

**Royal Pharmaceutical Society Wales response to Tobacco control strategy** **for Wales and delivery plan consultation**

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*The Royal Pharmaceutical Society (RPS) is the professional body for pharmacists in Great Britain. We are the only body that represents all sectors of pharmacy in Great Britain. The RPS leads and supports the development of the pharmacy profession including the advancement of science, practice, education, and knowledge in pharmacy. In addition, we promote the profession’s policies and views to a range of external stakeholders in several different forums.*

# *We are an active member of the tobacco control strategic board and we welcome the opportunity to respond to the Tobacco control strategy for Wales and delivery plan for 2022-24 proposed by the Welsh Government.*

Question 1. It is our ambition to become a smoke-free Wales by 2030 (smoke-free means that 5% or less of adults in Wales smoke). All our actions over the next 8 years will work towards and contribute to achieving this.

Do you agree with our ambition of Wales becoming smoke-free by 2030? Please explain why our ambition is right or how our ambition would need to change if you think a different approach is needed.

We welcome this strategy and the ambition of Wales becoming smoke-free by 2030.

Supporting people to quit tobacco smoking and thereby reducing the associated morbidity and mortality is a priority area for all health professionals. Pharmacists and pharmacy teams across Wales are well placed to offer first point of contact help to people who want to quit but need to be fully supported to provide these services. Pharmacists in Wales already play a huge roll in identifying a supporting people to quit as seen in Table 1 below.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Quarter ending | Quit attempts- All Wales | Help Me Quit – community  | Help Me Quit – pharmacy level 3  | Help Me Quit – hospital services  | Help Me Quit for baby | In house GP based services |
| June 21 | 3,818 | 1,993 | 1,132 | 479 | 214 | 0 |
| March 21 | 4,258 | 2,545 | 1,071 | 406 | 232 | 4 |
| Dec 20 | 3,189 | 1,647 | 1,005 | 368 | 166 | 3 |
| Sept 20 | 2,978 | 1,819 | 557 | 429 | 172 | 1 |

*Table 1: Welsh resident smokers who made a quit attempt via NHS smoking cessation services Sept 20- June 21 (Source: StatsWales)* ***[[1]](#footnote-1)***

Whilst we agree with the ambition of reducing smoking prevalence to below 5% by 2030, accurate data will be essential to monitor our progress towards this ambition and should be prioritised. This data and associated metrics should include process measures, such as the number of providers and access times, as well as outcome measures such as smoking prevalence.

One of the 2030 targets is to discourage the uptake of e-cigarettes or other nicotine products in teenagers and young people, but it is unclear if the target smoking prevalence rate includes e-cigarette use. With 6% of adults in Wales reported to be current e-cigarette users, we share concerns around a lack of long-term evidence on the use of e-cigarettes, and the potential for them to cause harm.

The current position of the Royal Pharmaceutical Society on e-cigarettes can be found [here](https://www.rpharms.com/recognition/all-our-campaigns/policy-a-z/e-cigarettes).

Question 2 The strategy sets out three themes under which we will work as we drive forward the changes in smoking in Wales:

• Theme 1: Reducing Inequalities

• Theme 2: Future Generations

• Theme 3: A Whole-System Approach for a Smoke-Free Wales

Do you agree that these are the right themes to focus the strategy around? Please explain why you consider the themes are right or if you think a different approach is needed.

We agree that these three themes are a key focus in the document with clear emphasis on how achieving the ambition will require a system wide approach and will reduce inequalities and support children and young people.

Theme 1: Reducing Inequalities

The need to tackle health inequalities has never been so urgent and we are pleased to see this as a key theme. A person’s environment, including factors such as stress, access to resources, and the attitudes and behaviours of friends has a strong influence on their smoking behaviour. The COVID-19 pandemic has amplified the negative impact on health outcomes for those in our most deprived communities.

There are opportunities to reduce inequalities that should be explored such as designing health and care services, such as smoking cessation services, so that they reduce stigma and meet the specific needs of those who are subject to inequalities. For example, evidence shows that health service outreach programmes for people who sleep rough can increase their access to services **[[2]](#footnote-2)**.

This strategy aims to reduce health inequalities caused by smoking. Whilst we are pleased to see it as a key theme its important to acknowledge that it cannot be addressed by this strategy alone. A national, cross-government strategy that recognises the complex and wide-ranging causes of health inequalities is needed. In February 2021 the Royal Pharmaceutical Society joined an alliance of over 30 health and care bodies to call for urgent action to tackle the growing problem of health inequalities in Wales **[[3]](#footnote-3).**

The pharmacy profession, and particularly the network of community pharmacies already helps to buck the trend of the inverse care law, ensuring all communities have access to health expertise. It’s clear however that a wide-reaching strategy is needed to tackle the root cause of inequalities in health. Collective action at national and local levels is now needed and we want to see a cross-government commitment in Wales to move this important work forward.

It is important that we learn from strategies elsewhere. Reducing Health inequalities is a key part of strategies to reduce smoking prevalence across Great Britain **[[4]](#footnote-4) [[5]](#footnote-5)** and beyond **[[6]](#footnote-6)**; we must learn from successful measures. For example, the Scottish strategy *‘Raising Scotland’s Tobacco-free Generation’* will explore with local authorities and housing associations the idea of tobacco-free clauses in tenancy agreements and smoke-free housing alternatives being offered in social housing.

Theme 2: Future Generations

# We welcome the ambition under this theme. The proposals for a smoke free *New Zealand 2025 Action Plan* [[7]](#footnote-7) states that *‘the best way to achieve a smoke free future is for young New Zealanders to never start smoking’ ,* we agree with this sentiment and urge the Welsh government to consider measures proposed in this strategy.

It important that we focus on discouraging the uptake of e-cigarettes or other nicotine products as well as reducing the uptake of smoking in teenagers and young people.

With 17% of pregnant people in Wales recorded as smokers at their initial assessment a flexible, woman-centred approach should be adapted to services. This could include home based, one-to-one appointments and text and telephone support. Examples that could be built on could be the help me quit baby pathways which enable clients to access NRT from local community pharmacies, or exploring incentive programme for pregnant women in the form of vouchers for supermarkets, petrol stations or baby products.

Theme 3: A Whole-System Approach for a Smoke-Free Wales

To be successful a whole system approach must be deployed, we saw the success of this during the covid vaccination roll out and lessons can be learnt from the success such as the community-led approach to increase uptake. We have also heard from members that transfer of smokers between services, such as from a hospital led service to the community, can be fragmented and lead to people retuning to smoking.

**Question 3** Whilst we have established that it is our ambition to achieve a smoke-free Wales by 2030, we have not set milestone smoking prevalence targets in our strategy or set a smoking prevalence rate that we will look to achieve by the end of the first delivery plan. However, our aim is for a step-wise reduction in smoking prevalence over the next 8 years. We will use the following data sources to 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 maternal smoking rates. Do you feel this is the right approach?

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

We agree that ensuring right data is being collected at the right points from the right sources is essential to ensuring ongoing and robust monitoring of the delivery plans and strategy. The data to demonstrate progress across different communities and demographics across Wales will be a valuable way of sharing best practice and tackling the higher smoking rates that contribute to existing equalities and health inequalities in Wales. This data and associated metrics should include process measures, such as the number of providers and access times, as well as outcome measures such as smoking prevalence.

Having this data will enable increased research, evaluation, monitoring and reporting of current services. Further investment in research, evaluation, monitoring and reporting will improve understanding of smoking populations and the contexts in which people begin to smoke and quit smoking.

With current data sources for Welsh resident smokers based on survey estimates figures could vary over time due to changes in the survey or respondents rather than because of any real change.

**Question 4** Are there any other data sources that should be used to monitor the success of the strategy and delivery plan? If so, what would they be?

This seems like quite a narrow data collection to establish smoking rates across the whole of Wales. Other sources of information could include:

* Heathacre teams in primary and secondary care. For example, heathacre providers could be encourages to collect this data at every contact.
* Data collected by the Help Me Quit services.

Other, more ambitious, ways that could be explored are:

* Sales of nicotine products or tobacco consumption in Wales
* Hospital admission associated with smoking. Smoking attributable hospital admissions per 100,000 is used in *‘Towards a Smoke free Generation’* **[[8]](#footnote-8)**

**Question 5** To support delivery of the strategy it is our intention to publish a series of two year delivery plans. Do you agree that we organise our actions into two-year delivery plans? Please explain why the structure works well or outline how it could be made better.

We welcome the intention to publish two-year delivery plans. However, it is essential that future delivery plans use data as a method of identifying the success of initiatives and the plan. This data and associated metrics should include process measures, such as the number of providers and access times, as well as outcome measures such as smoking prevalence.

In recent years, the global tobacco and nicotine market has changed and diversified quickly. A two-year review will ensure that the plan reflects the current situation.

For example, on the 29th October 2021 the RPS welcomed the updated guidance released by the Medicines and Healthcare Products Regulatory Agency (MHRA) for e-cigarette firms seeking a medicinal licence for their products. Regulation of these products would allow healthcare professionals to recommend and prescribe e-cigarettes and offer another option for patients wishing to stop smoking.

**Question 6** In the first two-year delivery plan, which covers April 2022 – March 2024, we have grouped the actions we will take into five priority action areas:

• Priority Action Area 1: Smoke-Free environments

 • Priority Action Area 2: Continuous improvement and supporting innovation

• Priority Action Area 3: Priority groups

• Priority Action Area 4: Tackle illegal tobacco and the tobacco control legal framework

• Priority Action Area 5: Working across the UK

Do you agree that these are the right priority action areas to focus the 2022-2024 delivery plan around? Please explain why you consider the priority action areas are right or if you think a different approach is needed.

We believe that the data capture and monitoring is important and, although discussed, should be a priority action.

Priority Action Area 1: Smoke-Free environments

We are encouraging to see the evidence that smoke free environments has reduced exposure to second-hand smoke. In 2021 the Royal Pharmaceutical Society declared a climate and ecological emergency **[[9]](#footnote-9)** , statistics such as the 122 tonnes of smoking related litter is dropped every day in the UK are powerful and could impact societal attitudes to smoking, we welcome that this is being explored.

Priority Action Area 2: Continuous improvement and supporting innovation

With 6% of adults in Wales reported to be current e-cigarette users, we share concerns around a lack of long-term evidence on the use of e-cigarettes, and the potential for them to cause harm. E-cigarette aerosols contain fewer numbers and lower levels of most toxicants than smoke from combustible tobacco cigarettes and are generally considered likely to be significantly less harmful than smoking tobacco. However, emerging evidence indicates that they are not completely safe.

More research is required on the long-term effects of inhalation of e-cigarette constituents to establish their absolute risk. We welcome the 2022-24 aim of exploring the role of e-cigarettes. The current position of the Royal Pharmaceutical Society on e-cigarettes can be found [here](https://www.rpharms.com/recognition/all-our-campaigns/policy-a-z/e-cigarettes).

Priority Action Area 3: Priority groups

A key focus of Pharmacy: Delivering a Healthier Wales **[[10]](#footnote-10)** is addressing health inequalities. The concept of the Inverse Care Law, proposed thirty years ago by Julian Tudor Hart, describes a perverse relationship between the need for health care and its actual utilisation **[[11]](#footnote-11)**. The network of more than 700 community pharmacies helps to buck the trend of the inverse care law. The accessibility of pharmacies at the heart of communities provides an opportunity to build upon the current health provision, such as smoking cessation services and advice, to address the wider determinants of health and wellbeing.

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

We agree with this priority. We would like to see this extended beyond tobacco products alone to tackling the illegal supply of other nicotine products. We would like to see a ban on any promotion in ways that will appeal to children, including naming their products after sweets and using cartoon characters. We note that one of the aims of *‘Towards a Smoke free Generation’* **[[12]](#footnote-12)**  is to ensure that sanctions in current legislation are effective and fit for purpose, using lessons from HMRC’s work on sanctions to stop illicit tobacco.

We are concerned that increasing stigma attached to smoking could drive the illegal tobacco industry. This must be considered and evaluated when new measured are considered and introduced.

Priority Action Area 5: Working across the UK

The harmful effect of mixed messaging and public confusion about coronavirus policy in different parts of the UK has highlighted the advantages of a unified approach. This could be a potential problem with different provision of smoking cessation services and should be explored. We also believe that lessons can be learnt from successful worldwide models such as the *Ottawa Model for Smoking Cessation* **[[13]](#footnote-13)***.*

**Question 7** We have developed a number of actions within each priority action area. Do you feel these are the right ones? Please explain why the actions are right or how they can be improved.

Discussed in Question 6.

**Question 8** Do you think there are any key actions not captured in the priority action areas? If so, what would they be?

We are encourages by the actions identified. Other actions that are identified in the *smoke free New Zealand 2025 Action Plan* ***[[14]](#footnote-14)*** could include:

* Introducing a smoke free generation policy

#### Restricting sales of smoked tobacco products to a limited number of specific store types

#### Significantly reduce the number of smoked tobacco product retailers based on population size and density

#### Licensing all retailers of tobacco and vaping products

#### Prohibiting filters in smoked tobacco products which have no effect on reducing the harm from smoking with research indicating that prohibiting filters could reduce smoking prevalence

#### Reducing nicotine content to minimal levels to decrease the number of young people trying smoking as they would not expect to get a hit from nicotine

**Question 9** Do the strategy and delivery plan align with other relevant areas of policy and practice? Please explain why it aligns well or outline how it could be made better.

The strategy aligns strongly to a number of key policy and practice areas identified by Welsh government in *A Healthier Wales* **[[15]](#footnote-15)** and the Health and Social Care Committee strategy for the sixth Senedd **[[16]](#footnote-16)** and by the pharmacy workforce through *Pharmacy: Delivering a healthier Wales* **[[17]](#footnote-17)** . Key alignments include:

* Improving public health and prevention
* Environment and ecological sustainability
* Reducing heath inequalities
* Improving access to healthcare.

**Question 10** We would like to know your views on the effects that A Smoke-Free Wales: Our long term tobacco control strategy for Wales and Towards a Smoke-Free Wales: Tobacco Control Delivery Plan 2022-2024 would have on the Welsh language, specifically on opportunities for people to use Welsh and on treating the Welsh language no less favourably than English. What effects do you think there would be? How could positive effects be increased, or negative effects be mitigated?

None

 **Question 11** Please also explain how you believe the proposed strategy and delivery plan could be formulated or changed so as to have positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language, and no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

None

 **Question 12** We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please report them.

None

1. *https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Performance/smoking-cessation-services/welshresidentsmokersmadequitattemptvianhs-by-lhb-service-individualquarter* [↑](#footnote-ref-1)
2. *https://www.kingsfund.org.uk/publications/delivering-health-care-people-sleep-rough* [↑](#footnote-ref-2)
3. *https://www.nhsconfed.org/publications/making-difference-tackling-health-inequalities-wales* [↑](#footnote-ref-3)
4. https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2018/06/raising-scotlands-tobacco-free-generation-tobacco-control-action-plan-2018/documents/00537031-pdf/00537031-pdf/govscot%3Adocument/00537031.pdf?forceDownload=true [↑](#footnote-ref-4)
5. .https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/630217/Towards\_a\_Smoke\_free\_Generation\_-\_A\_Tobacco\_Control\_Plan\_for\_England\_2017-2022\_\_2\_.pdf [↑](#footnote-ref-5)
6. *https://www.health.govt.nz/publication/proposals-smokefree-aotearoa-2025-action-plan* [↑](#footnote-ref-6)
7. *https://www.health.govt.nz/publication/proposals-smokefree-aotearoa-2025-action-plan* [↑](#footnote-ref-7)
8. .https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/630217/Towards\_a\_Smoke\_free\_Generation\_-\_A\_Tobacco\_Control\_Plan\_for\_England\_2017-2022\_\_2\_.pdf [↑](#footnote-ref-8)
9. *https://www.rpharms.com/about-us/sustainability/declaration* [↑](#footnote-ref-9)
10. *.https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Policy/Pharmacy%20Vision%20English.pdf?ver=2019-05-21-152234-477* [↑](#footnote-ref-10)
11. *Appleby, J. and Deeming, C. 2001. Inverse care law. Available at: https://www.kingsfund.org. uk/publications/articles/inverse-care-law* [↑](#footnote-ref-11)
12. .https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/630217/Towards\_a\_Smoke\_free\_Generation\_-\_A\_Tobacco\_Control\_Plan\_for\_England\_2017-2022\_\_2\_.pdf [↑](#footnote-ref-12)
13. *https://ottawamodel.ottawaheart.ca/* [↑](#footnote-ref-13)
14. *https://www.health.govt.nz/publication/proposals-smokefree-aotearoa-2025-action-plan* [↑](#footnote-ref-14)
15. *https://gov.wales/healthier-wales-long-term-plan-health-and-social-care* [↑](#footnote-ref-15)
16. *.https://business.senedd.wales/documents/s120718/Health%20and%20Social%20Care%20Committee%20Sixth%20Senedd%20Strategy.pdf* [↑](#footnote-ref-16)
17. *.https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Policy/Pharmacy%20Vision%20English.pdf?ver=2019-05-21-152234-477* [↑](#footnote-ref-17)