

Tobacco Control Action Plan for Wales

Foreword

I am pleased to present this Action Plan to reduce the harm caused by smoking in Wales. It builds on our current programme to discourage young people from starting to smoke and to support smokers who want to give up. It also promotes smoke-free environments, but particularly aims to protect children and young people and reduce inequalities in health.

Reducing the number of smokers in Wales has been a great public health success – from post-war levels of over 80 per cent of adult men to around a quarter of the population today. And due to the success of the 2007 ban on smoking in all enclosed public and work places, fewer people in Wales are exposed to second-hand smoke. These shifts in smoking patterns have saved lives, reducing heart disease, cancers and a range of other adverse health outcomes for both adults and children. They have reduced the burden of illness for individuals, families and communities and saved costs for the NHS and the wider economy.

However, we must not be complacent and that is why as part of Our Healthy Future, Wales' strategic framework for improving public health, we identified the need to further reduce smoking and exposure to second-hand smoke and consulted on a draft Tobacco Control Action Plan for Wales. I thank all of you who commented on the draft Plan earlier this year. A copy of the report on the consultation is available at www.wales.gov.uk/consultations/healthsocialcare/tobaccocontrol/?lang=en&status=closed.

Just as Wales took a bold step in creating smoke-free environments in public places, we have recognised that the time is right to champion new approaches to further protect children from the harms of second-hand smoke. The First Minister has already announced that we will mount a renewed campaign to tackle smoking and that we will consider pursuing legislative options if children's exposure to second-hand smoke in cars does not start to fall within the next three years. I also welcome proposals in the Plan to work with local government to introduce smoke-free policies for playgrounds.

I also recognise that the NHS can do more and needs to be an exemplar in creating smoke-free environments and promoting and supporting its staff to quit smoking. I know a number of Health Boards now operate smoke-free policies and I want to see all NHS premises following suit. In addition to promoting smoking cessation for staff, the NHS should also encourage patients to stop smoking, particularly before elective surgery.

The Tobacco Control Delivery Plan published with this document sets out all the actions to be delivered to reduce smoking prevalence in Wales. I look forward to seeing a multi-sector partnership approach in implementing these actions, to help achieve the ultimate vision of a smoke-free society for Wales, in which the harm from tobacco is eradicated.

Lesley Griffiths AM
Minister for Health and Social Services

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Summary

Tobacco Control Action Plan

Vision: a smoke-free society for Wales, in which the harm from tobacco is eradicated.

Aim: to drive down adult smoking prevalence levels in Wales to 20% by 2016 and to 16% by 2020.

Tobacco use imposes a significant financial and emotional burden on the people of Wales. Almost half of all long-term smokers die in their middle age as a result of tobacco use and many smokers will suffer poor health and associated loss of quality of life. The significant burden of illness due to smoking has major costs for the NHS in Wales. Research shows that approximately 20% of all admissions and bed days in Wales are attributable to people suffering from smoking related diseases. Treating smoking related diseases costs NHS Wales an estimated £386 million, equivalent to 7% of total healthcare expenditure in Wales. Smoking also has significant costs to the economy through working days lost and welfare benefit payments. Reducing smoking levels will help reduce pressures on NHS costs as well as those in the wider economy.

Although significant progress has been made to reduce smoking prevalence levels in Wales, further action is required. The Tobacco Control Action Plan for Wales builds on the Welsh Government's current programme of discouraging young people from starting to smoke, supporting smokers who want to give up and promoting smoke-free environments, but it will particularly aim to protect children and young people and reduce inequalities in health.

To achieve these aims, the Action Plan identifies four strategic action areas:

- leadership in tobacco control;
- reducing the uptake of tobacco use, especially amongst children and young people;
- reducing smoking prevalence levels; and
- reducing exposure to second-hand smoke.

A number of actions have been identified within each strategic area to help achieve the challenging aim of driving down smoking levels to 16% by 2020 and ultimately of a smoke-free society for Wales, in which the harm from tobacco is eradicated. The Tobacco Control Delivery Plan published with this document sets out the full list of actions to be delivered to meet this aim. There are eight critical actions and these are:

A Tobacco Control Delivery Implementation Board will be established by the Welsh Government to oversee the progress of the Tobacco Control Delivery Plan. This Board will be comprised of key stakeholders responsible for the delivery of the targets and actions in the plan (Action 1.1).

The Welsh Government will continue to press the case for a broad range of action on non-devolved tobacco control issues with the UK Government (Action 1.2).

Comprehensive tobacco control action plans should be developed for each local authority area, as part of local planning arrangements. These plans should be informed by local data and intelligence and develop appropriate and measurable outcomes (Action 1.10).

Public Health Wales will provide the Asisst programme to 40 to 50 schools per year, focusing on areas of deprivation (Action 2.2).

The Welsh Government will commission an independent review of smoking cessation activity in Wales to identify both improvements that could be made to existing work and further action which will assist in achieving the 16% target (Action 3.1).

Building on the Stop Smoking Wales database, Public Health Wales will establish a comprehensive National Smoking Cessation database with monthly reporting to key stakeholders (Action 3.5).

Building on the work already being carried out by Stop Smoking Wales, Public Health Wales will develop and implement a systematic approach to training, including e-learning, in brief intervention for smoking cessation for all existing and student health professionals (Action 3.26).

The Welsh Government will develop a campaign on smoking in cars carrying children and consider pursuing legislative options to ban it if children's exposure to second-hand smoke does not start to fall within three years (Action 4.8).

1. Introduction

1.1 Background

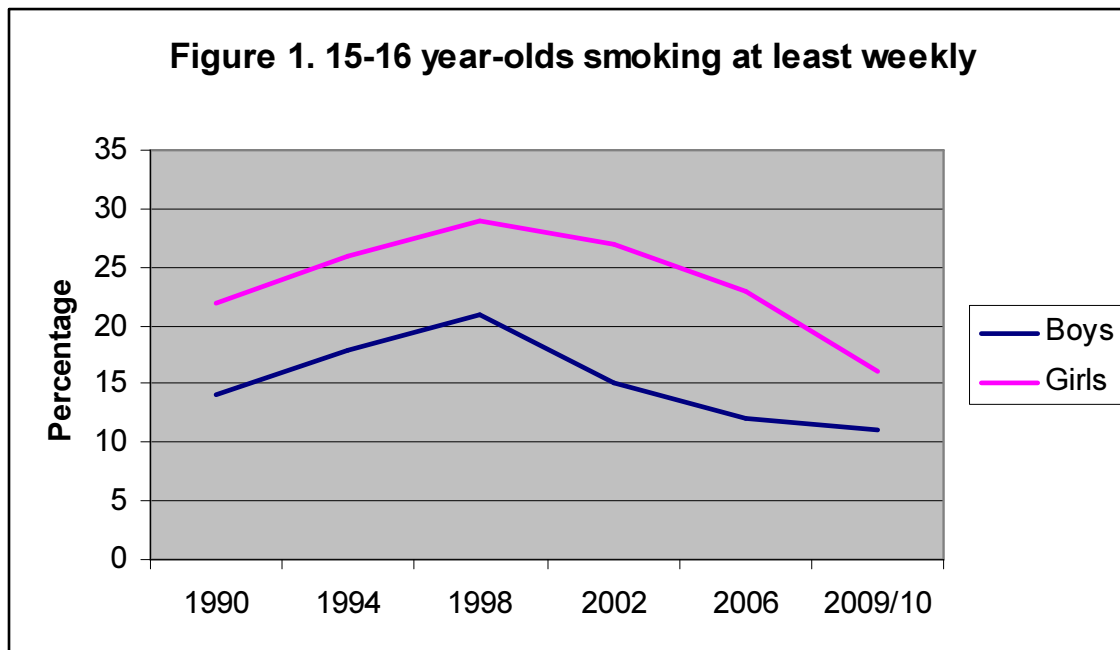
Tobacco smoking causes serious harm to the health of smokers and to non-smokers who are exposed to second-hand smoke. It continues to be the largest single preventable cause of ill health and premature death in Wales, causing around 5,650 deaths each year¹. Almost half of all long-term smokers will die in their middle age as a result of tobacco use. Smoking is also a main cause of health inequalities, having been identified as a leading cause for the gap in life expectancy between rich and poor².

The significant burden of illness due to smoking has major costs for the NHS in Wales. Research shows that approximately 20% of all admissions and bed days are attributable to people suffering from smoking related diseases³. While a study commissioned by ASH Wales and the British Heart Foundation Cymru indicates that treating smoking-related diseases cost NHS Wales an estimated £386 million in 2007/08; this is equivalent to £129 per head or 7% of total healthcare expenditure in Wales⁴.

Smoking also has significant costs to the NHS through working days lost. A review of the health and well-being of the NHS workforce in England found that among NHS employees, those who smoke are more likely to be absent due to ill-health and for longer than those who do not smoke⁵. Such sickness absence costs are also found in the wider economy. Every year in England and Wales 34 million working days are lost as a result of smoking-related illnesses⁶. Overall, smoking costs the wider UK economy an estimated £2.5 billion per year for sick leave⁷. Other associated costs include welfare benefit payments for smoking-related illness and damage caused by fires started by cigarettes. Reducing smoking levels will therefore help reduce pressures on NHS costs as well as those in the wider economy.

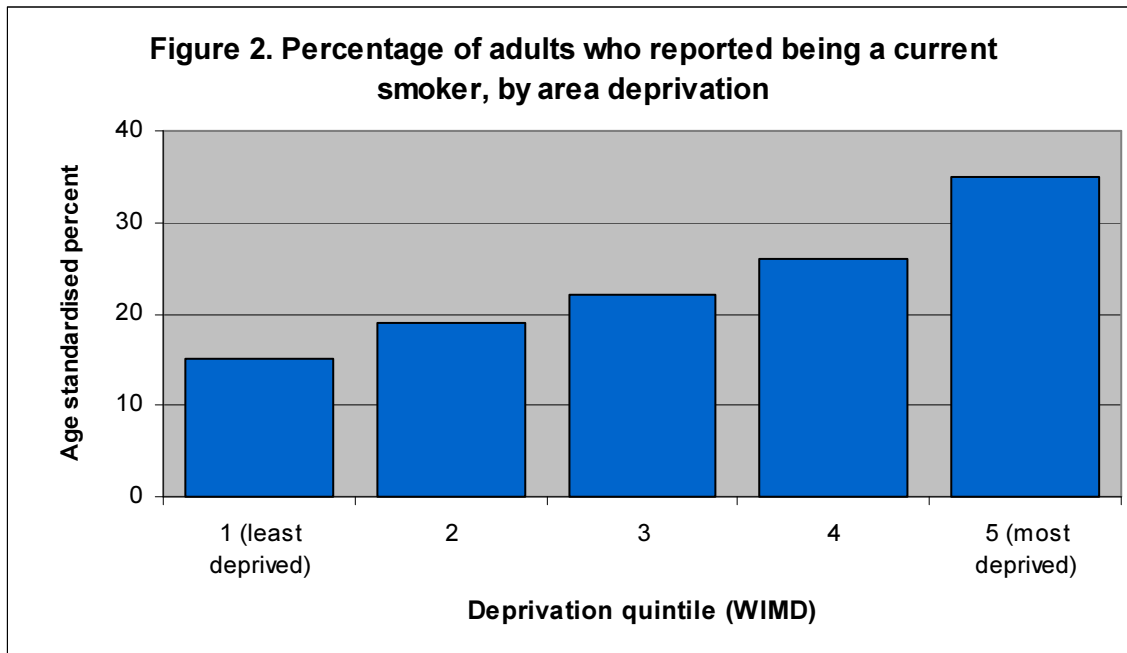
The argument that people have a right to smoke and that efforts to reduce smoking prevalence infringes on their civil liberties, ignores the fact that two thirds of smokers in the UK start smoking before they turn 18^{8,9}. Creating a product that makes children and teenagers addicted and then arguing that it is their free choice to be addicted is an argument to be rejected outright. It is clear that young people can quickly develop a dependence on nicotine and may be unable to reduce their risks due to addiction¹⁰. In addition, the younger a person starts smoking the greater the risk of smoking related disease¹¹.

More positively, weekly smoking levels among adolescents have been dropping gradually since 1998, as shown by Figure 1. In 2010, 11% of 15-16 year old males and 16% of 15-16 year old females smoked weekly. Among 13-14 year olds, these figures were 3% and 6% respectively¹².



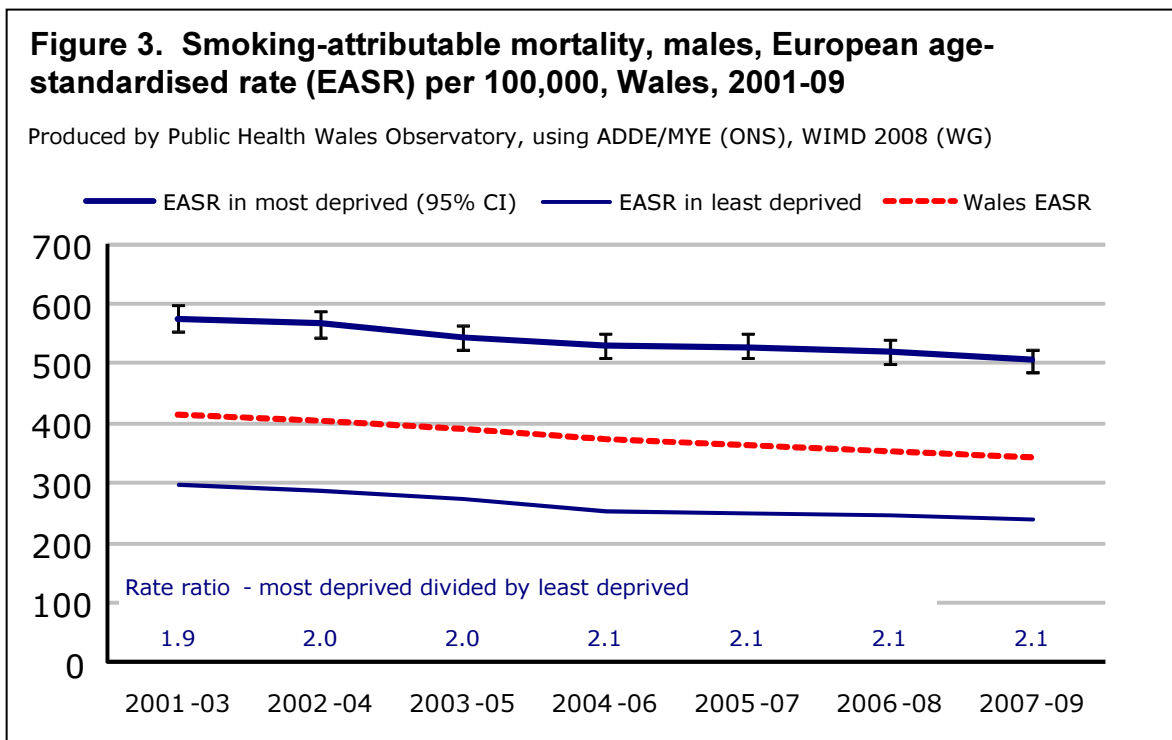
Source: Office for National Statistics (2010) HBSC study

Young people are also at risk from exposure to second-hand smoke, which causes respiratory disease, cot death, middle ear infection and asthma attacks in children. Although smoking among adults has fallen from post-war levels, the percentage of adult smokers has remained fairly static in recent years, at 23% in 2010, and varies greatly by socio-economic group, from 14% of adults in households headed by someone in the higher managerial and professional group to 44% of adults in households headed by someone who had never worked or was long-term unemployed¹³. Adults in more deprived areas (as defined using the Welsh Index of Multiple Deprivation) are more likely to smoke than those in less deprived areas, as highlighted in Figure 2.



Source: Welsh Health Survey 2010

This relationship between deprivation and smoking also shows itself in deaths which are attributable to smoking. Figure 3 indicates that while deaths among men from smoking-attributable causes have declined, rates in the most deprived areas have remained twice of those in the least deprived areas.



To address findings such as these, there are many effective interventions in tobacco control. Evidence¹⁴ suggests that the most effective approach is a comprehensive strategy combining high taxation of tobacco products, regulation of tobacco advertising

and sales, restrictions on smoking in public places, a tailored range of initiatives to help smokers to give up, and public awareness and education initiatives.

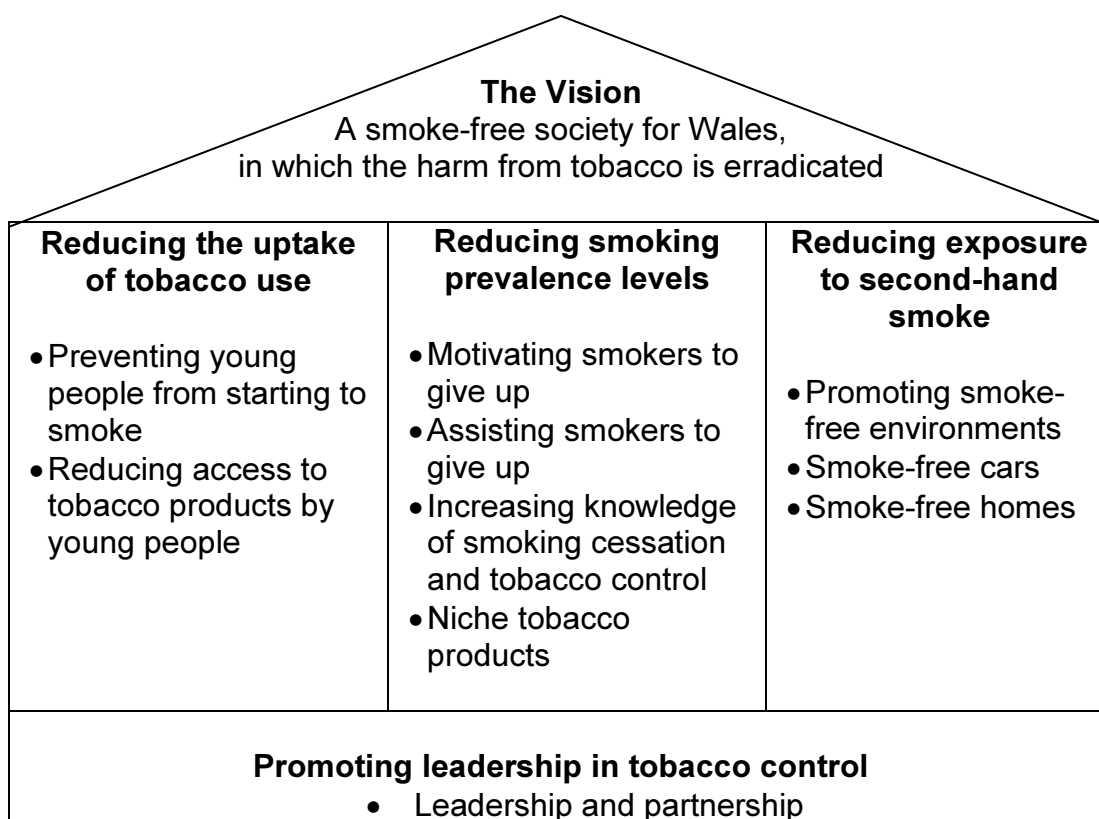
1.2 The Tobacco Control Action Plan for Wales

The Tobacco Control Action Plan for Wales builds on the Welsh Government’s current programme to discourage young people from starting to smoke, support smokers who want to give up and promote smoke-free environments. It sets a vision of a smoke-free Wales in which the harm from tobacco is eradicated, but will particularly aim to protect children and young people and reduce inequalities in health.

To achieve this vision and the two aims, four strategic action areas have been identified:

- promoting leadership in tobacco control
- reducing the uptake of tobacco use, especially amongst children and young people
- reducing smoking prevalence levels and
- reducing exposure to second-hand smoke.

The following diagram illustrates how these areas of action fit together to support the delivery of the vision.



Between now and 2020, the aim is to drive down adult smoking prevalence levels in Wales to 16%. This is a challenging aim but one that has been achieved elsewhere, including in Australia and California, whose key components of success have been to develop and support long term multi-tiered policies and programmes, incorporating

legislative measures, quit lines, partnerships with key stakeholders, and mass media campaigns. The Welsh Government will review progress in 2016 and consider whether the milestone of 20% has been achieved.

This overarching target will be supported by the following indicators:

- Reduce smoking prevalence in adolescents – most recent data (HBSC Study 2010)¹²: 3% of 13-14 year old males and 6% of 13-14 females smoked weekly / 11% of 15-16 year old males and 16% of 15-16 year old females smoked weekly;
- Reduce smoking in pregnancy levels – most recent data²⁴ (Infant Feeding Survey 2010): 16% of mothers smoked throughout their pregnancy and 33% smoked during some stage of their pregnancy;
- Reduce childhood exposure to second-hand smoke – most recent data¹³ (Welsh Health Survey 2010): 39% of children live in households where at least one adult smoked daily or occasionally; and
- Reduce smoking prevalence amongst the three highest quintiles of deprivation (Welsh Index of Multiple Deprivation) at a faster rate than quintiles one and two – current data as outlined in figure 2 (Welsh Health Survey 2010): quintile one 15%; quintile two 19%; quintile three 22%; quintile four 26%; and quintile five 35%.
- Increase the proportion of smokers accessing NHS smoking cessation services in Wales to 5% of the adult smoking population as recommended by NICE.

2. Action Area One: Promoting leadership in tobacco control

2.1 Leadership and partnership

Leadership is necessary at all levels to drive forward change and reduce smoking prevalence levels. Reducing smoking prevalence rates requires a co-ordinated multi-agency, multi-sector partnership approach with clear outcomes to which service managers and leaders at every level are held accountable. Responsibility for tobacco control needs to be joined up and cross-boundary. The Tobacco Control Delivery Plan published with this document sets out the responsibilities for each action and the timescales. To aid this process:

A Tobacco Control Delivery Implementation Board will be established by the Welsh Government to oversee the progress of the Tobacco Control Delivery Plan. This Board will be comprised of key stakeholders responsible for the delivery of the targets and actions in the plan (Action 1.1).

2.1.1 The leadership role of the Welsh Government

There is considerable evidence which shows that making tobacco less affordable, attractive and accessible is an effective way of reducing smoking prevalence¹⁵. The powers to address these issues are however largely non-devolved.

The Welsh Government will continue to press the case for a broad range of action on non-devolved tobacco control issues with the UK Government (Action 1.2.)

Affordability can be reduced by increases in taxation on tobacco products. However, illicit tobacco products can pose a particular problem by undermining the effectiveness of high prices, as they are often supplied at prices much lower than those of the genuine article (for example, less than £3 per pack of 20 cigarettes). This increases affordability for young people who are particularly sensitive to price, as well as effectively removing the price incentive to quit smoking, especially in the most deprived communities.

Case Study – counterfeit tobacco products

It can prove difficult to identify counterfeit products on the basis of appearance alone. Hand-held technology now exists to enable on site checking of tobacco products in a variety of locations by Trading Standards services in Wales throughout the year. In the space of just one week in November 2008, the 12 South East Wales Trading Standards services carried out authenticity checks on over 54,000 packs of cigarettes and hand-rolling tobacco. This exercise sent out a clear message to retailers that tobacco products should always be obtained from reputable suppliers.

The market share for counterfeit and smuggled cigarettes has fallen significantly, from 21% in 2001/02 to 10% in 2007/08^a. In addition, between 2001/02 and 2005/6, the proportion of large seizures of smuggled cigarettes that were counterfeit, made by Her Majesty's Revenue and Customs, rose from 15% to 51%.

^a Mid-point estimates. Department of Health (2010). A Smokefree Future.

The Welsh Government will continue to encourage the UK Government to prioritise tackling the illicit tobacco trade, and will continue to work with Trading Standards services in Wales (Action 1.3).

The attractiveness of tobacco products also affects tobacco use. Research shows that plain packaging of tobacco products may reduce the attractiveness and the brand appeal of tobacco products, especially among young people, with nearly half of all teenagers believing that plain packaging would result in fewer teenagers starting smoking¹⁶.

The Welsh Government will press the case for plain packaging of tobacco products and further restrictions on tobacco related imagery with the UK Government (Action 1.4).

Another issue is the depiction of tobacco products in popular media, such as films, television, magazines and the internet, which normalises the use of tobacco. Much research has been carried out into the extent of this depiction and the influence it may be having on young people's smoking knowledge, attitudes and behaviour. Smoking imagery is making smoking appear both more common and acceptable than it really is and reinforces the idea that cigarettes have social and cultural significance¹⁷. It influences how young people perceive and attribute meaning to their own as well as other people's smoking¹⁸.

Section 20 of the Licensing Act 2003 provides that a condition about restricting children's access is a mandatory element in a premises licence to exhibit films, and permits restriction of children in accordance with the recommendations made by the British Board of Film Classification (BBFC) or by a licensing authority under certain circumstances. However, it is a matter for licensing authorities to decide if and how to exercise their powers to restrict children under section 20.

The Welsh Government will work with local government to consider their powers and duties arising out of the Licensing Act 2003 and to assess if they have the relevant

power to reduce tobacco imagery to young people by making rulings on classifications of films containing such images (Action 1.5).

Further to reducing the affordability and attractiveness of tobacco products, it is also important to consider the issue of the supply of tobacco products to young people, both through under-age sales and through the purchasing of tobacco products on behalf of under 18s. In addition to the work already carried out by Trading Standards services to combat under-age sales, further management of the retail environment may be required through, for example, positive tobacco retailer licensing or the development of a tobacco retail register.

The Welsh Government will explore the possibility of introducing a tobacco retail register in Wales (Action 1.6).

Other strategies such as the establishment of an independent regulatory agency and the introduction of price cap regulation, where a cap is placed on the pre-tax cigarette manufacturers price but not on the retail price that consumers face, may have potential in a UK setting and should be explored.

The Welsh Government will consider alternative strategies for tobacco control such as an independent regulatory agency and price cap regulation for discussion with the UK Government (Action 1.7).

2.1.2 The leadership role of the NHS

The leadership role of the NHS is central to achieving a reduction in smoking prevalence levels, requiring joint-working with partner organisations such as local authorities, the third sector and health professional bodies. The NHS should take an exemplar role in action to discourage smoking, including the provision of smoking cessation services, widespread staff training in brief intervention for smoking cessation, supporting its employees who smoke to quit and introducing smoke-free grounds.

This exemplar role was recognised in the 2010-11 NHS Wales Annual Operating Framework which stated that NHS organisations across Wales are required to make further efforts to reduce levels of smoking. This impetus was maintained in the 2011-12 NHS Wales Annual Quality Framework which required the recommendations of the National Prevention and Programme Board to implement best practice on smoking cessation to be taken forward. The introduction of Local Public Health Strategic Frameworks, with reducing the levels of smoking as one of their priority areas, has also strengthened the contribution of local NHS planning to tobacco control.

The Welsh Government will ensure that tobacco control continues to be embedded in the NHS planning system to ensure the impetus in reducing levels of smoking is maintained (Action 1.8).

Within each Local Health Board, the Director of Public Health has a critical role in driving this exemplar role forward and bringing stakeholders together in effective partnership working. In this work they should be supported by Public Health Wales who can provide specialist knowledge, information and advice and who have a

leadership role in the delivery of national programmes, such as Stop Smoking Wales and the young people’s smoking prevention programme.

Each Local Health Board and its partners should formally recognise the Director of Public Health as the lead officer for tobacco control (Action 1.9).

2.1.3 The leadership role of local government

Local authorities also play a significant leadership role in tobacco control, with responsibilities in various areas:

- enforcement of legislation, including smoke-free legislation; underage sales (including restricted premises orders and restricted sale orders); restricting access to illicit tobacco products; regulating advertising and promotion (including packaging and picture warnings)
- working with proprietors of premises licensed under the provisions of the Licensing Act 2003 to address problems such as smoke-drift, noise, littering, etc
- responsibility for education and school settings
- responsibility for Social Services settings, including the role of the corporate divisions and health and social care staff in promoting tobacco control, and
- responsibility with Local Health Boards for Health, Social Care and Well-being Strategies and Children and Young People’s Plans.

One area of local government activity of particular importance is that of Trading Standards, which extends right throughout the supply chain from manufacture to the various forms of distribution:

- tobacco manufacture and labelling
- tobacco advertising and promotion
- counterfeit tobacco
- underage sales from shops and vending machines
- niche products, and
- associated products, such as electronic cigarettes.

Trading Standards also plays an essential role in advice and education to ensure that the trade understands its responsibilities in law, as well as raising awareness with young people.



In many local authority areas, there are local tobacco groups developing, with partners from the NHS and the third sector, comprehensive tobacco control plans.

Comprehensive tobacco control action plans should be developed for each local authority area of Wales, as part of local planning arrangements. These plans should be informed by local data and intelligence, and develop appropriate and measurable outcomes (Action 1.10).

2.1.4 The leadership role of the third sector

There is a strong commitment to tobacco control initiatives amongst the third sector in Wales and a number of structures are in place to facilitate co-ordinated activities and positive outcomes. This includes the Wales Tobacco or Health Network and the Wales Tobacco Control Alliance, both co-ordinated by ASH Wales. The Wales Tobacco or Health Network provides a forum for individuals to share best practice in, and raise awareness of, tobacco control; the Wales Tobacco Control Alliance enables all third sector organisations involved with tackling tobacco in Wales to inform and influence policy development and implementation at both a UK and Wales level. ASH Wales' aim is to achieve a reduction in, and eventual elimination of, the health problems associated with tobacco use. It is well placed to act as an advocate for new ideas and approaches, such as the ASH Wales Peer Health Promotor Programme, and to play a key role in raising awareness about the health problems associated with tobacco use.

ASH Wales will continue to provide third sector leadership in tobacco control (Action 1.11).

2.1.5 The leadership role of the health professional community

The Health Professional community is also well placed to provide leadership on tobacco control. Health professional bodies can promote the advancement of knowledge in the field of tobacco control and take action to maintain the highest possible standards of professional competence and practice. They can also lobby government for further measures to reduce smoking prevalence. Professional bodies such as the British Medical Association and others have already made a significant contribution to the tobacco control agenda.

The Welsh Government will work with health professional bodies to continue to raise the profile of tobacco-related harm (Action 1.12).

2.1.6 The leadership role of the research community

A good evidence base is needed to take action to eliminate tobacco-related harm. The evidence base for tobacco control is good, but further evidence is required. Additional research and evaluation will be key to generating evidence to further our understanding of tobacco control and effectively develop, deliver and monitor interventions such as on smoking cessation for young people and disadvantaged groups. The National Institute for Social Care and Health Research has a key role in Wales in supporting the creation of high-quality evidence. This includes joining up the policy, practice and research communities through developments such as the Public Health Improvement Research Network, to ensure relevant tobacco control research is undertaken and new evidence disseminated across sectors.

Working closely with Research Councils and other funding bodies, NISCHR will continue to encourage the academic community to undertake research and development in tobacco control (Action 1.13).

3. Action Area Two: Reducing the uptake of smoking

3.1 Preventing young people from starting to smoke

Smoking experimentation and uptake can begin as early as the primary school years or occur later in a young person's life. Therefore, prevention measures would be most effective if they began in primary school and continued throughout the school career¹⁹. Evidence suggests that a co-ordinated approach to smoking prevention is required so that young people are provided with different initiatives and strategies throughout their time in education. There should be a range of programmes that aim to prevent the uptake of smoking, including social marketing and youth advocacy programmes. All education establishments (primary, secondary and special schools, pupil referral units and colleges) should promote action on tobacco control. To date our approach in Wales has been to provide a range of interventions:

- All maintained schools involved in the Welsh Network of Healthy School Schemes are required to provide a whole-school approach to substance use and misuse, including tobacco. This includes work in the curriculum, school environment and links with family and community.
- Curriculum materials have been produced for both primary and secondary school in the past, namely Smoke Signals and Burning Issues. Although these are still being promoted, they are becoming dated. It would be appropriate to undertake a review of existing curriculum materials, with a view to identifying any materials which could be produced bilingually.

Public Health Wales will undertake a review of existing curriculum materials and make recommendations on the future development of bilingual materials to the Welsh Government (Action 2.1).

- SmokeBugs! is a club whose specific aim is to present the benefits of staying smoke-free to young people in an attractive and interesting way. It was launched in Wales in 2000 and currently has an average of 16,000 members between the ages of 8 and 11 years.
- The Smokefree Class Competition is an annual competition which aims to reduce the number of young people aged 11-13 years who take up smoking. The competition is targeted at Years 7 and 8 in secondary school. The pupils agree not to take up smoking for the duration of the competition. Up to 12,000 young people are involved each year.
- The Assist programme was developed by Cardiff and Bristol Universities. The primary aim of Assist is to prevent the uptake of regular (weekly) smoking among pupils in secondary schools. In Assist, a peer nomination process is used to recruit influential pupils from Year 8 (12-13 year olds). These peer supporters are then trained by professional health promotion experts to intervene in everyday situations with their peers to reduce smoking uptake. The results suggest that, if implemented on a population basis, the Assist intervention could lead to a reduction in adolescent smoking prevalence of public-health importance.

Public Health Wales will provide the Assist programme to 40 to 50 schools per year, focussing on areas of deprivation (Action 2.2).

While schools will remain central to preventing the uptake of smoking, pre-school, out-of-school (eg home, youth settings and social networking services) and further and higher education settings need further consideration, along with addressing social norms and the training of practice nurses, youth workers, midwives and others to disseminate consistent smoking prevention messages. Better joining up with alcohol misuse and other prevention programmes, such as the Strengthening Families Programme and the All Wales School Liaison Core Programme also needs to be achieved and young people should be included in the planning and delivery of tobacco control services and programmes to ensure their perspectives are reflected.

The Welsh Government will include smoking prevention in the roll-out of the Healthy and Sustainable Pre-School Scheme and will consider it in development of the healthy further and higher education settings work (Action 2.3).

Public Health Wales will consider the further use of out of school settings for smoking prevention and advise the Welsh Government on any additional or alternative programmes, including on the training of health, youth services and other staff, which could reduce smoking uptake (Action 2.4).

The Welsh Government will encourage the linking of smoking prevention and other behaviour change programmes (Action 2.5).

Public Health Wales will advise the Welsh Government on including young people in the planning and delivery of tobacco control services and programmes to ensure their perspectives are reflected (Action 2.6).

3.2 Reducing access to tobacco products by young people

Young people access tobacco products from a wide variety of sources, including being given them by friends and family, having them bought by someone else and through underage sales at, for example, supermarkets and newsagents. Work is on going across Wales through local authorities, HMRC and tobacco control partnerships, to reduce the availability of tobacco to young people, by promoting proof of age schemes and undertaking test purchasing.

In October 2007 the age at which young people can be sold tobacco increased from 16 to 18 years old. This includes the sale of cigarettes, cigars, tobacco for roll your own and pipes, as well as rolling papers. This change in the law helps prevent children and young people from starting to smoke, therefore avoiding the serious health dangers of smoking. With the help of carefully selected young volunteers, Trading Standards services conduct test purchase exercises to give businesses a fair test as to whether or not they sell tobacco products to persons under the age of 18. Sanctions are available for those retailers who are breaking the law and sell to those under the minimum age. However, the use of maximum sanctions has been limited. To facilitate an increase in the penalties awarded, which will act as a further deterrent for under-age sales, it is important to work with magistrates to raise awareness of tobacco control offences.

Trading Standards Services will continue test purchasing exercises in each local authority area to tackle under-age sales (Action 2.7.).

Activity will be undertaken by Wales Heads of Trading Standards to raise awareness of tobacco control offences through magistrates' training to facilitate an increase in the penalties awarded (Action 2.8).

The Welsh Government will examine the case for Fixed Penalty Notices being issued to retail staff caught by enforcement officers selling tobacco products to under 18 year olds (Action 2.9).

Case Study – test purchasing

During the financial year 2009 / 2010, Trading Standards Services across Wales carried out a total of 720 test purchase attempts at retail premises using young volunteers. Of these, 130 resulted in a sale (18%). This continues something of an upward trend seen over the last few years, which is in line with similar findings reported across the English regions. It may be coincidental, but this rise in the failure rate appears to have begun around the time that the minimum age for the legal purchase of tobacco increased from 16 to 18 (1st October 2007). Thus in the six months April to September 2007, the failure rate stood at 4%, while in the six months post-age change (October 2007 – March 2008), the failure rate stood at 20%. The age of the volunteers remained the same during this period.

In recent years, the trade sectors in which underage sales of tobacco have been most likely to occur are newsagents and supermarkets, with both seeing 25% of all attempts by young volunteers to purchase tobacco result in a sale.

One area for further consideration is where adults purchase tobacco products on behalf of under 18s. Research is currently being undertaken to estimate the size of the problem.

The Welsh Government will consider research findings on adults purchasing tobacco products for children and, if appropriate, will press the UK Government for action to address this issue (Action 2.10).

The Health Act 2009, which received Royal Assent in November 2009, includes a number of measures to restrict access to and discourage the use of tobacco products by young people. The Act provides regulation-making powers to Welsh Ministers to prohibit tobacco vending machines. The Protection from Tobacco (Sales from Vending Machines)(Wales) Regulations 2011 were approved by the National Assembly for Wales on 18 October 2011 and come into force on 1 February 2012.

The Act also provides regulation-making powers to Ministers to prohibit or regulate the display of tobacco products at the point of sale. The Welsh Government remains committed to introducing regulations in this area, however ongoing legal challenges to the equivalent regulations in England are impacting on their timing.

The Welsh Government will make regulations on the display of tobacco products at the point of sale as soon as the legal position is clear (Action 2.11).

4. Action Area Three: Reducing smoking prevalence levels

4.1 Meeting the challenge

Few healthcare interventions are associated with greater health gain than those that support smoking cessation. The potential health benefits of smoking cessation are that it reduces the risk of tobacco related disease and slows the progression of existing tobacco related disease. Stopping smoking at age 30, 40, 50 or 60 gains, respectively, about 10, 9, 6 or 3 years of life expectancy.

Most smokers – 7 out of 10 – say they wish they could quit smoking and it is important to listen to them. Different smokers require different approaches to quitting. Many will use will-power alone, some require information and some need behavioural support. However, reaching the 16% adult prevalence target by 2020 will require a step change in efforts to motivate and assist smokers to give up. Crude estimates suggest that over 15,000 smokers will need to quit each year. To support such a step change:

The Welsh Government will commission an independent review of smoking cessation activity in Wales to identify both improvements that could be made to existing work and further action which will assist in achieving the 16% adult prevalence target by 2020 (Action 3.1).

4.2 Motivating smokers to give up

Mass-media campaigns can utilise a range of media, such as TV, radio, internet, national newspaper advertising and new media technologies such as SMS and viral marketing which can be used to reach a broader range of audiences. The campaigns can be used alone or combined with other activities at local and national levels and be co-ordinated in partnership between statutory, corporate, professional and third sector agencies. They can encourage people to quit and promote available treatments and services, and can provide a focus on protecting those who cannot make a choice by, for example, educating adults about the dangers of second-hand smoke to children and the dangers of smoking in pregnancy. They can also, for example, aim to increase understanding and knowledge of the dangers associated with smoking-related fires²⁰ and the impact of the illicit trade on communities.

Evaluations of smoking cessation-focussed mass media campaigns have indicated that these campaigns can build knowledge, change key beliefs and attitudes, increase calls to quit lines, and contribute, along with other tobacco control programme elements such as price increases, to overall decreases in tobacco consumption and increases in smoking cessation.^{21 22}

Other countries, such as Australia, have found that mass media campaigns are a useful way to reinforce people's motivation to quit and reduce the prevalence of smoking. A 2009 report which prioritised investments in preventative health ranked national mass media campaigns for smoking cessation third in a list of fourteen interventions.²³ It is recognised that careful consideration is needed to be given to any

future campaigns due to the cost and the increasing diversity of television channels and other media outlets, which reduces the cost-effectiveness of large scale advertising. Campaigns should therefore be targeted at key audiences, incorporating the new media technologies as outlined above.

The Welsh Government will undertake annual public health campaigns which will include encouraging smokers to quit (Action 3.2).

The Welsh Government participates in the UK No Smoking Day campaign. No Smoking Day, administered in Wales by ASH Wales, aims to support smokers who want to stop by providing an opportunity to do so, and by highlighting the effective help that is available. A review of No Smoking Day carried out in June 2011 has made a wide range of proposals on how No Smoking Day's relevance and effectiveness can be enhanced in Wales.

ASH Wales will consider the findings from the review of the No Smoking Day campaign and implement changes to enhance its effectiveness (Action 3.3).

4.3 Assisting smokers to give up

4.3.1 Enhancing the contribution of national programmes

To support the differing needs of smokers who want to give up, the Welsh Government has worked with partners to provide two services:

- The Smokers Helpline Wales, delivered by NHS Direct, provides advice and support to smokers who want to give up. Callers can request self-help materials and be referred to Stop Smoking Wales for local support. Call data show that advertising increases call frequency, with peaks in calls reflecting the timing of advertising campaigns.
- Research has demonstrated that evidence-based specialist smoking cessation services are a highly cost-effective way of helping smokers to stop smoking. Stop Smoking Wales (SSW) delivered by Public Health Wales, provides such a service in communities across Wales, in response to client needs. It works locally in partnership with a wide number of stakeholders to raise awareness of the effectiveness and availability of smoking cessation services and encourages stakeholders to signpost smokers who are motivated to quit into the service. The service addresses the particular needs of disadvantaged communities and targets pregnant women and people with mental health problems. SSW is also developing a service model for prison settings.

For the future, the Smokers Helpline Wales and SSW need to work more closely together to meet the aims of providing a seamless smoking cessation service and a service which provides tobacco users with a range of quit choices that suits their needs and wishes. To support the achievement of these service aims, Local Health Boards, the third sector and others will need to be fully engaged; consideration will need to be given to broadening the current range of services, such as on line stop smoking services and employing social marketing techniques to enhance the appeal of services

and improve the targeting to potential users; and innovative approaches will need to be piloted.

Smokers Helpline Wales and Stop Smoking Wales, Local Health Boards (primary, community and secondary care) and the third sector will work together to provide a range of seamless smoking cessation services and take forward the recommendations of the independent review of smoking cessation activity in Wales (Action 3.4.)

To support the development of smoking cessation services and ensure that data on stop smoking activity and its effectiveness can inform local and national planning, consistent and comparable data collection across all services (Smokers Helpline Wales, Stop Smoking Wales, and primary, community and secondary care) and timely reporting is vital. In England, the Smoking Toolkit study provides up-to-date information on smoking and smoking cessation. The main data source is a monthly series of national household surveys with smokers and recent ex-smokers who are followed up for 6 months. This may be a useful model to consider for Wales.

Building on the Stop Smoking Wales database, Public Health Wales will establish a comprehensive National Smoking Cessation database with monthly reporting to key stakeholders (Action 3.5).

Public Health Wales, working with ASH Wales, will consider the applicability of the Smoking Toolkit Study to Wales and advise the Welsh Government on next steps (Action 3.6).

Up to date data on the prescription of smoking cessation medicines is also required. In 2009, the ASH Wales Access to Cessation Medicines Review found that the total spend on smoking cessation medicines in 2008-2009 was £3,883,084 which represents less than 1% out of a total of £502,045,246 spent on medicines. This should be contrasted with the total spend on hospital admissions due to smoking in 2007 of £236 million which represents 22% of total in-patient expenditure. The most prescribed products were NRT patches and varenicline.

Public Health Wales will monitor the prescription of cessation medicines to encourage more effective use of cessation medicines (Action 3.7).

4.3.2 Priority Groups

Certain groups of smokers benefit from approaches tailored to their specific needs, including pregnant smokers, smokers with mental health problems and young people.

Smoking in pregnancy

In 2010, the Infant Feeding Survey found that more mothers living in Wales smoke throughout pregnancy than in any other area of the UK, although this has reduced compared to 2005 levels²⁴. Smoking during pregnancy can cause serious pregnancy-related health problems. These include complications during labour and an increased risk of miscarriage, premature birth and sudden unexpected death in infancy. A recent study by the Public Health Consortium estimated the costs of smoking during pregnancy to the NHS in the UK to be in the range of £8 million to £64 million per year based on different costing methodologies. The cost of smoking in pregnancy for

infants during the first year of birth was estimated to range between £12 million and £23.5 million, the care of low birth weight and preterm babies accounting for most of the costs. They also report that spending between £13.60 and £37.00 on smoking cessation interventions per pregnant smoker would yield positive savings for the NHS²⁵.

All women who smoke should be offered support to stop smoking. Stop Smoking Wales supports pregnant women across Wales who want to stop smoking. However, the proportion of pregnant women who are referred in to the service is relatively low. In response, maternity working groups have been established to develop and strengthen referral pathways from midwifery to the service.

Public Health Wales will work with Local Health Boards to further strengthen referral pathways between maternity units and Stop Smoking Wales to increase pregnant smokers' access to smoking cessation and to ensure that recommendations contained in NICE guidance on Quitting Smoking in Pregnancy and Following Childbirth (NICE 2010) are implemented (Action 3.8).

Public Health Wales will also work with Local Health Boards and NHW Wales Informatics Service (NWIS) to improve data collection on smoking rates in pregnancy as part of routine maternal and child health record systems (Action 3.9).

Mental Health

Smoking has a significant impact on the health of people with mental health illness. The prevalence of smoking is substantially higher in people with mental health problems than in the general population and research shows that it has a disproportionate impact on their morbidity and mortality^{26 27 28}

Stop Smoking Wales provides behavioural support for clients with mental health problems who live in the community and who would like to give up smoking. The service has reviewed the evidence and proposed a service delivery model to meet the needs of individuals with mild to moderate mental health problems who wish to stop smoking. The service is also exploring partnership working with mental health services to meet the needs of those with more severe or enduring mental health problems.

The highest levels of smoking in any population group occur among inpatients in mental health units where up to 70 per cent smoke²⁹. Further work is required to develop a tailored approach to achieve long-term cessation in such a high-prevalence setting.

Public Health Wales will continue to support mental health patients in the community through Stop Smoking Wales (Action 3.10) and will establish a task and finish group to further develop and implement the mental health service delivery model for smoking cessation in the community and within mental health units (Action 3.11).

Young people

Whilst research has shown that smoking cessation for adults is a particularly effective intervention, there is less consensus on effective smoking cessation interventions for young people. The needs of young people are very different from those of adults, with differences in smoking habits and motivation to quit smoking. As indicated previously, further research is required to identify effective messages and interventions aimed at young people to help them give up smoking. Consideration also needs to be given to the most effective ways of informing young people about available services to help them to give up, for example through community and sexual health services.

Stop Smoking Wales provides behavioural support to young people, aged 12-17, who classify themselves as smokers, to help them stop smoking. These sessions are delivered on a one-to-one basis and young people are seen over a six-week period. The service also offers brief intervention training to individuals who work with young people to raise the issue of smoking, health effects of smoking and support available to stop.

Public Health Wales will link to Healthy School practitioners, PSE advisors, and youth, sexual health and other services relevant to children and young people to ensure that smoking cessation materials for children and young people are available in relevant educational health and community settings (Action 3.12).

4.3.3 Enhancing the role of primary and community care

There is a key role for primary care in smoking cessation as highlighted in the Cardiac Disease National Service Framework for Wales. This outlines that in primary care, brief opportunistic stop smoking advice is encouraged through the 'Quality and Outcomes Framework' for general practice and the 'Promotion of healthy lifestyles (Public Health)' element of the pharmacy contract. General practices should ensure that all patients who smoke are advised at least once a year to give up smoking. If appropriate, patients who smoke should be offered referral to Stop Smoking Wales and/or a prescription for nicotine replacement therapy. Pharmacists, dentists and other primary care workers should also take all opportunities to encourage smokers to quit, advise on 'quit strategies' and give information on cessation support services and nicotine replacement therapy. This work should be supported by Local Health Boards through the provision of information and training in brief intervention.

To ensure a consistent approach across Wales, a smoking cessation pathway specific to Wales has been developed which will be made available within the e-library on the Health in Wales website. There is a further opportunity for Local Health Boards to develop their own local version of the pathway which will also be available through the same route. These pathways, although locally developed, are visible across Wales, therefore enhancing the sharing of good practice and benchmarking.

General Practice

Brief interventions delivered in GP practices to improve quit rates have been identified as a high priority preventative intervention for potential investment with the net cost of the intervention per Quality Adjusted Life Years gained at -£2,169³⁰. It is therefore vital to maximise the contribution of GP practices to reducing smoking levels through identifying smokers, providing brief advice about quitting, referring to Stop Smoking Wales and/or prescribing cessation medicines.

The Welsh Government will work with Local Health Boards to ensure that Quality Operating Framework (QOF) quality assurance visits are used to monitor the level and extent of smoking cessation advice and referral and ensure that variation from best practice is addressed (Action 3.13).

Stop Smoking Wales developed and is implementing a primary care engagement programme to support primary care practitioners in delivering effective smoking cessation advice to patients during a practice consultation. The aim is to facilitate equitable access to evidence-based support for smoking cessation for all smokers presenting to a primary care setting through a planned approach of general practitioners engagement – nationally co-ordinated and locally delivered.

Public Health Wales will continue the primary care engagement programme with a focus on low referring practices, to support primary care practitioners in delivering effective smoking cessation advice (Action 3.14).

Stop Smoking Wales is working with Cardiff University, School of Postgraduate Medical and Dental Education (Deanery) to develop a module on smoking cessation as part of the GP appraisal and continuing professional development system. The Deanery provides information on specialist training for general practice in Wales, the appraisal system, and continuing professional development for all general practitioners in Wales.

Stop Smoking Wales will work with Cardiff University, School of Postgraduate Medical and Dental Education (Deanery) to develop a module on smoking cessation as part of the GP appraisal and continuing professional development system (Action 3.15).

Pharmacy

Community pharmacies serve local communities and have the potential to reach and treat large numbers of people who use tobacco. They are able to meet the needs of minority ethnic and disadvantaged groups and those who may have difficulty accessing other community services. There are 3 levels of pharmacy smoking cessation services.

Level 1: The promotion of healthy lifestyles is included as an essential service in the NHS community pharmacy contractual framework. For those patients who present a prescription at the pharmacy, community pharmacists, are required to encourage smokers to quit, provide advice on quit strategies and direct clients wishing to quit to

appropriate smoking cessation services. This activity may be opportunistic or as part of local/national health promotion campaigns.

Level 2: Pharmacists undertake a support role through the supply of NRT for clients who are receiving intensive, behavioural support from Stop Smoking Wales. The Pharmacist's role is to ensure the clinical suitability of the NRT for the client and to continue to provide the brief interventions as for Level 1.

Level 3: Pharmacists assess motivation and provide one-to-one assessment of clients needs; initiate, supply and monitor the use of appropriate smoking cessation medicines; and provide behavioural support each time NRT is supplied.

The pharmacy level two scheme is designed to link the evidence-based intensive behavioural support service provided by Stop Smoking Wales with community pharmacies to improve clients access to NRT. As the case study indicates, Stop Smoking Wales has seen a general increase in smokers contacting the service in areas that are operating the level two scheme. The increased contacts, combined with more effective supply of NRT leading to savings in Health Board spend on smoking cessation pharmacological aids, makes the level two scheme a very effective intervention without duplicating efforts by others organisations.

Case Study – Level Two Pharmacy Scheme

Stop Smoking Wales has seen a general increase in smokers contacting the service in the areas that are operating the level two scheme. An evaluation of the pharmacy level two scheme operating in Swansea since December 2007, reported:

- an 80% year-on-year increase (1,824 compared with 1,012) in the number of smokers who contacted the service compared to the year before the scheme commenced. A 136% increase (2,390 compared with 1,012) in the number of smokers who contacted the service in the second year of operation compared to the year before the scheme commenced
- a 29% decrease in the total amount spent on all smoking cessation pharmacological aids in Swansea by the Health Board over the first year of the pharmacy level two scheme, compared to the same period the previous year; giving a saving of approximately £90,000, and
- an 11% reduction in the total amount spent on all smoking cessation pharmacological aids in Swansea by the Health Board over the second year of the pharmacy level two scheme, compared to the 12 months prior to the pharmacy scheme commencing.

Harries, S (2010) Community Pharmacy Local Enhanced Service Smoking Cessation Service: two year review. Swansea: Abertawe Bro Morgannwa University Health Board (unpublished).

Stop Smoking Wales should continue to work with all Local Health Boards to explore the opportunity to further extend the level two scheme to all areas across Wales. If Health Boards choose to deliver level three pharmacy smoking cessation services, they should ensure that there is close co-operation with Public Health Wales. In addition, it needs to be ensured that the standard of the level three service is consistent with the level of smoking cessation support provided by Stop Smoking Wales. Such services need to be treated as an invest to save activity.

Local Health Boards should agree the delivery of pharmacy smoking cessation services with community pharmacy contractors, taking account of the national enhanced services specification, to achieve closer integration of pharmacy smoking cessation services with those provided by Stop Smoking Wales (Action 3.16).

Public Health Wales and the Welsh Centre for Pharmacy Professional Education will work together to ensure the All Wales Competency and Training Framework to support the delivery of enhanced community pharmacy smoking cessation services is consistent with national standards for smoking cessation services (Action 3.17).

Dental Teams

Most people now know of the dangers of smoking to their general health, but they are less aware of the damage of tobacco use to their mouth, from gum disease to oral malignancies³¹. Dental teams are in a unique position to highlight early changes, which are reversible with smoking cessation. Individually tailored programmes of brief intervention by dental teams are effective³². The Dental Postgraduate Department offers training for dental teams in Wales to deliver brief intervention for smoking cessation. The uptake of this training has been encouraging and should be promoted further. In order to sustain brief intervention by dental teams, Local Health Boards should consider working with dental teams to promote the delivery of smoking cessation.

Local Health Boards should discuss with dental providers the delivery of smoking cessation advice as part of their Dental NHS Contract negotiations (Action 3.18).

The Dental Postgraduate Department will provide training in brief intervention for smoking cessation to dental teams throughout Wales (Action 3.19).

4.3.4 Smoking cessation in secondary care

Patients are likely to be more motivated to stop smoking at or around hospital admission or attendance at out-patient clinics. As such, a broad range of secondary care staff should be provided with information and training in brief intervention for smoking cessation (see section 4.3.6).

Research has found that smokers attending a hospital stop smoking service can be effectively assisted, if they are helped immediately and appropriately. However, many

hospitals only advise smokers to contact their local community stop smoking service, which is inadequate³³.

Only five of the 18 hospitals in Wales have in-house services, only two of which are full-time³⁴. In contrast, around two-thirds of hospitals in England and Scotland have such services. As this is a cost-effective intervention, Local Health Boards whose hospitals do not have such services should consider setting up on-site smoking cessation services. Hospitals should work in collaboration with Public Health Wales on smoking cessation, through the Stop Smoking Wales service.

Local Health Boards should invest in in-house smoking cessation services, in collaboration with Public Health Wales (Action 3.20).

This can be facilitated if smoking cessation, where appropriate, is identified as an outcome in clinical pathways.

Smoking should be included in clinical pathways, with smoking cessation offered as an appropriate medical intervention (3.21).

Pre-operative smoking cessation

One particular area of importance within secondary care is pre-operative smoking cessation. Smoking prior to an operation has been shown to reduce the effect of surgical treatment and increase post-operative complications. Patients can reduce their risk of a wide range of complications if they stop smoking before elective surgery, with improved recovery and outcomes³⁵. **Up to £2.3 million could be saved across Wales if patients stopped smoking prior to elective surgery³⁶.**

Stop Smoking Wales has led on the development of a new referral pathway to encourage smokers to stop in advance of elective surgery. The strap line for this initiative is 'Get well sooner'. Stop Smoking Wales works with Local Health Boards to develop and strengthen referral pathways and to train staff in raising awareness of the benefits of stopping smoking prior to elective surgery.

Public Health Wales will undertake further work to strengthen referral pathways for pre-operative smoking cessation, exploring direct referral mechanisms and 'opt-out' systems along with linking smoking cessation within clinical care pathways (Action 3.22).

Local Health Boards should aim to achieve an increase in the number of smokers receiving cessation support services prior to elective surgery to a minimum of 20% (Action 3.23).

4.3.5 Workplace initiatives

Reducing levels of smoking among employees can contribute to reducing illnesses and conditions that are significant causes of sickness absence. This results in improved productivity and less costs for employers³⁷. There is good evidence from a Cochrane Systematic Review to support the delivery of smoking cessation behavioural support programmes in the workplace setting to help smokers motivated to stop smoking³⁸.

The workplace has several advantages as a setting for promoting tobacco control as:

- large numbers of people can be reached (including groups who may not normally consult health professionals, such as young men)
- there is the potential to provide peer group support and
- the smoke-free working environment encourages people who smoke to quit.

The Public Health Wales Workplace Health Team is responsible for promoting and delivering the Corporate Health Standard, Small Workplace Health Award and Workboost Wales service across Wales on behalf of the Welsh Government. These awards contain elements that relate to tobacco control in the workplace and seek to promote cessation services wherever possible. Workboost Wales will also advise on compliance with legislation relating to tobacco control and promote cessation services wherever it is appropriate.

During 2009 members of the Workplace Health Team worked with Stop Smoking Wales to produce workplace smoking cessation guidance. The guidance sets out how best to promote smoking cessation in the workplace. It also describes how an organisation can engage with Stop Smoking Wales to provide cessation support for their employees on their own premises, thus encouraging participation.

Public Health Wales will promote the workplace smoking cessation guidance to employers through channels including the website, the workplace health e-bulletin, newsletter and employer engagement events for the Corporate Health Standard and Small Workplace Health Award (Action 3.24).

For the NHS in Wales, there are financial savings from implementing interventions supporting staff who smoke and want to quit. As previously reported, a study of NHS employees in England found that those who smoke are more likely to be absent due to ill health and for longer than those who do not smoke. A report by Public Health Wales estimates potential savings by Health Boards of between £159-£306 thousand per annum from implementing workplace support to NHS staff who want to quit, the biggest saving being for Betsi Cadwaladr University Health Board at between £143 and £274 thousand³⁹.

NHS Health Boards should prioritise smoking cessation for their staff, to aim for 35% of smoking staff accessing support per annum (Action 3.25).

4.4 Increasing knowledge of smoking cessation and tobacco control

ASH Wales and Stop Smoking Wales have developed a standardised approach to training in smoking cessation practice. These standards outline training requirements for healthcare and community workers delivering brief intervention and intensive behavioural support to clients in smoking cessation.

Case Study – Brief Intervention Training

Stop Smoking Wales has developed a brief intervention training package entitled 'Brief intervention for smoking cessation' which has attained:

- accreditation from the Royal College of Nursing (RCN) in June 2009. RCN members are able to gain 6 professional development (PREP) hours and
- 'Approved Centre' status from Agored Cymru (formerly Open College Network Cymru), in August 2009, enabling course participants to gain recognised learning credits at level 1 or 2.

A total of 127 courses were delivered between July 2009 and July 2011 consisting of:

- 93 open access courses in local authority areas and
- 34 bespoke courses for specific professional groups e.g. final year chiropractic students, Exercise Referral Team, Flying Start Teams, respiratory nurses in secondary care and dental practitioners.

1543 participants completed the one-day training course and obtained RCN accreditation and 435 participants submitted evidence portfolios to obtain Agored Cymru accreditation at Level 2.

In addition to continued brief intervention training, Stop Smoking Wales will undertake a mapping exercise to explore the feasibility of delivering brief intervention as a part of undergraduate and postgraduate training for specific professional groups, including midwives, nurses and medical students.

As illustrated, access to training in brief intervention for smoking cessation is available through Stop Smoking Wales. A systematic approach should be developed for this training both for existing health care professionals and for students. This training needs to cover, for example, general practice, pharmacy, secondary care and maternity and child care, should be aimed at health behaviour change, linking all lifestyle changes, including smoking, healthy eating and physical activity, and should be available as an e-learning package. Access to accredited training in intensive behavioural smoking cessation support also needs to be improved.

Building on the work already being carried out by Stop Smoking Wales, Public Health Wales will develop and implement a systematic approach to training, including e-learning, in brief intervention for smoking cessation for all existing and student health care professionals. (Action 3.26).

Public Health Wales will conduct an option appraisal on the development of an accredited training programme for smoking cessation specialist advisors in Wales and implement its findings (Action 3.27).

ASH Wales provides training to professionals working with young people on prevention and cessation issues. ASH Wales also has an active youth volunteering section, with young people from across Wales being trained to provide peer support in tobacco control at community and health events. ASH Wales has Millennium Volunteers status and can provide young people with accreditation for their volunteering.

Public Health Wales and ASH Wales will work on increasing the range and number of, community leaders and community groups who have a high level of awareness and knowledge of tobacco control issues, including the health effects of tobacco use and the services available to give up smoking (Action 3.28).

4.5 Niche tobacco products

Cigarettes, cigars and hand rolling tobacco are the most commonly available types of tobacco product. Others, known as niche tobacco products, are increasingly being used, particularly in the Indian, Bangladeshi and Pakistani communities.

Niche tobacco products include a wide range of goods, such as chewing tobacco such as gutkha, zarda and paan masala; nasal snuff; small hand rolled cigarettes called beedis; and shisha / hookah tobacco that is smoked through a water pipe or bong. Often looking quite different in appearance to the more commonly available tobacco products, niche products cannot be sold without the necessary health warnings and can only be sold to the over 18s.

Work to date on the prevalence of niche tobacco products in Wales has found that supply is concentrated in Cardiff, Swansea and Newport. It is important to highlight the health risks of using such products to communities in these areas and offer support to give up.

Awareness of the effects of niche tobacco products should be raised within relevant communities (Action 3.29).

Stop Smoking Wales will develop a protocol for assisting people who use niche tobacco products and wish to give up (3.30).

5. Action Area Four: Reducing exposure to second-hand smoke

5.1 Promoting smoke-free environments

In April 2007 the National Assembly for Wales passed the Smoke-Free Premises etc. (Wales) Regulations 2007 which prohibit smoking in enclosed or substantially enclosed public places, including workplaces. The aim of the legislation is to protect workers and the public from the harmful effects of second-hand smoke. The Welsh Health Survey suggests that the proportion of adult non-smokers reporting being regularly exposed to other people's tobacco smoke has dropped.

A beneficial side-effect has been that the ban has encouraged some smokers to smoke less or to give up altogether^{40 41}. There is no evidence of any shift in smoking to the home, or of increased exposure to second-hand smoke for children⁴².

The Directors of Public Protection in Wales and the Welsh Local Government Association have published a report on the impact of the smoke-free legislation⁴³. This focuses on the success of the legislation, but does mention the need for continued action on unintended side effects such as increased noise and litter.

Local authorities will continue to work with the business community and customers of particular premises to address problems such as smoke-drift, noise and litter arising from the increase in smoking out-of-doors (Action 4.1).

The Welsh Government is monitoring the arrangements for Wales with a view to considering whether any changes are needed. The former Minister for Health and Social Services received representations from a number of health bodies and members of the public about smoking at the entrances to NHS premises. The Welsh Government will undertake further work to consider the possibility of amending the Smoke-Free Premises etc (Wales) Regulations 2007 to ban smoking in specific designated areas of hospital grounds, for example around entrances where patients, visitors and staff often congregate and where volumes of smoke may be high, using powers in section 4 of the Health Act 2006. Powers are available under the Health Act 2006 to prohibit smoking in non-enclosed public places, provided it can be shown that significant numbers of people are put at significant risk.

The Welsh Government will consider the possibility of amending the Smoke-Free Premises (etc) Wales Regulations 2007 to ban smoking in areas of hospital grounds where volumes of smoke may be high and where patients, visitors and staff congregate (Action 4.2).

Responsibility for drawing up and implementing smoking policies relating to non-enclosed areas of hospital premises is currently a matter for the relevant Local Health Board. Guidance was issued by the Welsh Government to Local Health Boards prior to the introduction of smoke-free legislation in April 2007, reminding them of their duty of care towards patients and staff with regard to the risks of exposure to second-hand smoke. Several Health Boards in Wales have introduced totally smoke-free policies throughout their grounds as well as their enclosed premises, in recognition of the importance of the NHS taking an exemplar role in action to discourage smoking. For example, the new Ysbyty Aneurin Bevan hospital in Ebbw Vale, which opened in 2010 is completely smoke free. Smoking is not allowed inside the hospital or anywhere in the

hospital grounds. When making any NHS premises and grounds entirely smoke-free, consideration needs to be given to specialist support, including in-house smoking cessation services and nicotine replacement therapy for patients.

In recognition of the importance of the NHS taking an exemplar role in action to discourage smoking, Local Health Boards and NHS Trusts should introduce smoke-free policies throughout NHS grounds, in addition to the enclosed premises (Action 4.3).

Other public bodies, such as local authorities, could also adopt this exemplar role in action to discourage smoking, particularly in areas where children are likely to congregate, such as school grounds and play grounds. The Welsh Government encourages local authorities to share best practice and guidance on extending smoke-free policies to school grounds, sports grounds and playgrounds.

Local Authorities should work with all schools to encourage them to adopt smoke-free policies across their school grounds and sports grounds (Action 4.4).

Local authorities should be encouraged to introduce smoke-free policies for children's playgrounds in Wales (Action 4.5).

The smoke-free regulations provide limited exemptions to the smoke-free law, mainly to cover workplaces that are also a person's place of residence. These exemptions include mental health units (as defined in section 1(2) of the Mental Health Act 1983) which provide residential accommodation. Similar exemptions apply in relation to residential care homes as defined in Section 3 of the Care Standards Act, and to adult hospices. There is no exemption for hospitals *per se*. The exemption in the Regulations allows the relevant premises to have "designated rooms" where smoking by patients is permitted provided that certain conditions are met. A similar exemption was originally included in the smoke-free regulations for England, but only for a period of 12 months. Since 1 July 2008, all enclosed or substantial enclosed areas in residential mental health units in England are required to be smoke-free. Welsh Ministers have made no commitment to phase out the Welsh exemption for residential mental health units by a particular date.

The Welsh Government will review the exemption for residential mental health units under the Smoke-Free Premises (etc) Wales Regulations 2007 (Action 4.6).

5.2 Smoke-free cars

Cars are a source of high levels of second-hand smoke exposure for children and adults. Whilst in general carers are aware of the negative health impact of exposure to second-hand smoke, there is limited evidence of specific knowledge about the dangers associated with exposure from smoking in cars. However, due to the confined space of a car, an increased concentration of smoke is produced quickly. In a study in 2008, non-smoking children regularly exposed to second-hand smoke in cars exhibited signs of nicotine dependence, with potential implications for their likelihood of becoming active smokers in later life⁴⁴. Research has also shown that children and young people from the poorest families are most likely to be exposed to second-hand smoke in cars.

Developing legislation around smoking in cars carrying children would protect children from the dangers of second-hand smoke. It is not intended as an invasion of privacy, but it is a way to protect vulnerable people from unnecessary harm. A range of jurisdictions have introduced legislation prohibiting smoking in cars carrying children including all six states in Australia, eight out of the ten provinces in Canada and five states in the United States – Arkansas, California, Louisiana, Maine and Oregon. In South Australia and Tasmania for example, smoking by the driver or passengers is prohibited in cars carrying children under the age of 16 years, whether the car is moving or stationary. Smoking in cars where children are present has also been banned in South Africa and Bahrain.

Research published in March 2011 looked at the impact of smoking cigarettes in private vehicles. It recognised that exposure to second-hand-smoke can give rise to significant health impacts and that there is no 'safe' level of exposure. The main findings of the report included that smoking in cars is dangerous to children even after the cigarette is extinguished and that high levels of dangerous particulate matter from tobacco smoke is still present in cars up to two hours after lighting up, and that opening the car window does little to reduce the risk of harm to children.

On 13 July 2011 the Welsh Government announced that it was mounting a campaign to tackle smoking and exposure to second-hand smoke in cars carrying children and that it will consider pursuing legislative options to ban smoking in cars carrying children, if children's exposure to second-hand smoke does not start to fall within the next three years.

The Welsh Government will develop a campaign on smoking in cars carrying children and consider pursuing legislative options to ban smoking in cars carrying children if children's exposure to second-hand smoke does not start to fall within three years (Action 4.7).

5.3 Smoke-free homes

According to the Welsh Health Survey (2010), 39% of children lived in households where at least one adult smoked daily or occasionally and 17% in households where at least one adult had smoked in the home in the past seven days. A study measuring changes in childhood exposure to environmental tobacco smoke through a primary school based study, including salivary cotinine collection, found that there was no evidence of displacement of parental smoking into the home following the introduction of smoke-free legislation, but the home remained the main source of children's exposure to second-hand smoke.

Relative to children whose parents are non-smokers, second-hand smoke exposure in children is typically around three times higher if the father smokes, over six times higher if the mother smokes, and nearly nine times higher if both parents smoke. Smoking by other carers is also a significant source of second-hand smoke exposure.

Young children are at higher risk of exposure to second-hand smoke compared with adults. After exposure to similar levels of ambient tobacco smoke, cotinine levels in

children are about 70% higher than those in adults, probably because children have higher breathing rates. Growing up in a household in which they are exposed to cigarette smoke impacts on the health and well-being of babies and children⁴⁵. Exposure to second-hand tobacco can cause respiratory disease, cot death, middle ear infection and asthma attacks in children. In addition, children growing up with parents or siblings who smoke are around 90% more likely to become smokers themselves.

Studies have identified the following factors that might prevent parents from adopting smoke-free homes⁴⁶:

- inability to leave children unsupervised
- lack of appropriate outside space, including lack of comfort or privacy outside
- addiction to tobacco
- difficulties in requesting visitors not to smoke in the home
- lack of support from friends and family, and
- lack of knowledge about health risks of second-hand smoke for children.

Nevertheless, encouraging parents and carers to implement smoke-free policies in the home is an important addition to strategies aimed at reducing smoking prevalence and its harm. There is some activity underway in Wales to highlight second hand smoke in the home to reduce the impact of smoking on children at home, as highlighted in the case study. Many tobacco action groups have or are currently considering incorporating actions in relation to smoke-free homes within future priorities. It is important to build in evaluation when new initiatives are developed.

Public Health Wales will review the information currently available on smoke-free homes initiatives and working with ASH Wales will encourage local activity based on the reviews findings (Action 4.8).

The Welsh Government will ensure joint working between the Department for Health, Social Services and Children and the Department for Communities and Social Justice of the Welsh Government on reducing smoking related fires (Action 4.9).

Case Study - Smoke-free Homes Initiatives

- The Smoke Free Homes programme started as a partnership between ASH Wales and Firebrake Cymru. Since its inception it has been further developed and is starting to be implemented in local authorities on an ad hoc basis. The pilot phase evaluation for the programme was very successful^a.
- In Cardiff and Vale of Glamorgan a project is being implemented piloting mandatory questions relating to smoking as part of the PARIS electronic record management system used by midwives and health visitors. This will enable baseline data to be collected regarding smoking in the home and will encourage health visitors to cover smoking cessation with all families visited. This is a partnership project involving Health Visitors based in Flying Start areas, ASH Wales, Stop Smoking Wales and the Local Public Health Teams. The informal evaluation shows that a number of referrals have been made to Stop Smoking Wales since the project was introduced. The project team are working closely with ASH Wales to establish a robust data collection system and a further evaluation will be undertaken early next year to establish its effectiveness.
- In Pembrokeshire, as part of the Health, Social Care and Well-being Strategy priority on smoke-free homes, a consultation exercise was carried out with young people on their knowledge and understanding about the harmful effects of second-hand smoke. This involved smoke-free homes activity packs being sent out to community youth forums and school councils, opportunities for young people to act as smoke-free homes researchers and a website poll question for young people to provide opinions. Links were also being made through the pilot Healthy Pre-school Scheme to develop support for families linked to nurseries to reduce smoking in the home.
- In Rhondda Cynon Taff a smoke-free homes pilot project is being developed with one community within the locality. The pilot is being supported by the local Tobacco Control Partnership and is funded via the Health, Social Care and Well-being grant. Focus groups have been held with parents from the local primary school, and an OCN/RCN accredited brief intervention training course for smoking cessation was delivered through Stop Smoking Wales. Participants included Health Visitors, School Nurses, Youth workers, and Community Development workers. The pilot will involve Health Visitors collecting baseline data, and supporting families through smoking cessation brief interventions.
- Stop Smoking Wales is also promoting the smoke-free homes initiative as part of its work in strengthening referral pathways to the service, by including the impact of passive smoking on babies and children in its training to midwives and healthcare support workers. Midwives are encouraged to raise the issue with pregnant women, reinforcing messages by disseminating

Appendix 1: Tobacco Control Action Plan Stakeholder Group

Member organisation	Representative
ASH Wales / Wales Tobacco Control Alliance / Wales Tobacco Control Forum / Wales Council for Voluntary Action	Tanya Buchanan
BMA Cymru Wales	Dr Michael Thomas
Cardiff and Vale University Health Board	Dr Ian Campbell
Cardiff Institute of Society and Health	Professor Laurence Moore
Chartered Institute of Environmental Health	Julie Barratt
CHD Network	Melanie Andrews
Children and Young People's Partnerships	Helen Gregson-Holmes
Community Pharmacy Wales	Russell Goodway
Directors of Public Health, Local Health Boards	Andrew Jones
Local Public Health Teams	Ian Scale
Primary Medical Care Advisory Team	Dr Sally Venn
Royal College of GPs Wales	Dr Mark Vaughan
Royal College of Nursing Wales	Caroline Whittaker
	Andy Phillips
Royal Pharmaceutical Society of Great Britain	Mair Davies
School of Postgraduate Medical and Dental Education	Carole Bartley
Stop Smoking Wales	Mererid Bowley
Trading Standards Institute Wales	Helen Picton
Welsh Dental Committee	David Thomas
Welsh Local Government Association	Huw Williams
Workplace Health Practitioner	Sion Lingard
	Beverley Warburton
Welsh Government	
Nursing Officer, Women's Reproductive Health	Polly Ferguson
Public Health and Health Professions Branch, Social Research Division	Chris Roberts
Young and Older People Branch, Health Improvement Division	Sue Bowker
Health Improvement Division	Chris Tudor-Smith, Chair
Secretariat	Marloes Holtkamp

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