

## Consultation questions: Tobacco control strategy for Wales and delivery plan

Action on Smoking and Health (ASH) response, March 2022

### Question 1

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

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

Yes

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

Action on Smoking and Health (ASH) is a charity working to end the harm from smoking in the UK. ASH covers devolved matters with respect to tobacco related policies for England in addition to matters reserved to Westminster and issues relevant to the whole of the UK. ASH supports the ASH Wales submission to this consultation and defers to the detail provided in their response on matters relevant exclusively to Wales. ASH's response adds detail where we have additional points to make and where matters are UK-wide in impact.

ASH strongly welcomes Wales setting a target to be smokefree by 2030. This will bring Wales into line with the other UK nations in having a target date to go smokefree and closely aligns Wales with the target for England.<sup>1</sup> We recommend this target be extended to all population groups to ensure inequalities in smoking rates are not widened and no group is left behind.

### 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.**

Yes

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

ASH supports ASH Wales' response.

### Question 3

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

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

**Do you feel this is the right approach?**

No

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

A 'step-wise reduction in smoking prevalence' lacks direction and clarity. Interim smoking prevalence targets between now and 2030 are essential for monitoring and maintaining progress towards the smokefree ambition. Interim targets should be set both for the general adult population and for priority groups who experience higher rates of smoking. The All Party Parliamentary Group on Smoking and Health in Westminster set out interim targets for England in their 2021 report and recommendations about how the Government could achieve the Smokefree 2030 ambition for England.<sup>2</sup> That is the approach ASH recommends that the Welsh government should take.

### 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?**

ASH supports ASH Wales' response.

### Question 5

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

Yes

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

Two-year delivery plans are sensible as this will allow for activity to be reviewed and adjusted to ensure sufficient progress is being made and to react to changing contexts. The ability to

review and adjust activity through these plans would, however, be greatly aided by setting interim smoking prevalence targets, as outlined above.

In addition to reviewing progress towards the end of each delivery plan to inform the subsequent plan, a more comprehensive mid-term review inviting feedback and contributions from professional and civil society organisations would be beneficial. This mid-term review should be set for 2026, at the 'half-way' point between now and 2030.

#### Question 6

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

- **Priority Action Area 1: Smoke-Free environments**
- **Priority Action Area 2: Continuous improvement and supporting innovation**
- **Priority Action Area 3: Priority groups**
- **Priority Action Area 4: Tackle illegal tobacco and the tobacco control legal framework**
- **Priority Action Area 5: Working across the UK**

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

Yes

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

See response to Question 7 below.

#### Question 7

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

Partly

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

ASH supports ASH Wales' response. We would reinforce and add the following points.

Priority Action 2:

ASH welcomes the Welsh Government's commitment to explore the role of e-cigarettes as a smoking cessation tool and echoes ASH Wales' recommendations to:

- create a collective position statement on e-cigarettes; and
- for e-cigarettes to be offered within smoking cessation services in Wales.

Evidence on e-cigarettes has developed rapidly in recent years and we now have a robust and clear body of evidence supporting their use for smoking cessation. Evidence reviews by the National Academies of Sciences, Engineering and Medicines in the US,<sup>3</sup> the UK

Committee on Toxicity,<sup>4</sup> Public Health England,<sup>5</sup> and Cochrane Review<sup>6</sup> have concluded that the relative risk of adverse health effects from e-cigarettes are likely to be substantially lower than from smoking. E-cigarettes have also been shown to be an effective aid for quitting, both in clinical trials and at population level, with some evidence suggesting they are more effective than traditional forms of nicotine replacement therapy.<sup>5,6,7</sup> This evidence base continues to grow with Cochrane maintaining a 'living review' of evidence on e-cigarettes<sup>6</sup> and the latest in a series of evidence reviews commissioned by public health authorities in England due for publication shortly from the Office for Health Improvement and Disparities. The update to the NICE guidance on tobacco also reflects a growth in the evidence around vaping and now includes clear recommendations around the role of health professionals in advising smokers about their options to switch to e-cigarettes.<sup>8</sup>

#### Priority Action 4:

The Welsh government is taking forward an ambitious anti-smuggling strategy for tobacco which is welcome. However, it is important that this Welsh strategy is adequately supported by HMRC who continue to be responsible for the UK wide strategy. The most recent UK Government illicit strategy is now seven years old and only committed to hold the cigarette market share at or below 10% and to contain the illicit market share for HRT.<sup>9</sup> This is insufficiently ambitious in the light of an ambition to end smoking by 2030, and the coming into force of the WHO FCTC Protocol to Eliminate Illicit Trade in Tobacco Products which requires tracking and tracing of tobacco products down to pack level.<sup>10</sup> HMRC has always recognised that the illicit trade evolves in response to government strategy, which is why strategies were regularly updated after the first one was published in 2000, with a new strategy produced every 3-4 years since then. An update is therefore long overdue. As one strand in Priority Action Area 5: working across the UK, the Welsh Government should discuss with HMRC the need to update the UK's strategy to tackle tobacco smuggling to maximise the impact of the investment being made by the Welsh Government.

#### Priority Action 5:

ASH strongly welcomes the commitment to working with the other UK Governments on non-devolved tobacco control issues and the specific inclusion of:

- Raising the age of sale
- The environmental impact of smoking
- Safety warnings on tobacco and nicotine products
- Tobacco pricing, levy and taxation

Engagement and advocacy from the Welsh Government to go further and faster in these areas will be hugely beneficial to the population's health across Wales and the other UK nations and will help deliver respective smokefree ambitions.

In addition to advocating for a renewed illicit tobacco strategy, as outlined above, ASH recommends the Welsh Government advocate with the UK government for the following measures recommended by the APPG on Smoking and Health<sup>2</sup> which Wales can only implement if they are taken forward at UK level. These relate to the areas cited in the 2022-24 tobacco control delivery plan (ordered by priority, information and evidence source referenced):

1. Implementing a 'polluter pays' levy on tobacco manufacturers<sup>2</sup>
2. Raising the age of sale for tobacco products from 18 to 21<sup>2</sup>
3. Put health warnings on individual cigarettes and quit messaging on pack inserts<sup>2</sup>
4. Implement an Extended Producer Responsibility scheme for tobacco litter and packaging<sup>11</sup>

#### Question 8

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

See response to Question 7

#### Question 9

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

Partly

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

The UK is a Party to the World Health Organisation Framework Convention on Tobacco Control ([FCTC](#)), which applies to all parts of government in the UK. As such the Welsh Government has an obligation to protect public health policy from the vested interests of the tobacco industry. To meet this obligation, ASH recommends that a declaration of interest is required for future consultations, working groups and all areas concerning tobacco policy.

This is common practice across consultations relating to tobacco policy in England and ensures the vested interest of tobacco manufacturers, organisations working across the tobacco supply chain, and industry 'front groups' are accurately identified, and their views considered in light of their commercial interest.

As outlined in ASH Wales' response, the Welsh Government, like the other UK Governments, is not immune to interference by the tobacco industry. The 2022-24 delivery plan notes that: "This first two-year delivery plan will focus on the actions that support the further denormalisation of smoking and making smoke-free the norm in Wales, promotion of best practice and integration of tobacco control across the whole system." Integrating tobacco control "across the whole system" should include adopting FCTC obligations within the tobacco control strategy and across Welsh Government including within health services, local government, and other public authorities.

#### 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?**

ASH supports ASH Wales' response.

### Question 11

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

ASH supports ASH Wales' response.

### 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.**

This strategy shows leadership in the UK at a time when Department for Health and Social Care is yet to publish an updated Tobacco Control Plan for England despite committing in 2020 to do so in 2021.<sup>1</sup> An ambitious strategy that takes forward action across Wales while advocating for Westminster to be more ambitious in using its powers to regulate tobacco further, has the potential to put Wales at the forefront of policy making on tobacco in the UK.

### References

<sup>1</sup> Department of Health & Social Care and Cabinet Office. [Advancing our health: prevention in the 2020s – consultation document](#). July 2019.

<sup>2</sup> APPG on Smoking and Health. [Delivering a Smokefree 2030: The All Party Parliamentary Group on Smoking and Health recommendations for the Tobacco Control Plan 2021](#). June 2021.

<sup>3</sup> National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice; Committee on the Review of the Health Effects of Electronic Nicotine Delivery Systems. Public Health Consequences of E-Cigarettes [Internet]. Washington (DC): National Academies Press; 2018 [cited 2022 Mar 3]. Available from: doi: [10.17226/24952](#)

<sup>4</sup> Committee on Toxicity of Chemicals in Food, Consumer Products, and the Environment. [Statement on the potential toxicological risks from electronic nicotine \(and non-nicotine\) delivery systems \(E\(N\)NDS – e-cigarettes\)](#). September 2020.

<sup>5</sup> Public Health England. [Vaping in England: evidence update February 2021](#). February 2021.

<sup>6</sup> Hartmann-Boyce J, McRobbie H, Lindson N, Bullen C, Begh R, Theodoulou A, Notley C, Rigotti NA, Turner T, Butler AR, Fanshawe TR, Hajek P. [Electronic cigarettes for smoking cessation](#). Cochrane Database of Systematic Reviews 2020, Issue 10. Art. No.: CD010216. DOI: 10.1002/14651858.CD010216.pub4. Accessed 03 February 2022.

<sup>7</sup> Hajek P, Phillips-Waller A, Przulj D et al. [A Randomized Trial of E-Cigarettes versus Nicotine-Replacement Therapy](#). February 14, 2019. N Engl J Med 2019; 380:629-637. DOI: 10.1056/NEJMoa1808779

<sup>8</sup> NICE. [\[NG92\] Tobacco: preventing uptake, promoting quitting and treating dependence](#). November 2021.

<sup>9</sup> HMRC and Border Force. [Tackling illicit tobacco: From leaf to light](#). March 2015.

<sup>10</sup> Adopted by the Conference of the Parties to the WHO FCTC. [Protocol to Eliminate Illicit Trade in Tobacco Products](#). 2013.

<sup>11</sup> ASH. [ASH response to DEFRA's call for evidence on commonly littered and problematic plastic items](#). February 2022.