



action on smoking and health

ASH Wales response to the Welsh Government consultation on  
the draft Revised Child Poverty Strategy for Wales

**Name:** Steven Macey

**Organisation:** ASH Wales

**Email/telephone number:** steven.macey@ashwales.org.uk

**Address:** 14-18 City Road, Cardiff, CF24 3DL

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/>

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

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.

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

## Consultation questions

1. Do you agree with our proposal to maintain our ambition to eradicate child poverty by 2020?

Yes.

2. Do you agree with our proposal to continue with our existing three strategic objectives for tackling child poverty?

Yes.

However, in reference to the strategic objective “*To reduce the inequalities which exist in the health, education and economic outcomes of children and families by improving the outcomes of the poorest*” we would like to emphasise the importance of tobacco control. Tobacco use is a major contributor to, and a driver of, health inequalities across Wales, and as a consequence represents one of the primary reasons why Wales is struggling to achieve a healthy population. Evidence suggests smoking rates are highest in areas of economic deprivation. In 2013 the percentage of adults from the least deprived areas of Wales reported as being a smoker was 13% compared to a figure of 32% recorded among the most deprived adults within the Welsh population.<sup>1</sup> In terms of children specifically, both the rates of regular smoking and exposure to smoke in cars, as reported in the 2009/10 Health Behaviour in School-Aged Children (HBSC) survey, decrease as the affluence of a children’s family increases.<sup>2</sup> Furthermore, in its survey of 10/11 year olds the CHETS (CHildhood exposure to Environmental Tobacco Smoke) Wales 2 study found the percentages of children reporting that smoking was not allowed in their car, that smoking was not allowed in their home and that neither parent figures smoked in the home, were all greater for children from more affluent families.<sup>3</sup>

A classroom full of children take up smoking every day in Wales.<sup>4</sup> In 2009/10, 3% of boys and 6% of girls aged 13-14, and 11% of boys and 16% of girls aged 15-16 smoke at least one cigarette a week.<sup>2</sup> The younger the age of uptake of smoking, the greater the harm is likely to be because early uptake is associated with subsequent heavier smoking, higher levels of dependency and a lower chance of quitting.<sup>5</sup> Smoking at an early age has a severe impact on the health of the individual. Research shows the earlier children become regular smokers and persist in the habit as adults, the greater the risk of developing lung cancer or heart disease, thereby leading to increased premature mortality.<sup>6</sup> Hence, since smoking is most prevalent among the poor, as shown above, tobacco use is one of the major

reasons for the gap in life expectancy between the most advantaged and most disadvantaged in our society.

Smoking during pregnancy is associated with premature births, low birthweight, birth defects, miscarriage and Sudden Infant Death Syndrome. In 2010, 16% of pregnant women were found to smoke throughout their pregnancy. This figure varies considerably by socioeconomic group however. Compared to 7% of mothers working in a managerial and professional occupation, 24% of mothers working in routine and manual occupations smoke throughout their pregnancy, whilst this is the case for 27% of mothers who have never worked.<sup>7</sup>

It should also be noted that together with its impact on health smoking has direct economic repercussions also. In 2014, a 20-a-day smoker of a premium cigarette brand will spend about £2,900 a year on cigarettes. The price of tobacco has increased by 80.2% over the last ten years from 2003 to 2013, making it 22.1% less affordable.<sup>8</sup> The cost of smoking has a bigger impact on poorer households given they spend a disproportionately large share of disposable income on cigarettes compared to more affluent smokers. This can lead to an increase in poverty levels, in particular food poverty.

Therefore, given the above, tackling tobacco use must form a central part of any attempt to address the health inequalities and economic outcomes associated with child poverty.

### **3. Are the policies and programmes underpinning our strategic objectives the right ones?**

None of the policies and programmes specifically mention tobacco control. Tobacco use is a major contributor to health inequalities and child poverty, as we have mentioned in our answer to consultation question 2. As a result we feel it is vitally important the policies and programmes underlining the strategic objectives include elements that support the reduction of smoking prevalence among adults and children, together with elements that serve to reduce the increased disadvantages incurred from smoking incurred by the poorer members of society.

Ultimately the policies and programmes underpinning the strategic objectives should reference and be aligned to the Tobacco Control Action Plan (TCAP) for Wales.<sup>9</sup> The TCAP sets the target to reduce adult smoking rates in Wales to 16% by 2020. Given the link between smoking and social deprivation the eradication of child poverty will help in lowering smoking levels, whilst a reduced prevalence of smoking can serve to lower poverty levels.

#### **4. Are you content with the collaborative approach we set out for tackling child poverty in Wales?**

Yes, we agree with the Welsh Government's commitment to take forward a collaborative approach to tackling child poverty by recognising the critical role to be played by Local Authorities, other public bodies covered by the Children and Families (Wales) Measure and the Third Sector. In relation to smoking specifically, we are in favour of collaboration taking place directly with Stop Smoking Wales in order to reduce smoking prevalence among adults and youth smoking cessation services to lower smoking levels/curtail uptake of smoking among young people.

#### **5. Do you agree with the proposals we have set out under next steps?**

We feel it is important for the next step proposals to include actions which support the reduction in the prevalence of smoking among adults and children in Wales. This should include efforts to increase the number of smokers accessing stop smoking services. Over the period April 2013 to March 2014 just 2.3% of smokers accessed such services in Wales<sup>10</sup>, with this figure well below the NICE target adopted by the TCAP for Wales of getting 5% of the adult smoking population accessing NHS smoking cessation services. There needs to be additional support provided to young people to help them stop smoking. Between 1<sup>st</sup> April to 30<sup>th</sup> September 2014 just 34 smokers under the age of 18 were treated by Stop Smoking Wales.<sup>11</sup> Either the Stop Smoking Wales service needs to be developed to make it more accessible and suitable to young people or greater resources need to be directed at youth specific smoking cessation services such as the Filter project run by ASH Wales.

Furthermore, we need to ensure that pregnant women who smoke have specific cessation and prevention programmes tailored to their needs, have appropriate referral interventions, midwives trained in tobacco cessation, and access to effective and equitable cessation services and products to support them in quitting for the benefit of their health and that of their child. Whilst Stop Smoking Wales is currently trialling a number of initiatives to engage more effectively with pregnant smokers, it remains the case that there is currently, a lack of systematic service delivery to support pregnant smokers to quit right across Wales.

Steps need to be taken to reduce the size of the illicit tobacco market in Wales. In a report commissioned by ASH Wales the illicit tobacco market in Wales in 2014 was found to account for 15% of tobacco consumption.<sup>12</sup> The low price of illicit tobacco makes them more affordable and therefore more attractive to less affluent members of society.

## **6. Do you agree with the indicators we propose to use to measure progress?**

We feel additional indicators need to be set to ensure the next step proposals we recommend in our answer to question 5 are achieved. We suggest addition of the following indicators:

- % adults smoking in Wales
- % of children aged 11 to 16 smoking in Wales
- % of smokers treated by Stop Smoking Wales
- % of smokers aged under 18 accessing smoking cessation services
- % of mothers who smoke throughout pregnancy
- % of tobacco market comprising illicit tobacco

**Additional comments:**

**We do not require our response to remain anonymous.**

## References

- <sup>1</sup> Welsh Government. *Welsh Health Survey*. 2013.
- <sup>2</sup> Welsh Government. *Health Behaviour in School-Aged Children: initial findings from the 2009/10 survey in Wales*. March 2011.
- <sup>3</sup> Welsh Government. *Exposure to secondhand smoke in cars and homes, and e-cigarette use among 10-11 year old children in Wales: CHETS Wales 2*. December 2014.
- <sup>4</sup> Hopkinson NS, Lester-George A, Ormiston-Smith N, et al. *Child uptake of smoking by area across the UK*. *Thorax*. 2013; 0: 1-3.
- <sup>5</sup> Royal College of Physicians. *Passive smoking and children*. 2010.
- <sup>6</sup> British Medical Association. *Breaking the cycle of children's exposure to tobacco smoke*. 2007.
- <sup>7</sup> Health and Social Care Information Centre. *Infant Feeding Survey 2010*. November 2012.
- <sup>8</sup> Health and Social Care Information Centre. *Statistics on smoking: England, 2012*. October 2014.
- <sup>9</sup> Welsh Government. *Tobacco Control Action Plan for Wales*. February 2012.
- <sup>10</sup> My Local Health Service (<http://mylocalhealthservice.wales.gov.uk/#/en> - accessed 14/01/2015)
- <sup>11</sup> Stop Smoking Wales Quarterly Report 1 April to 30 June 2014 and Stop Smoking Wales Quarterly Report 1 July to 30 September 2014.
- <sup>12</sup> ASH Wales. *Illegal Tobacco in Wales: the problem*. September 2014.