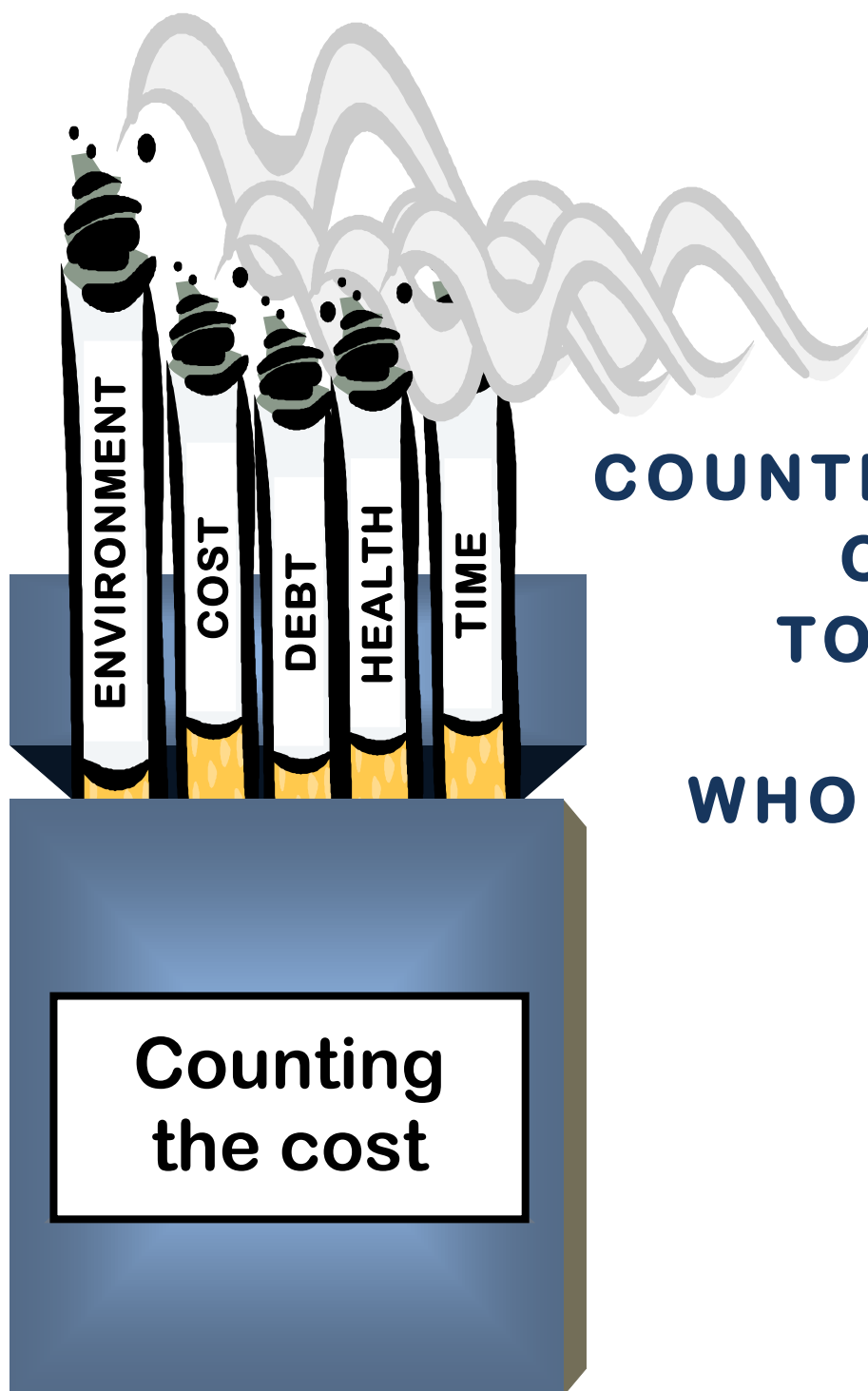




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**COUNTING THE  
COST OF  
TOBACCO:**

**WHO REALLY  
PAYS?**

**Annual Report of the  
Director of Public Health 2013**

# Foreword

In my report this year, I have chosen to highlight the breadth of work that is taking place across Cwm Taf in relation to tobacco control.

Since smoking is the major cause of preventable ill health and death and a major cause of inequalities, it is no surprise that it features strongly in both national and local strategies and plans.

In our local Smoke Free Cwm Taf Strategic Action Plan, we have identified action to tackle the preventable harm that smoking is causing to our communities in four main areas: leadership and co-ordination of action, preventing people starting smoking, helping people to stop smoking and reducing environmental exposure.

This report discusses the impact of nicotine addiction, its effects on our communities and the smoking cessation services available to help people quit smoking. These services, along with recent legislative measures and policy changes, have had a positive impact on reducing the number of people who smoke in Cwm Taf.

However the cost of tobacco continues to impact on the economic, social, physical and emotional health of our communities. We now are aiming to maximise the opportunities as outlined in my report, to eradicate the harm from tobacco in Cwm Taf. Partnership working is our key to success if we are to realise our target of a reduction in smoking to a rate of 16% or lower by 2020, and this Annual Report shows the multi-agency commitment of those who have a part to play in the eradication of tobacco harm across Cwm Taf.

I would like to thank the editorial team: Anna Morgan, Cerys Preece, Margaret Munkley and Gail Murphy in the production of this report. I am also grateful for contributions from Cwm Taf Public Health Team, Cwm Taf University Health Board, our partners and Public Health Wales Observatory.

**Nicola John**

Director of Public Health

Cwm Taf University Health Board

September 2014



# Counting the Cost of Tobacco

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# Context

## In this section:

- Health consequences of smoking
- Deaths due to smoking
- Smoking and future generations
- Environmental impact

## Context

In Cwm Taf, 76% of our adult population do not smoke. Of the 24% that do, the majority want to give up as they recognise the adverse impact on their health.<sup>1</sup> Merthyr has seen a significant drop in smoking rates from 31% to 23% of the population and the rates in Rhondda Cynon Taf have steadily declined from 28% to 25%.<sup>1</sup>

**“positive reductions are being made in smoking rates”**

Positive reductions are being made in smoking rates in our young people, with recent figures illustrating that amongst 15 year olds, 11% of boys and 16% of girls smoke in Wales; a significant decline compared to the respective rates of 29% and 22% in 1998/99.<sup>2</sup>

Smoking rates are at their highest in the most deprived areas of Wales.<sup>2</sup> Smokers in disadvantaged areas also typically start to smoke at a younger age, smoke more cigarettes per day, and take in more nicotine from each cigarette.<sup>3</sup>



As tobacco tends to be consumed by those in the most deprived areas, it contributes to poverty through loss of income, loss of productivity, disease and death.<sup>4</sup> In 2011, the Child Poverty Strategy for Wales was published by Welsh Assembly Government. The strategy cites tobacco use by young people as significant for impacting on their health in the short and long term and is also associated with anti-social behaviour, crime and drop-out from school.<sup>5</sup>

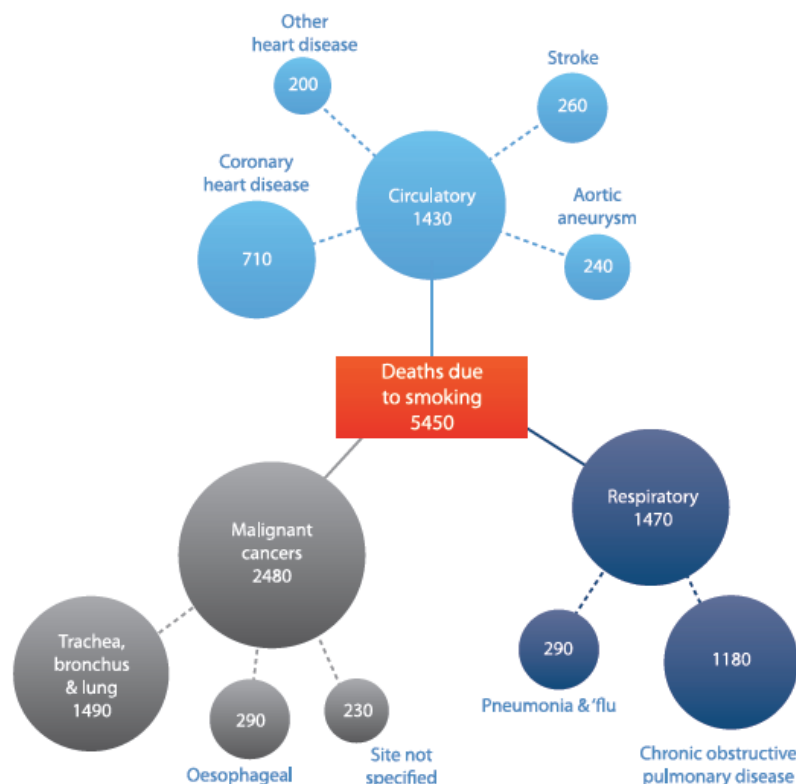
Mothers in Wales are most likely to have smoked before or during their pregnancy than anywhere else in the UK, with a third of mothers smoking at some stage during their pregnancy.<sup>6</sup> People with a mental health problem are also more likely to smoke and smoke more heavily than the general population.<sup>2</sup>

## Health consequences of smoking

The health consequences of tobacco smoking are well documented and smoking is still the largest cause of avoidable early death in Wales. In 2010, approximately 5,450 deaths in people aged 35 and over were caused by smoking, which is nearly 1 in 5 of all deaths in this age group (figure 1).<sup>2</sup>

## Deaths due to smoking

**Figure 1: Breakdown of deaths attributable to smoking for selected causes, age 35 and over, 2010<sup>2</sup>**



Smoking has a negative effect on the number of years a person can expect to live in good health (or 'healthy life expectancy'). On average, cigarette smokers die 10 years earlier than non-smokers and smokers under the age of 40 are five times more likely to have a heart attack than non-smokers.<sup>7</sup> Smokers can be affected at a young age with impotence, facial wrinkles, early menopause, dental hygiene problems, poor sense of taste and smell, and sight and hearing problems.<sup>7</sup>

Research shows that the earlier people stop smoking the greater the health benefits. Within the first month of stopping smoking, circulation improves, breathing becomes easier and physical appearance improves. Stopping smoking before the age of 40 and 50 will increase life expectancy by 9 and 6 years respectively.<sup>8</sup>

## Smoking and future generations

Exposure to tobacco smoke whilst in the womb can lead to a risk of low birth weight, stillbirth, cot death and lung cancer in later life. Teenage smokers experience more asthma and respiratory problems, suffer poorer health, have more school absences and are less physically active.<sup>7</sup>

There is a growing body of evidence demonstrating that people's actions and behaviours can change the genes that they pass on to their children (epigenetics). Children of smokers are at an increased risk of heart disease, hypertension and diabetes.<sup>9</sup> People's lifestyle choices affect not just them, but may have a knock-on effect for their children and grandchildren.

Exposure to other people's smoke (second-hand/passive smoking) is linked to lung cancer, chronic heart disease and respiratory problems. In young babies and children, the effects of passive smoking include a greater risk of respiratory infections, increased risk of cot death and glue ear. It is estimated that, globally, 600,000 deaths a year are caused by second-hand smoke.<sup>7</sup>





## Environmental impact

Tobacco use and its production also impacts on lives.

Cigarette manufacturing produces liquid, solid, airborne and chemical waste, all of which are cause for environmental concern. Cigarette smoke is also a known environmental pollutant, containing small amounts of radioactive material.<sup>10</sup>

In the UK, cigarettes are the main source of street litter, accounting for 70%-90% of all litter in urban areas. An estimated 200 million cigarette butts are dropped every day, amounting to 122 tonnes of rubbish.<sup>10</sup> The estimated cost of street cleaning for smoking-related litter in Wales is £25.8 million per year.<sup>10</sup>

Cigarettes and matches are a common cause of fire. Between 1995 and 2005 there were on average 4,300 house fires a year started by smokers' materials. In 2005, smokers' materials caused the deaths of 110 people in homes, accounting for one third of all deaths in domestic fires in the UK.<sup>11</sup>





# The cost of smoking in Wales

2

## In this section:

- Illegal tobacco trade
- Why can't people just stop?
- Benefits of stopping

## The cost of smoking in Wales

Aside from the human cost of smoking, the costs of smoking in Wales in terms of health care costs, loss of productivity in the economy, death from second-hand smoke and environmental costs including litter and fire are extremely high. ASH Wales have estimated the economic cost of smoking in Wales (table 1).<sup>10</sup>

2

**Table 1: The economic cost of smoking in Wales<sup>10</sup>**

	Preferred estimate (uprated to 2012 prices)	Lower estimate	Higher estimate
Health care costs	£302 million	£190 million	£436.6 million
Premature deaths	£288 million	£80 million	£310.7 million
Excess sickness absence	£49.5 million	£31.2 million	£112.5 million
Smoking breaks	£41 million	£41 million	£63 million
Second-hand smoke – early deaths	£45.4 million	£45.4 million	£45.4 million
Smoking-related litter	£25.8 million	£18.7 million	£25.8 million
Fires in businesses	£960,000	£960,000	£7.6 million
Fires in the home	£38 million	£38 million	£38 million
<b>TOTAL</b>	<b>£790.66 million per year</b>	<b>£455.26 million</b>	<b>£1,039.7 million</b>

Revenue received from tobacco taxation received in Wales in 2012 was estimated at £644.73 million. The economic profiling provided by ASH Wales would indicate that the costs associated with smoking presented in Table 1 are higher than those raised from tobacco duty.<sup>10</sup>



## Illegal tobacco trade

Illegal tobacco is sold at half or a third of the legal retail price, making it a less costly option for smokers and an attractive incentive for children and young people to try smoking. A recent survey showed that some young people in Wales were able to buy a single cigarette as cheaply as 30p each.<sup>12</sup>

Tobacco is approximately 30% more expensive than it was in 1980, but the effectiveness of price as a motivation to quit smoking is compromised by continued access to illegal products.<sup>12</sup>

Criminals traditionally target illegal tobacco at low income communities, as those with less disposable income are more likely to purchase cheap tobacco.<sup>13</sup>

As low income communities are known to have a higher risk of dying from preventable disease, the availability of illegal tobacco compounds the problem. Not only does it encourage the uptake of smoking and high smoking rates, the quality of the tobacco is poor, meaning that smokers are exposed to higher levels of nicotine, tar and carbon monoxide.<sup>13</sup>

Approximately 77% of the price of a packet of cigarettes is tax.<sup>14</sup> The price of tobacco is an important factor in its consumption, with increasing levels of tax prompting a reduction in consumption. However this trend is being undermined by the illegal importation of tobacco, which is often sold at significantly reduced rates.<sup>14</sup>

There are three main types of illegal tobacco:

### 1. **Non-duty paid (bootlegged)**

Recognisable UK brands but packages are printed with foreign health warnings

### 2. **Cheap whites (smuggled)**

Foreign brands, which fail to meet UK Tobacco Law and Quality Control directives

### 3. **Counterfeit (fake)**

Cheap, poor quality cigarettes and rolling tobacco packaged in copied packaging to give the impression they are genuine UK brands.<sup>13</sup>

2



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## Why can't people just stop?

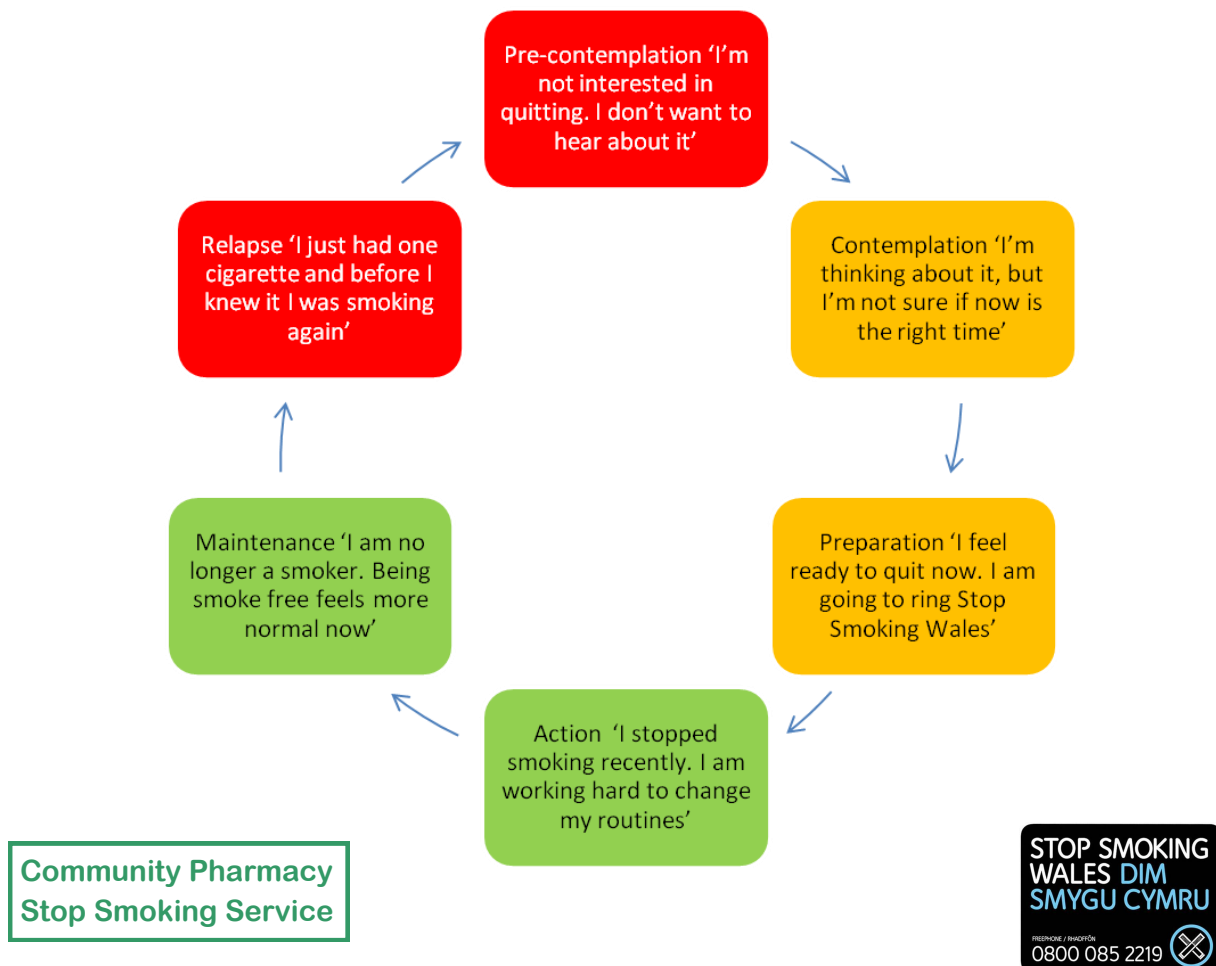
Figures show that 72% of smokers would like to stop smoking and 41% have tried to give up in the past year.<sup>15</sup> However, nicotine addiction is a complex mix of physical addiction, habit and psychological dependence, making it difficult for smokers to stop.

Much of smoking is habitual, done without thinking and each time someone smokes this reinforces the habit, making it difficult to break. People want to smoke and enjoy it. People also experience the need to smoke after a period of not smoking. People believe smoking serves a purpose, it helps them concentrate, reduces stress and keeps their weight under control. All these motivations to smoke are stronger than any competing motivations, including plans to give up.

Nicotine is a very powerful drug and has similar addictive properties to cocaine and heroin. It is absorbed into the brain very quickly, releasing the chemical dopamine. As the levels of nicotine drop, it prompts withdrawal and causes the smoker to smoke another cigarette, thereby perpetuating the cycle of addiction.

For smokers to change their behaviour and break the cycle of addiction is not an easy undertaking. The stages of change model (figure 2) depicts the process of behaviour and attitude change.

**Figure 2: Stages of change model<sup>16</sup>**



## Benefits of stopping

There are clear health and financial gains to stopping smoking. A 20-a-day smoker could save around £3,000 within a year if they stopped smoking.<sup>17</sup> Their insurance policies would reduce too as smokers pay almost double the cost of insurance policy premiums, for example, life, critical illness and home insurance.<sup>18</sup>

Tobacco addiction can also impact on people's self esteem and confidence, time and ability to lead a healthy lifestyle. Stopping smoking can have a huge impact on the individual, their friends, family and the community in which they live.

2

*"No wonder I was stressed at work, always complaining I never had enough time to do everything, when I was spending more than three hours of the day taking time out to have a cigarette...I know full well what smoking was doing to my health but needed the support of others to help me through it. Since quitting I feel healthier and can actually taste what I'm eating!"*  
Clare

*"I've noticed a big financial benefit which in turn has benefitted the family, but others have also noticed an improvement in my self-esteem which is nice."* Julian

*"I have been a smoker since I was approximately 15 years old, physically unfit and mostly inactive for at least six to eight years and this has given me health issues including a scare last year when I was in hospital after having chest pains...since stopping I find it easier to breathe...I've joined a gym...I feel fitter and healthier."*  
Andrew

Case studies taken from: [www.stopsmokingwales.com](http://www.stopsmokingwales.com)

# Help to quit

## In this section:

- Community Pharmacy Stop Smoking Service
- Stop Smoking Wales
- MAMSS

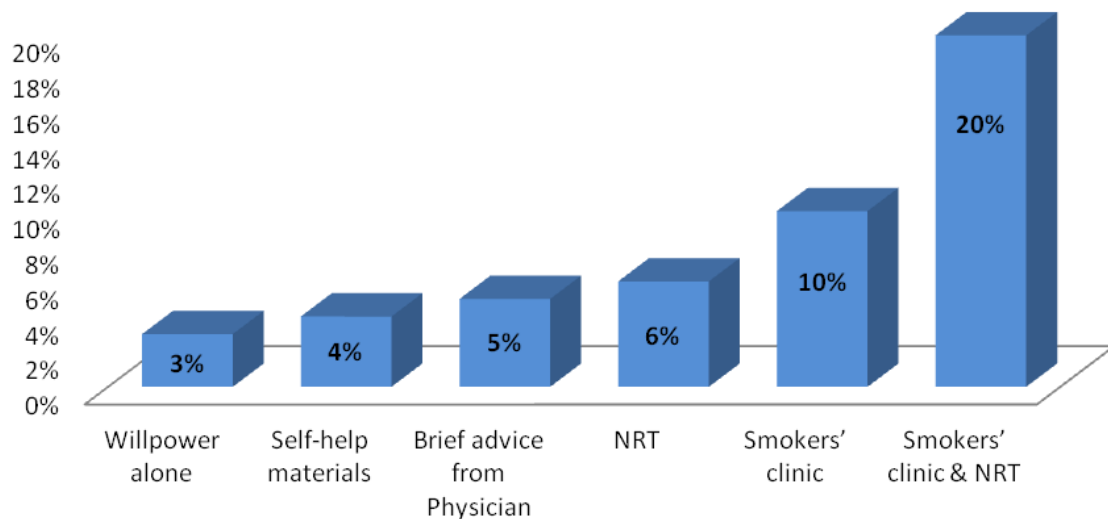
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## Help to quit

Free, NHS smoking cessation services are available to all adults in Cwm Taf who are thinking of quitting smoking. Research has shown that you are four times more likely to quit with a support programme than in any other way.<sup>19</sup>

Figure 3 illustrates the effectiveness of smoking cessation interventions and the percentage of all smokers making an attempt to stop who will still be abstinent after 12 months.

**Figure 3: Effectiveness estimates of smoking cessation interventions<sup>20</sup>**



3



Carbon monoxide testing and advice at a No Smoking Day event in Gurnos, Merthyr Tydfil



## Community Pharmacy Stop Smoking Service

The Community Pharmacy Stop Smoking Service is a free service available to clients (aged 15 and over) living, or registered with a doctor, in the borough of Merthyr Tydfil or Rhondda Cynon Taf.

The pharmacist provides free Nicotine Replacement Therapy (NRT) to those wishing to quit smoking. Clients are provided with a 12 week course of NRT and support to help them stop smoking, with the strength of the NRT slowly reduced over the 12 week period.

Approximately 40 pharmacies offer smoking cessation support, with more pharmacies planning to do so.

*"I really enjoy providing the smoking cessation service. Patients like it because they can call in when it's convenient for them, and because the service provides support as well as nicotine replacement therapy, I can help them with all aspects of their quit attempt."* Rhys Evans, Pharmacist, Aberfan

3

*"I like that the pharmacy service is very accessible and delivered on a one-to-one basis. I've received lots of support from staff and know that the patches and inhalators I'm using are safe."* Avril Hughes



## Stop Smoking Wales

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Stop Smoking Wales (SSW) offers a six week, local support programme for smokers who are ready to stop smoking.

When smokers call SSW's freephone number, they are put in touch with a trained advisor. Clients are given the times of sessions near them and can be offered an appointment to attend an assessment session. SSW offer group or one to one sessions as well as telephone support. SSW work in partnership with local community pharmacies so clients can collect their free NRT at a time that suits them.

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Stop Smoking Service**

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## MAMSS

The MAMSS (Models for Access to Maternal Smoking Cessation Support) pilot study looked at the uptake of smoking cessation services by pregnant women who smoked. The study aimed to establish if more pregnant women would stop smoking with a more flexible model of smoking cessation, offered by a Maternity Support Worker sited within the midwifery team, in comparison to the existing Stop Smoking Wales service.

Results show that pregnant women are more likely to use smoking cessation services offered by a Maternity Support Worker sited within the midwifery team.

Funding has now been secured from Families First to expand and continue MAMSS and make it available to all pregnant women who smoke in Rhondda, Cynon and Taf Ely.

*"I feel so much better now – before, I used to have an asthma pump, but now my chest is fine. I feel really good and it's so much better for my family. I would tell anyone who is pregnant and wants to give up smoking to do it and that it's never too late."* Deborah Lloyd

3

The health board have produced a short film documenting how one mother quit smoking using the support provided by the MAMSS programme. The film can be viewed at [www.youtube.com/watch?v=xnxxR0szzOA3](http://www.youtube.com/watch?v=xnxxR0szzOA3).



# Legislative measures

## In this section:

- Smoking ban
- Display of tobacco products at point of sale
- Tobacco products from vending machines
- Public Health Bill
- Electronic cigarettes

4

## Legislative measures

### Smoking ban



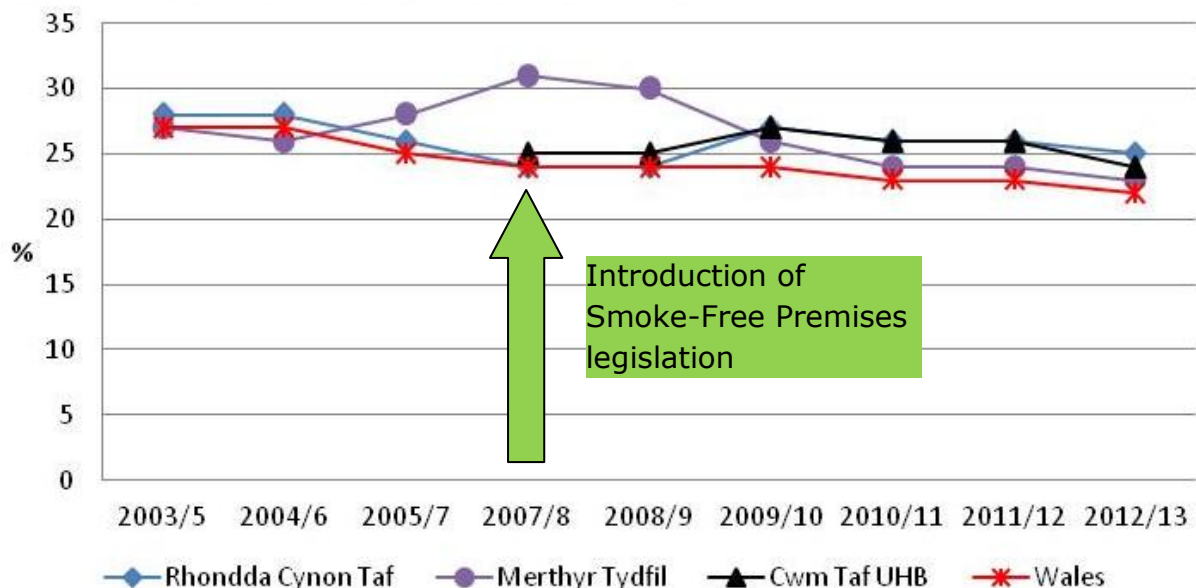
It has been several years since the Smoke-Free Premises etc. (Wales) Regulations 2007 were introduced in Wales. Legislation came into force on 2<sup>nd</sup> April 2007, with the aim of reducing the public's exposure to second-hand smoke.<sup>21</sup>

The smoking ban has had a positive impact in reducing exposure to second-hand smoke in enclosed public places and workplaces. Nationally, the percentage of non-smokers regularly exposed to second-hand smoke has dropped considerably, from 66% in 2005/06 (pre-ban), to 32% in recent figures.<sup>22, 15</sup>

The ban also acted as an incentive for some adults to quit smoking, as can be seen from the reduction in rates of smoking in Merthyr Tydfil since the introduction of smoke-free legislation (figure 4).<sup>23</sup>

4

**Figure 4: Percentage of adult smokers in Cwm Taf**



Welsh Health Surveys 2003/05-2012/2013

The decline in rates is a positive step but demonstrates that more needs to be done, including signposting patients to the free NHS smoking cessation services available and by creating supportive environments to help people quit.

## Display of tobacco products at point of sale

Displaying tobacco can encourage young people to try smoking and can also undermine the efforts of people who want to quit smoking by prompting impulse buys. Openly displaying tobacco products in shops across Wales seriously challenges the public health message that smoking is dangerous and addictive. The Tobacco Advertising and Promotion (Display) (Wales) Regulations 2012 means that shops and other businesses cannot have tobacco products on permanent view.<sup>24</sup>

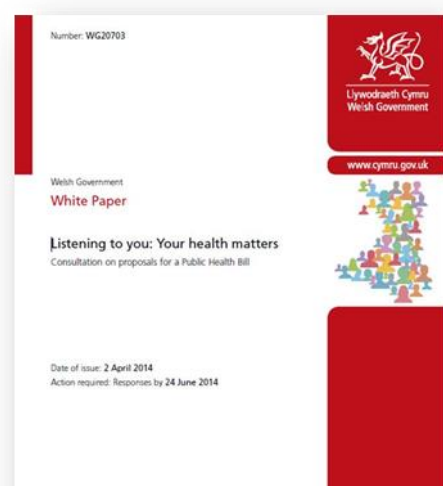
Since 3 December 2012 in Wales, it has been illegal to display tobacco products at the point of sale in large stores, such as supermarkets. The legislation will be extended to all other stores from April 2015.

## Tobacco products from vending machines

A Welsh Government ban on the sale of tobacco from vending machines in Wales was introduced on 1 February 2012.

Although tobacco vending machines accounted for only 1% of the UK market in tobacco sales, a disproportionate number of young people aged under 18 were purchasing cigarettes from vending machines. 10% of regular smokers aged 11 to 15 reported that cigarette vending machines were their usual source of tobacco.<sup>25</sup> The Protection from Tobacco (Sales from Vending Machines) (Wales) Regulations 2011 were developed to protect children and young people by restricting access to tobacco.

4



## Public Health Bill

The above examples of tobacco control measures provide a clear illustration of how legal intervention can contribute to a long term positive impact in terms of health gain.

In April 2014, Welsh Government invited responses on a Public Health Bill to provide an opportunity to continue to intervene at the point where there is

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maximum return for our investment and pursue further legislation, where appropriate, for improving health.

The 'Listening to you: Your health matters' White Paper set out a series of proposals for legislation to help further improve and protect people's health and wellbeing in Wales.

The proposals covered a range of public health issues, including action to reduce the harms to health caused by smoking, alcohol misuse and obesity. The White Paper presented a series of proposals under three overarching themes, one of which focused on tobacco and electronic cigarettes. Opinions were sought on a tobacco retailers' register; the use of electronic cigarettes in public places; smoke-free open spaces, such as hospital grounds, school grounds and playgrounds; and internet sales of tobacco.<sup>26</sup>

## Electronic cigarettes

There has been a huge growth in the use, availability and promotion of electronic cigarettes in the UK. The rapid rise in their use has led to much debate amongst health professionals regarding the risk they pose to the public and the possible benefits for smokers in using them as a smoking cessation aid.

There has been a large cultural shift in attitudes towards smoking since the introduction of the smoking ban and health professionals are concerned that use of electronic cigarettes may re-normalise smoking behaviour.<sup>27</sup>

Also, if electronic cigarettes are promoted as a safe way to smoke, they may provide a route to nicotine addiction for children and young people and potentially encourage future tobacco use.

There are potential benefits for smokers to use electronic cigarettes as a harm reduction tool by stopping smoking or cutting down. However, a fine balance is needed in their promotion and smokers should be signposted to use the evidence-based, free, NHS smoking cessation services available.<sup>27</sup>

We expect to see research emerge to increase our understanding of the safety, effectiveness and role of electronic cigarettes in supporting people to stop smoking. Welsh Government is also looking to restrict their use in public places and the consultation response of the Public Health White Paper is expected by the end of 2014.

# The public health army

## In this section:

- Health professionals
- Trading Standards
- Communities First
- Families First
- Schools
- Smoke free Cwm Taf

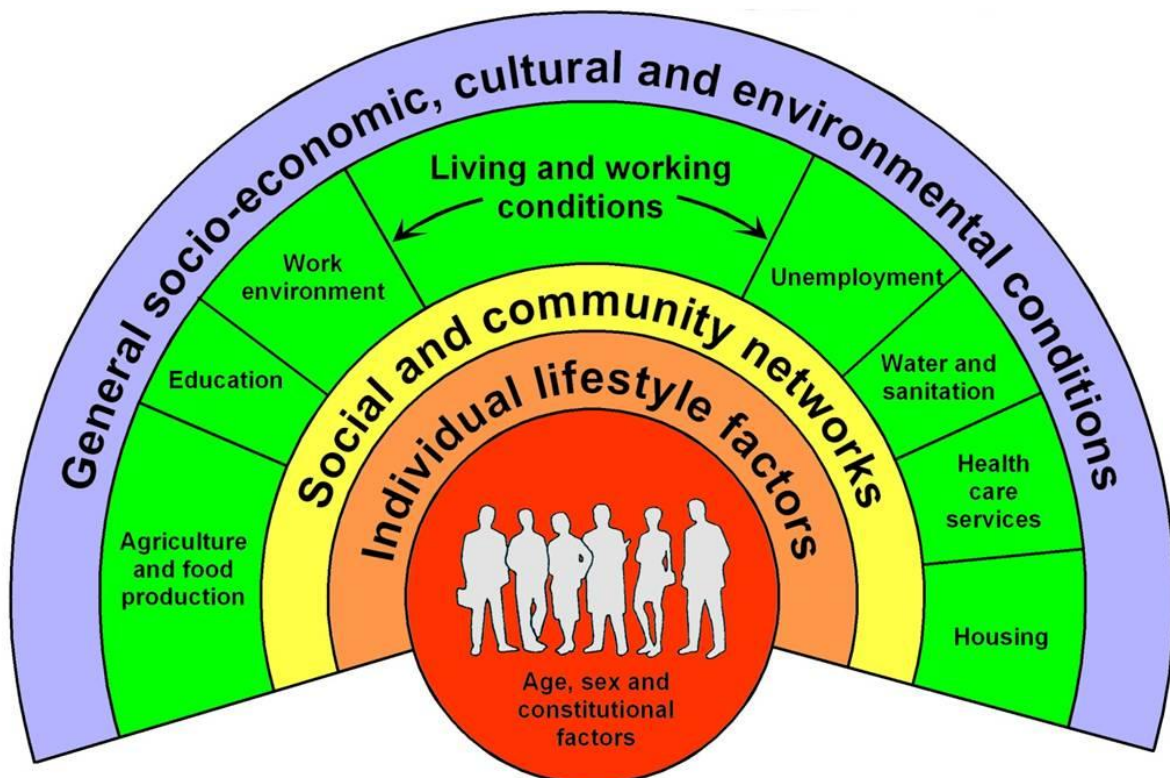


## The public health army

A number of factors contribute to health inequalities.

The diagram below shows how a range of different components can impact on personal and community health. Whilst an individual has no control over their age, sex and genetics, other factors, known as the wider determinants of health, can affect the likelihood of a person developing a disease, or dying prematurely.<sup>28</sup>

The diagram highlights the relationship between these wider determinants of health, such as: Individual lifestyle 'choices'; social networks; working and living conditions; and economic, political and environmental factors, globally, nationally and locally.<sup>29</sup>



Source: Dahlgren and Whitehead, 1991

Involved in these different components are a number of organisations, services and people, all working to understand and reduce the health inequality gap.

Smoking prevention and treatment is more than just the responsibility of health. It involves a number of professionals, such as local authorities (e.g. Trading Standards, Environmental Health, Housing) Communities First, Families First, schools, health (e.g. GPs, pharmacies, hospitals, public health, dentists), workplaces and employers, and voluntary organisations.

## Health professionals

Across the NHS, thousands of people talk with a member of NHS staff every day, spanning a range of professions such as doctors, nurses, dentists, pharmacists, physiotherapists, opticians, health visitors, midwives etc. Health professionals can be encountered in a variety of settings such as hospitals, clinics, schools, the family home, even the supermarket.<sup>30</sup>

Thousands of people interacting with health professionals means there are thousands of opportunities for the NHS to improve people's health and wellbeing and reduce health inequalities.<sup>30</sup>

Every health professional should 'make every contact count' and engage with individuals, offering advice and support to help them make positive lifestyle changes. For example, the Chronic Obstructive Pulmonary Disease (COPD) project focuses on working with GP practices to optimise management of COPD, including smoking cessation advice and referral for support to quit.

### Ask, Advise, Act



Health care professional advice is a powerful and proven motivator. If smoking isn't mentioned at every consultation, patients may get the impression that smoking is not affecting their health and could be less likely to make a quit attempt.

The '3A' approach need only take a 30 second chat with a patient to give them the confidence to attempt a quit:

- **Ask** patients about their smoking habits
- **Advise** patients to stop smoking
- **Act** by providing information and signposting to smoking cessation services.

### Training for staff

Brief intervention training is available for all staff. Brief intervention is a method of discussing smoking and quitting in a positive, non-confrontational way to encourage smokers to think about giving up and enable them to access specialist support when they are ready. The training, provided by Stop Smoking Wales, is suitable for all professionals who come into contact with smokers on a regular basis.<sup>19</sup>

## Trading Standards

Trading Standards support the tobacco agenda by protecting individuals from harm and promoting health improvement, i.e. in their enforcement of underage tobacco sales and the illegal tobacco trade.<sup>31</sup> This includes the enforcement of legislation regarding:

- Underage sale of cigarettes
- Display of signage regarding age restrictions on sales
- Prohibition on selling single cigarettes
- Enforcement of warning labelling requirements for cigarettes and tobacco products
- Enforcement of the ban on advertising of cigarettes and tobacco products
- Enforcement of prohibition on sale of counterfeit cigarettes and tobacco products
- Enforcement of legislation regarding the sale of counterfeit and/or foreign labelled cigarettes by individuals from private houses
- Enforcement of the ban on smoking in public places.

Trading Standards also educate and inform retailers regarding legislation affecting the sale of tobacco products, by delivering training for traders on the sale of age restricted products.

In 2012, officers carried out surveillance in Gilfach Goch regarding the sale of illegal tobacco. Two individuals were seen delivering illegal tobacco to an address in the area. They were stopped and the vehicle in which they were travelling was searched. Officers found and seized a number of tobacco products, and the two individuals were arrested and taken into custody.

Their address was subsequently searched by Trading Standards and Police, where very large amounts of tobacco products and tobacco paraphernalia were found. Three other arrests were made at the address.



All five defendants were charged with conspiracy to supply counterfeit tobacco and subsequently appeared for trial. Following their guilty pleas, the defendants received custodial sentences and forfeited their seized goods. The UK Border Agency also began proceedings to deport three of the defendants to China.

5

## Communities First

Cwm Taf has 11 Communities First clusters; 3 within Merthyr Tydfil and 8 within Rhondda Cynon Taf. Staff within these clusters work with residents, community organisations, businesses and other key agencies to focus on actions leading to the long term sustainability and wellbeing of communities. Involving local people in all aspects of this work is an essential feature of the programme.<sup>32</sup>

All of the Cwm Taf Communities First Cluster Delivery Plans feature smoking cessation or tobacco control as a key priority for improving the health and wellbeing of their communities. As part of their actions, the cluster areas work with key partners to ensure effective interventions, such as smoking cessation services, are available in their communities.

One of the Communities First cluster areas, Taf, worked with a number of partners on the delivery of a variety of tobacco related actions.

*"..the support we have had in relation to resources, training and advice has been great. It has given us the confidence to promote the key messages around smoking."*

Matt Robertson, Health Lead

Regular awareness sessions on smoking prevention and cessation are delivered to young people in the youth club. Smoking resources provided by the public health team, such as Clem's Phlegm, Jar of Tar and a carbon monoxide monitor, have supported and reinforced messages and provided starting points for discussion.

The Taf cluster worked with the local GP surgery to raise awareness of a variety of health topics and encouraged practice staff and GPs to refer patients to local services.

Stop Smoking Wales staff supported the tobacco stand and provided information on their service, as well as referral to groups.

Communities First arrange a number of events throughout the year to encourage participation and community involvement. Health is always promoted, and in 2013, Fresh Start Wales, Stop Smoking Wales and The Filter supported these events. In addition, the Taf team supported national campaigns, such as No Smoking Day and Stoptober and provided information and signposting to smoking cessation services.

5



## Families First

Families First is designed to improve outcomes for children, young people and families, by emphasising prevention and early intervention for families, particularly those living in poverty.<sup>33</sup>

Families First in Rhondda Cynon Taf have given financial support for the continuation of the MAMSS project, the programme offering tailored support to help pregnant mothers quit smoking. As low birth weight is a key indicator of the Families First programme, and smoking is a key contributory factor to causing low birth weight in full-term babies, Families First has provided funding to enable the MAMSS project to be rolled out throughout Rhondda, Cynon and Taf.

## Schools

Two schools have completed the Healthy Schools Scheme National Quality Award (NQA) which includes a requirement for smoking policies and signage.

In Merthyr Tydfil, a teacher in the Pupil Referral Unit observed an increase in the number of pupils who were smoking.

Being a vulnerable group of young people with whom engagement can be difficult, the teacher undertook brief intervention training with Stop Smoking Wales, in order to develop a bespoke weekly smoking awareness programme for pupils.



The five month programme, aimed at secondary school aged children, explores why people smoke, why it is so hard to quit, the health and financial implications of smoking, the history of tobacco, where tobacco is grown, the environmental impact of smoking and where to get help and support to quit. Early indications are this is making a difference.

## Smoke free Cwm Taf



To demonstrate its commitment to promoting a healthy environment and reinforcing the message that smoking is a major cause of preventable ill health, Cwm Taf University Health Board introduced their Smoke Free Environment Policy in June 2012.

The policy was developed to protect all employees, patients, relatives and visitors from exposure to second-hand smoke.

The policy is about where people smoke, rather than whether they smoke, and encouraging a cultural shift so that it becomes unthinkable for anyone to smoke on a health board site. Hospitals

and health board facilities should be places where health is promoted. The health board has a duty of care to provide staff and patients with a smoke free environment and the rationale of the Smoke Free Environment Policy is to protect all health board users from the proven harm caused by second-hand smoke. Staff are encouraged to access smoking cessation support and referrals can be made to smoking cessation services for patients who want to stop smoking. Since the introduction of the policy, the numbers of people smoking outside doorways at health board properties has significantly decreased.



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## Workplaces

Workplace policies have the potential to provide support and advice to employees that wish to quit smoking. Some policies (for example, Cwm Taf University Health Board and South Wales Police) extend beyond the requirements of the legislation and focus not only on the workplace buildings but on the grounds, car parks and adjacent areas that fall within the boundary of the premises.

## Outdoor play areas

Feedback from other local authority areas suggests that the Smoke Free Play Area policies have been a success, and are supported by three out of four adults.<sup>34</sup>

Cwm Taf are developing Smoke Free Play Areas working with representatives from the two local authorities (Parks and Countryside, litter enforcement, Play and Youth Services), Cwm Taf University Health Board, Public Health Wales and ASH Wales.



## Smoke Free Homes

Smoke Free Homes asks householders to make a pledge to keep their home smoke free, in order to protect the rest of the household from the harmful effects of second-hand smoke. Those who make a pledge agree to not smoke inside the house, not even by a door or window.

A Smoke Free Homes project is underway in two Communities First areas in Cwm Taf and has been developed in partnership with the public health team, the Communities First teams and Registered Social Landlords.

Of those who responded to an evaluation of the project in the two pilot areas, nearly three quarters of smokers altered their smoking habits since making their smoke free pledge.



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# Conclusion and recommendations

## Conclusion

This report has highlighted the breadth of work and involvement from an extensive range of partners in eradicating the harm from tobacco in Cwm Taf.

Smoking continues to be the largest single cause of avoidable ill health and early death in Wales and a leading cause of inequity. Deprivation is a key component of social inequality and Cwm Taf is the most deprived area of Wales.

This inequality significantly impacts on not only the smoker's quality of life but the quality of life of their friends, family and the community in which they live.

Much progress has been made in reducing the prevalence of smoking and in increasing the number of people accessing our local smoking cessation services. However we cannot be complacent and much work is still to be done if we are to achieve Welsh Government's target of reducing smoking prevalence to 16% by 2020. There is no single organisation responsible for the prevention, treatment and regulation of tobacco use, in the same way that there is no single solution to reduce the inequalities in our communities as a consequence of smoking. However, what we know and what I have demonstrated in this report, is that the eradication of tobacco requires a multi-agency commitment to strengthen and develop our ways of working for improving the population's health and the health of our future generations.

## Recommendations

As this report has demonstrated, action to eradicate tobacco harm requires a response and commitment across a range of areas.

### Individuals can:

- If they smoke, make an attempt to quit smoking, using the free NHS smoking cessation services available
- Support family and friends in their quit attempts
- Reduce others' exposure to second-hand smoke, for example, promoting a smoke free home and car
- Not purchase illegal tobacco
- Not purchase tobacco for those underage
- Respect the smoke free policies of organisations, such as the ban on smoking on health board premises

### Communities can:

- Support family and friends in their quit attempts
- Provide venues for local smoking cessation clinics
- Report traders of illegal tobacco to their local Trading Standards department
- Encourage smoke free environments, such as homes, community venues, youth clubs etc.
- Undertake brief intervention training to 'ask, advise, act'

### Health services can:

- Provide smoking cessation services, through Stop Smoking Wales or community pharmacies in accessible locations and at times convenient to the public
- Provide licensed forms of nicotine replacement therapy to those wishing to quit and offer signposting to cessation services
- Support pregnant smokers to quit smoking, through the continuation of the MAMSS programme in Rhondda, Cynon and Taf
- Offer brief intervention training to equip professionals with the skills to 'ask, advise, act'
- Encourage staff to participate in 'ask, advise, act'

### Schools can:

- Raise awareness of the harm caused by tobacco among children and young people
- Develop a whole school approach to tackling tobacco in secondary and primary education settings
- Develop and implement a smoke free policy

- Display smoke free signage
- Raise awareness of second-hand smoke and smoke free cars

### **Workplaces can:**

- Adopt smoke free policies
- Signpost and encourage staff to access smoking cessation support
- Participate in national smoking cessation events, such as Stoptober and No Smoking Day

### **Local authorities can:**

- Adopt smoke free play areas
- Encourage their tenants to live in a smoke free environment, by not allowing smoking inside a tenant's home
- Work with communities to gain intelligence on local illegal tobacco traders
- Ensure smoking prevention activities are given sufficient priority within local plans
- Provide facilities for Stop Smoking Wales clinics

### **Third sector organisations can:**

- Undertake brief intervention training to 'ask, advise, act'
- Ensure smoking prevention activities are given sufficient priority within local plans

### **Welsh Government can:**

- Publish their Public Health Bill
- Legislate for smoke free hospital grounds
- Clarify the position on electronic cigarettes – their use in public places, sales restrictions, flavoured cartridges etc.
- Restrict internet sales of tobacco

# References

- <sup>1</sup> Welsh Government (2014) *Welsh Health Survey 2012 and 2013*. Cardiff: Welsh Government
- <sup>2</sup> Public Health Wales Observatory (2012) *Tobacco and health in Wales*. Cardiff: Public Health Wales
- <sup>3</sup> Jarvis, M and Wardle, J (1999) Social patterning of individual health behaviours: the case of cigarette smoking in: Marmot, M.G and Wilkinson, R.G (eds) *Social determinants of health*. Oxford: Oxford University Press pp. 240-255.
- <sup>4</sup> World Health Organisation (2004) *Tobacco and poverty: A vicious circle*. [http://www.who.int/tobacco/communications/events/wntd/2004/en/wntd2004\\_brochure\\_en.pdf](http://www.who.int/tobacco/communications/events/wntd/2004/en/wntd2004_brochure_en.pdf). Accessed 02.05.2014
- <sup>5</sup> Welsh Assembly Government (2011) *Child Poverty Strategy for Wales*. Cardiff: Welsh Assembly Government
- <sup>6</sup> National Statistics Office (2012) *Infant feeding survey 2010*. London: National Statistics
- <sup>7</sup> ASH (2013) *Smoking and disease*. London: ASH
- <sup>8</sup> ASH England (2013) *Stopping smoking, the benefits and aid to quitting fact sheet*. [http://www.ash.org.uk/files/documents/ASH\\_116.pdf](http://www.ash.org.uk/files/documents/ASH_116.pdf). Accessed 18.07.2014
- <sup>9</sup> Besingi W and Johansson Å (2013) Smoke related DNA methylation changes in the etiology of human disease. *Human Molecular Genetics* <http://hmg.oxfordjournals.org/content/early/2013/12/10/hmg.ddt621.full.pdf+html>. Accessed 18.07.2014
- <sup>10</sup> ASH Wales (2013) *The economic cost of smoking in Wales a review of the evidence*. Cardiff: ASH Wales
- <sup>11</sup> ASH (2009) *Tobacco and the environment fact sheet*. [http://www.ash.org.uk/files/documents/ASH\\_127.pdf](http://www.ash.org.uk/files/documents/ASH_127.pdf) Accessed 02.05.2014
- <sup>12</sup> ASH Wales (2010) *Predictors of tobacco smuggling in the South Wales Valleys*. Cardiff: ASH Wales
- <sup>13</sup> Lancashire Care NHS Foundation Trust *Illegal Tobacco* <http://www.lancashirecare.nhs.uk/Services/Children-Families/Health-Improvement-Service/Tobacco-Harm-Reduction/Illegal-Niche/Illegal.php>. Accessed 19.06.2014
- <sup>14</sup> ASH (2013) *The economics of tobacco*. London: ASH [http://ash.org.uk/files/documents/ASH\\_121.pdf](http://ash.org.uk/files/documents/ASH_121.pdf). Accessed 25.04.2014
- <sup>15</sup> Welsh Government (2014) *Welsh Health Survey 2013*. Cardiff: Welsh Government
- <sup>16</sup> Prochaska, James O.; DiClemente, Carlo C.; Norcross, John C (1992) In search of how people change: Applications to addictive behaviour. *American Psychologist*, 47(9), Sep 1992, pp. 1102-1114. <http://psycnet.apa.org/journals/amp/47/9/1102/>. Accessed 25.04.2014

- 
- <sup>17</sup> Tobacco Manufacturers Association *UK cigarette prices* <http://www.the-tma.org.uk/tma-publications-research/facts-figures/uk-cigarette-prices/>. Accessed 25.04.2014
- <sup>18</sup> ASH Scotland (2010) *How smoking affects personal finances*. Edinburgh: ASH Scotland
- <sup>19</sup> Stop Smoking Wales *Why Use Us?* <http://www.stopsmokingwales.com/why-use-us>. Accessed 18.07.2014
- <sup>20</sup> Parrott et al (1998) *Guidance for Commissioners on the Cost Effectiveness of Smoking Cessation Interventions*. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1765918/?tool=pubmed>. Accessed 02.05.2014
- <sup>21</sup> National Assembly for Wales (2007) *Statutory Instrument: The Smoke-free Premises etc. (Wales) Regulations 2007*. Stationery Office Ltd <http://new.wales.gov.uk/subsites/smokingbanwales/publications/smokefreepremises/notice.pdf?lang=en> Accessed 23.04.2014
- <sup>22</sup> Welsh Government (2007) *Welsh Health Survey 2005/06*. Cardiff: Welsh Assembly Government
- <sup>23</sup> Welsh Government (2013) *Welsh Health Survey 2011 and 2012*. Cardiff: Welsh Government
- <sup>24</sup> National Assembly for Wales (2012) *Welsh Statutory Instruments: The Tobacco Advertising and Promotion (Display) (Wales) Regulations 2012*. Stationery Office Ltd <http://wales.gov.uk/topics/equality/inclusivepolicy/impactassessments/tobaccosale/?lang=en>. Accessed 23.04.2014
- <sup>25</sup> National Assembly for Wales (2011) *Welsh Statutory Instruments: The Protection from Tobacco (Sales from Vending Machines) (Wales) Regulations 2011*. Stationery Office Ltd [http://www.legislation.gov.uk/wsi/2011/2498/pdfs/wsi\\_20112498\\_mi.pdf](http://www.legislation.gov.uk/wsi/2011/2498/pdfs/wsi_20112498_mi.pdf). Accessed 23.04.2014
- <sup>26</sup> Welsh Government (2014) *Listening to you: Your health matters*. Cardiff: Welsh Government <http://wales.gov.uk/docs/phhs/consultation/140402consultationen.pdf>. Accessed 23.04.2014
- <sup>27</sup> Public Health Wales *Position Statement: E-cigarettes or electronic nicotine delivery systems* [http://www2.nphs.wales.nhs.uk:8080/sswteamdocs.nsf/\(\\$all\)/a0444e846e2feff180257c32004dac41/\\$file/ecigs%20position%20statement%20v1%2013.11.13%20english.docx](http://www2.nphs.wales.nhs.uk:8080/sswteamdocs.nsf/($all)/a0444e846e2feff180257c32004dac41/$file/ecigs%20position%20statement%20v1%2013.11.13%20english.docx). Accessed 30.07.2014
- <sup>28</sup> Public Health England *Inequalities and Health Policy* [http://www.nwph.net/nwpho/inequalities/health\\_wealth\\_ch2\\_\(2\).pdf](http://www.nwph.net/nwpho/inequalities/health_wealth_ch2_(2).pdf). Accessed 24.04.2014
- <sup>29</sup> NHS Education for Scotland *Introducing the Wider Determinants of Health* <http://www.bridgingthegap.scot.nhs.uk/understanding-health-inequalities/introducing-the-wider-determinants-of-health.aspx>. Accessed 24.04.2014
- <sup>30</sup> NHS Future Forum *The NHS's role in the public's health* [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216423/dh\\_132114.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216423/dh_132114.pdf). Accessed 18.07.2014



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<sup>31</sup> Wales Heads of Trading Standards *About trading standards* <http://www.tradingstandardswales.org.uk/about/>. Accessed 24.04.2014

<sup>32</sup> Welsh Government *Communities First* <http://wales.gov.uk/topics/people-and-communities/regeneration/communitiesfirst/?lang=en>. Accessed 24.04.2014

<sup>33</sup> Welsh Government *Families First* <http://wales.gov.uk/topics/childrenyoungpeople/parenting-support-guidance/help/familiesfirst/?lang=en>. Accessed 24.04.2014

<sup>34</sup> ASH Wales *Smokefree Playgrounds* <http://www.ashwales.org.uk/smokefree-playgrounds/>. Accessed 12.09.2014