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Ymchwiliad i'r Adolygiad Blaenoriaethau ar gyfer y Pwyllgor Iechyd, Gofal
Cymdeithasol a Chwaraeon

Inquiry into the Priorities for the Health, Social Care and Sport Committee

Ymateb gan: ASH Cymru

Response from: ASH Wales



ASH Wales Cymru consultation response –

Priorities for the Health, Social Care and Sport Committee

About ASH Wales Cymru

1. ASH Wales is the only public health charity in Wales whose work is exclusively dedicated to tackling the harm that tobacco causes to communities. Further information about our work can be found at <http://www.ashwales.org.uk/>
2. We are engaged in a wide range of activities including:
 - Advocating for tobacco control public health policy
 - Undertaking tobacco control research projects
 - Training young people and those who work with young people to provide factual information about the health, economic and environmental effects of smoking
 - Engaging young people and professionals working with young people through the ASH Wales Filter project
 - Bringing health information and advice to the heart of the community
3. We also oversee the Wales Tobacco or Health Network (a network of over 300 individual members) and the Wales Tobacco Control Alliance

(an alliance of 35 voluntary and professional bodies in Wales), providing forums for sharing knowledge and best practice.

4. ASH Wales has no direct or indirect links with, and is not funded by, the tobacco industry.

Priorities for the Health, Social Care and Sport Committee

5. ASH Wales Cymru believes supporting tobacco control efforts to reduce smoking prevalence in Wales should represent a key priority area for the Health and Social Care Committee during the fifth Assembly
6. Smoking continues to be the largest single preventable cause of ill health and death in Wales, causing around 27,700 hospital admissions and 5,450 deaths each year¹. Smoking harms nearly every organ of the body and dramatically reduces both quality of life and life expectancy. Smoking causes lung cancer, respiratory disease and heart disease as well as numerous cancers in other organs including lip, mouth, throat, bladder, kidney, stomach, liver and cervix. Twenty times the number of smokers that die each year suffer from disease and disability caused by their smoking^{2,3}. Research looking at the social care needs of smokers found on average they needed care and support nine years earlier than ex-smokers and those who had never smoked⁴.
7. Smoking therefore clearly has major repercussions for the health of the individual smoker but the activity has wider consequences too. There are also considerable health risks to non-smokers via exposure to second-hand smoke (SHS) for instance. SHS, also called 'passive smoke' and 'environmental tobacco smoke', comprises 'sidestream' smoke from the burning tip of the cigarette and 'mainstream' smoke which is smoke that has been inhaled and then exhaled by the smoker. Research suggests an estimated 603,000 deaths worldwide

were attributed to SHS in 2004, which was approximately 1.0% of worldwide mortality⁵. In addition, it has been estimated that domestic exposure to SHS in the UK causes around 2,700 deaths in people aged 20-63 and a further 8,000 deaths a year among people aged 65 years and older⁶. In 2015, as many as 29% of non-smokers aged 16+ reported being regularly exposed to passive smoke in Wales⁵.

8. Children, in particular, are especially vulnerable to exposure from SHS as they breathe more rapidly, inhaling more pollutants per pound of body weight (a higher relative ventilation rate) than adults⁷. Children also ingest higher quantities of tobacco smoke pollutants due to more hand-to-mouth behaviours⁸. In addition, children have little control over their environment and are often unable to remove themselves from the risk of exposure to tobacco smoke. Research has found that after exposure to similar levels of tobacco smoke, cotinine levels (a metabolite of nicotine used to measure SHS exposure) in children are about 70% higher than in adults⁹. In Wales around 570 hospital admissions in children aged 0-14 were attributable to SHS exposure in 2010¹, with the majority due to lower respiratory infections.

9. The tendency to smoke in Wales is heavily influenced by the socio-economic status of its residents, with smoking prevalence much higher in areas of Wales associated with high deprivation. In 2015 the percentage of adults from the least deprived areas of Wales reported as being a smoker was 11% compared to a figure of 29% recorded among the most deprived adults in the Welsh population¹⁰. Consequently, smoking represents the single most important driver of health inequalities in Wales and is responsible for half the difference in life expectancy between the highest and lowest socio-economic groups¹¹. It also has a major impact on the household incomes of poorer families. If the poorest smokers were to quit over half a million households would be lifted out of poverty¹².

10. Furthermore, smoking exerts a substantial cost on the Welsh economy, in terms of health care costs, premature deaths, excess sickness absence, smoking breaks, litter and fires. A report by ASH Wales¹³ in 2013 estimated the economic cost of smoking to Wales to be approximately £790.66 million a year. Based on a 2014 Welsh population of 3,092,036 this equates to £256 per person in Wales. The total cost of smoking to the NHS in Wales specifically is £302 million per year equating to £98 per person in Wales. That is, every individual living in Wales contributes almost £100 to paying for the NHS treatment of smokers in Wales, regardless of whether they are a smoker themselves or not. Based on a smoking prevalence rate of 19% there are 482,067 current smokers aged 16+ in Wales. This therefore equates to each adult smoker costing the economy and NHS in Wales £1,640 and £626 a year, respectively.
11. The consequences of smoking are clearly widespread and it is for this reason ASH Wales Cymru believes supporting tobacco control efforts aimed at reducing smoking prevalence in Wales, through preventing the uptake of smoking and increasing smoking quit rates, should represent a key priority area for the Health and Social Care Committee during the fifth Assembly. In 2015 as many as 19% of adults in Wales were regular smokers (men: 21%; women: 18%), which continues to be too high a rate. What's more a classroom full of children take up smoking every day in Wales¹⁴, with two thirds of smokers starting the habit before the age of 18¹⁵, and almost 40% starting to smoke regularly before the age of 16¹⁶.
12. Although the smoking prevalence target laid out in the 2012 Tobacco Control Action Plan of a 16% smoking rate among adults by 2020 looks on course to be achieved much further progress is required. ASH Wales Cymru is calling for more ambitious smoking prevalence targets to be set in line with the 'Smoking Still Kills' report¹⁷, including a smoking rate among the adult population of 13% by 2020. There are also other areas of the Tobacco Control Action Plan for Wales which

have not been successful. In particular indicators such as reducing smoking prevalence amongst the three highest quintiles of deprivation at a faster rate than quintiles one and two; and increasing the proportion of smokers accessing NHS smoking cessation services in Wales to 5% of the adult smoking population, have not been achieved. In the case of the former, over the past year the smoking rate among adults from the least deprived parts of Wales fell by 2%, whereas smoking prevalence among the most deprived adults in Wales remained static¹⁰. In terms of access to smoking cessation services, in 2014/15 just 2.16% of smokers across the whole of Wales made a quit attempt¹⁸, well below the 5% target. Ensuring the Tobacco Control Action Plan for Wales is fit-for-purpose, in terms of it containing sufficiently ambitious smoking prevalence targets and in terms of all its outcome measures being met, should therefore be a priority for the Health, Social Care and Sport Committee during the fifth Assembly. We suggest particular emphasis is given to addressing the growing inequalities caused by smoking as a direct result of the differential in smoking rates among the haves and have-nots in Wales. As mentioned above smoking represents the single most important driver of health inequalities in Wales and this shows no sign of ending anytime soon given the gap in smoking rates between the most and least deprived in Wales is widening.

13. Whilst smoking prevalence among the Welsh population as a whole has fallen in recent years there remain sub-groups within the population for which this is not the case. Among individuals from deprived communities, pregnant women and individuals suffering from mental illness smoking rates are much higher than the Welsh average. A priority for the Health, Social Care and Sport Committee during the fifth Assembly should be ensuring tobacco control efforts are focused on those sub-groups within the population where smoking prevalence is highest. This may involve a reconfiguration of smoking cessation services in Wales.

14. A further priority for the Health, Social Care and Sport Committee during the fifth Assembly should be safeguarding the funding of smoking cessation services. The impact of funding cuts on smoking cessation services is evident from developments in England. In the Spending Review 2015, the Government announced cuts to local council public health budgets of 3.9 per cent a year over the next five years. This is in addition to the £200 million extra in year cuts announced at the Budget 2015. This appears to be having a detrimental impact on the provision of smoking cessation services in England. According to an ASH report commissioned by Cancer Research UK¹⁹ smoking cessation budgets were cut in 39% of local authorities in England in 2015/16, including 29% where the cut was greater than 5%. In addition, smoking cessation services were reported to be undergoing significant change across England with 53% of respondents describing some form of reconfiguration or recommissioning.

15. The Health, Social Care and Sport Committee should make the funding of smoking cessation services a priority since the combination of medication and intensive behavioural support offered by local Stop Smoking Services is among the most cost-effective interventions available in the health care sector²⁰. Services have been found to quadruple the success rate of quit attempts whilst costing under £1,000 per Quality Adjusted Life Year (QALY)²¹. In comparison this compares with a cost of up to £57,000 per QALY for statins to prevent coronary heart disease²², up to £130,000 per QALY for treatments for COPD, and as much as £100,000 for just one course of treatment of the new lung cancer treatment opdivo²³. ASH Wales Cymru is aware of the financial constraints impacting on health services across Wales and as a result we are calling for the funding of smoking cessation services to be supplemented by the monies raised from a levy imposed on tobacco manufacturers and importers.

16. As mentioned above one of the main adverse consequences associated with smoking is the impact on non-smoking bystanders through passive smoke. One of the primary means by which exposure to passive smoke can be reduced is via the expansion of the number of smokefree spaces in Wales. Moreover, by increasing the number of spaces where smoking is banned the activity will become less visible and be viewed as less of a normal activity. Denormalising smoking in this way represents a key component of attempts to reduce smoking uptake among young people. Hence, extending the number of smokefree spaces in Wales fits exactly within the preventative agenda, which has been a primary focus of the Welsh Government during the Fourth Assembly and we feel should be continued with during the next Assembly term. As part of the 2015 Public Health (Wales) Bill the Welsh Government introduced proposals to amend the current smokefree legislation to include additional non-enclosed public places such as hospital grounds. ASH Wales Cymru is calling on the Welsh Government to continue with these proposals when the Public Health (Wales) Bill is reintroduced during this Assembly term and we believe, given the clear benefits associated with smokefree spaces, ensuring their inclusion in the Bill should represent a priority for the Health, Social Care and Sport Committee during the fifth Assembly.

17. Another element of the 2015 Public Health (Wales) Bill which we consider to be vital to reducing smoking prevalence in Wales is the introduction of the tobacco retailers register. ASH Wales Cymru believes this register will greatly assist in enforcing tobacco age of sale restrictions and tackling the illicit tobacco market in Wales. A further priority for the Health, Social Care and Sport Committee should be to ensure the tobacco retailers register is included in any forthcoming Public Health (Wales) Bill. Again, as with expanding the number of smokefree spaces, the introduction of a tobacco retailers register fits exactly within the Welsh Governments preventative agenda. Reducing the number of age of sale violations and illicit

tobacco sales will serve to make it more difficult for young people to access tobacco products, thereby reducing the uptake of smoking among this cohort of the population.

18. In summary, ASH Wales Cymru believes supporting tobacco control efforts to reduce smoking prevalence in Wales should represent a key priority for the Health, Social Care and Sport Committee during the upcoming Assembly term. Specifically, we call on the Committee to focus its attention on:

- ensuring the Tobacco Control Action Plan for Wales is fit-for-purpose, in terms of it containing sufficiently ambitious smoking prevalence targets and in terms of all its outcome measures being met. We suggest particular emphasis is given to addressing the growing inequalities caused by smoking as a direct result of the differential in smoking rates among the haves and have-nots in Wales.
- supporting action to reduce smoking levels among sub-groups within the Welsh population where smoking prevalence is highest, such as among individuals from deprived communities, pregnant women and individuals suffering from mental illness
- safeguarding the funding of smoking cessation services in Wales, and calling for the monies raised from a levy imposed on tobacco manufacturers and importers to be used to boost the funding of smoking cessation services in Wales
- ensuring proposals to increase the number of non-enclosed public places where smoking is banned, such as hospital grounds and school gates, are included in any upcoming Public Health (Wales) Bill
- ensuring the proposal to introduce a tobacco retailers register in Wales is included in any upcoming Public Health (Wales) Bill.

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