprived areas of Wales are more likely to smoke than the two least deprived areas[10]. 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%)[11]. Such inequalities are echoed throughout priority groups outlined within the strategy.

Modelling from CRUK predicts that the UK's least deprived groups are predicted to reach a smoke-free goal much later than 2030. To curtail this projection, Tenovus Cancer Care that research into tailored smoking cessation support for priority groups is undertaken as a priority action within the 2022-24 timeframe**.** Tenovus Cancer Care believes the evidence around smoking cessation support for priority groups in Wales needs to be reviewed to; identify gaps, assess which interventions work and

[9] Cannabis: the facts - NHS (www.nhs.uk)
[10] National Survey for Wales 2018-19: adult smoking and e-cigarette use (gov.wales)
[11] https://www.shrn.org.uk/wp-content/uploads/2021/08/SHRN-NR-FINAL-23_03_21-en-AMENDED06.08.21.pdf

where the most impact can be made. Currently, the evidence-base for work in this area is lacking.

Tenovus Cancer Care believes the service is ideally placed to be at the forefront of innovation and intervention. A key element of the plan should be to ensure smoking cessation services are well funded and innovation is an embedded practice. Wales has an opportunity to share learning within this field at a UK and international level.

Tenovus Cancer Care recommends:

- Secure data streams in the first phase of the TCDP, to assess access to services by priority groups and to set up monitoring systems.
- Fund research to increase the understanding of the interventions that work best for each priority group.
- Ensure smoking services are appropriately funded and innovation is embedded.
- Sharing findings within this field.

Future Generations

Tenovus Cancer Care 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 2020[12]. 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 smoked[13]. Maternal smoking prevalence has been proven to have a significant impact on uptake amongst young people.

In addition, youth smoking rates remain stubbornly high with 9% of 15–16-year-old smoking on a regular basis, a figure that has not changed since 2013[14]. Therefore, a theme to address the uptake and the protection of future generations is welcomed.

Tenovus Cancer Care recommends that a focus on actions with the greatest impact should be a key consideration within this theme.

Tenovus Cancer Care supports all the goals outlined within this theme. However, we recommend that additional care is taken in action to 'discourage the uptake of e-cigarettes or other nicotine products in teenagers and young people'[15]. Tenovus Cancer Care is strongly supportive of discouraging youth from taking up tobacco smoking, e-cigarettes and various nicotine products. However, we believe that measures introduced should not place barriers for smokers to access e-cigarettes as an effective and evidence-based cessation tool.

[12] https://gov.wales/maternity-and-birth-statistics-2020-html
[13] https://gov.wales/maternity-and-birth-statistics-2020-html
[14] https://www.shrn.org.uk/wp-content/uploads/2021/08/SHRN-NR-FINAL-23_03_21-en-AMENDED06.08.21.pdf
[15] A SMOKE-FREE WALES - Our Long Term Tobacco Control Strategy for Wales (gov.wales) p.8

To safeguard against mixed messaging (in media campaigns, cessation services and clinical advice), a collective stance on e-cigarettes should be established. Tenovus Cancer Care recommends that a WG stance should promote e-cigarettes as a less-harmful tobacco alternative, while simultaneously discouraging use amongst youth and 'never smokers. This harm reduction approach is outlined in more detail in section 7.

Tenovus Cancer Care Recommends:

- A focus on actions with the greatest impact should be a key consideration.
- Ensure efforts to discourage vaping among young people do not place disproportionate barriers to smokers who use such products as smoking cessation tools.

A Whole-System Approach for a Smoke-Free Wales

Tenovus Cancer Care supports the inclusion of 'a whole-system approach' as a theme for the strategy for a collaborative approach.

Tenovus Cancer Care strongly supports all action points outlined in this theme. Tenovus Cancer Care highlights the importance of the below action point:

- Support collaboration by ensuring the actions of all partners are co-ordinated at a local, regional and national level, and together contribute towards a smoke-free Wales[16].

Tenovus Cancer Care emphasises the importance of collaboration, especially in context to the third sector, as many organisations have established networks, programmes and bodies of work relating to tobacco control in Wales. We believe this collaboration will cohere to the whole system approach of the strategy and will maximise the TCDP's efforts. Tenovus Cancer Care agrees that robust coordination from WG would support this.

Tenovus Cancer Care Recommends:

- Smoking cessation and general data to be transparent and readily available throughout the TCDP. Particularly for third-sector organisations and key partners.
- TCDP workgroups to be held quarterly to ensure sound communication, direction,and partnership.

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

[16] A SMOKE-FREE WALES - Our Long Term Tobacco Control Strategy for Wales (gov.wales) p.9

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?

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

Tenovus Cancer Care response: Partly

All previous efforts to reduce smoking rates have seen initial declines followed by a tapering off, however more thought needs to be given to setting more specific targets. There is a concern that blanket targets can actually increase inequalities, so we call for more 2024 robust targets for specific priority groups, which could help support the theme of targeting inequalities.
Monitoring the progress in priority groups is essential to ensure inequalities caused by tobacco use are not exacerbated.

While overall smoking prevalence decreases in Wales, health inequalities may remain within certain groups in our society. Thus, we stress the importance of extending the 5% Endgame target across all priority groups in Wales. This will ensure that reducing health inequalities remains at the forefront of the strategy.

Monitoring through the outlined sources will provide a sound platform to measure broad progress, however, there are opportunities to harvest data from sources which are not currently being realised. These have been outlined in more detail within the following section.

Within this area, it is also important that data on smoking related behaviours are standardised and transparent. Data collection issues have led to uncertainty in the credibility of national data sets, which unless addressed will hinder any assessment of progress.

<u>Tenovus Cancer Care Recommends:</u>

- A clear definition of a step-wise approach.
- A commitment to setting interim targets for priority groups.
- Standardised and transparent data collection methods.
- The utilisation of existing data sources to monitor and report on;
  - Smoking rates 16-24 year olds
  - Socio-economically deprived groups: with tailored questions on smoking habits and trends.
  - Quit attempts and successful quits

- Pregnant people with a particular focus on 15 to 19-year-olds: Maternity and birth statistics for maternal smoking rates.

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?

Tenovus Cancer Care response: yes

It is important to note that measuring uptake in 16-24 year olds, quit attempts and successful quit attempts have been cited as useful tools in assessing the impact of actions on prevalence.

Tenovus Cancer Care would like to see the National Survey for Wales adapted to collect data on smoking and cannabis usage more rigorously, as currently cannabis is not mentioned within tobacco control. Specifically, cannabis usage should also be recorded due to its strong links with tobacco usage and the impact that it can have to the health of priority groups such as pregnant women and how in some areas cannabis usage may be offsetting tobacco smoking levels.

The illegal tobacco trade must be addressed and data should be collected through a regular NEMs survey.

Smoking status is currently gathered by dentists, but this data is not extracted for wider use.

A survey carried out for ASH Wales by YouGov, revealed that smoking prevalence among social housing residents is 24% and 18% for those renting from a private landlord and go some way to explain the stark health inequalities across different housing tenures.[17] In addition, workers in routine and manual jobs are twice as likely to smoke as those in managerial and professional as those in managerial and professional.[18]
Data for these groups of people comes from the National Survey for Wales but there is a need for more data on this to see how public health initiatives will impact on them and their families.

Looking towards further reducing smoking in Wales, Tenovus Cancer Care would like to see the sale of tobacco become less convenient in order to support people to give up smoking. New Zealand is seeking to reduce the number of tobacco retailers[19] and in Italy, tobacco is only sold legally via licenced tobacconists, a recommendation from the WHO as an important element of a tobacco control strategy[20].

[17] Calls for greater quit smoking support for renters after figures reveal high smoking rates (wales247.co.uk)
[18] Tobacco commissioning support: principles and indicators - GOV.UK (www.gov.uk)
[19] How would the tobacco retail landscape change if tobacco was only sold through liquor stores, petrol stations or pharmacies? (wiley.com)
[20] Tobacco retail licencing systems in Europe | Tobacco Control (bmj.com)

Tenovus Cancer Care Recommends:

Welsh Government to ensure;

- the National survey for Wales records the following questions as standard;
    - Smoking and cannabis use
    - Quit attempts
    - Methods used to quit
    - Smoking and cannabis prevalence of 16-18 year-olds and pregnant women
- Wales is working towards more measures to be introduced before the 2030 target, including measures to reduce the number of outlets selling tobacco, making it less conveniently available and therefore supporting people with their efforts to quit smoking.

Public Health Wales to ensure Smoking Cessation Statistics include;

- Deprivation area analysis uptake of services and successful quits

Local Health Boards to ensure;

- Smoking and cannabis use is recorded;
    - In all primary and secondary care
    - For all patients living with a long-term mental health condition
    - All dental patients
- VBA and referrals recorded in all clinical settings

Local Authorities to gather annual Tobacco Control Surveys on a range of data including:

- Underage sales
- Enforcement activity relating to illegal tobacco and vapes
- Enforcement activity relating to smokefree spaces
- Environmental data to record cigarette litter

Third Sector and External Partners

- Biannual data on the prevalence of illegal tobacco (NEMS survey)
- YouGov Survey of Public Attitudes towards Tobacco Control
- Statistics from Wales's Smoking Toolkit Survey and CASCADE

We recognised that data gaps exist for smoking prevalence within 16 to 18 year old high risk young adults, social housing tenants, routine and manual workers, mental health, the adult LGBT community and ethnic minority groups. It would be beneficial to assess where data gaps exist for priority groups, to monitor progress within this area of the TCDP.

Tenovus Cancer Care Recommends:

- Assess where data gaps exist for priority groups, to monitor broad progress within this area of the TCDP.

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?

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

Tenovus Cancer Care response: Yes

Tenovus Cancer Care feels that 2 years provides enough adjustment time and sets a firm framework for delivery and measuring targets. In context to timeframes, Tenovus Cancer Care highlights the importance of securing solid data pathways within the first phase of the TCDP. This would ensure that time is not lost through data gathering, and that a review of each series can be easily achieved.

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.

We also recommend that a half-way review is planned and carried out within the strategy. This half-way review would be scheduled for 2026 and would allow WG to consult on the last additions of the TCDP. Within this, partners and external organisations would be invited to share thoughts and contribute to the formation of the latter half of the TCDP. This 'half-way' mark would also allow WG to relay TCDP progress and highlight areas that need focus to secure the 2030 target.

Tenovus Cancer Care Recommends:

- Secure data pathways within the first TCDP, to ensure efficient monitoring and review.
- WG to factor in time for planning and review before the end of each TCDP phase.
- A planned half-way review of the strategy.
- Involvement of the Third Sector.

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?

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

Tenovus Cancer Care response: Yes

Tenovus Cancer Care believes the five priority areas are correct, however, we recommend the order should be more reflective of the relative impact of each action area. We also recommend that addressing inequalities should run throughout all the delivery plans.

We believe Action Area 3: Priority groups should be the lead action area. High smoking prevalence continues to permeate priority groups, creating stark health inequalities across Wales.

At this stage, it would be beneficial to outline the workflow, time and resources needed to achieve the action points within priority areas. Breaking the priority areas down into what can be achieved within the eight-year timeframe will allow WG and other accountable bodies to plan accordingly.

Tenovus Cancer Care are pleased that WG have pre-empted key actions within the priority action areas, ahead of the first phase of the TCDP. For example, WG's work with Public Health Wales to create the Help Me Quit Hospital model, which will provide a systematic cessation service for those in secondary care. We recommend that this proactive approach is carried throughout the TCDP.

Tenovus Cancer Care Recommends:

- Ordering priority actions by the greatest impact on smoking prevalence.
- Breaking priority action areas down to assess workflow, time and resources to effectively plan and fully utilise the eight-year timeframe.
- WG to continue a proactive approach within areas which hold a high impact and strong evidence base (i.e. systemic secondary care system based on the effective Ottawa Model).

Question 7

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

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

Tenovus Cancer Care response: Partly

Priority action area 1: Smoke-Free environments

Tenovus Cancer Care supports all actions depicted in Priority Action Area 1. Evidence shows smoke-free legislation can improve health outcomes through a

reduction in second-hand smoke[21], and has a positive influence on smoking behaviour and social norms[22].

Wales is the first UK nation to impose legislative bans on smoking in hospital grounds, playgrounds and school grounds. Tenovus Cancer Care recommends a review of the existing legislation and opportunities to enhance the impact of smokefree environments.

In addition, **the added value of third sector partnerships in this area should be promoted and explored further throughout this action area**.

When it comes to long-term changes in smoking prevalence a Cochrane review conducted in 2016 concluded that evidence is inconsistent in this area[23]. In light of this, Tenovus Cancer Care is keen that legislative work expanding smoke-free spaces should not be prioritised over actions which may hold a greater impact.

Tenovus Cancer Care believes the promotion of voluntary smoke free spaces in publicly funded bodies would avoid any further lengthy legislative changes whilst also creating the pathway for expansion, innovation, cross-government working and third sector partnerships.

Tenovus Cancer Care recommends:

- **Monitoring implementation of existing smoke-free spaces**

Tenovus Cancer Care supports WG action to monitor implementation of all existing smoke-free spaces. Our feedback from partners highlights that recently implemented smoke-free spaces are not consistently adhered to across Wales, with smoke-free hospital grounds being a particular concern. However, to steer action, a review of existing smoke-free spaces should be conducted with the remit of exploring opportunities to promote cessation services and maximising the impact.

- **Full and timely implementation of planned smoke-free spaces**

Through the Public Health Wales Act (2017), Welsh Ministers have recently expanded smoke-free spaces in Wales[24]. From March 2022, smoke-free environments are planned to be extended to include smoke-free bedrooms in hotels, guest houses, all self-contained holiday accommodation[25]. In September 2022, smoking rooms are also due to be phased out of Mental Health Units in Wales[26]. Tenovus Cancer Care recommends that the planned smoke-free spaces are implemented in a timely manner and that actions include the promotion of cessation services and maximising impact.

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[21] Kate Frazer, Joanne E Callinan, Jack McHugh, Susan van Baarsel, Anna Clarke, Kirsten Doherty, Cecily Kelleher. Legislative smoking bans for reducing harms from secondhand smoke exposure, smoking prevalence and tobacco consumption, 2016

[22] Bauld, L Impact of smokefree legislation in England: Evidence review .2011

[23] Ibid.

[24] The Smoke-free Premises and Vehicles (Wales) Regulations 2020 (legislation.gov.uk)

[25] Smoke-free law: guidance on the changes from March 2021 [HTML] | GOV.WALES

[26] Ibid.

- **Supporting the Help Me Quit Hospital Model: Smoke-free hospital grounds**

Through the Public Health Wales Act (2017), Welsh Ministers enacted law which required hospitals in Wales to be smoke-free[27]. In March 2021, every hospital site across Wales became smoke-free. The rationale for the legislation was to protect public health, discouraging smoking and 'supporting those trying to quit'[28]. Tenovus Cancer Care recommends:

- A reminder of smoke-free legislation within hospital appointment letters.
- Hospital letters to include a QR code referring patients to cessation services and guidance on NRT.

Tenovus Cancer Care recommends:

- A review of current smoke-free spaces, as outlined in action 1
- Promotion of voluntary smoke-free spaces within publicly-funded bodies
- Promote third sector partnerships to maximise the impact of smoke-free spaces
- Full and timely implementation of planned smoke-free spaces
- Supporting smoke-free hospital grounds (smoke-free policy and QR codes offering smoking cessation advice and services on hospital appointment letters).
- Legislative action within this area is not prioritised over actions in other TCDP areas which may hold a greater impact

Priority Action Area 2: Continuous improvement and supporting innovation

Tenovus Cancer Care supports all the actions within priority action area 2, and strongly 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. Considering 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 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 services[29]. To reach our 2030 ambition, there needs to be a steep rise in those accessing such services in Wales. Thus, we are pleased that cessation services are being strengthened, and have included recommendations on how these services can be significantly expanded.

Additional improvements to outlined actions have been included below.

[27] Smoke-free law: guidance on the changes from March 2021 [HTML] | GOV.WALES
[28] Ban on smoking on hospital grounds comes into force in Wales | GOV.WALES
[29] Welsh Government. 2021. NHS smoking cessation services: January to March 2021. Available at: https://gov.wales/nhs-smoking-cessation-services-january-march-2021

i.) A systematic secondary care smoking cessation service in Wales

Tenovus Cancer Care recognises the importance of a systematic secondary care smoking cessation service in Wales, and views this as a crucial element of the TCDP. The systematic secondary care service will incorporate learnings from the effective Ottawa Model for Smoking Cessation, which consists of the following key principles:

- The systematic identification and documentation of all smokers admitted to hospital.
- The systematic administration of pharmacotherapy and behavioural support to active smokers in hospital.
- The systematic attachment to long term community follow-up services after discharge, with printed recommendations for continuing pharmacotherapies post-discharge.

The Ottawa Model for Smoking Cessation provides a system of care that ensures all smokers admitted to secondary care settings are offered smoking cessation treatment[30]. It is an opt-out model, where smoking status is recorded and a clinical approach is provided. The process has been implemented across 120 hospitals in Canada and has been proven to improve long term quit rates by 11%[31].

Tenovus Cancer Care highlights the importance of the timely-implementation of these key evidence-based principles within Wales' own secondary care service, which will be referred to as the Help Me Quit Hospital Model.

The merits of this approach are apparent in The Cure Project in Greater Manchester, which implemented the Ottawa model and recorded a 42% quit rate within the first six months of rollout[32] Tenovus Cancer Care recommends that the roll out should be a priority action area within the first phase of the plan. Whilst developing the Wales version of the opt-out model it is important to ensure services are created that fit around the service user. The approach to treating secondary care patients differs from the existing Help Me Quit model and therefore services will need to be flexible. It is important that we build on and accelerate existing interventions whilst pursuing innovation and improvement.

The ability to share data across service providers will be a key element to the success of this model and will ensure smokers are seamlessly transferred from clinical to community services.

In addition to maximise this TCDP action, Tenovus Cancer Care recommends that this programme of work is expanded to include:

- **Mandatory training for nurses to deliver Very Brief Advice.**

[30] INSERT ASH WALES BRIEFING DOC LINK
[31] Program Effectiveness | Ottawa Model for Smoking Cessation (ottawaheart.ca)
[32] Outcomes – The CURE Project

Nurses are the largest group of healthcare providers in Wales, who have an extended reach into the population of tobacco users[33]. Thus, increasing the number of nurses who deliver brief evidence-based interventions for tobacco use and dependence, such as that prescribed by PHW, is likely to expose more tobacco users to evidence-based treatments and lead to more successful quit attempts.

However, effective training is key to improving provider proficiency in delivering evidence-based interventions for tobacco use and dependence. A US study of 359 nurses, which monitored the outcome of a single hour of didactic smoking cessation training, found significant positive increases in the participants competency to carry out effective smoking cessation support[34].

Tenovus Cancer Care recommends that nurses should undergo mandatory training as part of the introduction of the Help Me Quit Hospital Model, with the ambition to extend this training to nurses working in primary care.

- **Smoking cessation training (Very Brief Advice) for additional patient-facing occupations.**

Tenovus Cancer Care suggests that additional patient-facing primary and secondary staff receive mandatory VBA training. This would include nursing assistants, hospital porters, pharmacy assistants, and General Practice staff.

- **Expansion of the Ottawa model into primary care.**

The Ottawa Model for Smoking Cessation has been has adapted for application in primary care settings, with the OMSC programme highlighting that it can be implemented without noticeable impact on patient flow[35].

Given the effectiveness of the OMSC model, Tenovus Cancer Care recommends it is also implemented within primary care settings in Wales. This body of work would fit within The Help Me Quit Hospital Model, and its expansion. We suggest that the core OMSC principles are applied within this area of work.

<u>Tenovus Cancer Care recommends</u>**<u>:</u>**

- Creating a systematic secondary care smoking cessation system, which includes all of the Ottawa Model's key principles.
- Create services that suit the needs of the service user.
- Ensure the seamless transition of smokers from clinical to community services through an established data-sharing system.
- Mandatory training of nurses to deliver Very Brief Advice, as part of the introduction of the Help Me Quit Hospital Model.
- Explore the scope to deliver Very Brief Advice to nurses working within primary care

[33] Number of NHS nurses employed in Wales on the rise | Nursing Times
[34] Christine E. Sheffer, Claudia Barone, EdD, RN, and Michael E. Anders, PhD, MPH, RRT Training Nurses in the Treatment of Tobacco Use and Dependence: Pre- and Post-Training Results (nih.gov), 2011
[35] Primary Care | Ottawa Model for Smoking Cessation (ottawaheart.ca)

- Explore the scope to deliver Very Brief Advice to additional patient facing occupations
- Expansion of the Wales version of the Ottawa model into primary care

ii.) Review e-cigarettes as a smoking cessation tool

- **E-cigarettes: an evidence-based position statement**

Tenovus Cancer Care welcomes the Welsh Government's commitment to explore the role of e-cigarettes as a smoking cessation tool [36]. However, Tenovus Cancer Care believes Wales needs an evidence-based position statement on e-cigarettes to inform smokers, healthcare professionals and members of the public within this workstream. To combat growing misconceptions in Wales, the statement should focus on the relative harms and use of e-cigarettes as a smoking cessation aid.

Tenovus Cancer Care recommends the position statement reflects:

- Current evidence shows e-cigarettes are considerably less harmful than tobacco
- E-cigarettes are an effective smoking cessation tool, particularly when combined with behavioural support[37].
- WG supports the adoption of a harm reduction approach when it comes to the use of e-cigarettes as a smoking cessation tool.
- For clear guidance to be issued to Local Authorities on Welsh Government's stance on e-cigarettes.

The current assessment by Public Health England is that vaping is at least 95% less harmful than smoking tobacco[38]. This is consistent with the findings of the Royal College of Physicians in 2016, that relayed "the hazard to health arising from long-term vapour inhalation from the e-cigarettes available today is unlikely to exceed 5% of the harm from smoking tobacco"[39].Furthermore, reviews comparing the cancer potencies of e-cigarettes with tobacco show that the lifetime cancer risk of vaping has been assessed to be under 0.5% of the risk of smoking[40].

However, despite the current evidence base, a recent ASH Wales survey (2021) found that 33% of Welsh adults wrongly believe e-cigarettes to be as harmful or more harmful than tobacco cigarettes, an increase from 25% in 2018, from 14% in 2017 [41].

In light of the above, Tenovus Cancer Care supports ASH Wales in their recommendation that the Welsh Government issues a collective position statement relaying what is known about e-cigarettes, outlining their relative risk against the

[36] A SMOKE-FREE WALES - Our Long Term Tobacco Control Strategy for Wales 2020
[37] Peter Hajek, Ph.D., et al.A Randomized Trial of E-Cigarettes versus Nicotine-Replacement Therapy . 2019
[38] McNeill A, Brose LS, Calder R, Bauld L & Robson D: Public Health England, Evidence review of e-cigarettes and heated tobacco products 2018: executive summary. 2018
[39] Royal College of Physicians, Nicotine without smoke: Tobacco harm reduction London: RCP, 2016.
[40] Stephens WE. Comparing the cancer potencies of emissions from vapourised nicotine products including e-cigarettes with those of tobacco smoke Tobacco Control. 2017
[41] ASH Wales YouGov Survey Results 2021

considerable risks of tobacco. This stance should align with the published position of Public Health England and the UK Government and support the NICE recommendation to 'give clear, consistent and up-to-date information about nicotine-containing e-cigarettes to adults who are interested in using them to stop smoking' (1.12.13) [42] [43]

When considering this recommendation, we advise Welsh Government reviews *Nicotine Without Smoke: Tobacco Harm Reduction*, a report from The Royal College of Physicians (2016) [44]. This report includes a strong argument to adopt e-cigarettes within a harm reduction approach to smoking, and highlights how such an approach can curtail the death and disability ensued by tobacco use.

- **E-cigarettes to be offered within smoking cessation services in Wales.**

Tenovus Cancer Care supports the WG's action to explore the role of e-cigarettes as a smoking cessation tool. In addition to our recommendation of a current WG stance on e-cigarettes, we recommend that e-cigarettes are offered within smoking cessation support services in Wales.

The MHRA have recently enhanced guidance to allow e-cigarettes manufacturers to acquire medical licences for their products[45]. Tenovus Cancer Care views this as a progressive move, which will allow e-cigarettes to undergo a defined standard set by the medicines regulator. This in turn will open the possibility for clinicians to prescribe e-cigarettes within smoking cessation efforts in Wales.

In Wales, prescribing e-cigarettes within SCS would be up to the discretion of individual health boards. Health boards in Wales would base this decision off guidance provided by NICE or the AWMSG. In addition to this, health boards would prescribe EC based off guidance from Welsh Government or Public Health Wales.

The current evidence base outlines that e-cigarettes are a less-harmful alternative to tobacco[46]. In 2018, Public Health England published an expert independent review which concluded that e-cigarettes are 95% safer than smoking[47]. However, despite growing evidence drawing the consensus that vaping is considerably less harmful than smoking, it is not without risk. Tenovus Cancer Care suggests that WG adopts a harm-reduction approach by weighing the significant harms of tobacco against the significantly reduced risks of EC, and using this approach to steer policy.

In Wales, e-cigarettes are the most commonly used method to stop smoking, with the most common reason for using e-cigarettes being to help stop smoking tobacco (76% of current users)[48]. An ongoing Cochrane review assessing the effectiveness

[42] E-cigarettes around 95% less harmful than tobacco estimates landmark review - GOV.UK (www.gov.uk)
[43] NICE Tobacco: preventing uptake, promoting quitting and treating dependence (ncsct.co.uk), 2021
[44] Royal College of Physicians, Nicotine without smoke: Tobacco harm reduction London: RCP, 2016
[45] E-cigarettes could be available on NHS to tackle smoking rates - BBC News 2021
[46] Stephens WE. Comparing the cancer potencies of emissions from vapourised nicotine products including e-cigarettes with those of tobacco smoke 2017
[47] E-cigarettes around 95% less harmful than tobacco estimates landmark review - GOV.UK (www.gov.uk)
[48] National Survey for Wales 2018-19: adult smoking and e-cigarette use (gov.wales)

of e-cigarettes has also shown them to increase tobacco quit rates, when compared to other forms of NRT[49]. In addition to the above, NICE includes nicotine containing e-cigarettes within its recommendations for smoking interventions for adults (1.12.2)[50].

Tenovus Cancer Care recommends:

- Update policy to outline a harm reduction approach to e-cigarettes.
- Work with PHW to facilitate the inclusion of e-cigarettes within smoking cessation services in Wales.
- Create a position statement for e-cigarettes that reflects the evidence base, does not stigmatise users and supports health professionals in the delivery of advice.

iii.) Digital solutions for smoking cessation support

Tenovus Cancer Care welcomes WG's plans to explore innovative and digital methods to reduce smoking uptake and promote smoking cessation and believes this action should be priority in the 2022-24 timeframe.

In Wales, it is estimated that 45% of adult smokers try to quit each year[51]. Despite this, less than 3.3% of people trying to quit seek support through LHB smoking cessation services, which means the vast majority of smokers attempt to quit outside of available services each year[52]. 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 years[53]. In light of this, we highlight the need to reinforce and improve smoking cessation services in Wales.

It would be beneficial to assess how this body of work 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.

ASH Wales and Respiratory Innovation Wales carried out research to assess the appetite for digital solutions in Wales[54]. A series of questionnaires were designed by Community Pharmacy Wales, RIW and Welsh health care professionals. Data was obtained from smokers, ex-smokers, health care professionals and additional stakeholders. The results are as follow:

- 80% of smokers said they would like a personalised quit plan.

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[49] Hartmann-Boyce J, McRobbie H, Butler AR, Lindson N, et al,. Electronic cigarettes for smoking cessation. Cochrane Database of Systematic 2021
[50] Recommendations on treating tobacco dependence | Tobacco: preventing uptake, promoting quitting and treating dependence | Guidance | NICE
[51] National Survey for Wales 2018-19: adult smoking and e-cigarette use (gov.wales)
[52] Welsh resident smokers who made a quit attempt via NHS smoking cessation services, by local health board and cumulative quarters within a financial year (gov.wales)
[53] Welsh resident smokers who made a quit attempt via NHS smoking cessation services, by local health board and cumulative quarters within a financial year (gov.wales)
[54] digital-smoking-platform-report-short.pdf (ash.wales)

- 84% of smokers said they would be happy for their personal assessment to be shared
  with their quit smoking adviser.
- 72% of smokers said they would or might use a digital system to book an SCS appointment.
- 84% of smokers thought most of the suggested features were useful.

A questionnaire was tailored for stakeholders and SCS providers. Within this, all SCS stakeholders believed an online system would or may be helpful. Comments were also invited and echoed many of the digital features smokers found useful. These included.

- A service to fit around the service users
- Additional support packages i.e., mental health.
- Incentivisation programmes.
- Advice on e-cigarettes.

It is important to note that age was thought to play a considerable factor within findings, as a third of smokers said they would not use an online system to book SCS appointments. In light of this, digital solutions should not be the sole method of SCS in Wales. Despite this, the survey showed good acceptability for proposals to adopt digital solutions from smokers, stakeholders and service providers in Wales.

Tenovus Cancer Care strongly supports this action with this priority action area, as there is a clear appetite for a strengthened, digitalised and more accessible SCS in Wales.

<u>Tenovus Cancer Care recommends:</u>

- Work to drive forward digital solutions for smokers is undertaken as a priority in the 2022-24 timeframe
- Solutions work in conjunction with current smoking cessation programmes.
- Digital methods to promote awareness and access to smoking cessation services.
- Research into which solutions work best for certain groups, with a focus on priority groups.
- A multi-disciplinary task and finish group with robust WG backing funding and two-year timeline.

Priority action area 3 : Priority groups

Tenovus Cancer Care supports all the actions within priority action area 3.

As previously mentioned, we highlight the importance of drawing upon the current evidence-base for this area, and funding additional research where gaps exist. We support and recommend the following:

Financial Incentives for pregnant smokers

Tenovus Cancer Care has recently campaigned for financial incentives for pregnant smokers to be utilised within SCS in Wales[55]. This is due to an established research base that demonstrates that this method is highly effective.

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 babies[56]. 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 disadvantage[57]. 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)[58]. Compared to the previous year, smoking prevalence has risen by 5 percentage points in groups aged 16-19 and 40-44[59].

In pregnancy, financial incentives have been shown to be one of the most effective ways of helping pregnant women to quit. A Cochrane Review, conducted in 2019, has confirmed the finding that incentives are an effective way of supporting pregnant women to quit smoking during pregnancy and remain smoke-free post-partum[60]. The review found that women receiving incentives were more than twice as likely to quit compared to those in non-incentives groups[61]. In addition to this, incentives have been trialled in UK clinical settings. Notably in NHS Glasgow & Clyde, which found the following[62]:

- Significantly more smokers in the incentives group than control group stopped smoking: (22.5%) versus (8.6%).

Within this consideration it is important to highlight the cost effectiveness of such an approach. A 2009 Cochrane Review into interventions to support smoking cessation in pregnancy, concluded that the societal benefits from a range of interventions – including incentives – could be in excess of £500 million per annum in the UK.

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[55] Action on Smoking and Health -ASH Wales calls for financial incentives and additional support to stop pregnant women from smoking
[56] Mathias Mund, Frank Louwen, Doris Klingelhoefer, and Alexander Gerber Smoking and Pregnancy — A Review on the First Major Environmental Risk Factor of the Unborn 2013
[57] 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
[58] Maternity and birth statistics: 2020 | GOV.WALES
[59] Ibid.
[60] /CT/CochraneCMS/TexRendering5/70841.dvi (uea.ac.uk)
[61] /CT/CochraneCMS/TexRendering5/70841.dvi (uea.ac.uk)
[62] Tappin D, Bauld L, Purves D, Boyd K, Sinclair L, MacAskill S, et al. Cessation in Pregnancy Incentives Trial(CPIT) team. Financial incentives for smoking cessation in pregnancy: randomised controlled trial. BMJ 2015; 350: h134. Financial incentives for smoking cessation in pregnancy: randomised controlled trial | The BMJ

The 2013 update of this Review concluded that incentive schemes deliver a return on investment of £4 for every £1 invested[63].

Surveys have shown that public approval for such schemes increases when information is provided on the effectiveness of such an approach[64] [65]. Public approval is thought to be a hindering factor within this area, thus clear messaging highlighting the benefits of such an approach should be established.

In light of the above, Tenovus Cancer Care believes it is time for practice to reflect compelling evidence within this area.

Tenovus Cancer Care Recommends:

- Incentive schemes to be employed to increase smoke-free pregnancies in Wales.
- Such schemes to be offered alongside additional evidence-based practices (i.e. behavioural support).
- Incentive schemes to be framed with messaging highlighting the evidence and benefits of such an approach.
- Targeted support in areas where maternal smoking prevalence is highest in Wales.

CO screening for pregnant smokers

Within this workstream, we recommend that carbon monoxide screening is embraced 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[66] [67]. 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 SCS[68].

Tenovus Cancer Care recommends:

- CO screening offered within all maternity services in Wales.
- Screening to be offered with referrals to SCS support.

Financial incentives for additional priority groups

[63] Catherine Chamberlain, Alison O'Mara-Eves , Sandy Oliver , Jenny R Caird, Susan M Perlen, Sandra J Eades , James Thomas Psychosocial interventions for supporting women to stop smoking in pregnancy 2013
[64] ASH/YouGov. Smokefree GB Survey. 2018.
[65] 2019-Challenge-Group-Incentives-Briefing-FINAL.pdf (smokefreeaction.org.uk)
[66] 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 2018 Feb 1;153(2):554-62.
[67] 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 behavioural effects . 2011;30:49–57. doi: 10.1037/a0021821
[68] CO-monitoring-and-data-collection-FINAL.pdf (smokefreeaction.org.uk)

Within actions outlined in this priority area, it would be beneficial to explore how financial incentives could be used amongst additional priority groups. In light of this, we highlight the following research.

The Cochrane Library provides a comprehensive review of the effectiveness of different behavioural interventions for smoking cessation [69]. This meta-review covers 312 randomised controlled trials (115 in healthcare settings, 195 in community settings), representing 250,563 participants. The review found that behavioural interventions for smoking cessation were found to increase quit rates, but that their effectiveness varies depending on the characteristics of support provided.

A significant finding of the review showed high certainty evidence that the inclusion of financial incentives in a programme supporting smokers to quit can increase the success of smoking cessation by 46%, compared to no support[70]. This finding is significant, given that the focus of incentive schemes has largely been centred around smoke-free pregnancies in UK, without exploring benefits outside of this group.

The Review findings provide no direct guidelines for choosing a particular stop smoking service model over another. However, the findings show that financial incentives should be considered for additional groups. Tenovus Cancer Care recommends that this area should be explored, particularly for high smoking prevalence groups outlined within this action area.

Tenovus Cancer Care Recommends:

- Financial incentives to be explored for additional priority groups.

Mental Health

It is estimated that smoking rates among people living with mental health conditions stands at 33% in Wales[71]. Smoking is a major contributory factor to reduced life expectancy and ill health, with research showing, for instance, that 53% of those with schizophrenia die from smoking-related diseases[72]. In addition to this, it is thought that those living with a mental health condition increases the likelihood of being economically disadvantaged, with high unemployment rates evident in this group, which is expected to rise due to the pandemic [73] [74]. Smoking compounds economic

[69] Jamie Hartmann-Boyce, Jonathan Livingstone-Banks, José M Ordóñez-Mena Behavioural interventions for smoking cessation: an overview and network meta-analysis 2021
[70] The Cochrane Review of behavioural interventions for smoking cessation, explained (ash.org.uk)
[71] Smoking Cessation and Mental Health.indd (ash.wales) 2017
[72] Callaghan RC, Veldhuizen S, Jeysingh T, et al. (2014). Patterns of tobacco-related mortality among individuals diagnosed with schizophrenia, bipolar disorder, or depression. Journal of Psychiatric Research; 48: 102–110.
[73] Luciano A, Meara E (2014). The employment status of people with mental illness: National survey data from 2009 and 2010. Psychiatr Serv; 65(10): 1201–1209.
[74] NHS Wales Economic Consequences of COVID-19 Pandemic Outbreak on Health Indicators and Health Service Use in Wales 2020

disparities, particularly amongst poorer smokers living with mental health conditions in the UK[75].

In light of this, we welcome the inclusion of this area within the TCDP, particularly 'reviewing evidence and data around smoking cessation support for these priority groups'[76]. As the TCDP highlights, despite high prevalence of smoking amongst people with mental health conditions, only a minority of people receive effective smoking cessation interventions in Wales[77].

Tenovus Cancer Care recommends:

- Mental health specialists are represented in the implementation groups for the TCAP.
- A dataset to review the impact of cessation support for individuals living with mental health conditions.
- Set interim targets for this priority group, to map progress.
- Ensure that the 'Help Me Quit Hospital Model' systematically identifies all smokers in this group and offers cessation support within an 'opt-out model'.
- Tailoring the above to meet the needs of this priority group.
- Mandatory training for mental health practitioners to offer brief intervention support and advice for referrals to SCS.
- Expand the above into primary care settings.
- Specifically address smoking within the national mental health strategy and delivery plan for Wales[78].

A systematic review of studies measuring changes in mental health following smoking cessation found that quitting smoking was associated with reduced depression, anxiety and stress, and improved positive mood and quality of life, compared with continuing to smoke[79]. Smoking cessation has also been linked to a reduction in medication dosage, as tobacco smoke has been seen to interact with certain psychiatric medications, which render higher doses [80] [81]. Despite the common misconception, smoking does not reduce anxiety or deal with its underlying causes[82].In light of this, Tenovus Cancer Care recommends that the above body of work is reinforced with:

[75] Mental health, smoking and poverty in the UK:A report commissioned by ASH and PHE 2016
[76] A SMOKE-FREE WALES - Our Long Term Tobacco Control Strategy for Wales (gov.wales)
[77] Royal College of Physicians and Royal College of psychiatrists. 2013. Smoking and Mental Health. Available at: Smoking and mental health | RCP London
[78] review-of-the-together-for-mental-health-delivery-plan-20192022-in-response-to-covid-19_0.pdf (gov.wales)
[79] Taylor G et al. Change in mental health after smoking cessation: systematic review and meta-analysis. BMJ 2014; 348: g1151
[80] Management of physical health conditions in adults with severe mental disorders. WHO guidelines. Geneva: World Health Organization; 2018 https://apps.who.int/iris/handle/10665/275718 2018
[81] Taylor D, Paton C, Kapur S. Maudsley prescribing guidelines. 11th Ed. Informa Healthcare, 2012
[82] Picciotto MR, Brunzell DH, Caldarone BJ. Effect of nicotine and nicotinic receptors on anxiety and depression. Neuroreport 2002; 13: 1097-1106 Effect of nicotine and nicotinic receptors on anxiety and depression - PubMed (nih.gov)

- Effective messaging highlighting the benefits of smoking cessation for those living with mental health conditions.

Social Housing

According to ASH Wales YouGov survey (2018), smoking prevalence among Welsh social housing tenants is around double the average figure across all surveyed respondents (24%>13%)[83]. Furthermore, social housing tenants were twice as likely as residents in other housing tenures to be exposed to second-hand smoke (SHS) in their own home from someone who lives there, by a neighbour and in the communal areas of the building[84]. In light of this, this body of work not only holds the capacity to address high prevalence rates among social housing tenants but would also help reduce the harms ensued through SHS.

On a UK wide level, many local authorities and health care providers provide smoking cessation programmes to help address this area of high smoking prevalence. Notably, the Greater Manchester Health and Social Care partnership, which funded a 3-month e-cigarette pilot, delivered by the local housing association Salix Homes and the Salford stop smoking service[85]. At the end of the pilot, 63% of participants had quit smoking, which was considered a success due to high participation, with over 1000 smokers receiving support.

<u>Tenovus Cancer Care recommends:</u>

- Social Housing specialists are represented in the implementation groups for the TCDP.
- Fund social housing providers to run smoking cessation programmes for their tenants in collaboration with community pharmacy, or local Stop Smoking Services.
- Train professionals working in social housing in offering brief advice to quit.
- Include an offer of e-cigarette starter kits in conjunction with SCS support.
- Include targets on smoking cessation and training in WG funding for housing associations, and ensure training is provided to other professionals visiting tenants in housing association settings.

Tenovus Cancer Care believes this multi-agency approach would considerably help drive down smoking prevalence within this priority group and would cohere to the 'whole systems' approach of the strategy.

Children and Young People

In Wales 8% of 15 to 16-year-olds smoke on a regular basis – a figure that has not fallen since 2013[86]. According to SHRN, a significantly greater proportion of less affluent young people report to have ever smoked in Wales[87]. In addition to the

[83] yougov2018-1-housing-.pdf (ash.wales) 2018
[84] yougov2018-1-housing-.pdf (ash.wales) 2018
[85] ASH_-_Its_time_to_talk_about_smoking_case_studies.pdf
[86] Youth_smoking_and_vaping_in_Wales-2020.pdf (shrn.org.uk)
[87] Youth_smoking_and_vaping_in_Wales-2020.pdf (shrn.org.uk)

above, there has been a significant recent increase in the proportion of 11-16 year olds who used cannabis monthly in Wales (4.3% in 2019 compared to 2.7% in 2013)[88]. In light of the above, we support work in this area, and recommend the following:

- Specialists within this field are represented in the implementation groups for the TCDP.
- A cross governmental approach to address the co-use of tobacco and cannabis, given the strong links between the two substances.
- A national education programme to be delivered in all secondary schools and on social media highlighting the health impacts of smoking.
- A tailored intervention and support programme for Pupil Referral Units and further education colleges in Wales.
- Increased targeted support including cessation support in areas with higher smoking prevalence.
- The development of innovation digital solutions to raise awareness of the harms of smoking among children and young people.

Looked after children

Within this work stream, it would be beneficial to consider how actions could be made accessible to children and young people living within care. Research conducted by Cardiff University in 2017 found that children in the Welsh foster care system are eight times more likely to smoke, compared to children not in care[89]. This level of smoking is consistent with the multiple disadvantages that often characterise looked-after children living within the UK[90].

<u>Tenovus Cancer Care recommends:</u>

- Funding research to establish what interventions and SCS work for looked-after children and young people.
- Establishing a data set to monitor smoking prevalence within this group.
- Working with local authorities and third-sector organisations to deliver evidence-based training to care providers. Notably the Fostering Network/ASH Wales.
- To ensure all local authorities and fostering and adoption service providers in Wales have an explicit foster care and adoption smoking policy. This policy should promote non-smoking for all foster carers and adoptive parents. It should support carers to give up smoking and at the very least promote smokefree homes, while balancing the risk of exposure against the benefit of appropriate care[91].

[88] Trends-in-youth-smoking-cannabis-use-and-their-association.pdf (shrn.org.uk)2020
[89] Sara Jayne Long, et al., Comparison of substance use, subjective well-being and interpersonal relationships among young people in foster care and private households: a cross sectional analysis of the School Health Research Network survey in Wales 2017
[90] Department for Education and Department for Health. Promoting the health and well-being of looked-after children: Statutory guidance for local authorities, clinical commissioning groups and NHS England 2015
[91] ASH & The Fostering Network: Joint Briefing on Foster Care, Adoption and Smoking 2016

Supporting people from socio-economically deprived backgrounds

Statistics show that people from socio-economically deprived areas are more likely to smoke, and more likely to smoke more than their more affluent counterparts[92] [93]. Research conducted by ASH has estimated that 28% of those living in poverty in the UK could be lifted out of poverty if they stopped smoking[94]. In addition to economic disadvantages, higher smoking prevalence within this group translates to higher rates of smoking-related health implications[95]. Data from England indicates that smokers within this group find it more difficult to stop smoking with the help of stop smoking services than their more affluent counterparts[96]. In light of this, we view this area of the TCDP of critical importance.

A systematic review conducted by CRUK has highlighted that there is a surprising lack of research within this area[97]. However, the review suggests that a tailored approach to smoking cessation services can increase access to, and uptake for smokers from lower socio-economic backgrounds.

The review highlights several studies with promising findings that show a tailored approach can have an impact via: tailored GP invitation letters, accessible messaging, outreach workers and mobile SCS. The review also marks that progress in this area is likely to be achieved when national SCS targets are created and include measurable equity impact-which ensures that all groups access support. A prime example of this is Scotland, which cemented a national SCS equity-based target in 2011 and had success in combating health inequalities by helping more smokers from lower socio-economic groups to quit[98].

The CRUK research highlights that there is considerable evidence to suggest that lower success quit rates amongst disadvantaged smokers can be balanced out by ensuring that these groups have the best possible access to cessation services, which can lead to more frequent use of these services. Thus, there is a need to strengthen referral and treatment pathways to ensure systems are properly geared for this task in Wales.

<u>Tenovus Cancer Care recommends:</u>

- Funding research into which tailored SCS best supports smokers from socio-economically deprived groups.

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[92] National Survey for Wales 2018-19: adult smoking and e-cigarette use (gov.wales)
[93] inequalities-briefing-paper-.pdf (ash.wales)
[94] New figures show each local authority how many people could be lifted out of poverty if they quit smoking - Action on Smoking and Health (ash.org.uk)
[95] Gruer L, Hart C, Gordon D, Watt G. Effect of tobacco smoking on survival of men and women by social position: a 28 year cohort study BMJ 2009
[96] Hiscock R, Bauld L. The Public Health Research Consortium brought together researchers from 11 UK institutions, with the aim of strengthening the evidence base for interventions to improve health, National Centre for Smoking Cessation and Training, 2013
[97] Smith.C, Hill.S, Amos A Stop Smoking Inequalities: A systematic review of socioeconomic inequalities in experiences of smoking cessation interventions in the UK. Cancer Research UK. 2018
[98] Smith.C, Hill.S, Amos A Stop Smoking Inequalities: A systematic review of socioeconomic inequalities in experiences of smoking cessation interventions in the UK. Cancer Research UK. 2018

- Adapting national smoking cessation service data to gather information on socio-economic status.
- A commitment to national SCS targets, which include measurable equity impact (to ensure deliberate targeting of lower socio-economic groups).

LGBT Community

UK wide, Smoking rates are significantly higher within the LGBT community[99]. To our knowledge, there is not a data set marking smoking prevalence within the adult LGBT population in Wales. To steer action and address health inequalities within the LGBT subgroup,

Tenovus Cancer Care recommends:

- Stapling a dataset to assess smoking prevalence within the adult LGBT population in Wales, this could be part of data retrieved through cessation services.
- Working with services and third-sector organisations which hold an established reach into the LGBT community (as outlined in action 2).
- Explore how services that work specifically with members of the LGBT community can offer Very Brief Advice to stop smoking.
- Ensure that messaging is inclusive and circulated amongst LGBT community spaces (as outlined in action 4).

The Welsh Government has recently conducted qualitative research into the LGBT community, through focus-groups and interviews. Tenovus Cancer Care fully supports this action and hopes this will highlight how the TCDP can best cater and support the community in Wales.

Ethnic Minority Groups

Smoking remains the most common form of tobacco used by all communities in the UK[100]. However, the way people from different ethnic backgrounds use tobacco can vary. Some ethnic minorities are substantially more likely to use smokeless tobacco (in particular, South Asian Britons) and shisha pipes (in particular, Middle Eastern and South Asian Britons)[101]. Thus, we are pleased the TCDP recognises these differences in tobacco use and has suggested a tailored approach to support.

Tenovus Cancer Care supports all the actions outlined in priority action 3, in context to supporting ethnic minority groups. We recommend:

- Establishing a dataset to measure the impact of actions geared towards ethnic minority groups.
- Working with services and third-sector organisations which hold an established reach into the ethnic minority groups in Wales (action 2).

[99] National Institute of Economic and Social Research. 2016. Inequality among lesbian, gay, bisexual and transgender groups. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/539682/ 160719_REPORT_LGBT_evidence_review_NIESR_FINALPDF.pdf
[100] ASH-Factsheet_Ethnic-Minorities-Final-Final.pdf
[101] ASH-Factsheet_Ethnic-Minorities-Final-Final.pdf

- Ensure services that specifically work with ethnic minority groups can offer Very Brief Advice to stop smoking as well as signposting to smoking cessation services.
- Ensure that messaging is inclusive and tailored (as outlined in action 4).

People in Routine and Manual Occupations

Research suggests that, while R&M smokers may find it harder to stop smoking, they are not 'hard to reach' in terms of wanting to quit[102].
Market research into people within the R&M group suggests that smoking is often characterised by; routine, social norms, identity and feelings of being daunted by the prospect of quitting[103].

The UK Government's Department of Health National Support Team issued a paper in 2009 centred on tackling health inequalities within this group[104]. The paper outlines key recommendations which reflect many of the actions outlined in the TCDP. Tenovus Cancer Care has included additional recommendations outlined in the paper below:

- Stop smoking services target R&M smokers utilising local public health data and social marketing insights.
- As community is important to R&M smokers, third sector community organisations can provide local insights to stop smoking service providers and commissioners. They can also, following training, provide community-based stop smoking advice and support through contractual arrangements with specialist provider stop smoking services, channelling R&M smokers to the specialist service.

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

Tenovus Cancer Care strongly supports all the actions within priority action area 4.

i.) Illegal Tobacco

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 single day.

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[102] Tackling health inequalities –Targeting routine and manual smokers in support of the public service agreement smoking prevalence and health inequality targets, Department of Health National Support Team, 2009
[103] Tackling health inequalities –Targeting routine and manual smokers in support of the public service agreement smoking prevalence and health inequality targets, Department of Health National Support Team, 2009
[104] Tackling health inequalities –Targeting routine and manual smokers in support of the public service agreement smoking prevalence and health inequality targets, Department of Health National Support Team, 2009

In 2021 HMRC funded a national enforcement campaign, Operation Ce Ce, which is run by trading standards teams in Wales. In the first 12 months an estimated 2.84 million cigarettes and 404kg pouches of hand-rolling tobacco were seized from the Welsh illegal market[105].

In addition, 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 including digital assets, radio adverts, posters and beer mats.
- All 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 results of these campaigns will; build essential partnerships in the fight against illegal tobacco, assist in the creation of tailored messaging for priority groups, provide national data on the scale of the problem and public attitudes and will garner national data from young smokers on their access to the illegal tobacco market.

Tenovus Cancer Care recommends:

- WG commit to funding the illegal tobacco marketing campaign in Wales
- WG to encourage a multi-agency approach to the illegal tobacco landscape, specifically utilising local authority and police communications to information share on illegal tobacco activity
- WG commit to funding a biannual NEMS survey for young people and adults
- Local Authorities across Wales are tasked with producing Annual Tobacco Control Surveys including data relating to underage sales and other enforcement activity.

ii.) Tobacco control legal framework

In addition to the above, Tenovus Cancer Care welcomes the upcoming WG review of key tobacco legislation, specifically the implementation of the Tobacco Products and Security measure (Tobacco Products Duty Act 1979). The planned review would seek to give HMRC regulatory powers to introduce tougher and more visible street-level sanctions to tackle tobacco duty evasion.

Within this workstream, EOIDs would enhance the regulatory framework, and help strengthen sanctions on this front in Wales.

Tenovus Cancer Care recommends:

Welsh Government ensure Welsh Trading Standards teams:

[105] Stats obtained from HMRC in January 2022

- Have access (directly or through a real-time portal with HMRC) to a database to clarify the EOID status of a trader.
- Have access to hand-held technologies to distinguish between illegal tobacco and legal tobacco (illegal sellers can mix non-compliant and compliant stock which can be a deterrent to enforcement activity).
- Have the power to deactivate EOID's for repeat non-compliance to the law. We support a permanent deactivation of the EOID following a second offence of selling tobacco illegally.

Tenovus Cancer Care responded to the consultation on HMRC's proposed sanctions to tackle tobacco duty evasion last year[106]

iii.) Retail Register

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 has 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'[107]. A tobacco retail register for Wales has yet to be established and implemented.

<u>Tenovus Cancer Care recommends:</u>

- 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.

Priority Action area 5: Working across the UK

Tenovus Cancer Care supports all the actions within priority action area 5.

Within this area, we highlight the importance of cross Government working for the Age of Sale, and a proposed 'Polluter Pays' Tobacco Levy.

Increasing the Age for sale for tobacco from 18 to 21

[106] ash-wales-response-hmrc.pdf
[107] tobacco-control-delivery-plan-for-wales-2017-to-2020.pdf (gov.wales)

Welsh Government, currently, does not have the power to independently change the age of sale of tobacco products, however, ASH Wales welcomes the commitment within the TCDP to work across the UK on non-devolved issues including the age of sale. We believe this should be a priority consideration, given the impact the age of sale holds on smoking prevalence.

Amendments to the Health and Social Care Bill, which include raising the age of sale of tobacco products from 18 to 21, are currently being debated in Westminster. Should the amendments be adopted and passed, we urge Welsh Government to work closely with the UK Government and devolved administrations to:

- Respond positively to any consultation process
- Ensure Welsh interests are represented at a UK level
- Ensure Welsh Ministers are appraised of the wide-reaching implications of raising the age of sale
- Monitoring systems are in place to assess the impact

We urge Welsh Government to be prepared and able to implement the legislation in a timely manner across Wales should the Bill achieve Royal Assent and become law.

Examined on its own merits, it is proportionate to increase the age of sale to 21 due to the unique harm caused by smoking. Tobacco is the only legal consumer product that when used as intended kills half of all its users. Smoking-related diseases kill over 5,000 people in Wales each year [108] [109]. Consequently, smoking requires a unique regulatory response to minimise the burden of preventable death and disease it inflicts on society. Smoking is addictive and uniquely harmful and increasing the age of sale would reduce uptake and save thousands of lives.

ASH Wales's latest YouGov survey shows that only 8% of Welsh smokers tried their first cigarette after the age of 21, meanwhile, 76% of adult smokers in Wales had their first cigarette before the age of 18[110]. It is therefore vital that Wales adopts additional measures to make tobacco products less available to young people.

In December 2019 the US Government instituted 21 years as the minimum age of sale by federal law. Evidence from the US shows raising the age of sale from 18 to 21 reduced smoking prevalence in that age group by at least 30%[111] [112]. This is very similar to the impact when the age of sale in England was increased from 16 to 18 in 2007. This led to a reduction of 30% in smoking prevalence in people aged 16 and

[108] Office for National Statistics (ONS). Adult smoking habits in the UK: 2019. Adult smoking habits in the UK :2019 2020 July
[109] Public Health Wales. Smoking in Wales 2018
[110] yougov-survey-report-2021pdf.pdf (ash.wales)
[111] Friedman AS, Buckell J, Sindelar JL. Tobacco-21 laws and young adult smoking: quasi-experimental evidence Addiction. 2019 Oct
[112] Fidler JA, West R. Changes in smoking prevalence in 16-17-year-old versus older adults following a rise in legal age of sale: findings from an English population study Addiction. 2010 Nov

17 years, partly by reducing uptake and partly by promoting cessation, which had a sustained impact [113] [114].

In Wales, 9% of 15–16-year-olds still smoke on a regular basis – a figure that has not fallen since 2013[115]. In a report centred on raising the age of sale to 21 in the US, the IoM concluded that "the largest proportionate reduction in the initiation of tobacco use will likely occur among adolescents 15 to 17 years old"[116]. The rationale for this was that smoking is a contagious habit, and the age increase will protect younger children from exposure and influence of older youth who smoke.
If the age of Sale were raised in Wales, its scope to impact younger age groups should not be overlooked.

In Wales, children from more deprived backgrounds are twice as likely to smoke on a regular basis than those from more affluent families[117]. In context to the age of sale, a recent study found increasing the age of sale of cigarettes to 21 years in England would target approximately 364 000 lower dependent smokers from more disadvantaged backgrounds aged 18–20, who have less motivation to quit[118]. Reducing inequalities is a key theme within the TCDP, and the scope for this area to help drive down inequalities should be explored.

It is estimated that of every three young smokers, only one will quit, and one of those remaining smokers will die from tobacco-related causes[119]. Early smoking uptake is associated with subsequent heavier smoking, higher levels of dependency, and higher mortality[120].

For Wales to reach its ambition of a smokefree target by 2030, there needs to be a significant step-change in actions to prevent the uptake of youth smoking. Raising the age of sale has considerable scope to reduce youth smoking and inequalities.

The latest ASH Wales YouGov survey on social attitudes towards tobacco control found 63% support raising the age of sale from 18 to 21 in Wales, while only 16% oppose[121]. Nearly half of all Welsh adults surveyed (47%) think the Government aren't doing enough to limit smoking (up from 39% in 2018).

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[113] Fidler JA, West R. Changes in smoking prevalence in 16-17-year-old versus older adults following a rise in legal age of sale: findings from an English population study Addiction. 2010 Nov
[114] Beard, Emma, Jamie Brown, Sarah Jackson, Robert West, Will Anderson, Deborah Arnott, and Lion Shahab. Long-term evaluation of the rise in legal age-of-sale of cigarettes from 16 to 18 in England: a trend analysis BMC Med 18, 85. 2020.
[115] SHRN Survey 2019/2020
[116] Institute of Medicine, Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products, 2015
[117] SHRN Survey 2019/2020
[118] Beard E, Brown J, Jackson SE, West R, Anderson W, Arnott D, Shahab L. Who would be targeted by increasing the legal age of sale of cigarettes from 18 to 21? A cross-sectional study exploring the number and characteristics of smokers in England. Addiction. 2021 Feb
[119] U.S. Department of Health and Human Services. The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General. .2014. Printed with corrections, 2014 Jan
[120] Leonardi-Bee J, Jere M, Britton J. Exposure to parental and sibling smoking and the risk of smoking uptake in childhood and adolescence: a systematic review and meta-analysis Thorax. 2011.
[121] ASH Wales YouGov Survey 2021

Tenovus Cancer Care supports Priority Action area 5 in the TCDP, working across the UK, to continue to work with other UK Governments on non-devolved tobacco control issues such as the age of sale. Tenovus Cancer Care believes that this area should also be a key consideration within the future generations theme. Tenovus Cancer Care believes this measure will have a considerable impact on a critical age group regarding smoking uptake in Wales.

Polluter Pays Levy

Smoking imposes substantial costs on the National Health Service in Wales (estimated at £302 million per year) as well as a range of other costs to public finances[122]. A tobacco levy imposed on the tobacco industry would garner considerable funds for Wales to enact the TCDP actions and ambitions presented in this document. A levy would work on the principle that the polluter pays for the costs it ensues on public finances. This mechanism has the following benefits for tobacco control practices:

- A levy for a specific amount from the tobacco industry provides a certain revenue stream, which makes it easier to ensure that tobacco control interventions are fully and reliably funded. By contrast, an increase in tobacco excise duties (for example) will raise a greater or smaller amount of revenue depending on the elasticity of demand for tobacco products, so the actual amount of revenue raised may be different from the amount the Government intends to raise[123].
- A study by Feliu et al analysed the impact of tobacco control policies on smoking prevalence and quit rates in 27 EU countries from 2006 to 2014[124]. Within this research, tobacco taxation was marked as an area of policy which held a considerable impact on smoking prevalence (30 points).
- At the lowest end, a tobacco levy could generate funds in excess of £200m. This figure is based off the 1992 UK Government report on the effect of advertising on tobacco consumption[125], which estimated that the tobacco industry was spending around £100 million per year on advertising (money it can no longer spend). Against inflation, this figure would translate to money in the region of £170m and £205m depending on which price index (the Consumer Price Index or the Retail Price Index) is used to uprate from 1992 to the present day[126].

At the time of writing, a polluter pays levy is being debated as part of the Health and Care Bill, within the House of Lords. If this amendment were passed, it would increase pressure on the UK Government to consult on a statutory scheme. Within this, we urge the WG to:

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[122] NHS 111 Wales - Health A-Z : Smoking (quitting) with Help me Quit
[123] LandmanEconomics_Impact-of-levy-on-Public-Finances_191014FINALv2.pdf (ash.org.uk)
[124] Feliu et al (2019), "Impact of tobacco control policies on smoking prevalence and quit ratios in 27 EU countries from 2006 to 2014", Tobacco Control, January 2019.
[125] Smee C, Parsonage M, Anderson R, Duckworth S. (1992) Effect of tobacco advertising on tobacco consumption: A discussion document reviewing the evidence.
[126] LandmanEconomics_Impact-of-levy-on-Public-Finances_191014FINALv2.pdf (ash.org.uk)

- Respond positively to any consultation process, in favour of a polluter pays levy.
- Ensure that monies obtained from a statutory scheme would be divided fairly to the devolved nations. For example, fair allocation could be based off the amount of tobacco sold in each nation.

Question 8

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

Tenovus Cancer Care response: Yes

Targeted and consistent 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[127] [128] [129]. Systematic reviews of economic evaluations of past campaigns have found MMC's to be cost effective[130], however, campaigns need to have sufficient intensity and be sustained in order to have a meaningful effect[131]. For effective MMC's, see the Royal College of Physicians *Nicotine Without Smoke* report[132], 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)[133] [134].

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 attempts[135]. The campaign reached approximately 333,000 people via TV, radio,

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[127] Wakefield MA, Durkin S, Spittal MJ et al. Impact of tobacco control policies and mass media campaigns on monthly adult smoking prevalence. Am J Public Health 2008;98:1443–50.
[128] Durkin SJ, Biener L, Wakefield MA. Effects of different types of antismoking ads on reducing disparities in smoking cessation among socioeconomic groups. Am J Public Health 2009; 99:2217–23.
[129] 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
130 Atusingwize E, Lewis S, Langley T. Economic evaluations of tobacco control mass media campaigns: a systematic review Tobacco Control 2015: 24: 320-327
131 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. Addiction 2014: 109: 1003-1004.
[132] file:///C:/Users/Simon/Downloads/Nicotine%20without%20smoke_0.pdf
[133] Brown J, Kotz D, Michie S et al. How effective and cost-effective was the national mass media smoking cessation campaign 'Stoptober'. Drug Alcohol Depend 2014;135:52–8.
[134] How effective and cost-effective was the national mass media smoking cessation campaign 'Stoptober'? - PubMed (nih.gov)
[135] Stoptober: ASH calls for more mass media campaigns to help smokers to quit - Action on Smoking and Health

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 cigarettes[136].

The Royal College of Physicians highlights within it's *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'*[137] [138]*.*

Tenovus Cancer Care recommends:

MMC's are implemented throughout the TCDP. Tenovus Cancer Care suggests that the following is adopted within this recommendation:

- A WG commitment to an annual mass media campaign.
- Maximise the opportunities from campaigns from other nations. Tenovus Cancer Care believes that this would fit well within the priority action 5 of the plan: Working Across the UK.
- Seamless transition of those accessing SCS via Welsh media campaigns from other nations.

A ban on single use plastic cigarette filters

The European Union, through the Single Use Plastics Directive has recognised cigarette filters as one of the top 10 most common littered beach items[139]. This is consistent with findings from The Marine Conservation Society 2021 survey, which recorded 64.2 cigarette butts per 100 metres of Welsh coastline. The survey highlighted that Wales holds the highest number of littered butts in Great Britain in 2021[140].

The harms the plastic cigarette filters ensues on the environment is well established[141]. As well as plastic particles that leak into waterways, these small items are often mistaken for food by wildlife, such as fish that then eat them. This becomes a public health issue when people consume the fish and the contaminants within them. This is not a small issue. The UK is expected to 480,000 metric tonnes in 2030[142] and the Marine Conservation Society's 2021 Great British Beach Clean showed an average of 414 litter items were recorded per 100 metres of beach, with an average of 64 cigarette stubs found on Welsh beaches for the same distance

[136] Stoptober: ASH calls for more mass media campaigns to help smokers to quit - Action on Smoking and Health
[137] file:///C:/Users/Simon/Downloads/Nicotine%20without%20smoke_0.pdf
[138] 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.
[139] Single-use plastics (europa.eu)
[140] Wales' Beaches Worst in Great Britain for Cigarette Butt Litter - Action on Smoking and Health (ash.wales)
[141] Novotny TE, et al,. Cigarettes butts and the case for an environmental policy on hazardous cigarette waste. *Int J Environ Res Public Health*. 2009
[142] UK Fish Consumption Trends and Predictions | The Fish Site

measured.[143]

Furthermore, cigarette filters were engineered to reduce lung cancer by blocking toxins but over the years researchers found that tar and nicotine they were trying to filter out were the very substances that made cigarettes satisfying to smokers. The companies kept the filters, but made them less effective to allow through that hit of nicotine[144] and made claims about the health benefits of filters that the World Health Organization calls fraudulent[145]

In reality, while filters did block some toxins, they also made cigarette smoke smoother to inhale and that encouraged smokers to puff more frequently[146]

With filtered cigarettes, rates of the most common type of lung cancer caused by filterless smoking decreased. But rates of another type of lung cancer, adenocarcinoma, increased.[147]

There is no persuasive evidence that filters have a beneficial impact on overall lung cancer survival.

Tenovus Cancer Care Recommends:

- Regulatory action to ban single-use plastic cigarette filters in Wales.
- Raising awareness of the plastic content of cigarette filters, and their environmental harms as well as the subsequent harm that they cause to public health through contamination within our waterways.
- Any action within this area to exclude CRS action from the Tobacco Industry, to uphold our obligations to the WHO FCTC.

Question 9

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

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

Tenovus Cancer Care response: Yes

[143] The results are in for our Great British Beach Clean 2021 | Latest news | Marine Conservation Society (mcsuk.org)
[144] The dirty truth about cigarette filters - CNN
[145] The 'filter fraud' persists: the tobacco industry is still using filters to suggest lower health risks while destroying the environment | Tobacco Control (bmj.com)
[146] Cigarette Filter Ventilation and its Relationship to Increasing Rates of Lung Adenocarcinoma - PubMed (nih.gov)
[147] Nonfilter and filter cigarette consumption and the incidence of lung cancer by histological type in Japan and the United States: analysis of 30-year data from population-based cancer registries - PubMed (nih.gov)

Declaration of Interest for Welsh Government TCP 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, Tenovus Cancer Care suggests that a declaration of interest is required for future TCDP consultations, working groups and all areas concerning health policy. To safeguard the current Welsh TCDP, which has not issued a declaration of interest, we suggest analysing and separating the tobacco industry's responses to this consultation and treating them together as one industry response. This includes, but is not limited to, tobacco industry representatives, vested interest organisations or 'front groups'[148]. Tenovus Cancer Care recommends WG utilises The Tobacco Control Research Group, who have a comprehensive directory of tobacco industry front groups and affiliates. Organisations and individuals can also be cross checked by a search on the University of Bath's Tobacco Tactics website[149], which for example lists PR agencies working for and known retail, licensed trade, think tanks and other organisations associated with tobacco company arguments.

Tenovus Cancer care Recommends:

- Declaration of interest required for future TCDP consultations, working groups and all areas concerning health policy.
- Separating the tobacco industry's responses to this consultation and treating them as one industry response.

Implementation of WHO FCTC.

Tenovus Cancer Care calls for the Welsh Government's TCDP 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). As we tackle smoking prevalence in Wales, we must not forget that we aim to eradicate the tobacco industry's attempts to recruit the next generation of consumers. Thus, Wales's TCDP should be protected from industry interference. It is inappropriate in relation to a lethal, often addictive product that cuts short the lives of half its consumers when used long term as the manufacturers intend.

Now more than ever, our pursuit of a smoke-free society must be shielded from the commercial interests of the tobacco industry. To ensure this, Tenovus Cancer Care recommends that the FCTC obligations are written into the strategy, with particular reference to implementation of Article 5.3, which protects health policies from vested interests of the tobacco industry [150] [151]. For policy guidance, Tenovus Cancer Care

[148] Astroturfing - TobaccoTactics
[149] Home - TobaccoTactics
[150] WHO Framework Convention on Tobacco Control
[151] Microsoft Word - article_5_3.doc (who.int)

refers to the UK Tobacco Interference Index policy recommendations, which includes proposals for devolved governments[152].

Tenovus Cancer Care recommends:

- Government adopts WHO FCTC guidelines within its 'whole system approach', creating a blanket policy that safeguards our road to a smoke-free society. WHO FCTC guidelines have been applied 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. Guidelines were also included in England's *Healthy Lives, Healthy People: A Tobacco Control Plan for England 2011*[153]. Wales should adopt the FCTC Article 5.3 within its own approach to tobacco control, to mirror or exceed policy safeguards in place in Scotland and England.
- WHO FCTC written into the strategy, with particular reference to Article 5.3, which protects health policies from the vested interest of the tobacco industry.
- Implement policy recommendations from the UK Tobacco Interference Index, which is tailored for devolved governments.
- Welsh Government's implementation of the FCTC to mirror or exceed that of other UK Governments.

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?

Tenovus Cancer Care response:

Tenovus Cancer Care supports the use of the Welsh language, and believes all services, campaigns and literature should be made available in this medium.

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

[152] UKTI_Report_2021.pdf (bath.ac.uk)
[153] The tobacco control plan for England - GOV.UK (www.gov.uk)

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.

Tenovus Cancer Care response:

Tenovus Cancer Care supports the use of the Welsh language, and believes all services, campaigns and literature should be made available in this medium.

Question 12

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

Tenovus Cancer Care response:

Tenovus Cancer Care flags that the latest NSW adult smoking prevalence figures, which are included in the strategy's forward, should be treated with caution. The latest adult smoking prevalence figures mark a steep drop, when compared to previous years. This is partly due to Covid-19 changing the survey mode[154].

Smoking is related to 13 different types of cancer and is responsible for most lung cancer cases.[155] It is estimated that over 3.5k people are already missing from cancer services in Wales as a result of the COVID-19 pandemic.[156]. It is essential that these figures are treated with caution and that we have an up to date picture of the cancer environment in Wales if we are to understand what is needed.

<u>Tenovus Cancer Care Recommends:</u>

- WG to treat the latest NSW smoking prevalence data with caution.
- PHW and WG publish up to date cancer statistics from the pandemic period and continue to do so going forwards in a timely manner.

[154] Adult lifestyle (National Survey for Wales) - comparability of results for 2020-21 with previous years (gov.wales)
[155] Wales | Cancer Research UK
[156] Covid: 3,500 'missing' from cancer services in Wales - BBC News