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27 January 2025

Russell George MS
Chair
Senedd Health and Social Care Committee
seneddhealth@senedd.wales

Dear Mr George

Re: Public Health Wales Response to Inform Senedd Health & Social Care Committee's Scrutiny of the Tobacco & Vapes Bill Legislative Consent Memorandum

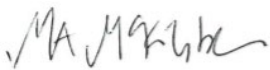
Many thanks for your letter dated 09 January 2025 requesting a response from Public Health Wales to inform the Health & Social Care Committee's scrutiny of the Tobacco & Vapes Bill Legislative Consent Memorandum.

Public Health Wales is the national public health agency in Wales. We work to protect and improve health and well-being and reduce health inequalities for the people of Wales. We welcome the opportunity to respond to the questions outlined in your letter.

From a public health perspective, this represents an important Bill that is likely to be effective in addressing significant public health concerns, in particular reducing smoking and addressing vaping among young people. We believe the Bill offers a sensible balance between measures that will provide consistent legislation across all UK nations where it makes sense, and measures which lend themselves to country-specific approaches that take account of and build on existing systems and structures as well as cultural differences or population needs. Because the Bill creates powers for secondary legislation, this provides the flexibility for the respective governments to develop legislation as evidence emerges and conditions change across Wales and the United Kingdom.

Please find below our detailed responses to the Committee’s specific questions. We have provided links to supporting evidence where relevant. Please do not hesitate to contact me should you require any further information.

Yours faithfully,



Mary-Ann McKibben
Consultant in Public Health

Public Health Wales Response: Senedd Health & Social Care Committee’s Scrutiny of the Tobacco & Vapes Bill Legislative Consent Memorandum

Please find below our detailed responses to the individual questions:

Question	PHW Comments
Overall Views	
<p>1. Your overall views on the policy objectives of the Bill to introduce measures to stop people from ever starting smoking and becoming addicted to tobacco products, as well as introducing measures to reduce youth vaping.</p>	<ul style="list-style-type: none"> • We support the overall policy objectives of the Bill because in our view they will make a significant difference to the health of the Welsh population. • Smoking is the largest single cause of avoidable early death in Wales. Between 2020 and 2022 around 3,845 deaths per year in Wales, one in ten of all deaths, were attributable to smoking. • The prevalence of smoking amongst adults (16+) in Wales was 13% in 2022-23. However, rates amongst 18-24 year olds (17% in 2021-22) are typically higher. The rate for weekly smoking amongst 15-16-year-olds in 2019-20 was 9%. This suggests late adolescent and young adulthood are critical times for smoking initiation and measures that prioritise and sustain action amongst this cohort are a priority. • Around 17,000 admissions per year over the same period were attributable to smoking. • Smoking-attributable mortality in the most recent period was around 3.5 times higher in the most deprived fifth than the least deprived fifth for females, and more than 2.5 times higher for males.

		<ul style="list-style-type: none"> • The Khan Review, an independent review undertaken for the UK Government in 2022, found that, if we do not act, nearly half a million more people will die from smoking by 2030. It also stated that cigarettes are the only legal consumer product which, when used exactly as recommended by the manufacturer, will kill up most (up to two-thirds) of its users. Therefore, we strongly support the policy objectives of the Bill. • The measures proposed in the Tobacco & Vapes Bill would send a strong message that tobacco is not a 'normal' consumer product. This kind of "denormalization" has consistently been recognised as a key factor in achieving Wales's smokefree ambitions with the goal of reducing smoking prevalence below 5%. We believe the measures proposed will have a significant impact on smoking prevalence across the entire population. • Falls in smoking amongst children and young people in Wales have been inconsistent in recent years, suggesting the new approaches set out in this Bill are required. Recent data also indicates a rise in vaping amongst secondary school age children including among those who have never smoked. This is of great concern given the association with nicotine dependency as well as the fact that we do not yet understand the risks of vaping to long-term health more broadly. Increasing the age of purchase has been demonstrated to be effective in reducing prevalence, as shown by UK Government modelling and from analysis of the impact of raising the age of purchase from 16 to 18 in 2007. • The Bill's creation of a smokefree generation, by ensuring anyone born after 01/01/2009 can never legally buy tobacco products, will make a significant contribution to Wales's smokefree goal while avoiding nicotine addiction and protecting the health of this cohort throughout their lives. • We welcome the inclusion of vaping products in the legislation and measures to reduce their appeal to young people. Research with young people highlights widespread confusion of the relationship between nicotine and vapes, including a lack of knowledge about what nicotine is, the effects of addiction and the fact that it may or may not be present in vapes. • Until now non-nicotine vapes have sat outside any regulatory framework. Many of the risks associated
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		<p>with nicotine containing vapes are also likely to apply to non-nicotine containing vapes, and therefore the regulatory framework should be the same.</p>
2.	<p>Do you think the legislation sufficiently protects young people from vaping while supporting smokers to quit?</p>	<ul style="list-style-type: none"> • We believe the Bill strikes a good balance between legislative action that directly addresses the appeal of vapes to young people (e.g., display of products, packaging, content and flavours), and enabling vaping products to remain available for those who choose to use them for smoking cessation. • The proportion of young people vaping has risen substantially in Wales and across Great Britain in recent years, despite the fact that it has been illegal to sell a vape to anyone under 18 since 2015. Data from the 2023 School Health Research Network Survey (conducted every 2 years) indicated that the proportion of learners in years 7 to 11 in Wales reporting vaping at least once a week is now 7%, an increase on 2021 when it was 5.4% and 2019 when it was 2.7%. • The proportion of learners in years 7 to 11 who only vape is 5.2%, higher than the 3.5% seen in 2021. The proportion of learners who only smoke and the proportion who smoke and vape regularly have both fallen since 2021. Nicotine use by smoking or vaping at least weekly is currently 8% amongst learners in years 7 to 11. This proportion has risen in each survey since 2019 when it was 5.4%. The data provide clear evidence that an increasing proportion of learners who have never and would never smoke regularly are vaping regularly • The measures proposed in the Bill are in line with the most recent evidence of effective action in this area. As evidence emerges, policymakers will be able to adjust approaches to reflect the evidence. This is particularly important given the long history of the tobacco industry in rapidly developing countermeasures to policies to reduce smoking, and the challenges faced in addressing the actions of industry in a globalised world, where new products can be developed, deployed, and marketed rapidly. • The existing high levels of visibility of vaping products in many retail outlets serves to normalise vaping as a common activity, despite the fact that only a relatively small proportion of the population currently vape. There are particular issues in relation to children and young people who believe vaping is considerably more widespread than is the case. • Whilst it has been argued that reducing visibility of vaping products may reduce the likelihood of adult

		<p>smokers switching to vapes, we are not aware of any evidence to support this. We believe that the goal of ensuring adult smokers are aware of vapes as a less harmful alternative to smoking can be achieved more effectively through other approaches that would not involve frequent exposure of children and young people to retail environments that normalise vaping.</p> <ul style="list-style-type: none"> • There is strong evidence that comparable measures, implemented for tobacco products between 2012 and 2015, reduced the prevalence of smoking amongst children and young people, and we consider it extremely likely that similar measures for vaping products would reduce use in these age groups. • The evidence shows that non-tobacco flavours are the preferred choice of over 95% of children and young people who vape, with 21.8% of this cohort selecting flavours described in relation to sweets, soft drinks or similar products. Whilst research in this area is limited, the most recent evidence suggests that flavoured products are important for the initiation and continuation of vaping amongst under-18s. Research carried out by Public Health Wales with young people has highlighted those under 18 often perceive that specific flavours are targeted at them. We recognise the need to consider the impact of flavour bans on adult quitters, and there is some evidence that where vape flavours have been banned, tobacco sales have increased amongst adults.
Impact on areas of devolved competence		
<p>3.</p>	<p>Do you support the principle of Westminster legislating in areas that are devolved to the Welsh Government?</p>	<ul style="list-style-type: none"> • We believe from a public health perspective that the approach of this Bill, adopting a cross-UK nations approach in specific areas but with flexibilities and powers for each nation where needed, will enable the tobacco and vapes legislation to have the greatest possible public health impact and achieve collective goals. • It makes sense for many of the measures to be consistent and consistently applied, for example in relation to progressively raising the age of sale for tobacco products, to avoid confusion and facilitate implementation. There is a significant risk that, if measures vary, unintended consequences could arise such as cross border inequities or trade that undermines an individual country's legislation. could as well as to prevent inequities cross borders and to support achievement of collective public health goals. • One set of legislation for many of the Bill's clauses will help avoid confusion, the creation of loopholes and

		any potential manipulation of legislation. However, it is important that this is done with the consent of the Senedd and fully respecting the respective constitutional rights, expectations and prerogatives of Wales.
4.	How does the Bill align with the goals set out in A Smoke-Free Wales and the Welsh Government's public health priorities? Does it adequately respect the devolved nature of public health policy?	<ul style="list-style-type: none"> • We believe that the Bill aligns with, and will contribute significantly to achieving the goals of, the Smoke-Free Wales strategy and related public health priorities. The strategy sets out the vision for a smoke-free Wales and how we will work to achieve it. It focuses on reducing inequalities related to smoking, increasing the proportion of children and young people who have a smoke-free childhood, and ensuring that there is a whole-system approach to a smoke-free Wales. The measures proposed in the Tobacco and Vapes Bill fully complement this strategy and will enable Wales to achieve our goals for a smoke-free Wales at a faster pace. • We believe the Bill offers a sensible balance between measures that will provide consistent legislation across all UK nations where it makes sense, and measures which lend themselves to country-specific approaches that take account of and build on existing systems and structures as well as cultural differences or needs.
5.	Do you think there are areas where greater collaboration with other UK nations is necessary, and/or should Wales consider developing additional, specific measures? (e.g; to consider inequalities in smoking rates across different demographics in Wales, including socio-economic and regional disparities?)	<ul style="list-style-type: none"> • We believe the current level of collaboration is appropriate. Public Health Wales considers collaboration with the other UK nations as extremely valuable in developing and implementing tobacco control initiatives. We have in place regular 4 Nations meetings which have allowed development of strong relationships with Public Health Scotland, Office for Health Improvement and Disparities/Department of Health and Social Care in England, and the Health and Social Care Public Health Agency in Northern Ireland. In this way we are able to share expertise, insights and plans, and collaborate on relevant topics to reduce duplication of effort and enhance impact. • Wales has already developed a large number of specific measures where relevant, and we lead the way in the UK with some of our initiatives. Within Public Health Wales, our Tobacco Control team has an extensive programme of work which is focused on priority areas of activity aimed at making the greatest difference to the population of Wales. We are part of a wider systems approach that includes Health Boards as key partners. This includes the Help Me Quit in Hospital programme and our Smoking in Pregnancy programme, both of which are seen as leading the way at a UK level. All our work is informed by data and in-

		<p>sights about the Welsh population as well as the research evidence base across many domains, including behavioural science. We work with partners to gather data (e.g., Schools Health Research Network, Help Me Quit service data) and, where there are gaps in knowledge, we commission research and insights with target groups within the population. An example of this approach includes considering smoking rates across different demographics in Wales and using this information, as well as relevant insights into these specific population subgroups, to inform the Help Me Quit offer to them.</p> <ul style="list-style-type: none"> • The Tobacco & Vapes Bill contains a wide range of legislative measures that will complement and enhance the above programme of work to enable a greater likelihood of achieving smoke-free ambitions. However, it is important to view the Bill within the wider context of the national tobacco strategy. From a public health perspective, the Bill offers a renewed opportunity for all those involved in policy development in Wales to consider the full range of evidence-based policies that fall within the competence of Welsh Government to reduce availability, appeal and access to products that harm individuals and communities in Wales, and disproportionately harm the most vulnerable. Wales has competency to develop legislation that sets out /powers for addictive products and should consider measures that align with strategy and are evidence based.
<p>Tobacco – views on proposals to:</p>		
<p>6a.</p>	<p>Make it an offence to sell tobacco products, herbal smoking products and cigarette papers to anyone born on or after 1 January 2009.</p>	<ul style="list-style-type: none"> • Public Health Wales strongly agrees with this measure aimed at creating a smokefree generation. We have key arguments relating to this in our response to the first question, with references to relevant reports and statistics. • ONS data for Great Britain show only 16.3% of current smokers have no quit intention. It is crucial to ‘stop the start’, and take strong action to prevent young people from ever starting to smoke or vape. There is absolutely no benefit to any child in Wales related to starting to smoke. Instead, the opposite is true – this measure within the Bill will protect the vast majority of children in Wales from development of nicotine addiction as well as the huge impacts on health, quality of life and longevity that we know smoking creates. • It is important that supporting measures are developed to ensure effective implementation of this

		<p>measure, such as a communications plan encompassing targeted public campaigns, and mandatory age verification to support the required licensing regime. We also note that New Zealand legislation on age was accompanied by supportive legislation regulating outlets and nicotine strength. Modelling suggests equivalent measures could substantially increase the impact of the UK legislation. Again, therefore, it is important to consider opportunities, in particular those in the Bill that would create powers for the Cabinet Secretary for Health and Social Care, to amplify and develop these measures.</p>
6b.	<p>Make it an offence for a person aged 18 or over to buy, or attempt to buy tobacco products, herbal smoking products and cigarette papers for someone who was born on or after 1 January 2009.</p>	<ul style="list-style-type: none"> • We believe that it is crucial to prohibit proxy sales to ensure that legislation is effective in practice in reducing the supply of tobacco products to those who are no longer permitted to be sold these products directly. It is already an offence in England and Wales for adults to buy tobacco on behalf of someone under the age of 18, so this measure is in line with current legislation.
<p>Vaping and other nicotine products – views on proposals to:</p>		
7a.	<p>Ban vaping products and nicotine products from being sold to under 18s.</p>	<ul style="list-style-type: none"> • As mentioned earlier in response to question 1, we welcome the inclusion of vaping products in the legislation and measures to reduce their appeal to young people. • Research with young people highlights widespread confusion of the relationship between nicotine and vapes, including a lack of knowledge about what nicotine is, the effects of addiction and the fact that it may or may not be present in vapes. Until now non-nicotine vapes have sat outside any regulatory framework. Many of the risks associated with nicotine containing vapes are also likely to apply to non-nicotine containing vapes, and therefore the regulatory framework should be the same.
7b.	<p>Ban advertising, promotion and sponsorship agreements for vapes and nicotine products.</p>	<ul style="list-style-type: none"> • We fully support this proposal. • Evidence from a recent study (Chacon et al, 2024) demonstrated the association between the commercial promotion of vapes on social media with positive perceptions of vaping and vaping behaviours, particularly among young people. The study addressed themes including celebrities' sponsorship, e-liquid appeal (including flavours and nicotine levels), users' engagement with advertisements, and other marketing strategies.

		<ul style="list-style-type: none"> Given that the rationale for addressing vape marketing is to reduce appeal and visibility to children and young people, this implies that we should take the same approach as we have previously to achieve this same goal in relation to tobacco. We believe tighter regulations are required on vape advertising to ensure it complements and does not undermine public health work to tackle youth vaping. Research undertaken by ASH found that 2% of 11 to 15 year olds who have ever vaped (approximately 20,000) said that their first vape was given to them by a vape company. There is currently no restriction on the free distribution of samples of nicotine or non-nicotine vapes. This differs from the position on tobacco products, whereby the free distribution of tobacco products is prohibited under the Tobacco Advertising and Promotion Act 2002. This measure will enable this loophole to be closed at the earliest opportunity.
7c.	Provide regulation-making powers to regulate the flavours, packaging, and other product standards of vapes and nicotine products.	<ul style="list-style-type: none"> We fully support these proposals as being a key way to reduce the appeal of vapes and nicotine products to young people. <p>Flavours</p> <ul style="list-style-type: none"> As outlined in our response to question 2, evidence suggests that flavoured products are important for the initiation and continuation of vaping amongst under-18s. Flavours are an important factor in motivating young people to start vaping and makes them more attractive to existing users. Evidence suggests consumers also prefer flavoured vapes, and flavour is important for adolescents in both vaping trial and initiation. In reviewing options to restrict flavours, we note evidence on the balance of risks and benefits of flavoured vapes availability is still emerging. Legislation ensuring the UK Government and Devolved Administrations can respond effectively and rapidly to new evidence would be preferable to either an absence of legislation on flavourings or an immediate complete ban. Given the reason for restricting flavours is health, a devolved area, we also believe legislation should permit devolved administrations to define the scope of restrictions. This may also allow evaluation of the impact of restrictions if administrations choose different approaches.

		<ul style="list-style-type: none"> • We also believe that flavours should be limited to specific categories so that categories that are likely to appeal disproportionately to young people (e.g. confectionary flavours) are unavailable. • In the UK, a 2023 survey by ASH showed that the most popular vape flavour for children was ‘fruit flavour’, used by 60% of children using vapes in the survey. Meanwhile, 17% of chose sweet flavours such as chocolate or candy and 4.8% chose energy drink or soft drink flavours. • The use of flavoured vapes in smokers has also increased. In 2015, most adults who vaped used tobacco flavour. However, in recent years there has been a shift with more adults in 2023 choosing fruit flavours (47%) and mint and menthol flavours (17%) compared to tobacco flavours (12%). • We believe that an all-UK approach to this issue is most appropriate given it would be complex to police different regulatory regimes, and this approach would also allow flexibility to adjust the terms through secondary legislation in the future. <p>Packaging</p> <ul style="list-style-type: none"> • Qualitative research (awaiting publication) undertaken by Public Health Wales with young people has indicated that they perceive the design of packaging as intended to appeal to them. The Tobacco and Related Products Regulations 2016 (TRPR) introduced a range of measures in relation to vaping products including requirements for package labelling and warnings. Research into the impact of the regulations found the growth in ever-use of e-cigarettes among 11-16 year olds, as observed prior to their implementation, did not continue. This supports the likely impact and value of the measures in the Tobacco & Vapes Bill. • The Standardised Packaging of Tobacco Products (SPoT) Regulations 2015 introduced a range of measures including graphic warnings of harms. Evidence suggests these measures were effective in reducing the likelihood of an individual becoming a smoker. • Academic research on standardised packaging for vaping products has suggested that it is likely to be effective in reducing appeal amongst children and young
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		<p>people but is likely to have considerably less impact on adult choices, whether or not they are smokers.</p> <ul style="list-style-type: none"> • Taken together, the above evidence suggests that standardised packaging is likely to be effective in reducing appeal and therefore uptake amongst children and young people, whilst having less, and perhaps no, effect on the choices of adults who may be considering switching from tobacco to vapes. <p>Product Standards</p> <ul style="list-style-type: none"> • The TRPR 2016 introduced a number of restrictions on vape products which are important in reducing harms especially to children and young people. For example, specifying maximum tank sizes as large tank sizes may encourage very high levels of nicotine consumption. However, these products are being developed by the vaping industry and legislation may struggle to keep pace with potential harms. The Bill creates powers for the Secretary of State to pass secondary legislation on product standards, which may address or at least mitigate this issue. It is preferable that this is a UK power, as having different regulatory regimes in the 4 nations would create enforcement challenges and may give manufacturers incentives or opportunities to game the system.
7d.	Provide powers to regulate the display of vapes and nicotine products, empty retail packaging and their prices.	<ul style="list-style-type: none"> • We fully support these powers and have provided relevant information to support this position in our answer to question 2 above.
7e.	Ban the presence of vape and nicotine product vending machines.	<ul style="list-style-type: none"> • We support the proposed measures to ban vape and nicotine product vaping machines. Vending machines provide ways for purchase to happen without age verification, therefore creating opportunities to circumvent the implementation of current and future age restriction legislation for vapes.
7f.	Introduce powers to introduce a new and more robust registration scheme for all vapes and nicotine products. This scheme would also cover tobacco products and non-nicotine vapes.	<ul style="list-style-type: none"> • We are in support of a robust registration scheme for vaping products and nicotine/tobacco products. This has the potential to strengthen the regulatory frameworks, improve public health outcomes and ensure consumer protection. However, consideration needs to be given to how this scheme will be effectively enforced. • Wales legislated for a retail register in the Public Health (Wales) Act 2017 but never brought it into force. A retail register simply requires registration: unless a retailer has been convicted of specific offences in relation to illegal tobacco sales, they can be

		<p>added to the register. The legislation in the Bill would give the Cabinet Secretary for Health and Social Care powers to introduce conditions for the granting of a licence. For example, there could be restrictions on the density of tobacco retailers in areas of higher smoking prevalence, or buffer zones around schools.</p> <ul style="list-style-type: none"> • It is important that any conditions on licenses are developed in ways that reflect the evidence of their impact on individuals and communities. Modelling in NZ (Ait Ouakrim et al, 2024) suggested that licensing restrictions could have particular health benefits to those most likely to be marginalised and living with deprivation. • From a public health perspective, we support the fact that the Bill creates powers in relation to retailer licensing for Welsh Government rather than UK Government on the grounds that policies in this area for the benefit of the health of the Welsh population are most likely to be effective if they reflect the specific patterns of demographics, geography and smoking prevalence of this nation.
7g.	<p>Introduce powers to extend smoke-free laws so that they could also prohibit the use of vapes and heated tobacco products in specified areas where smoking is prohibited.</p>	<ul style="list-style-type: none"> • We believe that extension of current smoke-free laws to include vapes and heated tobacco products would be a positive step that would reduce confusion among the public about what products can be used where while, importantly, supporting efforts to denormalise tobacco use as outlined in our response to question 1. Given we do not yet know what the long-term impacts of vaping might be, including secondhand exposure to vaping, this also enables an approach based on the precautionary principle to be taken to protect individuals from potential harm. • This extension would also deter smokers from becoming dual users, for example switching to vaping in locations where they are not permitted to smoke. Dual use is not advisable and therefore legislation to further deter this would be welcome. The greatest possible benefits to a smoker during a quit attempt rely on them exclusively vaping and stopping smoking completely. It is possible that some smokers who start vaping smoke less, but it is also possible that some who would have quit smoking may continue to use vapes to reduce cravings where smoking is not permitted, so prolonging their smoking. The advantage of the legislation is that it allows for secondary legislation, so it is easier to amend the rules as new evidence emerges.

		<ul style="list-style-type: none"> • However, we do feel that the Bill needs to go further than to just extend the legislation to include vapes and heated tobacco. • Wales has implemented some of the most comprehensive smoke-free legislation in the world. The Public Health (Wales) Act (2017) (enacted on 1st March 2021) prohibits smoking in a variety of public outdoor spaces including: school grounds, playgrounds, outdoor care settings for children, hospital grounds and more recently self-contained accommodation (1st March 2022) and Mental Health Units (1st September 2022). These are in addition to the enclosed and substantially enclosed spaces covered by the original Smoke-Free Premises etc. (Wales) Regulations 2007. The most recent legislation marks a shift in purpose from protecting people from environmental tobacco smoke (ETS) to creating environments in which being smoke-free is the norm. • However, many outdoor public spaces are not covered by the Public Health (Wales) Act (2017) despite being frequented by children and young people who could be exposed to risk of health harms due to ETS and who are also 'at-risk' of seeing smoking as normal. It should be noted that there are often de facto vaping bans in outdoor spaces to mirror smoking bans, e.g. Transport for Wales sites. Children and young people are greatly influenced by their sense of what is normal and attractive, which is in turn influenced by the imagery and social meaning attached to smoking. Research has shown that children exposed to adults smoking (Royal College of physicians (2021) around them are more likely to start smoking, with two thirds of those who experiment with smoking going on to become daily smokers. • Exposure to ETS is a potential risk in these unregulated public spaces. The designation of additional smoke-free public spaces both protects children and non-smokers from ETS and reinforces that social norms have shifted to favour smoke-free environments. Social denormalisation is an established approach that shifts the social norms around smoking towards smoking being seen as undesirable behaviour undertaken by a small minority. The continued expansion of smoke-free spaces would reflect the fact that the vast majority (87%) of those over 16 years of age in Wales are non-smokers and that smokers are very much in the minority in the population (13% smoking prevalence in 2020/21).
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		<ul style="list-style-type: none"> • Smoke-free environments also support those who wish to quit and recent quitters. • Public Health Wales has reviewed the international published literature on the impact of designating public spaces as smoke-free. • Research shows that effective outdoor smoke-free policy can be implemented via a range of mechanisms including national legislation, local government regulations or ordinances, and voluntarily by the public. Regardless of the enabling mechanism, concerns regarding health impacts of ETS, fire hazards, workplace health and safety, environmental impacts, public amenity, threat of legal action, and political feasibility have all been equally strong drivers for implementation of these policies. • Globally, outdoor smoking bans have good acceptance and support from the public and this offers policymakers a strong rationale for their adoption. Research commissioned by Public Health Wales (undertaken by ASH Wales) found there is majority support among the Welsh population for restricting smoking in a variety of outdoor settings (ranging from 77% in public transport waiting areas to 59% on public pavements). • Surveys conducted by ASH Wales on attitudes of the public towards tobacco control in Wales demonstrate a continued appetite to extend the scope of smoke-free places. The 2021 survey found 67% (up from 63% in 2019) of Welsh adults support measures to ban smoking in outdoor areas of restaurants, pubs and cafes. These locations were highlighted in the 2018 survey as areas of high ETS exposure for Welsh adults (71%) in addition to public transport waiting areas (i.e. bus stops) (65%) and whilst working (22%). • Targeting areas frequented by children and young people has a consistently high level of public support, with 81% of respondents to the 2021 survey agreeing 'smoking should be banned in outdoor areas where children play sport', with 56% of respondents describing such a ban as 'absolutely essential'. In a 2022 study commissioned by Public Health Wales, 93% of respondents believed this policy was important 'to some degree', with more detailed analysis of this research suggests that support is relatively strong as well as broad. • We believe that extending legislation to encompass a wider range of smoke free public places is essential to
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		<p>support Wales’s ambition of becoming a smoke free nation. The migration of smokers to outdoor spaces poses a risk to tobacco control policies aimed at reducing the acceptability and visibility of smoking.</p> <ul style="list-style-type: none"> • Increasing public support in Wales and examples of successful implementation and positive impacts of outdoor smoke-free policies globally should provide confidence to explore a range of mechanisms to extend smoke-free environments in Wales. Research supports the following as priority areas: <ul style="list-style-type: none"> ○ The immediate vicinity (4m/15 feet) of any public entryway ○ Outdoor dining and hospitality settings ○ Public transport waiting areas ○ Outdoor settings where children are present e.g., recreation areas such as parks, beaches, public events and sports fields.
8.	<p>Are the proposed restrictions on advertising, packaging, and flavours sufficient to prevent uptake among young people while maintaining access for smokers using vapes for harm reduction?</p>	<ul style="list-style-type: none"> • We believe the measures proposed in the Bill are in line with the most recent evidence of effective action in this area. The Bill strikes a sensible balance between allowing legislative action around displays of products, packaging, features, content and flavours, non-compliant images and registration of premises selling products to prevent uptake of vaping among children and young people, while enabling vaping products to remain available for those who choose to use them for smoking cessation/harm reduction.
Enforcement		
9.	<p>Your views on proposals to provide enforcement authorities with the power to issue Fixed Penalty Notices of £200 for the underage sale, proxy sale, and free distribution of cigarette papers and tobacco, herbal smoking, vaping and nicotine products, breaches of age of sale notice restrictions and display restrictions, and FPNs of £2,500 for offences in connection with licensing.</p>	<ul style="list-style-type: none"> • As a public health body, this question lies outside our core area of expertise. Our main concern is that enforcement supports the objectives of the policy i.e., to reduce the supply of tobacco and vapes to those who are not legally able to procure them. We fully support these powers as they enable an immediate sanction to be applied, rather than requiring prosecution. This would avoid both the length of time and expense involved with prosecution while acting as an immediate deterrent to further breaches of the legislation. However, it is also important that a new tier of penalties does not lead to lesser sanctions being systematically applied when more serious sanctions are required, for example for repeat offenders, on the basis that they could save authorities time or resources. • Should provision for fixed penalty notices be made, it will be important that clear guidance is issued to trad-

		<p>ing standards to ensure that enforcement is consistent and effective, with proportionate and escalating responses to underage sales that lead to a change in the behaviour of retailers who do not comply. It is also important that enforcement activity is monitored to assess the impact of these measures.</p> <ul style="list-style-type: none"> • From our experiences of such powers which are part of smoke-free hospital legislation already implemented in Wales, although the power exists to issue fixed penalty notices there is generally no capacity within local authorities to actively support this policy through enforcement. In general, enforcement of smoke-free hospital legislation is not seen as a priority when allocating limited resources.
10.	<p>What potential challenges do you foresee for the enforcement of these regulations in Wales?</p>	<ul style="list-style-type: none"> • If no additional resources are made available for enforcement activities, the regulations risk adding to the existing pressure on local authority resources. There is significant risk that if retailers become aware that the regulations are not being sufficiently enforced, they will start to relax their compliance.