

Welsh Government – Tobacco control strategy for Wales and delivery plan

Consultation questions:

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
- No
- Partly

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?

- Yes
- No
- Partly

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

At the Association for Young People's Health (AYPH), we agree with the themes laid out in the tobacco control strategy for Wales, specifically efforts to protect future generations from the health harms of smoking and to reduce health inequalities.

Data show positive trends in smoking rates for young people, with declining levels of young people taking up smoking and smoking on a regular basis. Current rates of smoking in the 11-15 age group are very low (AYPH, 2021). Although this offers cause for celebration, we know that smoking habits formed in adolescence are likely to persist into later life and for every three young smokers, only one will go on to quit (APPG on Smoking, 2020). Although the number of 11-15 year olds smoking is relatively low, the smoking rate rises somewhat for those aged 16-24. We are particularly concerned about this age group and believe that interventions should be targeted here to prevent a rise in smoking prevalence as this group of young people age. We are also concerned about the high prevalence of young women aged 24 and under who report smoking during their pregnancy.

It is vitally important that health inequalities are a main area of focus within this strategy. When considering the role of health inequalities, the Welsh Government should consider a range of factors. The approach should recognise the varied experiences of different groups in relation to tobacco use, including those with protected characteristics and inclusion health groups.

Intersectionality of different factors is also important, as some young people from certain groups may be more likely to develop unhealthy smoking behaviours compared to others. Certain groups may require more targeted approaches and interventions; ensuring equal access to support is critical.

References: APPG on Smoking and Health (2021). *Delivering a Smoke Free 2030*.

AYPH. 2021. Key Data. Available at: <https://ayph-youthhealthdata.org.uk/>

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 monitor 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 mental smoking rates.**

Do you feel this is the right approach?

- **Yes**
- No
- Partly

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?

Data from the Wales Health Behaviour in School-Aged Children (HBSC) provide an additional source of information on trends of tobacco use among young people aged 11 to 15. The survey data consists of young people's self-reported responses to: smoking tobacco weekly, whether they had smoked their first cigarette by the age of 13, exposure to smoke during car journeys, ever having tried e-cigarettes, using e-cigarettes weekly. Data are available by different school year groups, gender, ethnicity and family affluence. These breakdowns allow for analysis of health inequalities, to inform how best to target resources at groups of young people who are more likely to smoke. For example, in the latest data from 2017/18, we see that 31% of White Gypsy / Traveller young people report smoking tobacco on a weekly basis, in comparison to 3% of White British young people in Wales.

Reference: Roberts, C. (2018) *Health Behaviour in School-Aged Children. World Health Organisation Collaborative Cross-National Survey*.

In this 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 areas of focus / priority areas to focus the delivery plan around?

- Yes
- No

- Partly

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

We agree with the proposed priority action areas, although we would note they are very broad and could cover a wide range of activities. Promoting smoke-free environments is an important aspect of preventing the uptake of smoking among young people. Research has found that young people who grow up in houses where there is an adult smoker, they are more likely to go on to smoke themselves, compared to those who grow up in smoke-free households.

We are concerned that young people are particularly vulnerable to illegal tobacco markets. Research from England has revealed that nearly three quarters of smokers aged 14 -15 have been offered illicit tobacco and 55% have bought it (ASH, 2021).

Reference: Action on Smoking and Health (2021). *Illicit tobacco: Councillor Briefing*.

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

- Yes
- No
- Partly

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

At the Association for Young People's Health (AYPH), we believe that there are a number of effective actions that can be taken to reduce smoking rates in young people. These include:

- Consult with young people directly to hear their experiences of smoking. Work with them to develop interventions that they believe would work for reducing tobacco consumption in their communities.
- Develop and implement school based interventions for the reduction of smoking (for example, the ASSIST programme: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2387195/>)
- Implement NICE guidance on prevention of smoking: <https://www.nice.org.uk/guidance/ng209>
- Prohibit the advertising, marketing and promotion of tobacco products at children and young people. We are particularly concerned about the promotion of e-cigarettes and vaping products targeted at young people through the use of sweet flavours and specific branding.
- E-cigarettes should not be prescribed to young people under the age of 18 as a method of smoking cessation, as they are not harm-free products and we do not have a complete evidence base on their impact on later smoking/drug related behaviours.
- Smoking bans within areas where there is a high footfall of children and young people.
- Targeted interventions for specific groups of young people, including: 16-24 year olds, young women who are pregnant, Gypsy, Roma and Traveller young people, and young people who grow up in households with an adult smoker.

We recommend that the Welsh Government coordinate with similar tobacco reduction plans across the UK Governments, so that priorities and actions are aligned across the UK.



About the Association for Young People's Health (AYPH)

The Association for Young People's Health is the UK's leading independent voice for youth health. We work to improve the health and wellbeing of 10-25 year olds. We do this by involving young people in our work and making sure their views are heard, working with healthcare providers to improve services for young people, sharing information, resources and innovations, promoting evidence-based practice, highlighting important data, and increasing communication between practitioners from different sectors. More information can be found on our [website](#).

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