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Making the most of a Smoke Free Wales

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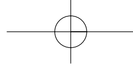

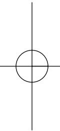
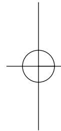
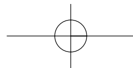

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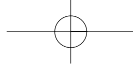
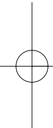
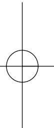
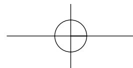
Summary

- On April 2nd 2007 Wales will join nine other countries of the world in banning smoking in public places and workplaces.
- The ban will protect the public from the effects of second-hand smoke, and is also a one-off opportunity to encourage and support the quarter of the Welsh population who smoke to quit and to discourage people from starting to smoke.
- The ban has particular potential to benefit the health of lower socio-economic groups, who are more likely to smoke and be exposed to second-hand smoke, are more dependent on nicotine, and find it more difficult to quit.
- The Welsh Assembly' Government's early commitment to the smoking ban and its partnership working has ensured that good arrangements are in place to educate and inform the public about the ban, to enforce it effectively, to publicize its provisions, and monitor and evaluate its effects. This bodes well for compliance with the ban.
- However, more should be done to maximize the impact of the ban on smoking cessation and ensure that lower socio-economic groups benefit as much as possible.
- There needs to be clear leadership and accountability for making the most of the ban at national and local level. The Welsh Assembly Government should set out its strategy for maximizing the health impact as a matter of urgency. At local level, local authorities or local health boards should be charged with delivering a comprehensive programme of smoker support.
- The resources and capacity of the Smokers' Helpline and All Wales Smoking Cessation service need to be sufficient to meet demand, and the services need to be made more attractive to potential users and in accessible locations. Waiting times should be reduced to zero, and access to prescribed nicotine replacement products streamlined.
- The Community Pharmacy pilot programme should be rolled out across Wales urgently.
- Smoking cessation services should be adapted to ensure that they are relevant to particular socio-economic groups, e.g. pregnant women, people with mental illhealth, and delivered across Wales.
- Non-governmental bodies, including those with an interest in health and tobacco control, should work together to support the ban and to press for action to make the most of the health benefits that should follow.
- An active programme of workplace support for smokers should be established, in conjunction with employers and unions, to help workers to comply with the ban, and to quit or reduce their consumption. Information about cessation needs to provided to businesses, using business networks, and support e.g. through AWSCS workplace clinics needs to be proactively provided.









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1. Introduction

On April 2nd 2007 Wales is set to join nine other countries of the world in banning smoking in public places and workplaces.[1] The ban will protect the public from the effects of second-hand smoke, and is also a one-off opportunity to encourage and support the quarter of the Welsh population who smoke to quit and to discourage people from starting to smoke. Moreover, as smoking is estimated to account for over half the difference in risk of premature death between social classes, reducing the prevalence of smoking will help to reduce health inequalities. The ban can be said to be the single most important intervention in this regard.

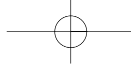
The Bevan Foundation, with support from Pfizer Consumer Health Products Company, has considered whether organizations in Wales are fully prepared to make the most of the opportunities to improve public health brought by this once-in-a-lifetime chance.

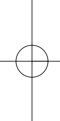
The current position, as at December 2006 / January 2007 was investigated through a combination of a review of existing literature and relevant policy documents, a seminar to consider the international experience and best practice presented by Dr Sinead Jones, then of the Global Smokefree Partnership, and interviews and three question / answer email exchanges held with individuals from eight different organizations.[2]

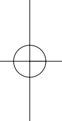
A paper setting out the emerging findings was produced to inform the National Assembly for Wales' debate on the regulations on 30th January 2007. These findings are mostly reflected in this full report, although the relative emphasis has changed in some instances and there is of course more detail. A copy of the emerging findings paper is at Annex 2.

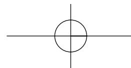
The first draft of this report was also circulated for comment to all seminar participants and interviewees, as well as to an independent adviser on public health, and was amended in the light of their responses. We are grateful to all those who have generously contributed their time and expertise to this project in various ways. However, the conclusions of this report are not necessarily shared by those who contributed to it, and the responsibility for them rests with the author alone.

This report begins by briefly summarizing the relationship between smoking, health and health inequalities, before going on to look at tobacco control policies in Wales and the progress towards the ban on smoking on 2nd April 2007. It then considers what has been done to date against six key 'standards' which have been identified as prerequisites for success, and in conclusion suggests some key actions that need to be taken if organizations are to make the most of the opportunity to reduce health inequalities.









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2. Smoking Prevalence and Health Inequalities

According to the latest estimates,[3] 28 percent of people in Wales aged over 16 smoke, either daily or occasionally.[4] Smoking is nearly as prevalent amongst adolescents as adults, with incidence of smoking rising steeply with age amongst eleven to fifteen year olds - by age fifteen 21.5 percent of girls and 12.1 percent of boys smoke.[5] In addition, seventy percent of non-smokers reported that they were regularly exposed to 'passive smoke', with by far the most common place for exposure being pubs and other public places.[6]

Smoking is well known as the single biggest avoidable cause of disease and early death in Wales, as in the UK. Most deaths are caused by one of the three main diseases associated with smoking i.e. cancer, chronic obstructive lung disease and cardiovascular disease. Smoking is estimated to be the cause of one in five deaths - around 7,000 people a year in Wales die from smoking related diseases.[7] The impact of smoking is such that it kills five times more people than the combined total of deaths from road traffic accidents, other accidents, poisoning and overdose, murder and manslaughter, and suicide. In addition, smoking during pregnancy is linked to spontaneous abortion, premature birth and low birth weight.

Inhaling other people's smoke also impacts on health - around 2 percent of the current annual toll of all smoking related deaths is attributable to exposure to second-hand smoke - some 11,000 deaths in the UK in 2003.[8] Second-hand smoke also affects babies' birth weight and childhood asthma.

The economic impact of smoking is high - the cost of smoking to the NHS in Wales is estimated at approximately £70 million a year (hospital admissions, GP consultations and medication) for treating diseases caused by smoking.[9]

Smoking is without doubt a major cause of disease and death, and a cause which is entirely preventable.

Smoking and health inequalities

Smoking is strongly associated with inequalities in health - indeed over half the difference in risk of premature death between social classes is attributable to smoking.[10] This is in part because smoking is more prevalent amongst poorer people than amongst those who are better off - in Wales in 2003/04, 33 percent of adults in routine and manual households smoked compared with 18 percent of adults in managerial and professional households.[11] Whilst smoking amongst higher occupational groups has declined over the last decade, there has been little or no change amongst lower groups. Moreover, measures of smoking by social class tend to underplay the concentration of smoking amongst particular groups. For example, smoking levels amongst lone parents in receipt of benefits is estimated to be over 75 percent, those amongst prisoners is estimated at over 80 percent, and amongst vendors of the Big Issue the rate is over 90 percent.[12]

Not only is smoking more prevalent amongst lower income groups, but they are also more dependent on tobacco than higher income groups.[13] Smokers in routine and manual groups on average consume 15 cigarettes a day compared with the 13 cigarettes typically consumed by smokers in managerial and professional jobs, and they also consume more tobacco per cigarette e.g. by smoking higher tar yield cigarettes, smoking the first cigarette earlier in the day, drawing harder or leaving a shorter stub. Further, lower income groups tend to start smoking at an earlier age (47 percent of males in routine and manual occupations were regular smokers by the age of 16 compared with 32 percent of males in managerial and professional occupations).

If that is not enough, research also suggests that people living in poorer communities are more exposed to second-hand smoke, for example in the home, in pubs and clubs, and in the workplace, with all the attendant health risks. In 2001, 63 percent of employees in Wales worked in smoky environments,[14] with workers in lower socio-economic groups running the greatest risk of exposure. Workers in routine and manual occupations are significantly more likely to be exposed to other people's smoke than managerial and professional workers.[15] Evidence from other countries indicates that bar and restaurant workers have the highest levels of exposure, followed by other blue-collar workers, whilst office workers have the lowest levels.[16] And because smoking costs as much as a seventh of a low income household's budget, there are knock-on effects in terms of the household's ability to afford other items such as food and heating.[17]

For low income groups, then, smoking has a triple impact - though higher nicotine consumption, greater exposure to second-hand smoke, and impact on household budgets.

The reasons for the variation in smoking between social groups are unclear. Research[18] suggests that the following factors may be relevant:

- Role model provided by smoking parents - children are three times more likely to become regular smokers if both their parents smoke than if neither does.

- Local social environment - place of residence may be associated with smoking independently of socio-economic status.

- Stress and isolation of care giving - smoking is linked to care work, both paid and unpaid.

- Poor mental and physical health.

- Lower self efficacy and lack of optimism - smoking is a cheap short-term pleasure and helps people to cope with frustration and demotivation e.g. the experience of unemployment.

- Lack of control an individual has over their life circumstances, including in employment.

About 70 percent of smokers want to stop smoking, with little variation in the desire to quit across social groups. However, rates of stopping smoking are three times lower amongst the least well off compared with the wealthiest. The reasons for lower cessation rates amongst poorer socio-economic groups include greater difficulty to quit for those whose lives are already stressful and fewer positive trigger factors and more negative factors in every day life e.g. deepening financial hardship, unemployment. Pressure and support from others also appears to be a factor, with smoking being the social norm in some disadvantaged communities and households, whilst lower income groups' greater dependence on nicotine can also make quitting more difficult. Long term health concerns tend not to be motivating factors, especially amongst young people, and so in communities with low health expectations it is unsurprising that the threat of worsening health has a limited motivating effect.[19]

The evidence thus seems to be clear: smoking and second-hand smoke cause death and disease. People in lower income groups are particularly adversely affected, because of greater prevalence of smoking and higher levels of nicotine consumption as well as greater exposure to second-hand smoke, yet their social circumstances combined with their smoking habits make it especially difficult for them to quit successfully.

The impact of going smoke-free

It is increasingly clear that smoke-free public places and workplaces help to improve health. Not only do smoke-free environments protect the public and employees from second-hand smoke, but they also help smokers who wish to stop and reduce the tobacco consumption of continuing smokers. Bans on smoking at work have been found to reduce overall smoking prevalence by almost 4 percent.[20] For example in Ireland, an estimated 7,000 smokers quit in just 6 months after the ban was introduced.[21] Smoking bans are also estimated to reduce the consumption of cigarettes amongst smokers by 3.1 cigarettes per day.[22] These reductions are significant in terms of the impact on health.

Further, it seems that smoke-free policies can have a beneficial impact on health inequalities, because they protect those people who are most exposed to second-hand smoke, which as described earlier are mainly blue-collar and service sector workers. For example, in New Zealand smoking is much more common amongst Maori and Pacific peoples than non-Maoris, with a correspondingly higher burden of smoking related mortality. Before the smoking ban in New Zealand was introduced, 30 percent of Maoris were exposed to second-hand smoke at work in the preceding seven days compared with 20 percent of non-Maoris; by 2006, after the ban, the two groups' exposure to second-hand smoke at work was almost exactly the same, at about 8 percent.[23]

The ban on smoking in Wales will therefore undoubtedly help to protect people from the effects of second-hand smoke. Moreover, it has the potential to help to reduce the prevalence of smoking and to reduce tobacco consumption amongst those who do smoke. And because the ban applies equally to all workplaces, irrespective of the occupation of employees, it has particular potential to reduce the impact of exposure to second-hand smoke (and the associated spin-off benefits in terms of cessation) amongst lower socio-economic groups and so help to reduce health inequalities.

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3. Towards a smoke free Wales

The ban on smoking in public places and workplaces is just one tool amongst several. Effective tobacco control involves a mixture of measures to promote quitting amongst adults and young people, to reduce exposure to environmental tobacco smoke and to create a social environment that is supportive of non-smoking and cessation.[24]

The 1998 Department of Health White Paper for England and Wales, *Smoking Kills*[25], has provided the overarching framework for the control of tobacco use in Wales both in the run-up to and following devolution. The approach involves:

- Prevention - to help young people not start smoking
- Cessation - support for smokers to give up
- Environmental action to encourage non-smoking as the norm:
    - smoke-free policies
    - enforcement of legislation (e.g. sales of cigarettes, advertising)
    - higher taxation of cigarettes

The White Paper's framework is complemented by the Welsh Assembly Government's 2005 Designed for Life strategy, which sets specific targets as follows:

- By 2008, every smoker who wants to quit smoking will have access to an NHS smoking cessation service within one month of referral.
- By 2008, three quarters of state schools will participate in the Welsh Network of Healthy School Schemes, and all schools will participate by 2010.
- Further steps will be taken towards eliminating smoking in public places (including issuing guidance to NHS bodies by March 2006 on smoke free NHS premises).
- By 2008, all NHS trusts and LHBs have to achieve the Corporate Health Standard at gold or platinum level

Delivery of Tobacco Control

Responsibility for tobacco control in Wales is shared amongst a number of different organizations, at both national and local level. Identifying who is responsible for what has not always been easy in the course of this project and many people, even health professionals, are not clear about different responsibilities. Indeed a recent review of public health functions in Wales found that there was confusion about roles and overlap in responsibilities.[26]

The current arrangements are set out in Figure 1.

Figure 1 Delivery of Tobacco Control by government bodies in Wales

The UK Government is responsible for legislation on the sale of tobacco, regulation of advertising of tobacco and packing, tobacco taxation, and control of tobacco imports, and for primary legislation on smoke-free premises including determining penalties for non-compliance.

The Welsh Assembly Government (Minister for Health and Social Services) is responsible for secondary legislation on smoke-free premises, and for prevention and cessation policy. The tobacco control branch of the Assembly sits within the Public Health Improvement Division, which is part of the office of the Chief Medical Officer. As well as determining tobacco control policy in Wales, it leads media / awareness raising activities and has a service level agreement with the All Wales Smoking Cessation Service, lets a contract for the Smokers' Helpline Wales and also funds ASH in Wales. It publishes a range of stop smoking leaflets, commissions and publishes research on tobacco and smoking (with the Division's Research and Evaluation Branch), and establishes new initiatives, notably on childhood and adolescent smoking.

Responsibility for tobacco control in schools and workplaces lies with the relevant specialists elsewhere within Public Health Improvement Division. The young people's programme consists of a co-ordinated range of initiatives, linked to the Welsh Network of Healthy School Schemes and targeted at young people of different ages, including Smoke Signals and the Smokebugs! Club for primary school aged children and the Smokefree Class Competition and Burning Issues for secondary schools. A further programme, ASSIST, a peer led intervention, is being introduced into secondary schools as part of the wider work to support the ban. Activities in the workplace focus on the Corporate Health Standard.

The Head of Public Health Improvement Division is responsible for the co-ordination and delivery of the Assembly Government's work.

The National Public Health Service (NPHS) does not itself have responsibility for the discharge of statutory functions, but provides the resources, information and advice to enable local health boards, local authorities and others to do so. Although a national service, it is primarily delivered locally.

NPHS is organized into a small number of national specialist teams, plus 22 local public health teams - lead by a local public health director - which are attached to each local health board.[27] The local directors are accountable to one of three regional directors, who are in turn accountable to the Director of the NPHS. Each Regional Directors holds an All Wales Brief: smoking prevention and cessation falls within that for 'wider determinants (of health) and inequalities'.

The NPHS is an integral part of the Velindre NHS Trust with the NPHS Director being a member of the Trust Board, accountable to its the Chief Executive for the operational and financial performance of the NPHS.

All Wales Smoking Cessation Service (AWSCS) is managed by the NPHS' lead director on 'wider determinants', co-ordinated by a newly-appointed national co-ordinator and three regional co-ordinators. They support the operational delivery of the AWSCS and lead on specific subjects within the AWSCS e.g. improving links between primary and secondary care, training and education. Specialist advice to the AWSCS and the NPHS on all aspects of Tobacco Control issues is provided by a member of a local public health team (attached to Pembrokeshire Local Health Board). The performance of the AWSCS is closely monitored by Public Health Improvement Division.

Wales Centre for Health is an Assembly Sponsored Public Body which provides information about health protection and improvement, undertakes and commission research and develops and provides training. It has not to date made a significant contribution to smoking or tobacco control issues.

Local authorities are responsible for enforcing legislation on sale of tobacco products and, from 2nd April 2007, for enforcing the Smoke-Free Premises Regulations, as well as many other functions.

Local Health Boards, together with local authorities, prepare local health and wellbeing strategies, which may include proposals to reduce the take-up and prevalence of smoking. LHBs may also commission services to achieve these objectives.

All Wales Tobacco Control Forum is an informal meeting of organizations interested in tobacco and smoking issues, which is administered by ASH Wales.

Local tobacco control forums are informal meetings of local organizations to co-ordinate local activity. The level of activity appears to be highly variable.

This structure means that, at all Wales level, there are a number of organizations engaged with tobacco control, with the Assembly's tobacco control branch, NPHS and Wales Centre for Health all, for example, having research and information roles as well as (with the exception of the last of these) having operational responsibilities. Whilst Assembly officials have suggested that the roles are distinct and activity is co-ordinated by the Public Health Improvement Division, our conclusion is that the Wales tobacco control playing field is somewhat crowded - a conclusion also reached by the recent Oxford review of public health referred to above.[28]

The position at local level is similar, with local authorities, the NPHS and LHBs all having responsibilities for and an interest in tobacco control and smoking cessation within their communities. This complexity is compounded by a separation in accountability between national policies, which are determined by the Assembly, and local delivery, where multiple agencies - including the Assembly - are invovled. Although it is argued that the link between national policies and local delivery is provided by the NPHS e.g. their Framework for Action on Tobacco Control, this is hardly a robust arrangement nor one which lends itself to local leadership and action.

The Ban on smoking in enclosed workplaces and public places

On 19th September 2006, the Welsh Assembly Government's First Minister, Rhodri Morgan, announced that the ban on smoking in enclosed public places and workplaces would come into force on 2nd April 2007. The ban followed several years of pressure from Assembly Members: in 2003, the Assembly voted in favour of a motion seeking powers for the Assembly to ban smoking in public buildings; whilst in 2004, the Assembly voted to establish a Committee to investigate how a ban on smoking in public places might be brought forward.[29] The Committee's remit was, first, to advise on the evidence on the health risks of environmental tobacco smoke and the economic impact of a ban on smoking; second, to review developments in the UK and Ireland; and third, to consider the experience of banning smoking elsewhere.

The Committee's recommendations were to lay the ground for the 2007 ban. As well as calling for a ban on smoking in enclosed workplaces and public places (with certain exceptions), the Committee made detailed proposals for public information, increased resources, and publicity for smoking cessation services.[30] The recommendations of the committee were accepted in full by the Minister for Health and Social Services, and arrangements were put in place to act upon them. Indeed, the close working between the Assembly Committee and Assembly officials meant that not only were the recommendations not a great surprise, but they were also framed in a way which made it easier to take the recommendations forward.

Proposals for smoke-free legislation were issued for consultation in a joint Department of Health / Welsh Assembly Government exercise during 2005, and revised provision was in due course incorporated into the Health Act 2006.[31] The Act gave the Welsh Assembly Government powers to make regulations to ban smoking. Draft regulations for Wales were released for consultation immediately after the Act received royal assent in July 2006, and a wide range of organizations were invited to comment. They duly did so, with some 188 replies.[32] The vast majority of responses were positive, with most suggestions for change centering on practical difficulties affecting particular environments e.g. public transport vehicles and private homes that are also workplaces. The regulations have been revised to take account of comments and began their progress through the Assembly's legislative process, culminating in their debate in Assembly plenary on 30th January 2007.

A task group has been established 'to assist the Welsh Assembly Government in coordinating arrangements for the introduction of the ban on smoking in enclosed public places, including the issuing of public information and guidance to businesses'. The group met for the first time, under the chairmanship of Deputy Health Minister John Griffiths, in September 2006 and will continue its work to mid 2007.

The ban takes effect on 2nd April 2007, almost a year after Scotland, one month in advance of Northern Ireland and three months in advance of England. In banning smoking in public places and workplaces Wales joins an elite group of jurisdictions across the world which have restricted smoking in some way. There can be no doubt that the work of the Assembly Committee on Smoking in Public Places, working with Assembly officials, paved the way for swift implementation of the ban. Not only did it build Ministerial support and cross-party - and cross-organization - consensus, it identified essential action needed to deliver the ban and allowed considerable advance work to be undertaken.

The likely impact of the ban in Wales

It is of course difficult to quantify the impact of the ban, and during the run up to it there was much debate about the relative health impact (assumed to be broadly positive) compared with the economic impact (generally assumed to be negative, especially in the hospitality sector). However, the evidence suggests that the ban is likely to bring benefits across the board, even if the assumptions made are conservative.

In 2004 the Welsh Assembly Government commissioned a study of the latest evidence on the health and economic impacts of smoke-free legislation and restrictions from the Health Economics Research Unit (HERU) at the University of Aberdeen, with follow up work by the University of Glamorgan. The study considered a range of impacts from restrictions on smoking:

- reduced exposure to environmental tobacco smoke in the workplace;
- reduction in smoking/increase in quit attempts by active smokers;
- reduction in number of deaths from major disease types;
- reduced costs of treating smoking related diseases;
- economic impacts on the hospitality sector.

Throughout, the study applied assumptions that tended to understate the benefits of the smoking ban but did not understate the costs.

The study forecast that a complete ban in Wales would, over a 20 year period, result in 253 deaths per year being averted from reduced incidence of lung cancer and coronary heart disease (CHD) associated with exposure to environmental tobacco smoke and 120 deaths per year being averted due to reduced incidence of lung cancer and CHD amongst active smokers. It is worth noting that this forecast only considers death from lung cancer and CHD and does not consider deaths from other smoking related causes, so these figures are a 'low' estimate of lives that would be saved. The study also assumed a reduction in the prevalence of active smoking of just 2 percent, again a conservative figure, compared with the 4 percent reduction that is generally anticipated. The savings from reduced ill health were not included.

The study then considered the economic impacts of restrictions on smoking in work places, assuming no productivity gains from reduced smoking breaks amongst establishments that were already smoke-free or had smoking rooms, and that establishments without a current policy would require extra smoking breaks. The effect of reduced absenteeism from ill health, reduced fire hazards and reduced cleaning and decorating costs were also assessed. Despite this, the impact of the ban on the economy was forecast to be broadly positive.[33]

The study found that the combined impact of the economic value of lives saved, savings in NHS treatment costs, savings in costs to businesses as well as the costs of complying with the ban, would be significant and positive over a 30-year period. This held true for even the most pessimistic assumptions. A complementary study concluded that 'In no cases does the [economic impact] become negative which implies that even using the most disadvantageous assumptions the model predicts that the overall effect of a ban on smoking in public places will be positive.'

The study concluded that 'A comprehensive ban on smoking in all enclosed public places and workplaces would achieve significant health benefits, and is also likely to lead to a reduction in active smoking. The overall economic impact is expected to be positive'. In other words, there are multiple benefits lying ahead, waiting to be grasped.

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4. Making the Most of the Smoking Ban

This section of the report considers the arrangements by different organizations to implement the ban itself, and to make the most of the opportunities raised by it. The approach is based around the six factors for success identified by the Global Smokefree Partnership, with the findings about progress in Wales being based on literature, interviews and discussion with key organizations.

The six factors are:

- Educating and informing the public and businesses
- Get ready for enforcement and inspection
- Publicize the ban
- Support smokers
- Monitor and evaluate
- Engage civil society.

Educating and Informing the Public and Businesses
Evidence from the Global Smokefree Partnership suggests that educating and informing the public and businesses about changes to the law on smoking is crucial to success.

The Welsh Assembly Government has allocated £1.6 million for a media and public relations campaign over 2006/07 and 2007/08, and has engaged a public relations consortium with experience of advertising the ban in Scotland as well as experience in Wales.

There are three key messages in the media and public relations campaign, namely:

- Second-hand smoke kills (up to 2nd April 2007)
- the ban takes effect on 2nd April (up to 2nd April and for a short time afterwards)
- help is available to quit (intensive in January 2007, continuing up to 2nd April and further advertising thereafter).

The emphasis in the media campaign is, however, primarily on the ban itself as the overarching objective is to ensure compliance with the new legislation rather than to influence 'life-style choices' about whether to smoke. Consequently the campaign will not bear the Health Challenge Wales logo (even though it is funded from the Health Challenge Wales budget), although some advertisements will carry the Smokers' Helpline number as a secondary message. The mass media campaign is explicitly aimed at lower income groups.[34]

A variety of different media is being used in the campaign (or were being investigated at the time of writing) including:

- TV and radio advertising, both national, regional and local
- Advertisements on bus shelters and bus sides
- Billboards, including sites at Cardiff Wales Airport and ferry ports
- Motorway LED signs and road barriers (when city centre streets in Cardiff are closed on Friday and Saturday evenings and during major city centre events)
- Regional and local press coverage, through half page adverts and half page editorial coverage, and input into specialist and trade press
- ambient advertising in bars and clubs (e.g. in washrooms, on beermats).

A review of evidence by ASH[35] has suggested that mass media, such as advertising in the press and on TV ads, does reach people especially lower income groups, although other evidence indicates that it is difficult to assess direct impact. However, any campaign will need to recognize that a great deal of the press, TV and radio that is seen or heard in Wales is actually UK-wide, and that Wales-specific media actually have a relatively low penetration - only 15 percent of Welsh newspaper readers buy a newspaper authored in Wales, whilst only 472,000 adults a week listen to BBC Radio Wales and 272,000 adults a week watch BBC Wales' 'Wales Today' programme.[36] This makes other means of communication, such as mailshots and local media, all the more important.

All businesses will receive three direct mailings - the first highlighting the forthcoming ban, the second providing more detailed guidance and the third reminding businesses that they need to get ready. All households will also receive a leaflet explaining questions such as where people can and cannot smoke, and where to get help with giving up.

In addition, there is a dedicated website - www.smokingbanwales.co.uk - which features case studies of businesses which have already banned smoking on their premises, endorsement of the ban by Welsh celebrities such as Bryn Terfel, Lee Trundle and Shirley Bassey, as well as the background to the ban and tips on giving up smoking.

At the time of writing, consideration was also being given by the Assembly to events to promote the message including the possibility of a 'countdown clock', involvement of celebrities, a 'try it for a week' promotion to coincide with the Wales - Ireland rugby match (the first smoke-free match).[37]

These all-Wales initiatives will be supplemented by local activity. Local authorities are charged with raising awareness locally as part of their role enforcing the ban. However it was outside the scope of this project to establish the extent of proposed activity: the two local authorities contacted (Cardiff and Swansea) both intended extensive awareness raising but, as at December 2006, had not finalized their plans. Nor is it clear whether local activities will focus primarily on raising awareness of the ban itself amongst local businesses, or whether they will promote a 'support and cessation' message as well. Certainly the three largest local authorities in Wales appeared to be focusing primarily on compliance with the ban rather than supporting smokers.

The approach taken by the Welsh Assembly Government and others to educating and informing the public is broadly consistent with the best practice identified by the Global Smokefree Partnership, and has clearly benefited from both a dedicated budget to promote the ban and the PR consortium's experience of advertising in Scotland. This is very welcome indeed, not least because public awareness is a prerequisite for high rates of compliance with the ban. However, there are some, albeit relatively minor, ways in which the publicity campaign may be able to be enhanced further:

- Consideration should be given to communications with particular groups who may be bypassed by mainstream media, such as black and minority ethnic businesses and workers. Although signage will be available in languages other than English and Welsh and consideration is being given to providing guidance in other languages, education and awareness campaigns targeted at non-English or Welsh speakers may need to be developed.

- The scope to make greater use of non-paid-for publicity e.g. chat shows, soap storylines and newspaper letters pages, as well as the planned celebrity endorsement, needs to be explored further as it can be a valuable addition to the government's messages and needs to be used to full effect.

- Information needs to be provided at points of entry to Wales, including train and coach stations and the Severn Bridges, as well as the planned publicity at Cardiff Wales airport and that being investigated at ferry ports and motorway service stations.

- Consideration should be given by the Welsh Assembly Government to the use of community media and initiatives, e.g. community newsletters such as those produced by Communities First groups. Local stories can also usefully supplement all-Wales stories on local media.

- The Welsh Local Government Association should consider encouraging local authorities to undertake a wide range of local activities to promote the ban and to support smokers to comply with it or quit, and facilitate exchanges of good practice.

Get ready for Enforcement and Inspection
The ban on smoking in public places and workplaces will be enforced by relevant local authority officers, typically working in public protection services. They will liaise with other enforcement bodies such as the Health and Safety Executive, who also visit workplaces, and will have the support of the police, if necessary, in fulfilling their role.

The Welsh Assembly Government engaged with local government to discuss enforcement issues very early on in the progress towards the ban, and in particular to discuss the possible costs of implementation. Based on the experience of Scotland, Assembly officials indicated the level of funding that may be available in Wales and local authorities then sought to assess their likely costs. Happily the figures were comparable and a settlement was reached in March 2006, a year in advance of the ban. £800,000 is being provided to local authorities in 2006/07, and £2 million a year from 2007/08 onwards, allocated to individual authorities using the revenue support grant formula. The funding may be used by authorities for recruitment of additional staff, training and awareness raising in their areas.

Given the difficulties that often surround funding for new local government functions, it is not surprising that the settlement for enforcement was warmly welcomed by local authorities. Not only was the sum regarded as adequate but its agreement well in advance of the ban was felt to have

helped authorities to plan and budget their activities properly. Indeed, the approach in Wales was said to the envy of authorities in England who were in a much less certain position.

Training for enforcement officers is being provided by the Chartered Institute of Environmental Health. Three hundred officers were trained by November 2006 and four hundred will be trained by February 2007. Again, the ability to benefit from training in advance was widely welcomed.

Collaboration in the preparation of legislation and guidance is also seen to have both helped Assembly officials to understand the needs and views of stakeholder organizations, as well as enabled stakeholder bodies to appreciate the constraints on the Assembly (e.g. on timing) and to have up to date information.

Guidance will be provided on the regulations, which is being prepared with input from a secondee from the Cardiff Smoke Free Partnership. The Welsh Assembly Government is expected to adopt the same approach as in Scotland by producing a single piece of guidance, supplemented by guidance for particular organizations where there are particular exemptions from the ban, e.g. for NHS trusts.

The approach to enforcement within Wales will be set out in an enforcement protocol, which will help to ensure that local authorities are broadly consistent in their approach. As with the guidelines, the protocol will benefit from input from local organizations. Both the Assembly and local government envisage a 'light touch' to enforcement in the early days of the ban, not least to allow businesses time to display the correct signage. Nevertheless, high levels of compliance are anticipated from the first day, as has been found elsewhere.

Arrangements are also being put in place to monitor compliance, both through quantitative measures such as the number premises visited, enforcement notices issued, etc. but also through feedback from enforcement officers, businesses and others.

Interestingly, whilst Wales is behind Scotland but ahead of England with the timing of the ban and also determines its own regulations to enact the ban, the approach to the ban itself, e.g. definitions of enclosed spaces, is deliberately very similar across UK countries.

The evidence suggests that the approach to enforcement and inspection in Wales is consistent with best practice. Not only has the Assembly Government explicitly sought to learn from the experience of Ireland and Scotland, it has also engaged to a considerable extent with local authorities and other stakeholders. This appears to be bringing substantial benefits in terms enabling planning for enforcement, building consensus about the regulations, and ensuring a consistent approach both within Wales and between the UK. This bodes well for high levels of compliance with the ban, and also could provide a model for the introduction of other legislation in Wales.

Publicize the ban

Good practice from elsewhere suggests that publicity about what the ban entails is vital. It indicates that signage is key to highlighting that the ban is in force, and that signs should be a specified size and design. This is the case in Wales, where the regulations stipulate that a no-smoking sign must be flat and rectangular and at least 160 millimetres by 230 millimetres; (b) contain a graphic representation of a burning cigarette enclosed in a red circle at least 85 millimetres in diameter with a red bar across the circle which crosses the cigarette symbol; (c) contain the following words - “Mae ysmygu yn y fangre hon yn erbyn y gyfraith / It is against the law to smoke in these premises”. Such a sign must be displayed in a prominent position at or near each entrance to smoke-free premises. Guidance and sample signage are due to be mailed businesses and will also be available to download from the smoking ban website, once the regulations are formally approved.

Experience from elsewhere also suggests that there needs to be some sort of 'complaints hotline' to which breaches can be reported. A single number works best, ideally with a named individual. Even if individuals do not report non-compliance, it appears that the public are empowered by the ability to make a complaint. The Welsh Assembly Government will establish a single number in due course, based on the 'Consumer Direct' model, and sharing Consumer Direct's resources. Information will then be forwarded to relevant local authority enforcement officers to enable them to take action.

Again, it is most welcome that the Welsh Assembly Government has built on the experience of Scotland and Ireland on this issue, and appears to be following good practice. As with other action, this is likely to help to achieve high levels of compliance with the ban.

Smoker Support

Prohibiting smoking in public places and workplaces clearly has an impact on smokers. As indicated earlier, evidence from countries and cities which have already implemented a ban suggests that a drop in the prevalence of smoking is highly likely to follow its introduction. However, maximizing the

impact of the ban on a reduction in smoking needs active intervention. Providing support to smokers to quit, and support to those continue to smoke but are no longer able to do so in the workplace and public places, is vital.

At any one time, approximately 70 percent of smokers are estimated to want to stop and about a third of smokers actually make a quit attempt in any one year.[38] However, smoking is extremely difficult to stop. Estimates of the chances of succeeding for at least a year in a serious, unaided, quit attempt are no better than about 1 in 100. Evidence suggests that counselling and support, coupled with nicotine replacement therapy or similar, are the most effective source of help for smokers wishing to quit[39] although the majority of smokers who stop do so without formal help.

The Welsh Assembly Government is responsible for the prevention and cessation of smoking. To fulfill this responsibility, it funds and sets service requirements for two main sources of support for smokers who want to give up - the Smokers Helpline and the All Wales Smoking Cessation Service (AWSCS). In addition, as described in Figure 1, it produces leaflets on smoking cessation and delivers programmes to prevent smoking and encourage quitting amongst children and adolescents.

The responsibility for the prevention and cessation of smoking at local level is less clearly defined, with local authorities, local health boards and local public health teams all having an interest and role. Although they work in partnership, there is not an obvious lead body.

Smokers Helpline
The great majority of smokers give up without help of NHS stop smoking services, using a mixture of sheer willpower, hints and tips in books, pamphlets, websites and other media, support from friends and colleagues, as well as various nicotine replacement and other 'stop smoking' products. A recent review by ASH[40] reports a lack of interest in telephone help lines amongst lower socio-economic groups, although other evidence says that quit-lines can make a major contribution to achieving smoking reduction.

Help lines across the UK support smokers' quit efforts, including the Wales Smokers' Helpline - 0800 169 0 169 - which offers:

- one to one confidential advice from specially trained counsellors;
- guidance on stopping smoking and help with associated problems;
- information leaflets on how to get started, planning and preparing to quit;
- guidance on accessing support from local smoking cessation services.

Its counsellors are available 9am - 5pm, Monday - Friday, and information is available 7am - 11pm daily.[41] In addition, UK-wide services are provided in Asian languages, with details of those numbers available on smoking cessation websites.

The contract for the provision of the Smokers' Helpline service has been revised in the run up to and after the ban to provide increased capacity. Unfortunately figures are not available on the number of calls that are anticipated after the ban but the Welsh Assembly Government is confident that demand will be met. Information on the number of calls made to the Smokers' Helpline and the outcome of the call needs to be continued to be monitored closely to ensure that there is sufficient capacity, in particular for support outside normal working hours.

All Wales Smoking Cessation Service
Smoking cessation services were established in Wales in 1999 by the then five health authorities, following advice in an Assembly circular. A review of the services undertaken in 2002[42] found that the services needed to be improved in a number of ways and that the impact of support needed to increase substantially and the cost per quit reduced. The review made a number of recommendations for enhancing the service, including adoption of a clear national identity, adherence to the 'best practice' model for quitting, a focus on priority groups, providing accessible services, building better relationships with primary and secondary care, and streamlined evaluation and monitoring. The proposals were accepted by the Welsh Assembly Government and a new 'All-Wales Smoking Cessation Service' (AWSCS) was launched in 2003.

The current AWSCS is managed by a Regional Director of the National Public Health Service, through the newly appointed National Co-ordinator who, with three regional co-ordinators oversees the operational delivery of the AWSCS. The service can be contacted by smokers directly via a free-phone number or clients may be referred by a health professional. Clients are initially invited to an information session and, if they are serious about giving up smoking, then attend a course of 1 hour weekly sessions over six to eight weeks. The sessions are informal and provide mutual support from other people giving up smoking as well as advice from a Smoking Cessation Specialist and, if appropriate, advice on Nicotine Replacement Therapy. Clients may also be referred to their GP for presecription products. Ongoing support for all clients is offered by text, e-mail and telephone, and support is also available to help to prevent relapse.

In addition, the AWSCS provides training for people working in other organizations, such as local authorities and primary, secondary and tertiary care, to raise awareness of the AWSCS and encourage 'brief intervention'. It provides a 'brief intervention' pack for use by third parties. Brief opportunistic advice is also encouraged through the Quality and Outcomes Framework for general practice, the promotion of healthy lifestyles (Public Health) element of the new pharmacy contract and through the revised National Service Framework for Coronary Heart Disease which has recently gone out to consultation. People working with young people, ethnic minorities, people in the workplace, mental health and prisons have been particularly targeted.

The new service is making considerable progress and in its second year of operation, 2005/06, helped 3,573 people to quit - almost twice the number in the previous year - at a greatly reduced cost of £274 per quit. This is a remarkably low cost for the health gains achieved. The progress made, and the quality of the service and staff commitment to it is not in any doubt whatsoever. Nevertheless, there are some important issues about whether the AWSCS is fully geared up to make the most of the smoking ban.

Resources

First, the resources of the AWSCS appear to be small given the prevalence of smoking, the difficulty of giving up, and the health benefits from doing so. Total expenditure by the AWSCS during 2005-06 was £979,000, with funding rising to £1.4 million in 2006/07, and almost £1.5 million in 2007/08.[43] Funding to boost the existing motivational campaign targeting quitters will also increase to £400,000 in 2006-07 and £250,000 in 2007-08. Whilst acknowledging that a 50 percent increase in funding for the service in just two years is undoubtedly substantial, it remains to be seen whether this will indeed be sufficient to meet demand arising from the ban.

Capacity

Following on from this, it is not clear if there is sufficient capacity in the service. In 2005/06 the AWSCS employed 21.84 whole time equivalent Specialist Smoking Cessation advisers plus 7.1 whole time equivalent administrative staff.[44] More than 9 additional whole time equivalent posts have been created during 2006/07 - a national co-ordinator, 6 more whole-time equivalent specialists (two more for each region of Wales) together with administrative support, and two full time posts to mainstream work with adolescents, bringing the total to nearly 30 whole time equivalent posts. In the past the number of advisers has been further reduced by vacancies, but these problems have now been resolved.[45]

Again, welcome though these increases in staffing are, 29.74 whole time smoking cessation advisers for the whole of Wales seems a modest number in relation to the number of smokers and likely impact of the ban. As described earlier, it is estimated that about 27 percent of adults in Wales smoke, and about 70 percent of smokers want to give up. In other words, there are potentially more than 400,000 people in Wales who would like to quit. Even though only a proportion of these will actually attempt to quit, and fewer still will use the AWSCS, it is not unreasonable to anticipate that the numbers seeking help from AWSCS could increase significantly and this is indeed anticipated by the AWSCS.[46] However, with just six additional counsellors, it is far from clear that the service will be able to cope. The AWSCS says that its capacity will be temporarily 'flexed' in response to demand, and that this is more efficient than over-committing resources. The AWSCS needs to ensure that it is able to meet fully any increase in demand for its services, and provision needs to be monitored to ensure there is sufficient capacity.

In the past, the service has struggled to see even a relatively modest number of clients within four weeks,[47] although the AWSCS now says that waiting times do not exceed two weeks in any part of Wales.[48] Nevertheless, perceptions persist that waiting times locally can be considerably longer. Research suggests that almost half of smokers put their most recent quit decision into effect immediately as a result of some sort of trigger.[49] That trigger could well be the prospect of no longer being able to smoke at work. These findings suggest that access to services needs to be very timely if the services are to support the quit attempt.

Not only does the AWSCS need to ensure that waiting times are reduced even further and ideally eliminated altogether, but it also needs to inform the public and health professionals alike that access has greatly improved.

Service delivery

Third, it could be argued that the AWSCS is dominated by a 'medical model' of service delivery.[50] Even its name is not particularly appealing - or easy to say or spell! Whilst there is no question that the services themselves must reflect best public health practice, their presentation, promotion and availability could be more market-oriented. We suggest that the AWSCS could usefully consider its branding and its marketing strategy.

The AWSCS clinics are provided in a range of settings, including health centres, libraries, leisure centres, community centres and GP practices. The service also now offers sessions in the evenings and at weekends - all service users are offered a choice of times and a variety of venues, although the great majority of clinics (81 percent) are provided during the day, Whilst these developments have undoubtedly gone someway towards addressing concerns, perceptions remain that the service is not sufficiently flexible in the timing or location of venues. The AWSCS should consider how to ensure that clinics are provided at a wide range of venues and timings, working with different community interests to ensure that locations are accessible and attractive to different service users within the population.

Research suggests that smoking cessation is associated with positive life changes such as getting a new job or improved financial status, in other words with 'feel-good' factors. The Welsh Assembly Government and AWSCS should consider how to link the smoking cessation message and support with positive life experiences, whether it be community-based 'pamper days' or starting employment. Whilst there may not be evidence to support such initiatives, all new approaches start somewhere and consideration should be given to some innovative, properly evaluated, approaches in Wales.

The AWSCS has delivered pilot programme of cessation services at community pharmacies. The project began as a pilot in Denbighshire and was then extended across North Wales. Although a full evaluation has not yet been carried out, the programme generated 218 contacts with pharmacists, all but 13 of which set quit dates, with 39 percent having given up at 4 weeks. More recently a community pharmacy pilot project has also been approved by the Welsh Assembly Government in Merthyr Tydfil. A key feature of the pilot programme is that pharmacists can dispense Nicotine Replacement Therapy products to AWSCS clients without clients needing to repeatedly visit their GP. Although it is planned to roll out the service across Wales in due course, the proposals are currently 'in development', pending the evaluation of the North Wales project. It will not therefore be in place across most of Wales on 2nd April.[51] We suggest that the scheme needs to be introduced throughout Wales urgently.

Vulnerable Groups and inequalities

Some concern has been expressed about the ability of the AWSCS to reach particular population groups, especially those who may not normally participate in health improvement activities. These include minority ethnic groups, pregnant women, and people with mental ill health. The AWSCS has undertaken a number of programmes to address these issues, which are illustrated in Figure 2. Whilst these initiatives are most welcome, they are mostly local initiatives that are, moreover, time limited.

Figure 2

Mental ill health

In 2005/06 funding from health inequalities monies was secured by Ceredigion Healthy Heart Program for MIND, Aberystwyth to employ a cessation specialist to work within the centre. The SCS provides smoking cessation information and advice to both service users and mental health care workers in the area, with a specific focus on the integration of smoking cessation interventions with other lifestyle behaviour changes for clients. Developments to date include provision of new materials and protocols to support smoking cessation interventions. This project is funded until March 2007.

Disabilities

The AWSCS has commissioned an audio version of its cessation literature for people with visual impairment and learning difficulties, and is investigating the use of a loop system for deaf people.

Pregnant Women

The AWSCS service has a dedicated smoking cessation midwife and currently runs a clinic in the maternity unit of Caerphilly Miners Hospital. In 2007/08 the service will be enhanced. In 2005/06 the service ran a programme for pregnant women in Flintshire.

Prison Services

The AWSCS provides a clinic in four prisons, promoted by prison health care staff and promotional material. Cessation specialists receive training on personal safety and other issues to ensure they are equipped to deliver the service. Although counseling support follows the normal model, only nicotine patches can be recommended as other nicotine replacement therapy products are banned within prisons.

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If smoking cessation services are to make a real contribution to reducing health inequalities as well as overall prevalence of smoking, then they must surely ensure that they meet the specific needs of disadvantaged groups of all kinds. Local initiatives are no doubt very useful, but they are not a substitute for on-going programmes that recognize and meet the different kinds of support needed for different groups in the population. The AWSCS should consider how it can develop its services to meet the needs of different groups and to tackle health inequalities.

Adolescents and Young People

Although the smoking ban may have less of a direct impact on adolescents and young people as they are less exposed to environmental smoke at work and (in theory at least) under-18 year olds are not exposed to smoke in bars and pubs, the indirect impact of the ban could be substantial, because it makes smoking less culturally acceptable.

The AWSCS employs two adolescent funding cessation specialists, with £100,000 from the Welsh Assembly Government in 2006/07. The service is working with the academic community to identify the most effective model to use with adolescents, with pilot programmes being delivered in 2007. The service also works in partnership with schools, youth groups and further education and delivers clinics in these settings and provides training for adults who work with young people.[52] It also draws on the experience of a European programme on adolescent smoking prevention which was led by the Welsh Assembly Government.

Workplace Smoking Support

In 2001, only thirty seven percent of employees in Wales worked in smoke-free environments, meaning that almost two thirds of the workforce will be faced with a substantial changes when their work environment becomes smoke-free on 2nd April. Smokers who have previously enjoyed access to tobacco whilst at work will need support to comply with this change.

A review by NICE of effective workplace health promotion on smoking found that the most effective intervention in the workplace is a combination of group therapy, individual counselling and pharmacological treatments, as in other settings. NICE concludes that a 'one-size fits all' approach is less effective than interventions tailored to different sectors within the workforce, such as minority ethnic groups and women. The review found that employers can encourage smokers to quit through providing incentives and offering support.

Significantly, the NICE review highlighted the importance of helping smokers who are not ready to quit to comply with the ban, not least as their numbers are likely to outweigh motivated quitters. They suggest using information about the harm of second-hand smoke, adapting cessation messages to meet the needs of quitters at different stages of change, and a proactive approach. Studies cited in the review also recommended incentives for smokers to participate in cessation programmes,[53] whilst a different study has suggested that helping smokers to substitute tobacco with nicotine replacement products may also be useful.[54] Indeed, the potential of NRT being available on prescription free of charge should be explored further. Lastly, the review identified a significant gap in research, in that very little indeed was known about effective interventions for casual and temporary workers.

Whilst some employers have already taken the lead in banning smoking in their workplaces and supporting smokers to comply or to quit, smaller employers and those with mostly manual workers are perhaps less likely to offer this kind of support. Yet these are precisely the workers who are at most risk of exposure to second-hand smoke.

Responsibility for workplace smoking prevention and cessation lies with the Welsh Assembly Government. The emphasis is on providing information to businesses about the ban via direct mailing and the www.smokingbanwales.co.uk website, including a simple smoking policy for businesses to adopt,[55] guidance on the regulations (when published), a Frequently Asked Questions page, and the ability to register to receive updates about the ban. Smoking is a core component of the Corporate Health Standard - the Welsh Assembly Government's quality mark in workplace health and wellbeing - which currently covers 25% of the workforce and is endorsed by both the TUC and CBI in Wales. The Standard encourages and supports employers to achieve a smoke-free workplace. There are three workplace health posts in the NPHS to support the aim of 40% of employees being covered by the Standard by 2008. A small workplace award is in development to ensure that similar support is available to businesses with fewer than 50 employees (but will not be in place by April 2007). The Assembly also supports 'workplace health connect' which offers free and impartial advice on occupational health and safety issues to small businesses in Wales. In addition, a meeting of the workplace network is being held in February to further raise awareness of the ban and the support available. The network newsletter has also featured articles on the smoking ban.

Although these activities are valuable and are claimed by Assembly officials to illustrate the proactive approach being undertaken, an alternative view is that action planned is relatively modest and muted. The fact remains that there is no specific, proactive action being planned to support the ban on smoking in workplaces from 2nd April 2007, and the small workplace award will not be in place.

The AWSCS also supports smoking cessation in the workplace by providing training to employers' occupational health advisers. It also runs workplace clinics on request provided there are sufficient motivated quitters. However, provision is essentially reactive and relies on the employer to be aware of its availability and approach the service. Moreover, although the AWSCS in general is advertised to businesses via the various Welsh Assembly Government smoking ban mailings, the availability of workplace clinics is not specifically promoted. Again, it is likely that small employers, who do not have occupational health advisers and employ mainly manual workers would be least likely to take advantage of this provision, even if they knew about it.

Whilst some local authorities' awareness raising activities may extend to encouraging support and cessation activity in the workplace, they are not explicitly charged with doing so and their role remains primarily that of inspection and enforcement.

All this suggests that there is an urgent need proactively to encourage employers to support smokers in their workplaces and in particular to encourage and assist those employers who are less likely to offer support to their employees. Action such as providing suitable posters and information leaflets to employees and promoting workplace cessation clinics, in line with emerging NICE guidance, could be done through the extensive business support network run by the Welsh Assembly Government, local authorities and others, as well as the channels used to raise awareness of the smoking ban itself. There is also a role for business organisations and trades unions to encourage their members to press for appropriate support for smokers, as well as to encourage employers to adopt good HR practices. This latter point is very important as it is the employer who is liable for non-compliance with the ban, even though the breach may have been committed by an employee. The Welsh Assembly Government, local government, business and trades unions should consider developing a proactive workplace smoker support programme that takes account of these points as a matter of urgency.

Other support
In addition to the support provided by the AWSCS, there are a small number of local initiatives which provide additional capacity. These include:

Local Smoke-Free Partnerships
There are three local smoke-free partnerships in Wales - Cardiff, Swansea and Anglesey. Those in Swansea and Anglesey are lead by the relevant local authority, using their own resources. To date they have primarily focused on encouraging local businesses to become smoke-free in advance of legislation, and encouraging local people to visit smoke-free premises. So, for example, in Swansea businesses have received a 'Smoking Free Swansea Award' if they are totally no-smoking premises, have a written or verbal no smoking policy, and do not sell tobacco products. In Anglesey, all smoke-free premises with a smoke-free award are listed in a directory, enabling the public to identify and patronize businesses without smoke. The local partnerships also work closely with the AWSCS on smoking cessation and No Smoking Day, with one of the team being fully qualified to provide cessation services to Council staff. In the case of both Swansea and Anglesey, the activities of the smoke-free initiative will be incorporated into the local authority's wider awareness raising and enforcement work after 2nd April.

In contrast, Smoke Free Cardiff is lead by the National Public Health Service, with NPHS and Big Lottery Fund resources, and is the largest of the initiatives with six staff.[56] As well as encouraging businesses to go smoke-free in advance of the ban (through visits and seminars, a smoke-free toolkit, case studies to help businesses and other initiatives), the project also works with minority ethnic communities to reduce smoking (e.g. producing information leaflets in Arabic, Bengali and Urdu), and runs the 2Tuff2Puff adolescent smoking project. Some of the funding for this project ends in March 2007 and the remainder ends in September 2007.

These local 'smoke-free' initiatives appear to provide valuable additional publicity and practical support to businesses, communities and individuals. They are a strong platform for activities to promote awareness and good practice amongst local businesses after 2nd April, and also to promote the wider smoking cessation message. It is, however, cause for concern that funding for the Smoke Free Cardiff will end shortly after the ban comes into effect.

Organisational Support
A number of larger organizations provide their own smoking cessation support, e.g. NHS trusts. As far as we have been able to establish this support is funded by and delivered on the initiative of the organization itself, rather than being funded directly by the Welsh Assembly Government or AWSCS.

Monitoring and Evaluation
There appear to be robust arrangements in place to monitor and evaluate the impact of the ban, through a series of different projects. These will cover:

- monitoring adults' attitudes and behaviour pre and post ban;
- smoking, children and second-hand smoke; and
- qualitative work on licensed premises

The projects have been designed to enable Wales to be benchmarked with other UK countries.

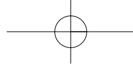
Engage Civil Society
Non-governmental organizations (NGOs) can complement government action by building support for and encouraging compliance with a smoking ban amongst the public and, crucially, can bring additional resources. Whilst many NGOs are small and have very limited resources, some NGOs are larger and have considerable public 'clout'. The input of NGOs can be particularly helpful because they complement, and are perhaps more persuasive than, government messages about the health benefits of banning smoking in public places and workplaces.

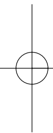
One of the main NGOs concerned with tobacco control is ASH. Last year, the Welsh Assembly Government set up a Task and Finish Group to review the role of ASH in Wales. The review identified an enhanced role for ASH and increased funding to £110,000 per year. ASH has a new Chair and Director, is developing a new website, has begun to review the All Wales Tobacco Control Forum, and is enhancing its media advocacy role. ASH will also be working in partnership to promote No Smoking day and to raise public awareness on the ban. However ASH is by no means the only NGO with an interest in tobacco control - other groups such as Cancer Research UK, RNIB and the British Heart Foundation all have a keen interest and key role to play.

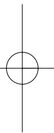
The main forum for NGOs is the All-Wales Tobacco Control Forum. The secretariat of the group is provided by ASH Wales. The membership of the group includes charities such as Cancer Research Cymru and Asthma UK, private sector such as Pfizer Consumer Health Products, academics, cessation advisers at NHS trusts, and members of local public health teams. It meets three times a year to exchange information and experiences about local tobacco control issues. However, there has not been any coordinated action to date by NGOs in Wales, e.g. to complement Assembly publicity on the ban or supplement existing support services for smokers.

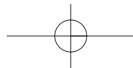
There is also potential for trades unions to play a more active role in raising awareness of the ban amongst their members, not least to inform them of their right to a smoke-free workplace, to advise them what to do if they continue to be exposed to second-hand smoke, and to support smokers who want to quit e.g. through workplace smoking cessation services, liaison with occupational health advisers.

This is a potential gap in Wales's readiness to make the most of the ban. A significant NGO input needs to be encouraged as a matter of urgency by the voluntary and community sector and Welsh Assembly Government. Even though the ban is very close, there is still a great deal that could be done to reinforce the smoke-free message in the run up to the ban, e.g. through media comment in the two weeks before it takes effect, as well as promoting the quit message and services in the following months.









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5. Conclusions - is Wales ready?

There can be absolutely no doubt about the importance of a ban on smoking in public places and workplaces. A quarter of the adult population in Wales are active smokers, and about three-quarters of the adult population are routinely exposed to second-hand smoke. Smoking and second-hand smoke contribute to the deaths of 7,000 people a year, and cost the NHS more than £70 million a year to treat smoking-related diseases. Smoking impacts particularly heavily on people from lower socio-economic groups - they are more likely to smoke, are more dependent on nicotine, find it more difficult to quit, and are more exposed to second-hand smoke. Half of the difference in premature deaths between the best and worst off in society is attributable to smoking.

The Welsh Assembly Government's long standing commitment to banning smoking in public places and work places will finally come into effect on 2nd April 2007. The ban is forecast to have entirely positive effects on health and on the economy, even adopting the most conservative estimates of the benefits and the most pessimistic estimates of the costs. Almost 400 deaths a year from lung cancer and coronary heart disease will be averted - no small number.

Wales is not the first country to go 'smoke-free' - nine others have adopted similar restrictions on smoking in the past four years, offering valuable experience on how to make the most of a ban. If Wales is compared with the six 'gold standards' of best international practice, a mixed picture emerges.

On the one hand, it seems that the Welsh Assembly Government has learned from the good practice of Scotland and Ireland and is well advanced and thorough in its preparation of the regulations, publicizing the ban, and ensuring its proper enforcement.

On the regulation and enforcement of the ban, the preparatory work undertaken by the Committee on Smoking in Public Places undoubtedly helped to pave the way by identifying the key issues, working closely with Assembly officials, and building consensus politically and amongst most other stakeholders so that there is broad support for the provisions of the ban. The collaboration between Assembly officials and local government, and between the Assembly and business organizations, also appears to have worked well, ensuring that the pre-requisites for high levels of compliance and effective enforcement are in place.

The Welsh Assembly Government also appears to be very well-prepared to educate and inform the general public through its mass media campaign. The campaign has clearly had the benefit of Scottish experience, and its focus on lower income groups is also welcome. However we suggest that consideration should be given to some minor adjustments to ensure the message reaches minority ethnic groups, to use community publications and maximize non-paid for publicity, and to provide information at points of entry to Wales.

Local level activity appears to be more variable yet it is a crucial complement to the national campaign. All local authorities need to ensure they have a robust awareness raising programme in place. The Welsh Local Government Association should consider encouraging local authorities to undertake a wide range of local activities to promote the ban and to support smokers to comply with it or quit, and facilitate exchanges of good practice.

Similarly, the requirements for signage and the proposed 'complaints hotline' seem to follow best international experience, which is highly commendable, as are proposals for monitoring and evaluation of the impact of the ban.

Taken together, these positive actions bode very well for a high level of compliance with the ban, so helping to ensure that the ban protects the public and employees from the immediate effects of second-hand smoke.

However, on the other hand, there is potential for further action to make sure the impact of the ban is maximized. Whilst some reduction in smoking prevalence and consumption will undoubtedly occur with little or no intervention, a more active approach may help to maximize that benefit. Yet at both national and local level there is ambiguity about whom is responsible for what, there are challenges for cessation support in terms of capacity and resources and its attractiveness to smokers in general, and there is relatively little action to support smokers in the workplace. This is especially important

to ensure that the ban benefits smokers from lower socio-economic groups who, as we have seen, bear the greatest health burden of smoking and second-hand smoke, and yet face the greatest difficulty quitting.

We have suggested that there are number of steps that could usefully be taken in order to make the most of the smoking ban.

First, there needs to be clear leadership and accountability for helping smokers to comply with the ban and for encouraging smokers to reduce consumption or quit altogether. Changes in organizational arrangements proposed in the Oxford review of public health[57] may help to clarify the position at all-Wales level although this will take some time to implement. In the meantime, a clear strategy to ensure that the reduction in prevalence and consumption is maximized needs to be developed and delivered. At local level, local authorities or local health boards should be explicitly charged with reducing the prevalence and take-up of smoking in their areas, delivering an Action Plan for 2007/08 in partnership with AWSCS and other bodies. Funding should be allocated to support these additional activities.

Second, it is vital that the Smokers Helpline and AWSCS have sufficient resources and capacity to ensure that they can fully meet increased demand, and their provision should be closely monitored. Action is also needed to maximize access to the service: the services themselves need to be more attractively branded and marketed; cessation clinics need to be in accessible and attractive locations; waiting times should be reduced to zero with immediate access to prescribed treatments. The community pharmacy programme should be rolled out across Wales as quickly as possible.

Third, a programme of pan-Wales action should be established to ensure that the benefits of the ban reach particular groups, so helping to reduce the health burden borne by lower income groups and other disadvantaged people. The AWSCS needs to develop its provision for these groups further. It may be an area in which non-governmental bodies (NGOs) can play a valuable role - not just groups concerned with tobacco control and smoking-related diseases, but also those concerned with mental health, poverty and homelessness for example.

Fourthly, we have suggested that NGOs can play a valuable, wider role to complement and drive forward the Assembly government's message. The Wales Council for Voluntary Action should consider how it can take a lead on this issue, working with ASH Wales and the All Wales Tobacco Forum as well as the Welsh Assembly Government.

Finally, and absolutely crucially, an active campaign to support smokers in their workplaces would be launched. It could have an especially beneficial impact in workplaces where employers are less likely to be able to develop support for their employees themselves. The Welsh Assembly Government, local authorities, employers and trades unions all have a role to play in such a campaign, building on emerging NICE guidance. Such a campaign should specifically focus on support for workers, and include provision of information for workers and advice on human resource matters. As part of this, the AWSCS could refocus its cessation support onto workplaces for six months following the ban.

In conclusion, Wales is at the forefront of protecting the public from the effects of second-hand smoke. Wales also has some of the poorest health in the UK, and stark health inequalities. The ban on smoking is a unique opportunity not just to improve the health of the whole population, but also to ensure that those who already bear a heavy burden of ill health are given the all additional support they need to make Wales truly smoke-free.

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Annex 1 List of Seminar Participants and Interviewees

Seminar Participants

Vivienne Sugar	Welsh Consumer Council
Prof Laurence Moore	Cardiff University
Dr Andrew Jones	National Public Health Service
Andrew Young	Rhondda Cynon Taff County Borough Council
Dr Jonathan Richards	GP and University of Glamorgan
Nia Jeffreys	Asthma Wales
Mick Antoniw	Thompsons Solicitors
Benjamin Carrick	Pfizer Consumer Health Products
Jeremy Felvus	Pfizer
Victoria Winckler	Bevan Foundation

Interviewees

Ginny Blakey	Public Health Improvement Division, Welsh Assembly Government
Claire Evans	Communications Department, Welsh Assembly Government
Alastair Tomlinson	Cardiff County Council
Robert Sage	Smokefree Cardiff Partnership
Richard Lewis	British Medical Association Wales
John Jenkins	British Medical Association Wales
Naomi King	ASH Wales

Information provided

Sandra Payne	National Public Health Service
Julia James	All Wales Smoking Cessation Service
Matt Downton	Welsh Assembly Government
Chris Steele	City and County of Swansea

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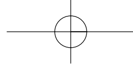

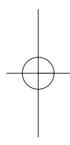

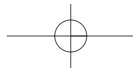

Annex 2 Emerging Findings

On April 2nd 2007 Wales is set to join nine other countries of the world in banning smoking in public places and workplaces. The ban is a one-off opportunity to encourage and support smokers to quit and discourage people from starting to smoke, as well as protecting the public from the effects of second-hand smoke.

The Bevan Foundation, with support from Pfizer Consumer Health Products Company, is looking at whether organizations in Wales are fully prepared to make the most of the opportunities to improve public health brought by this once-in-a-lifetime change.

The emerging findings show that:

Wales is doing well with the ban...
We congratulate the National Assembly for Wales and Welsh Assembly Government for its work on smoking to date and for bringing forward the Smoke-Free Premises Regulations 2007. In particular:

- There is a strong consensus about and support for the regulations to enact the ban.
- The arrangements for enforcement and for monitoring and evaluation are highly commendable.
- The PR campaign to educate and inform the public is high quality and timely.

...but needs to do more to maximize impact
We call for the Welsh Assembly Government to:

- urgently develop a strategy for smoker support that runs beyond 2nd April 2007;
- improve practical support for smokers to quit including:
  - better support for smokers to quit via primary care (GPs, pharmacies, dentists, ante-natal clinics etc.) and community organisations;
  - strengthening further the resources of the All-Wales Smoking Cessation Service, broadening the range and delivery of services and cutting waiting times to zero.
  - enhancing workplace support to quit, through employers and trades unions, in line with draft NICE guidance.
- target education and awareness messages towards specific groups e.g. black and minority ethnic businesses, lone parents etc.;
- ensure local education and awareness campaigns are in place, and make the most of opportunities for not-paid-for media coverage;
- ensure monitoring and evaluation addresses the impact on health inequalities;
- work with a coalition of non-governmental bodies to promote smoke-free Wales.

Key Findings

Smoking and Health Inequalities
In 2004 23 per cent of adults in Wales (aged 16+) reported smoking. Smoking is particularly widespread amongst lower socio-economic groups and people living in poorer communities are more exposed to secondhand smoke. Smoking is estimated to account for over half the difference in risk of premature death between social classes - reducing the prevalence of smoking will help to reduce health inequalities. The ban is the single most important intervention in this regard.

The Smoking Ban - progress
Our emerging findings suggest that the Welsh Assembly Government, local authorities and others have made excellent progress and are well on course to achieve high levels of compliance with the ban. This reflects effective collaboration, commitment and adequate funding. However, it appears that more could be done to maximize the wider health benefits.

Educating and Informing the public and businesses
The Welsh Assembly Government's PR campaign of innovative media advertising, washroom publicity, and direct mail to all businesses and households, along with a website, will undoubtedly raise

general awareness up to 2nd April 2007, when the campaign ends. However, information should be targeted at particular groups who may be bypassed by mainstream media, such as black and minority ethnic businesses. There is potential for more grassroots awareness raising e.g. through local and community media and local events, and for non-paid-for publicity e.g. chat shows and soap storylines. Points of entry to Wales need to highlight the ban - as well as the posters planned at Cardiff Wales airport information needs to be provided at other entry points such as train and coach stations and the Severn Bridges.

Enforcement and Inspection
The Welsh Assembly Government and local authorities have been widely commended for their preparations for the ban. Local authorities are well briefed, trained and funded to fulfill their enforcement role, and this bodes well for compliance post 2nd April.

Smoker support
Support to smokers needs to increase significantly both before and after the ban. Support is the most effective way to stop smoking, even though many smokers attempt to quit without help. The Welsh Assembly Government needs to do more to promote the smoking cessation message after 2nd April and to must enhance significantly the support to smokers across Wales.

Whilst the All-Wales Smoking Cessation Service's resources have increased for 2006/07 and 2007/08, there are still concerns about services and treatments, and access to them. Waiting times should be reduced to zero, there should be immediate access to any prescribed treatments, and services should be provided at various venues, including pharmacies and workplaces, out of hours as well as 9 - 5, and be linked with community activities.

Monitoring and evaluation
There appear to be robust arrangements in place to monitor and evaluate the impact of the ban, through a series of five different projects. These will enable Wales to be benchmarked with other UK countries.

Work with non-governmental organizations
Non-governmental organizations (NGOs) can complement government action by building support, encouraging compliance and, crucially, bringing additional resources. Although the Welsh Assembly Government funds ASH Wales to run the All-Wales Tobacco Control Forum, there has not been any coordinated action to date by NGOs in Wales on the smoking ban. More NGO input needs to be encouraged as a matter of urgency by the voluntary and community sector and Welsh Assembly Government.

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ENDNOTES

1. Ireland, Norway, New Zealand, Italy, Malta, Sweden, Uruguay, Scotland, Bermuda
2. A list of all those who contributed to the discussions and interviews is provided at Annex 1.
3. **Welsh Health Survey 2004/05** Table 4.1
4. This is a higher rate than cited by the NPHS (2006) **Health Needs Assessment - Smoking**, which estimates prevalence at 23 percent.
5. NPHS (2006) **Health Needs Assessment - Smoking**. This figure differs to that quoted by the Welsh Assembly Government.
6. **Welsh Health Survey 2004/05** Table 4.2
7. BMA (n.d.) **The Human Cost of tobacco**, Edinburgh: BMA
8. Action on Smoking and Health, **Secondhand Smoke Briefing**
9. BMA (n.d.) op. cit.
10. Jha, P., Peto, R., Zatonski, W., Boreham, J., Jarvis, M J and Lopez, A D (2006) Social inequalities in male mortality, and in male mortality from smoking: indirect estimation from national death rates in England and Wales, Poland, and North America, T**he Lancet 2006**; **368**:367-370
11. **Welsh Health Survey 2003/04** Table 4.10
12. Richardson, K. (2001) **Smoking, Low Income and Health Inequalities: Thematic Discussion Document**, Report for Action on Smoking and Health and the Health Development Agency
13. ibid.
14. BMA (n.d.) **The human cost of tobacco**, Edinburgh: BMA p15
15. Action on Smoking and Health (2006) **News release: Half the Workforce still exposed to smoke**
16. BMA (2001) **Towards Smokefree Public Places**, London: BMA p11.
17. Crosier, A. (2001) **A rapid mapping study of smoking projects and services targeted at people living on low incomes and/or minority ethnic groups**, Report to the Health Development Agency
18. Richardson, K. (2001) op. cit._
19. ibid.
20. Caroline M Fichtenberg and Stanton A Glantz (2002) Effect of Smoke-free Workplaces on smoking behaviour: systematic review, **BMJ 2002**;325
21. BMA (n.d.) op. cit.
22. Caroline M Fichtenberg and Stanton A Glantz (2002) op. cit
23. N Wilson, T Blakely and M Tobias (2006) What potential has tobacco control for reducing health inequalities? The New Zealand situation, **International Journal for Equity in Health** 5:14
24. Richardson, K. (2001) op. cit.
25. Department of Health (1998) **Smoke Kills**, London: HMSO
26. Wright, J., Somervaille, L. and Dunkley, R. (2006) **Review of the Public Health Function of National Health Organisations and Units in Wales - results and commentary from the consultation with key organisations, units and stakeholders**, Oxford: Public Health Resource Unit
27. There is, in addition, the Infection and Communicable Disease Service whose Director is also accountable to the NPHS Director.
28. Wright, J., Somervaille, L. and Dunkley, R. (2006) op. cit.

29. National Assembly for Wales (2005) Committee on Smoking in Public Places, **Report**, http://www.wales.gov.uk/keypubassemsmoking/content/report-e.pdf

30. Welsh Assembly Government (2005) Cabinet Written Statement in response to the report of the Ad Hoc Committee on Smoking in Public Places, 5th July

31. See Welsh Assembly Government (2005) **Consultation on the Smokefree Elements of the Health Bill: analysis of responses received by the Welsh Assembly Government**

32. Welsh Assembly Government (2006) Secondary Legislation: the Smoke-Free Premises etc (Wales) Regulations 2007, **Report to Health and Social Services Committee 30th November**

33. Welsh Assembly Government, Smoke-Free Premises etc (Wales) Regulations 2007 Regulatory Appraisal.

34. Presentation by Welsh Assembly Government to Wales Tobacco Forum, minutes of meeting 10th July 2006

35. Richardson, K. (2001) op. cit.

36. BBC Wales Annual Review 2005/06

37. These ideas have now been implemented.

38. Doll R, Peto R, Boreham J, Sutherland I. (2004) Mortality in relation to smoking: observations on male British doctors, **BMJ 2004**;328:1519.

39. National Institute for Health and Clinical Excellence (2006) **Brief interventions and referral for smoking cessation in primary care and other settings**, London: NICE

40. Richardson, K. (2001) op. cit.

41. http://www.nosmokingday.org.uk/smokers/helplines.htm

42. Moore, L. and Cohen, D. (2003) **Evaluation of Specialist Smoking Cessation Services in Wales - executive summary and recommendations**, Cardiff: Cardiff University

43. In addition, the 2007/08 service level agreement will include further funding to extend the service for pregnant women and patients undergoing elective surgery.

44. AWSCS **2005/06 Annual Report**

45. Information from AWSCS

46. Information from AWSCS

47. Moore, L. and Cohen, D. (2003) op.cit.

48. Telephone conversation with AWSCS

49. Robert West and Taj Sohal (2006) "Catastrophic" pathways to smoking cessation: findings from national survey, **BMJ 2006**;332;458-460;

50. For example AWSCS clients are predominantly referred by GPs or practice nurses, which accounted for almost two-thirds of contacts with the service in 2005/06 (Annual Report)

51. Although pharmacists' contracts give them a role in cessation, this is less than envisaged in the pilot.

52. Information from AWSCS

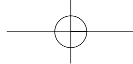
53. National Institute for Health and Clinical Excellence (2006) **Workplace health promotion: how to help employees to stop smoking**, Public Health Intervention Draft Guidance no. 5

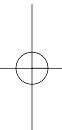
54. National Institute for Health and Clinical Excellence (2006) op. cit.

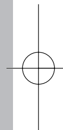
55. which will in due course be complemented by a comprehensive policy.

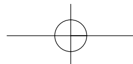
56. Cardiff Health Alliance (n.d.) **Cardiff Smoke Free Strategy**, Cardiff: Cardiff Health Alliance

57. Wright, J., Somervaille, L. and Dunkley, R. (2006) op. cit.









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