

RCPCH consultation response to the tobacco control strategy for Wales and delivery plan

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 agree with the ambition of Wales becoming smoke-free by 2030 and the approach being taken by Welsh Government to achieve this. Our State of Child Health report in 2020 called for Welsh Government to set targets to become a tobacco free generation (defined as a smoking prevalence of <5%), including smoking reduction targets for pregnant women. We asked for these targets to be monitored and reported against regularly.¹

It highlighted that healthy behaviours are fostered early in life; young people who experiment with smoking, alcohol and drugs are more likely to continue these habits into later life, with detrimental impacts on their physical and mental health. Smoking impacts the health of young people throughout their lives, with earlier initiation linked to increased levels of smoking and dependence, a lower chance of quitting and higher mortality.²

Our report also welcomes a focus on prevention and delivering early intervention services for parents, children and families as this would lead to economic savings for the NHS and wider public services, as well as supporting children and young people to enjoy good health across their life course.³

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 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 are pleased to see that reducing inequalities is a key theme in the strategy as this will need to be vital to support the ambition of Wales becoming smoke-free by 2030. Our report highlights that reducing child health inequalities is a key priority. Our indicators reveal a widening gap between the health of children from wealthy and deprived backgrounds. Young people tend to take up smoking as their family smokes, hence embedding more deeply the generational disadvantage of this particular indicator. Welsh Government should act to tackle the causes of poverty and reduce variation to ensure all children have the best start to life, wherever they are.⁴

According to Ash Wales, "smoking prevalence rates among the less well-off population are significantly greater than those of the more affluent population. There is a well-evidenced link between socio-economic status and smoking prevalence. 26% of adults from the most deprived areas of Wales smoke compared to 11% among the least deprived adults. ASH research shows that in the UK 1.7 million households which include a smoker are currently in poverty but around 28% (over half

¹ <https://stateofchildhealth.rcpch.ac.uk/wp-content/uploads/sites/2/2020/03/SOCH-WALES-02.03.20.pdf> P14

² <https://stateofchildhealth.rcpch.ac.uk/wp-content/uploads/sites/2/2020/03/SOCH-WALES-02.03.20.pdf> P32

³ <https://stateofchildhealth.rcpch.ac.uk/wp-content/uploads/sites/2/2020/03/SOCH-WALES-02.03.20.pdf> P5

⁴ <https://stateofchildhealth.rcpch.ac.uk/wp-content/uploads/sites/2/2020/03/SOCH-WALES-02.03.20.pdf> P5

a million) could be lifted out of poverty if they stopped smoking. This means 365,000 fewer children could be living below the poverty line.”⁵

Reducing Inequalities: Data consistently shows us that poverty and inequality impact a child’s whole life, affecting their education, housing and social environment and in turn impacting their health outcomes. Our indicators reveal a widening gap between the health of children from wealthy and deprived backgrounds. We called on Welsh Government to tackle the causes of poverty and reduce variation to ensure all children have the best start to life, wherever they are.

We asked Welsh Government to acknowledge high poverty rates, review existing programmes and publish a strategy to reduce child poverty. The strategy should provide national targets to reduce child poverty rates and specific health inequality targets for key areas of child health, with clear accountability across Government.⁶

Future Generations: Smoking impacts the health of young people throughout their lives, with earlier initiation linked to increased levels of smoking and dependence, a lower chance of quitting and higher mortality. Similarly, teenage pregnancy is associated with poor outcomes for young women and their children, including poorer education attainment and poorer mental health for the mother and low birth weights for their infants.

We welcomed the extension of smoke-free areas in 2019 to cover hospitals, schools and near playgrounds. Welsh Government should deliver the provisions in the Public Health (Wales) Act relating to smoking and clearly set out how these will be implemented and enforced. Bans on smoking in public places should be considered in other locations with a high child footfall (e.g. outside leisure centres and parks) again with clear guidance on enforcement. We call on Welsh Government to explore this further and for them to review how existing bans have been enforced in Wales.

Whole System Approach: We welcome a whole-system approach to tobacco control and the opportunity to work collaboratively with organisations as it is paramount to achieving the desired outcome of having a smoke-free Wales.

Focusing on prevention and delivering early intervention services for parents, children and families can lead to economic savings for the NHS and wider public services, as well as supporting children and young people to enjoy good health across their life course.⁷

We will not know what is working until after Year 2 therefore quality data collection needs to be prioritised to ensure that the aims of the strategy are being measured and achieved.

Question 3

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

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

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

We agree with the approach being taken and the data sources that will be used to monitor the smoking rates across Wales.

⁵ <https://ash.wales/campaign/smoking-and-inequalities/#:~:text=There%20is%20a%20well%2Devidenced,among%20the%20least%20deprived%20adults>

⁶ <https://stateofchildhealth.rcpch.ac.uk/wp-content/uploads/sites/2/2020/03/SOCH-WALES-02.03.20.pdf> P5

⁷ <https://stateofchildhealth.rcpch.ac.uk/wp-content/uploads/sites/2/2020/03/SOCH-WALES-02.03.20.pdf> P5

*We called for Welsh Government to set targets to become a tobacco free generation (defined as a smoking prevalence of <5%), including smoking reduction targets for pregnant women.*⁸

Vaping: *We welcome the monitoring of the Student Health and Wellbeing in Wales survey for smoking and vaping behaviours in young people aged 11-16 as we called on Welsh Government to prohibit all forms of marketing of e-cigarettes to children and young people, for example by marketing sweet flavours.*⁹

*The proportion of young people who have ever-trying e-cigarettes according to the latest data available from England, Wales, Scotland and Northern Ireland is similar for all four countries between 20-25%. The proportion of young people who use e-cigarettes regularly where data is available is much lower than those who have ever tried e-cigarettes. In Wales 25% of school pupils aged 11-16 were reported to have ever tried an e-cigarette in 2018. However, only 3% of 11-16 year reported using e-cigarettes regularly.*¹⁰

The RCPCH recently published policy recommendations in relation to vaping. In the absence of long-term data and limited evidence on the impact of vaping in young people, our recommendations aim to prevent uptake and protect them from the harms of vaping, avoiding the messaging that it's safer than tobacco. The new recommendations are:

- *UK Government to strengthen legislation on non-nicotine e-cigarettes by extending coverage of the Tobacco & Related Products Regulations (TRPR) to cover nicotine and non-nicotine containing products*
- *UK Government should revise the TRPR regulations for e-cigarettes and e-liquids to:*
 - *Require plain packaging of e-cigarettes and nicotine and non-nicotine e-liquids packs*
 - *Include prohibiting free samples of nicotine products*
- *UK government should transition advertising of vaping products, so they are only advertised for their medicinal purpose as a smoking aid rather than a lifestyle product.*¹¹

The Welsh Government should consider whether the evidence suggests that use of tobacco and / or vaping products by children under 11 requires further monitoring in the future. We would welcome increased data collection on vaping in children and young people as currently there is a lack of evidence for this health behaviour.

Maternity/ birth statistics: *Neonatal mortality accounts for 70-80% of infant deaths in the UK, largely due to perinatal causes, such as maternal health, congenital malformations and preterm birth. Sudden unexplained death in infancy (SUDI) is responsible for a large number of post-neonatal deaths. The report published in 2015 recommends that health boards, Public Health Wales and Welsh Government should strengthen their efforts to reduce smoking, especially in young women and parents during pregnancy and in the first year after child birth.*¹²

*Smoking during pregnancy is a leading factor in poor birth outcomes, including stillbirth and neonatal deaths.*¹³ *Our State of Child Health called on Welsh Government to prioritise the care of women during pre-conception and pregnancy, including smoking cessation programmes, promotion of breastfeeding and promoting healthy weight in women of childbearing age.*¹⁴

As part of the Healthy Child Wales Programme, health visitors (or other community based health professionals) should offer all pregnant women breathalyser tests to monitor smoking prevalence, alongside advice on local smoking cessation services. We called on Local Authorities to introduce incentive schemes to support women to stop smoking during their pregnancy and we welcomed NHS

⁸ <https://stateofchildhealth.rcpch.ac.uk/wp-content/uploads/sites/2/2020/03/SOCH-WALES-02.03.20.pdf> P14

⁹ <https://stateofchildhealth.rcpch.ac.uk/wp-content/uploads/sites/2/2020/03/SOCH-WALES-02.03.20.pdf> P22

¹⁰ <https://stateofchildhealth.rcpch.ac.uk/evidence/health-behaviours/smoking-young-people/#ref-9>

¹¹ <https://stateofchildhealth.rcpch.ac.uk/evidence/health-behaviours/smoking-young-people/#page-section-10>

¹² <http://www.wales.nhs.uk/sitesplus/documents/888/Sudden%20Unexpected%20Deaths%20in%20Infancy%20-%20English.pdf>

¹³ <https://stateofchildhealth.rcpch.ac.uk/wp-content/uploads/sites/2/2020/03/SOCH-WALES-02.03.20.pdf> P13

¹⁴ <https://stateofchildhealth.rcpch.ac.uk/wp-content/uploads/sites/2/2020/03/SOCH-WALES-02.03.20.pdf> P11

Wales' (Maternity and Neonatal Network) Safer Pregnancy Campaign, which includes advice on smoking during pregnancy. Resources for this campaign should be continued.¹⁵

We would welcome targets in reference to the priority areas identified in the strategy as these need to be monitored and reported against to evaluate success.

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?

We are not aware of any other data sources that should be used.

Question 5

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

It would be helpful to have a mid-point review in the strategy to make sure that the two-year delivery plans are being adequately monitored and are achieving their aims / targets. If it is agreed for a mid-point review to be built in it would be beneficial for this to be published.

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 agree with the five priority areas which covers April 2022 – March 2024.

Smoke-Free Environments: Our State of Child Health report welcomed the extension of smoke-free areas in 2019 to cover hospitals, schools and near playgrounds. Welsh Government should deliver the provisions in the Public Health (Wales) Act relating to smoking and clearly set out how these will be implemented and enforced. Bans on smoking in public places should be considered in other locations with a high child footfall (e.g. outside leisure centres and parks) again with clear guidance on how it would be enforced. The Welsh Government should consider what locations the ban should be extended to.

Continuous improvement and supporting innovation: Smoking impacts the health of young people throughout their lives, with earlier initiation linked to increased levels of smoking and dependence, a lower chance of quitting and higher mortality. Promoting healthy lifestyles and preventing people from becoming ill is key to reducing existing and future burden of disease and ensuring that everyone can live long and healthy lives. 84% of children and young people think that there isn't enough awareness of healthy behaviours and 81% don't feel that there is enough support to help them to know what to do.¹⁶

Priority Groups: We would welcome the inclusion of children and young people in the priority groups set out by Welsh Government. Our State of Health report highlights that healthy behaviours are fostered early in life; conversely young people who experiment with smoking, alcohol and drugs are more likely to continue these habits into later life, with detrimental impacts on their physical and mental health. Smoking impacts the health of young people throughout their lives, with earlier

¹⁵ <https://stateofchildhealth.rcpch.ac.uk/wp-content/uploads/sites/2/2020/03/SOCH-WALES-02.03.20.pdf> p14

¹⁶ <https://stateofchildhealth.rcpch.ac.uk/evidence/health-behaviours/smoking-young-people/>

initiation linked to increased levels of smoking and dependence, a lower chance of quitting and higher mortality.¹⁷

We would also welcome the inclusion of pregnant women. Smoking during pregnancy is a leading factor in poor birth outcomes, including stillbirth and neonatal deaths. Rates of smoking have improved over time but have currently stalled, due to variation in rates by geography, age and socio-economic status.¹⁸

The data sets outlined for each of our State of Child Health indicators are pre-pandemic and data throughout the report can be found at: www.rcpch.ac.uk/state-of-child-health

Tackle illegal tobacco and the tobacco control legal framework: *We welcome a legal framework that ensures we have the right tools to protect the public, particularly children and young people, from the harms of tobacco and nicotine products. There are currently penalties in place if tobacco is sold to underage children and young people, but we need to ensure that this is enforced, and that access continues to be restricted.*

Working across the UK: *We welcome and encourage integrated working between organisations and agencies across the whole children's workforce and your partnership approach to work with other UK nations to share best practice and advocate, support and implement strong tobacco control measures. The Royal College of Paediatrics and Child Health (RCPCH) is a four nation College that advocates for child health policies that work across all four of the nations. We would call for you to engage with children and young people in Wales.*

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.

Priority action area 1: Smoke-Free environments

We welcomed the extension of smoke-free areas in 2019 to cover hospitals, schools and near playgrounds. Welsh Government should deliver the provisions in the Public Health (Wales) Act relating to smoking and clearly set out how these will be implemented and enforced. Bans on smoking in public places should be considered in other locations with a high child footfall (e.g. outside leisure centres and parks) again with clear guidance on enforcement. We call on Welsh Government to explore this further and for them to review how existing bans have been enforced in Wales.¹⁹

Priority action area 2: Continuous improvement and supporting innovation

As part of the Healthy Child Wales Programme, health visitors (or other community based health professionals) should offer all pregnant women breathalyser tests to monitor smoking prevalence, alongside advice on local smoking cessation services. We also asked for Local Authorities to introduce incentive schemes to support women to stop smoking during their pregnancy.²⁰

Similarly, teenage pregnancy is associated with poor outcomes for young women and their children, including poorer education attainment and poorer mental health for the mother and low birth weights for their infants.²¹

Smoking impacts the health of young people throughout their lives, with earlier initiation linked to increased levels of smoking and dependence, a lower chance of quitting and higher mortality. We called on Welsh Government to prohibit all forms of marketing of e-cigarettes to children and young people, for example by marketing sweet flavours.

¹⁷ <https://stateofchildhealth.rcpch.ac.uk/wp-content/uploads/sites/2/2020/03/SOCH-WALES-02.03.20.pdf> P21

¹⁸ <https://stateofchildhealth.rcpch.ac.uk/wp-content/uploads/sites/2/2020/03/SOCH-WALES-02.03.20.pdf> P13

¹⁹ <https://stateofchildhealth.rcpch.ac.uk/wp-content/uploads/sites/2/2020/03/SOCH-WALES-02.03.20.pdf> P22

²⁰ <https://stateofchildhealth.rcpch.ac.uk/wp-content/uploads/sites/2/2020/03/SOCH-WALES-02.03.20.pdf> P14

²¹ <https://stateofchildhealth.rcpch.ac.uk/wp-content/uploads/sites/2/2020/03/SOCH-WALES-02.03.20.pdf> P21

The RCPCH recently published policy recommendations on vaping. In the absence of long-term data and limited evidence on the impact of vaping in young people, our recommendations aim to prevent uptake and protect them from the harms of vaping, avoiding the messaging that it's safer than tobacco. The new recommendations are:

- UK Government to strengthen legislation on non-nicotine e-cigarettes by extending coverage of the Tobacco & Related Products Regulations (TRPR) to cover nicotine and non-nicotine containing products.
- UK Government should revise the TRPR regulations for e-cigarettes and e-liquids to:
 - Require plain packaging of e-cigarettes and nicotine and non-nicotine e-liquids packs
 - Include prohibiting free samples of nicotine products
- UK government should transition advertising of vaping products, so they are only advertised for their medicinal purpose as a smoking aid rather than a lifestyle product.²²

The Welsh Government should consider whether the evidence suggests that use of tobacco and / or vaping products by children under 11 requires further monitoring in the future. We would welcome increased data collection on vaping in children and young people as currently there is a lack of evidence for this health behaviour.

Priority action area 3: Priority groups

Good health promotion starts before birth. Maximising the health and wellbeing before, during and after pregnancy is central to efforts to improve child health outcomes. Maternal weight, wellbeing, breastfeeding and stopping smoking improve the health of both mothers and infants. We welcomed the policy focus on the first 1,000 days and adverse childhood experiences.²³

Neonatal mortality accounts for 70-80% of infant deaths in the UK, largely due to perinatal causes, such as maternal health, congenital malformations and preterm birth. Sudden unexplained death in infancy (SUDI) is responsible for a large number of post-neonatal deaths. Smoking during pregnancy is a leading factor in poor birth outcomes, including stillbirth and neonatal deaths. We called on Welsh Government to prioritise the care of women during pre-conception and pregnancy, including smoking cessation programmes, promotion of breastfeeding and promoting healthy weight in women of childbearing age.²⁴

Welsh Government should deliver in full 'Maternity Care in Wales: A Five Year Vision', including implementation of the Maternity and Neonatal Network. The strategy asked for organisations and health boards to work in conjunction with Public Health Wales and local public health teams to develop, implement and evaluate evidence based programmes that engage women in reducing smoking in pregnancy. It also called for the development of an All Wales Maternity Performance Indicator dataset which would include measures to reduce:

- stillbirth, neonatal death, hypoxic ischaemic encephalopathy (moderate/severe) and maternal level 3 admission to critical care
- Public Health - Smoking cessation; obesity in pregnancy.
- Early Pregnancy care.

Smoking during pregnancy is a leading factor in poor birth outcomes, including stillbirth and neonatal deaths. Rates of smoking have improved over time but have currently stalled, due to variation in rates by geography, age and socio-economic status. Our State of Child Health called on:

- Welsh Government to set targets to become a tobacco free generation (defined as a smoking prevalence of <5%); including smoking reduction targets for pregnant women. These targets should be monitored and reported against regularly.
- As part of the Healthy Child Wales Programme, health visitors (or other community based health professionals) should offer all pregnant women breathalyser tests to monitor smoking prevalence, alongside advice on local smoking cessation services.

²² <https://stateofchildhealth.rcpch.ac.uk/evidence/health-behaviours/smoking-young-people/#page-section-10>

²³ <https://stateofchildhealth.rcpch.ac.uk/wp-content/uploads/sites/2/2020/03/SOCH-WALES-02.03.20.pdf> P13

²⁴ <https://stateofchildhealth.rcpch.ac.uk/wp-content/uploads/sites/2/2020/03/SOCH-WALES-02.03.20.pdf> P11

- *Local Authorities should introduce incentive schemes to support women to stop smoking during their pregnancy.*²⁵

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

We welcome a legal framework that ensures we have the right tools to protect the public, particularly children and young people, from the harms of tobacco and nicotine products. There are currently penalties in place if tobacco is sold to underage children and young people, but we need to ensure that this is enforced, and that access continues to be restricted.

Priority action area 5: Working across the UK

We welcome and encourage integrated working between organisations and agencies across the whole children's workforce and your partnership approach to work with other UK nations to share best practice and advocate, support and implement strong tobacco control measures. The Royal College of Paediatrics and Child Health (RCPCH) is a four nation College that advocates for child health policies that work across all four of the nations. We would call for you to engage with children and young people in Wales.

Question 8

Do you think there are any key actions not captured in the priority action areas?

*The RCPCH recently published policy recommendations in relation to vaping. In the absence of long-term data and limited evidence on the impact of vaping in young people, our recommendations will aim to prevent uptake and protect them from the harms of vaping, avoiding the messaging that it's safer than tobacco.*²⁶

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.

No comment

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?

No comment

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.

No comment

Question 12:

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

No additional comments

²⁵ <https://stateofchildhealth.rcpch.ac.uk/wp-content/uploads/sites/2/2020/03/SOCH-WALES-02.03.20.pdf> P13

²⁶ <https://stateofchildhealth.rcpch.ac.uk/evidence/health-behaviours/smoking-young-people/#page-section-10>