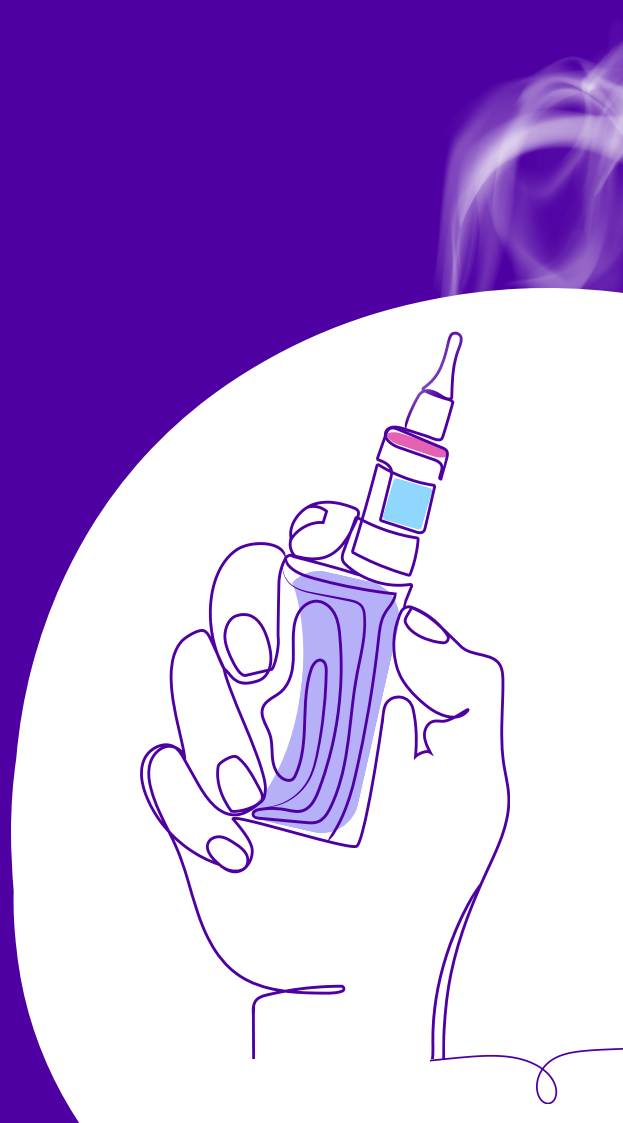


# Nicotine Discovery Report

Phase 1 Views of Residents (Aged 16+)  
and Professionals in Gwent



February 2026

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*We would like to thank the residents of Gwent for taking the time to complete the public survey. Many thanks to all of the professionals who took the time to either complete the survey or take part in the focus groups. Your input and insight has been extremely valuable.*

## Introduction

Whilst great strides have been made to lower tobacco smoking prevalence, many people have now switched to other nicotine products. This raises the concern that although tobacco smoking is declining, usage of alternative nicotine products could be increasing amongst the Gwent population. Nicotine can be found in a range of tobacco-based products (e.g. heated tobacco & smokeless tobacco) and nicotine-based products (e.g. vapes & nicotine pouches). Switching to less harmful nicotine products may have health benefits for individuals who currently use tobacco. However, for individuals who have never used tobacco, using alternative products can quickly lead to dependency which in turn can result in experiencing withdrawal symptoms and cravings.

This discovery report provides a summary of the enablers and barriers that support behaviours in relation to nicotine use across Gwent, to enable the membership of the Gwent Nicotine Control Alliance (appendix A) to identify areas for joint action. This report includes the results of a survey undertaken in August-September 2025 to capture the views of Gwent Residents aged 16+, who have never used any nicotine products, who have previously used nicotine products and who are currently using nicotine products. In addition, a further survey was carried out to explore the views of health professionals and services who support those using nicotine products.

Phase 2 of the discovery report will include the views of children from year 5 to year 13 as well as teachers. This will take place in Spring 2026 with the timing agreed to facilitate school engagement. This report should be completed by Summer 2026.

Prevalence of tobacco cigarette smoking has been declining overtime and has been well monitored at a national level. However, there has been less monitoring of other tobacco products and other products containing nicotine are more of a recent phenomenon about which less is known. This discovery report is the first time this area has been explored on a Aneurin Bevan University Health Board (ABUHB) footprint.

Biological, psychological, behavioural and cultural factors all contribute to nicotine addiction (Heishman, 1999), and the intention of this report is to explore the behavioural factors faced by the Gwent population. This discovery report aims to provide:

- An understanding of the behaviours that enable nicotine use
- An understanding of the challenges for quitting nicotine use
- An understanding of the views of the Gwent population on nicotine use in their community



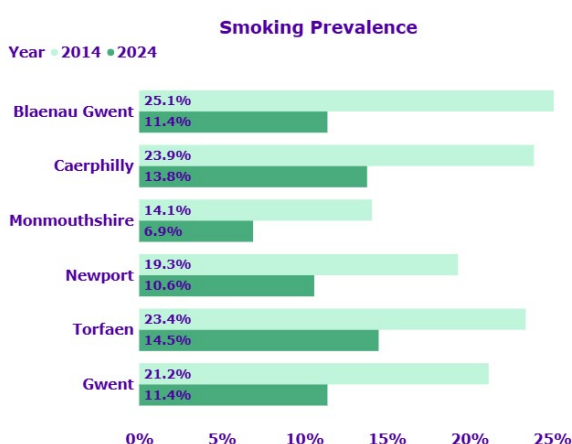
Present findings to the Gwent Nicotine Control Alliance to inform an action plan of priorities for Gwent

## Background

Tobacco smoking is the leading cause of preventable ill health and death. Smoking tobacco has been linked to a range of different cancers including lung cancer as well as other diseases such as, cardiovascular disease (CVD), coronary artery disease (CAD), chronic obstructive pulmonary disease (COPD), diabetes, infertility and Alzheimer's disease (Zainul, 2011). The World Health Organisation (WHO) estimates that it kills more than 8 million smokers every year and 1.3 million non-smokers who are exposed to second-hand smoke (World Health Organisation, 2023).

*Figure 1: Smoking Prevalence in Gwent 2014 vs 2024*

The Welsh Government has a clear ambition for Wales to be smoke-free by 2030. This means achieving a tobacco smoking prevalence in adults (age 16+) of 5% or less. Reducing the tobacco prevalence below 5% will have a significant impact on preventing smoking relating illnesses and deaths. Across Gwent the proportion of adults who smoke has declined over the last several years from 21% in 2014 to approximately 12% in 2024. Within Gwent, there is some variation across the different local authorities, with a significantly lower rate of 6.9% in Monmouthshire compared to Torfaen with the highest rate at 14.5% (95% CI 4.2%-9.5%) ([Annual Population Survey, 18+ year olds, 2024](#)).



The United Kingdom (UK) government has a Tobacco Endgame strategy which means that anyone turning 15 years old in 2024 will never legally be able to purchase tobacco. It involves the legal age of sale raising by one year every year to prevent future generations from taking up smoking.

## UK and Welsh Government Legislations & Policies

- [Tobacco and Vapes Bill 2024](#): creating a smoke-free generation and tackling youth vaping
- [A Smoke-Free Wales 2022](#): Our long-term Tobacco Control Strategy for Wales
- [Wellbeing of Future Generations](#) (Wales) Act 2015

This builds on the existing legislation which has been in force since 2007 which include legislation around smoke-free spaces:

- [The Smoke-free Premises](#) (Wales) Regulations 2007
- [Public Health](#) (Wales) Act 2017
- [The Smoke-free Premises and Vehicles](#) (Wales) Regulations 2020
- [Smoke-free Law](#): guidance on the changes from March 2021

More work is needed to address smoking within the Gwent population to achieve the 2030 ambition. This needs to include support for those wishing to quit smoking and consideration of how to prevent new smokers.

The newly established Gwent Nicotine Control Alliance is tasked with taking forward and monitoring progress towards the Smoke-Free Wales Ambition but also to consider concerns related to other products containing nicotine.

## **Products containing Nicotine**

There is anxiety surrounding nicotine products due to the addictive nature of this substance. Over recent years a wide range of products containing nicotine have been introduced to the market, which has increased its availability to a whole new cohort of people. The misperceived safety of the alternative products containing nicotine has led to widespread use among adolescents as well as the wider population. Therefore, whilst tobacco smoking has been declining, the popularity of alternative nicotine products has been growing. To understand the scope of this report, it is firstly important to know which products are available that contain nicotine and are therefore included.

Heated Tobacco Products (HTP) also known as Heat Not Burn products, are not widely used in the UK. ASH reported that less than 1% of tobacco users use these products however, they have been growing in popularity in other countries (ASH Smoke free Adult Survey, 2025). In the UK, tobacco companies are actively marketing HTP as a less harmful alternative to smoking cigarettes, and retailers are also promoting this product in their stores. HTP did not exist in 2002 therefore, is not explicitly named in the tobacco legislation which is why tobacco companies are able to advertise this product. This is a concern as very little independent research has been done to support the claim that this is a harm reduction method.

Shisha also referred to as Hookah or Waterpipe, involves smoking flavoured tobacco through a water-based apparatus, originated in Middle East, Southeast Asia and Northern Africa. It commonly takes place in café settings and restaurants linking it to social gatherings and is a growing trend for young people (Mugenyi et al., 2018). Shisha, like tobacco contains harmful materials such as carbon monoxide, heavy metals, carcinogens as well as nicotine. Therefore, health risks include respiratory issues, infectious disease from sharing mouthpieces and addiction.

Smokeless tobacco (ST) which includes chewing tobacco, dipping tobacco, snuff or Snus are forms of tobacco that are either chewed, sucked or sniffed rather than smoked. ST have been linked to a range of cancers such as oral, oesophageal and pancreatic as well as contributing to cardiovascular disease, hypertension, peptic ulcer and foetal morbidity and mortality (Gupta *et al.*, 2018). ASH reported that there is limited data on the consumption in the UK however, it is reported to be more prevalent in ethnic minority groups, predominantly South Asian communities. The sale of several types of oral tobacco such as Snus has been banned in all European countries except for Sweden (Hatsukami *et al.*, 2014).

Electronic nicotine delivery system (ENDS) also known as e-cigarettes, vaping devices or vape pens were firstly introduced in Europe in 2006 and have become increasingly popular. ENDS have been marketed as being a safer alternative to

tobacco smoking however, they do not come risk free especially for young people and those who have never smoked. [Vaping](#) involves a person inhaling vapour created by heating a liquid. Unlike cigarette smoking, vaping doesn't involve burning tobacco therefore many of the harmful chemicals are avoided.

Since they were first introduced these devices have developed significantly and the introduction of flavours and colours have made them more appealing. Whilst ENDS offer a smoker a safer alternative to support them to quit tobacco, the raise in young people vaping is a serious concern. These products often contain nicotine which is a highly addictive substance and the effects of exposure to this from an early age can have a negative impact on a person's development. In Wales, data shows that 7% of young people aged 11-16 years old are vaping weekly and this is an increase from 5.6% in 2021. For pupils in year 11, the figure is 15.9%, up from 13.6% in 2021 (Tobacco & Vapes Bill, 2024).

[Nicotine pouches](#) are sachets that are placed between the lip and the gum. Nicotine Pouches are often referred to as 'nicopods', 'lip pillows' and 'upper deckies'. Nicotine Pouches are also mistakenly called 'Snus' or 'White Snus' however, they do not contain tobacco leaf. Emerging evidence is showing that Nicotine Pouches are growing in popularity especially with young people. Currently in the UK there is no legal age of sale and as they are not classed as a tobacco-related product they can be marketed, and packaging can legally appeal to children. They are often on sale at the front of the store, next to mints and chewing gum which are at direct eyeline for children to see and have access to. There is currently limited research into Nicotine Pouches and as some contain high levels of nicotine, the current health effects from using these are unknown (Taylor *et al.*, 2025). Therefore, it is extremely important for more research to be undertaken within this area.

### **Illegal Nicotine Products**

In Wales, it is illegal to sell tobacco in non-original packaging, tobacco products with higher nicotine levels than allowed, foreign-manufactured cigarettes and vapes with missing health warnings. From the 1<sup>st</sup> of June 2025 it was also made illegal to sell single-use vapes. Illegal products are often sold at unusually low prices and may be found through private addresses or social media.

[ASH Wales \(2023\)](#) reported that, illegal tobacco makes up 10% of the entire tobacco market. This is concerning as this has been linked to criminality in the community and makes it easier for children to start smoking. In 2022, the [No Ifs. No Butts.](#) campaign was launched to simplify reporting of illicit sales to Trading Standards. This campaign has been extremely successful with increasing reports of illicit products in the community and has driven enforcement actions.

This current survey will explore where residents purchase products, to identify the most popular locations and the weekly amounts spent on nicotine products.

### **Nicotine-related Behaviours**

Risky behaviours are often explored in adolescence, and this is when most people usually start using products containing nicotine. This is typically related to either social influences (peer or family pressure) or psychological factors (managing stress or methods to relax). Adolescence is a crucial developmental stage for the brain





and studies have found that exposure to nicotine during this time can impact on cognitive performance, decrease in attention span and can lead to an increase in impulsivity (Castro *et al.*, 2023). It has also been found that for those who start using nicotine during adolescence, they are more likely to become dependent and find it more difficult to quit.

For those who do develop a nicotine dependence, it is difficult to break the cycle of this addiction. Physically, once a person has a dependence it is challenging to stop due to the withdrawal symptoms and managing cravings. Some nicotine products are seen as being socially acceptable and are easily accessible which makes the habit easy to maintain. But also, someone's motivations or reasons to actively use nicotine products can affect their ability to quit.

This report wants to identify if these nicotine-related behaviours are relevant for the population of Gwent or if there are additional factors influencing reasons for using nicotine products. These findings will support services in Gwent to have a greater understanding of what is influencing behaviours within the community and what potential support is needed to either prevent someone starting or to support someone to stop using nicotine.

## **Addressing Health Inequalities**

Health inequalities linked to smoking significantly affect those living in more deprived communities compared to more affluent communities. More deprived communities often have higher rates of smoking which increases premature mortality rates. Individuals living in the most deprived communities have also been found to be less likely to quit compared to individuals living in more affluent areas (Manhala *et al.*, 2025).

With a growing health inequality gap amongst the population, it is vital to consider the social determinants of health as these all contribute to someone being able to adopt a healthy lifestyle. This indicates that services need to be provided within these communities and ensure that they are easily accessible. There is a great deal of work happening in Gwent to address these inequalities, including a number of strategies and plans.

## **Local Context**

Locally there are several key strategies and plans which influence priorities, and going forward will contribute to the actions of the newly established Gwent Nicotine Control Alliance. These include:

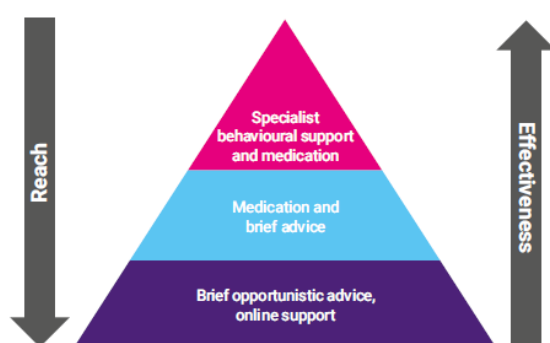
- [Gwent Marmot Region](#)
- [Integrated Medium-Term Plan \(IMTP\) 2025/28](#)
- [Gwent 35: Our Ten Year Strategy](#)

## Current Service Provision

Help Me Quit (HMQ) is a stop smoking service that supports tobacco users living in Wales, which was launched in Wales in April 2017. This service was designed to make it easier for smokers to access support by a single point of contact either via phone, text or website. The service offers weekly behavioural change support alongside Nicotine Replacement Therapy (NRT) or prescription medication such as Zyban and Varenicline. In ABUHB there is a team of nine Behaviour Change Practitioners, who deliver this service in the community across Gwent.

As shown in figure 2, specialist behavioural support and medication is significantly more effective compared to medication and brief advice or brief opportunistic advice and online support.

Figure 2: Effectiveness and reach of Help Me Quit stop smoking support



Help Me Quit offers their support in a way that would best suit the individual wanting to quit. This can either be face-to-face, 1-1 or in a group in a local community setting (GP surgery/local library), at your local pharmacy, or if unable to attend in person a telephone appointment can be made available to you.

As shown in figure 3, the most effective option for support is group support with other smokers at a community venue. This is followed by 1-1 support at a community venue, while telephone support is slightly less effective.

Figure 3: Effectiveness of NHS stop smoking support options

GUIDE TO NHS STOP SMOKING SUPPORT			
<p>How can the Help Me Quit service help smokers who want to quit?            Many people try to stop smoking on their own but research tells us this is the least effective way. Combining NHS help with a stop smoking medication is the best way of quitting.</p> <p>What Help Me Quit services are available?            There are a number of services in Wales. All services are free and will give smokers the best chance of quitting smoking for good. They all provide:</p> <p>✓ Support from stop smoking experts    ✓ Weekly sessions    ✓ Monitoring progress with a carbon monoxide (CO) reading    ✓ Access to free, licensed stop smoking medication</p>			
Support	Where	Benefits	Things to think about
Meeting with other smokers	Community venues	300% more effective than quitting without support <sup>1</sup> Talking with other smokers going through a similar experience can be reassuring	
One to one	Community venues Community pharmacies Hospitals in some areas Maternity services for pregnant women in some areas	100-200% more effective than quitting without support <sup>1</sup>	There may be referral criteria to access hospital services such as having a chronic health condition or before an operation.
Telephone	Across Wales	50-100% more effective than quitting without support <sup>1</sup>  Requires less time than one to one support or support provided in meetings with other smokers	Appointments need to be pre-planned. Around the time of the last session, quit status will need to be confirmed by taking a CO reading. This would be done by a stop smoking expert in a community venue or community pharmacy.

## Stop Smoking Medication

Nicotine replacement therapy (NRT) refers to licensed products that contain nicotine such as nicotine patches, inhalators, chewing gum, lozenges, mouth sprays or nasal sprays. These products are used to reduce withdrawal symptoms by providing a level of nicotine that a person would otherwise get from tobacco (All Wales Medicines Strategy Group, 2018). These products can be bought over the counter from pharmacies and supermarkets. They may also be provided to those who access the HMQ service, free of charge.

Bupropion (Zyban) and Varenicline (Champix) are a prescription only medicine and is usually provided to people who are part of a stop smoking programme and receiving behavioural support. They work by reducing cravings and withdrawal symptoms while also reducing the reward effects of nicotine, such as feelings of pleasure or relaxation (All Wales Medicines Strategy Group, 2018). Whilst both are effective forms of supporting people to quit, these medications come with different guidance and side effects.

However, Help Me Quit mainly provides support for people wanting to quit tobacco, less support is offered for those wanting support to quit other forms of nicotine. For example, people who want to quit vaping are advised to visit the Help Me Quit website and access the Self-Help tool (How to quit vaping - Help Me Quit) which provides a personalised plan to quit vaping. Alternatively, a one-off behavioural session can be offered to discuss routine, habits and dependency by calling 0800 0852219.

In November 2025, Public Health Wales released a vaping position statement. This statement outlined the stance for the Help Me Quit service regarding providing vapes as a means to support a quit attempt: "As an NHS Wales service, Wales's national smoking cessation service, Help Me Quit, only provides medications and

medical devices licensed by the Medicines and Healthcare products Regulatory Agency (MHRA). To date, no manufacturer has chosen to license vapes for the purposes of quitting smoking. Public Health Wales continues to monitor the evidence in relation to vapes and smoking cessation, including in relation to the 'swap to stop' scheme introduced by the Department of Health and Social Care in England" (Emmerson & Mckibben, 2025).

## Methodology

A mixed methods approach involving both qualitative and quantitative methods was used for data collection. An online MS form for residents and professionals working in Gwent was completed between August and September 2025. Three focus groups were held with professionals, two focus groups were held online and one held in person in July 2025. Menti-meter was used to facilitate these groups and questions asked were the same as the professional survey.

The surveys were designed in collaboration with members of the data collection team and the early collaborators. The team met weekly to discuss the purpose of the report and to design the questions to ensure that the three aims of identifying the enablers to nicotine use, challenges of quitting and views on nicotine usage in the community was being appropriately addressed. The surveys quickly developed to involve a wide range of nicotine products available, this was to gain an understanding of what nicotine products are being used in the community. Depending on whether the participants were currently, had previously or never used nicotine, the survey split into three different branches to properly capture their views.

## Promotion

The resident survey and professional surveys were promoted through different avenues and are listed in the table below:

Resident survey	Professional Survey
Social Media: Facebook & Instagram	ABUHB Intranet site
Posters in community settings	Professional newsletters
Community network partners	Services/Stakeholders
Colleges	Gwent Nicotine Control Alliance
Gwent Nicotine Control Alliance	
Help Me Quit Service	

## Participants – Resident Survey

A total of 1257 residents of Gwent completed the MS form, 56.25% were Female, 41.29% were Male, 1.91% preferred not to say and 0.56% were Gender Queer.

Figure 4 shows the highest uptake of responses were from **Newport** (38.03%), followed by **Torfaen** (26.33%), **Caerphilly** (13.44%), **Monmouthshire**, (12.89%) and **Blaenau Gwent** (9.31%). There were a total of 704 responses from residents aged 16-25, therefore in figure 3, 16-25 are grouped together, 26-65 are grouped together and then 66+.

Figure 4: Respondent Age Group by Local Authority

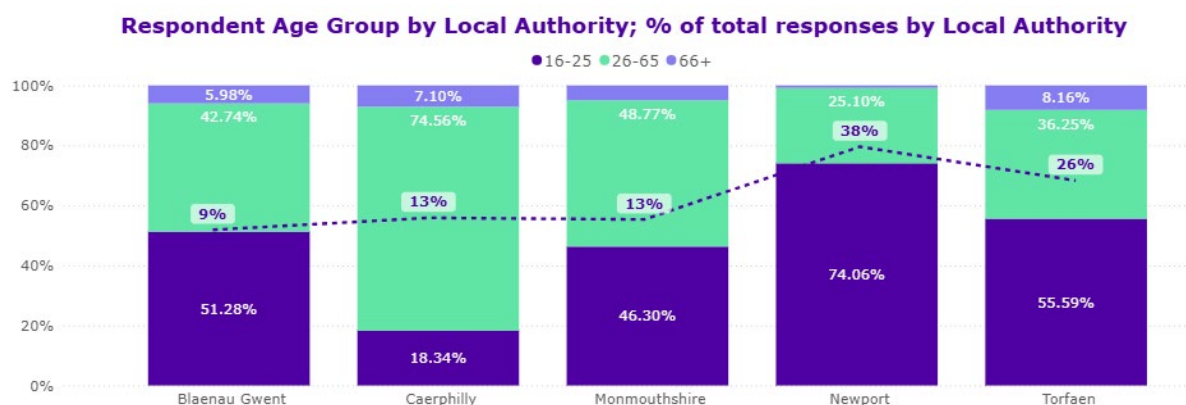


Figure 5 demonstrates the response rate per 10,000 population by gender and local authority. Response rate refers to the proportion of the population that completed this survey. This was used to make a comparison across the Gwent local authorities, which have different population sizes and gender splits. What this means for this survey is that there has been good representation of the population however, the response rate has been higher in Torfaen and among younger people.

Figure 5: Response rate per 10,000 population by gender and local authority

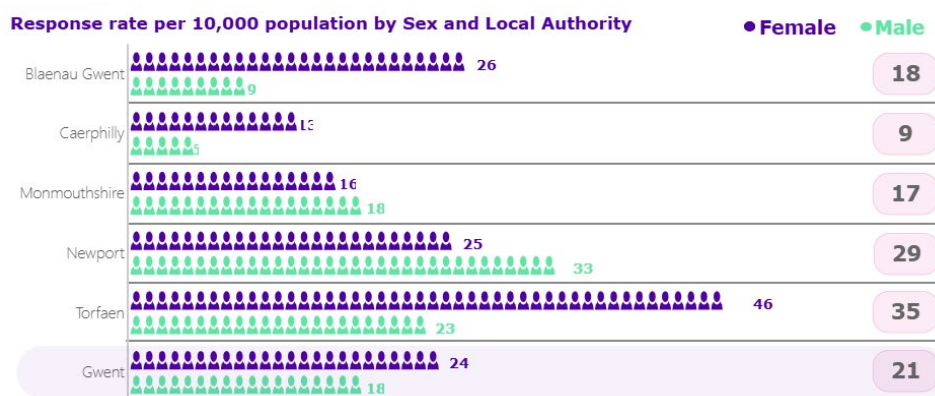
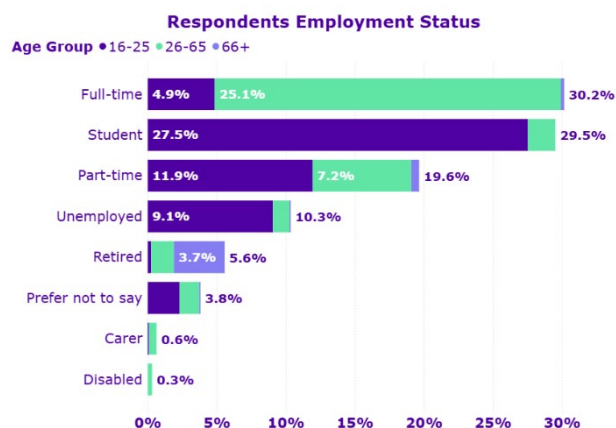


Figure 6 shows that 30.2% were in full time employment, 29.5% were students, 19.6% were in part-time employment and 10.3% were unemployed.

Figure 6: Respondent's employment status

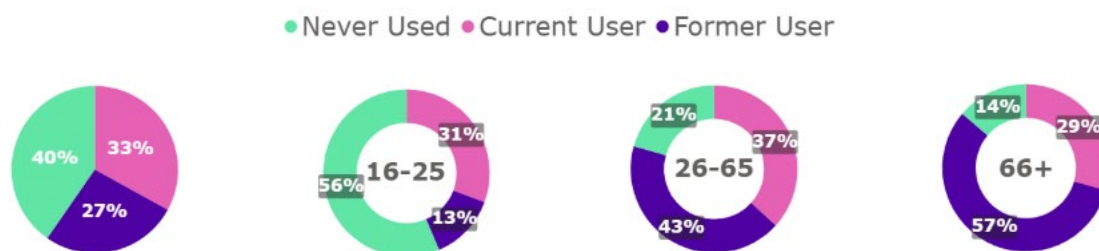


As shown in figure 7, 40% respondents reported they have never used any nicotine products, 33% currently use nicotine products and 27% previously used nicotine products. When broken down by age groups 31% of those aged 16-25 are currently using nicotine products, this increases to 37% for those aged 26-65, then decreases to 29% for those 66 and above.

For former users, the percentages are highest in those aged 66 and above, with 57% having previously using nicotine products. This decreases to 43% for those aged 26-65 and to 13% for those aged 16-25.

For respondents who have never used nicotine products, the highest percentage is among those aged 16-25, with 56% reporting never using nicotine products. This percentage decreases by age, with 21% aged 26-65 and 14% of 66 and above reporting never using nicotine products.

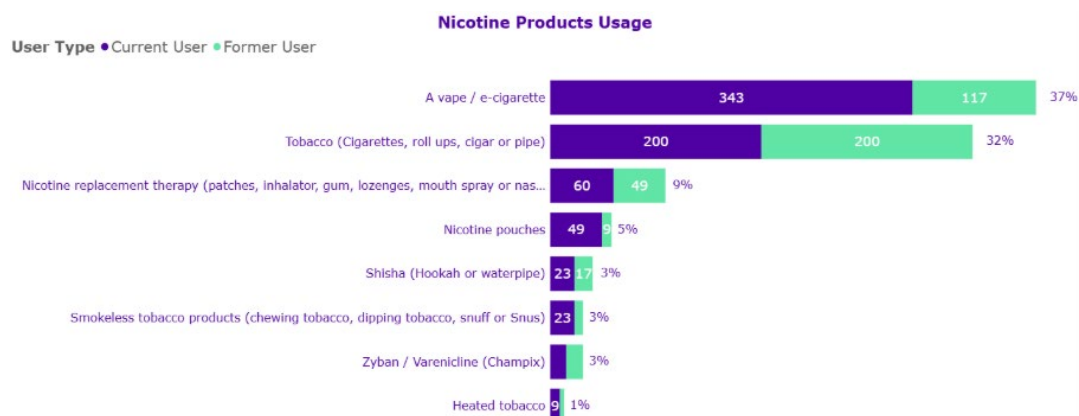
*Figure 7: Split of those current/former/never used nicotine & by age*



Of those who were currently using or previously used nicotine products, using a vape/e-cigarette was the most common product (37%), followed by tobacco smoking (32%). Popularity of other products then drops as shown in figure 8. The difference between vaping/e-cigarette uses and tobacco use shows that people are starting to use a vape/e-cigarette without previously using tobacco.

*Figure 8: Nicotine products used – Current vs Former User*



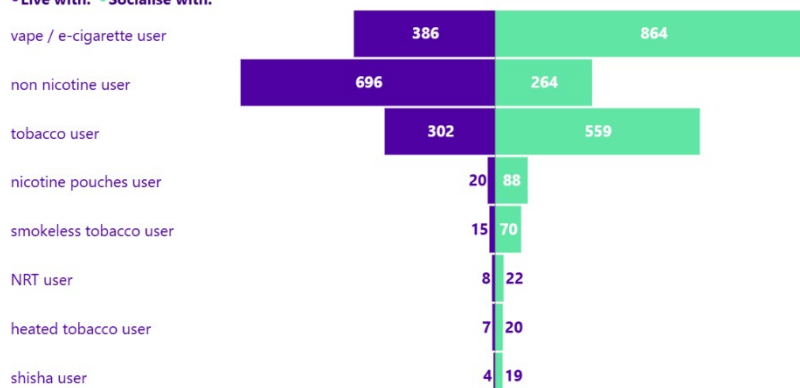


Participants were asked if they lived or socialised with anyone who uses any nicotine products. Figure 9 shows the split by number of responses, out of these responses 56% don't live with anyone using any nicotine products but 76% socialise with someone using nicotine products.

*Figure 9: Live or socialise with someone using nicotine*

**Do you live/socialise with anyone who uses any of these nicotine products?**

• Live with: • Socialise with:

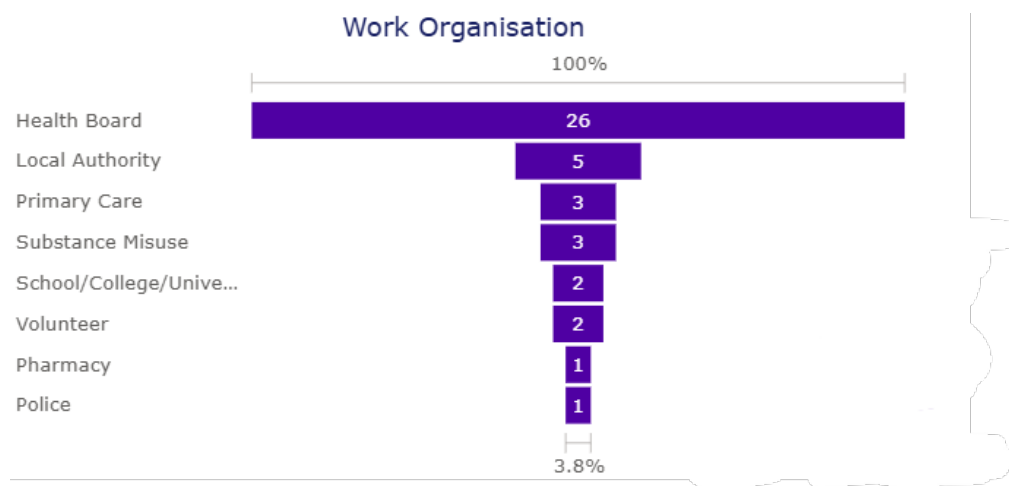


## Participant – Professional Survey

A second survey was designed for health professionals or organisations that either support people to quit nicotine or have some sort of link to nicotine within their profession. A total of 43 professionals working in Gwent completed the MS form, 77% were Female, 19% were Male and 5% preferred not to say. Figure 10 shows the organisation the participants work for, with the majority working in the National Health Service (NHS) as part of Aneurin Bevan Health Board (ABUHB). Out of the responses, 65% worked in patient-facing / organisational roles.

*Figure 10: Work Organisation*





## Participants – Professional Focus Groups

Three focus groups were conducted; one with the Help Me Quit Team and two with the members of the Gwent Nicotine Control Alliance (appendix A). Each focus group lasted one hour and the questions from the survey were used to facilitate the sessions.

## Data Analysis

The qualitative data collected through surveys and focus groups were analysed thematically. Each free-text response was manually reviewed and coded into structured categories, including sections, themes, subthemes, and overarching themes. This process enabled the identification of key patterns and insights related to nicotine use and perceptions across the population. The thematic findings were visualised using Power BI to support interpretation and stakeholder engagement.

The quantitative data was analysed descriptively, including calculating the rate per 10,000 population, stratified by age, sex, and local authority. These metrics provided a clearer understanding of nicotine-related behaviours and trends across demographic groups and geographic areas. All analysis was conducted by a member of the project team and subsequently reviewed by another team member to ensure accuracy and consistency. The findings were presented in a dashboard titled [Nicotine Discovery Report](#) and used to inform the final written report.

The results section will contain direct quotes from the surveys and focus groups, which have not been edited to allow for accurate correlation, for example misspellings.

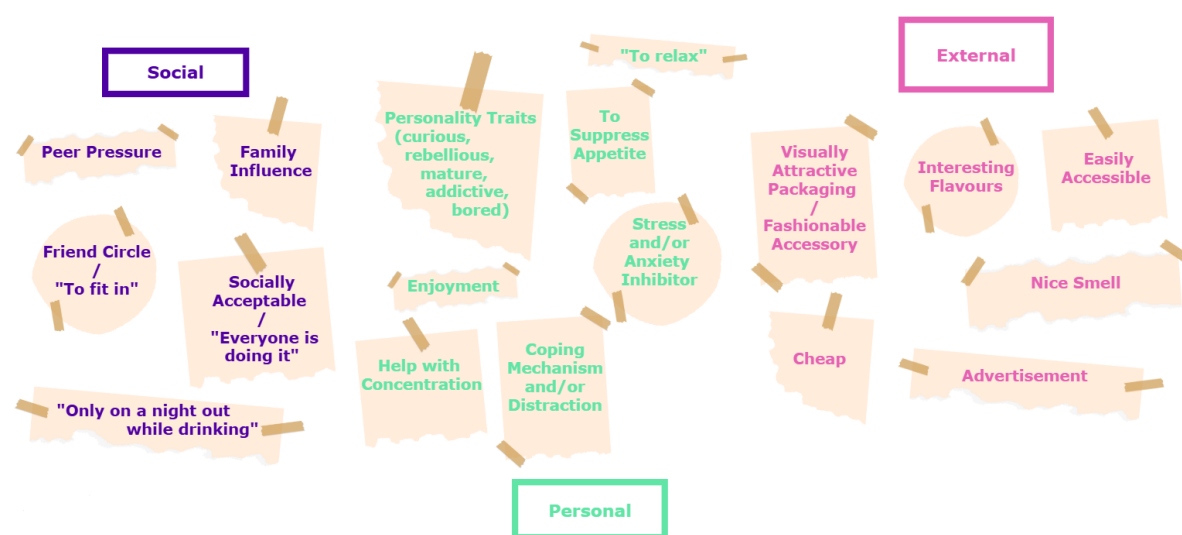
## Gwent Population Perspectives

The purpose of this Discovery Report is to gain an understanding from the Gwent population in the behaviours that enable nicotine use, the challenges of quitting nicotine and to gain an understanding of resident's views on nicotine use in the community.

### Enablers of Nicotine Usage

Enablers of nicotine usage were grouped into three main themes. As shown in figure 11, social, personal and external factors highlight the most common responses to these enablers. Social factors strongly link to peer pressure, family influences and the behaviour being socially acceptable. Personal factors reflected that people are using nicotine products as a method to manage stress or anxiety and as way to relax. External factors link to nicotine products being easily accessible, cheap and being seen as a fashionable accessory.

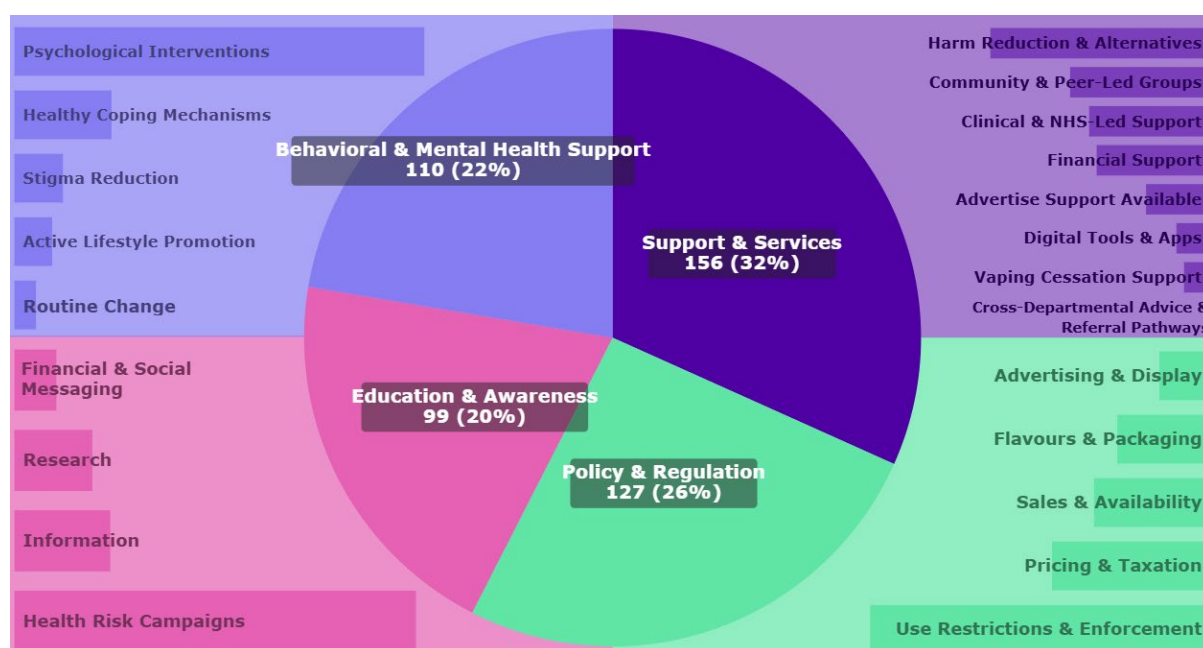
Figure 11: Enablers of Nicotine Usage



### Cessation Support

Residents were asked what they believed could help themselves or others to quit using nicotine products, as well as what could be done to prevent individuals from starting nicotine use. As shown in Figure 12, four main themes were identified from the responses: **Support and Services** (32%), **Policy and Regulation** (26%), **Behavioural and Mental Health Support** (22%), and **Education and Awareness** (20%). Each theme produced valuable insights and has been further broken down into subthemes, which are discussed in further detail below.

Figure 12: Cessation Support



### Support & Services

Residents expressed a desire for more information and support around **Harm Reduction and Alternatives**. Many viewed vaping as a form of harm reduction but noted that there was no support to quit vaping. Residents highlighted that it would be beneficial for further research into alternative methods of quitting, including different approaches, medication and the use of vapes.

**Community and Peer-Led Groups**, whereby individuals would have the opportunity to learn from others who have successfully quit. Current nicotine users feel that they would benefit from group support to allow the opportunity to share experiences. In addition to this, residents recognised the importance of **Clinical and NHS-Led Support** as an essential aspect to gain specialised advice on managing withdrawal symptoms and medication available. However, some felt that this specialist support needed to be for longer and delivered in a variety of methods to suit their lifestyle.

*"Run face to face and/or online support groups for both nicotine users and those who have quit who would benefit from support to help quit/remain nicotine free."*

**Financial Support** largely linked to harm reduction including nicotine products such as NRT and vapes being provided for free through the NHS. In addition to this, there was reference to providing financial incentives to people to quit and/or incentivising with less expensive or free memberships to leisure facilities which in turn would promote an overall healthier lifestyle.

*"I would like to use gym facilities more often - if there was a financial incentive as a smoker/vaper I would be much more inclined to quit. Currently cannot afford to use gym/fitness facilities enough to make me quit completely. It would be great if it was cheaper/free to access leisure facilities for young people to change their mindset around fitness/quitting."*



**Advertising Support** indicated that individuals are unclear of where to seek support or what cessation support services offer. Of those who are currently using nicotine products, 26% reported wanting to stop now.

**Digital Tools and Apps**, it was stated that having an app that would send motivational messages, record number of days smoke-free or how much money has been saved, would be beneficial to maintain commitment to staying nicotine free.

**Vaping Cessation Support**, results found that there was interest in vaping to be offered as part of a quit attempt. Those who are currently vaping stated that finding support to quit vaping was difficult and believed that cessation services should offer more support for these individuals, including providing NRT.

*"Easier access to vapes and education around the safe use of them, with tips on how to taper off nicotine strength effectively."*

**Cross Departmental Advice and Referral Pathways** refer to departments needing a more systematic way of communicating and for health professionals to be making a referral for cessation support on the resident's behalf. For example, residents explained that they have informed their GP that they smoke however, do not get referred for smoking cessation support. There was also a suggestion that more conversations by frontline staff is needed, to provide brief smoking advice. Methods of how this could be improved was not given but the suggestion was made that this needs to be improved.

### Policy & Regulations

**Restriction and Enforcement** was identified as a method to prevent people from starting to use nicotine products. Tightening restrictions on purchasing nicotine products and enforcing penalties on businesses selling to minors and monitoring compliance with age restrictions were suggested.

*"Stricter enforcement of age limits, make vapes and other products packaging less alluring and bring them more into line with cigarette packaging, fine tobacco companies as an incentive for them to change their marketing methods, fine social media platforms for enabling targeted ads to those 18-21."*

**Pricing and Taxation** related to increasing the cost of nicotine products and imposing higher taxes. Sales and Availability linked to limiting the availability of the number of shops and number of products that are available. Likewise, the number of shops that are allowed to sell products should be regulated or limited to only specific shops.

*"The measures planned by UK Government around future generations not being able to buy cigarettes are a good first step but there needs to be more regulation around vape sales as they are available everywhere you look, particularly in corner shops or pound/discount shops. They should be limited to vape shops and major supermarkets only."*

**Flavours and Packaging** stated that it needs to be made less appealing. This was especially to deter children and young people from engaging with nicotine products, highlighting that the colours, flavours and smells should be removed.

*"I feel that the main thing would be for tobacco companies to tone down packaging neutralise colours in order for tobacco products to become less appealing to young people and therefore stop people from wanted to start using nicotine."*

**Advertising and Display** specified that there needs to be more restrictions around advertisement of nicotine products including on shows and social media. Residents felt that products like vaping need to be made to look less attractive and to hide any products containing nicotine out of view in shops.

### Behavioural & Mental Health Support

**Psychological Intervention** indicated that not everyone expressed a desire to quit nicotine, with some stating they were content with their current usage. Those who had successfully transitioned from tobacco smoking to vaping felt satisfied with this change and did not feel the need to quit nicotine entirely. Others however, suggested that more targeted interventions are needed to shift people's attitudes and motivations towards quitting. It was recognised that readiness to quit is influenced by personal mindset which highlights the importance of psychological interventions that support individuals to build confidence and belief in their ability to quit successfully.

**Healthy Coping Mechanisms** showed that many individuals use nicotine products as a way of managing stress and anxiety. However, many expressed a desire to learn healthier and more effective coping strategies. Despite this, many acknowledge that nicotine use has been a long-standing habit which makes it challenging to break the cycle.

**Stigma Reduction** linked to individuals feeling concerned that if they disclosed to a health professional that they are a nicotine user, it would result in them being treated differently. They emphasised the importance of promoting a more supportive and non-judgemental approach from health professionals, alongside providing easier access to cessation support.

*"Less judgement and more supportive attitudes to help others give up."*

**Promote Active Lifestyles** specified that those who have successfully quit using nicotine products reported that adopting a more active lifestyle helped them remain smoke-free. However, they also highlighted several barriers to engaging in physical activity, including financial constraints and limited access to gyms or community groups that promote healthy behaviours. These findings suggest that greater efforts are needed to address the social determinants of health and to support communities in leading healthier, more active lives.

*"Promote healthy living. Address social determinants of health, living standards and aspirations. If every vape shop was replaced with a holistic health and well-being centre that promoted ways of healthy eating on a budget, easy ways of increasing daily mobility, demonstrated the health benefits of breathing clean air and oxygenating the blood stream and showcasing the lived experiences of older*

*people and promoting healthier ways of living and ageing, that might be supportive to people."*

**Routine Changes** specifically for those who are currently using nicotine products. Many felt they would benefit from support to understand how to change their routine and habits, stating that they feel stuck as this is something they have always done and are unclear on how to make the changes.

### Education & Awareness

**Health Risk Campaigns** linking to the risks of using the different nicotine products and real-life stories from individuals' experiences of dealing with the negative consequences on their health. In addition to this, residents were clear that more education from an early age on how addictive nicotine is, the effects nicotine has on development and the long-term impacts is essential to limiting nicotine usage.

*"We need more education from an early age about nicotine, how addictive it is, the risks that come with using it and how the big companies are influencing people's behaviours. More education for parents as well so they understand the risk and how to support their children either to prevent them starting or to support them if they want to quit."*

**Information** indicates that residents want more information around cessation support and specifically what the services offer. There also needs to be more awareness around the safety of using NRT and how to correctly use these products to manage cravings and withdrawal.

**Research** was mentioned as being needed. This linked to the fact that new nicotine products have rapidly become available, and a better understanding of how these new products could potentially benefit people wanting to quit. However, it was also clear there is a lack of understanding of the risks associated with these new nicotine products available and the potential long-term impact of use. Therefore, residents want to be more educated on the long-term effects of using different products including vapes and the impact they could be having on young people who have never smoked tobacco but are now actively using vapes and nicotine pouches.

**Financial and Social Messaging** around promoting how much people would save and the social benefits they could experience by quitting.

*"Another attempt at hard-fitting advertisements on TV and within cinema ads, and online media. State hard facts, such as how many of the products make a person smell terrible, makes people avoid you, and hits you hard in the pocket (same money spent on the products if saved can result in many great positives in life)."*

## Successful Quit Attempts

For an individual to successfully make any behaviour change, a person's motivation is an important indicator to consider. This survey explored the reasons why

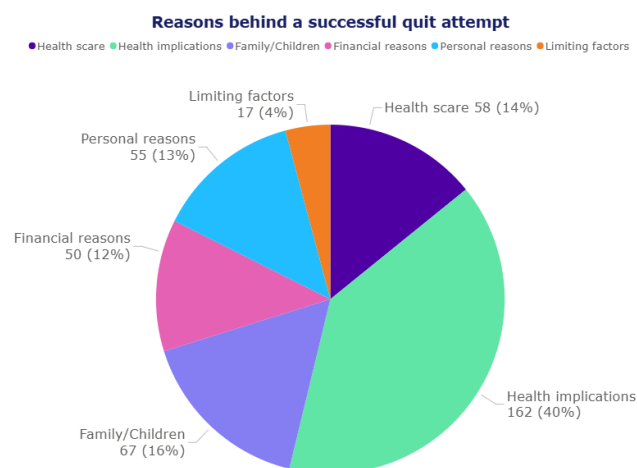


participants who previously used nicotine products were successful in quitting and these are displayed in figure 13.

*Figure 13: Reasons behind a successful quit attempt*

*attempt*

**Health implications** (40%) were either related to individuals who had experienced negative side effects or had researched the potential long-term side effects and were concerned about what implications using nicotine products could have on their body, which motivated them to quit. The symptoms individuals experienced included developing a cough, breathing difficulties, or feeling nauseous after nicotine use. One respondent reported that they felt their mental health was deteriorating because of their usage and therefore quit.



**Family/Children** (16%) identified that their reasons for quitting were for family reasons. This includes spouse, parents, children, grandchildren and pregnancy.

**Health score** (14%) links to individuals who had experienced a health scare themselves or someone in their social circle having a health emergency, and as a result stopped using nicotine products. These health scares related to being admitted to hospital for breathing difficulties or severe asthma attacks, to receiving a diagnosis of COPD or cancer and/or death.

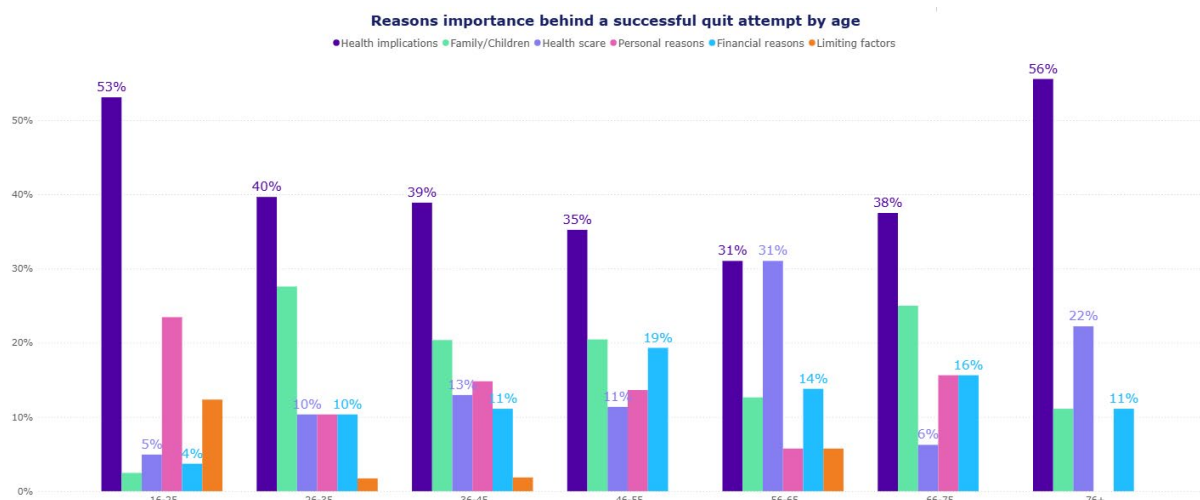
**Personal reasons** (13%) included individuals no longer enjoying the habit, dislike the smell or have noticed changes in their appearance for example, yellow nails. As well as, not wanting to become dependent on nicotine anymore and wanting to break the addiction.

**Financial reasons** (12%) related to the cost of maintaining the habit was not justifiable or experiencing financial difficulties and needed to quit to save money.

**Limiting factors** (4%) provided a variety of responses which included, smoke-free spaces legislations making quitting easier by not having others smoking around them. Some respondents indicated that they were never addicted to nicotine and as a result found quitting easier. Other responses linked to lifestyles and routine changes such as a new job role or starting to exercise.

Figure 14 shows, the reasons behind a successful quit attempt by age group. Health implications are the main motivational influence for all age groups. Whereby, limiting factors is most relevant for participants aged 16-25, and family/children is most relevant for those aged 26-35 at which point people are starting families of their own. Participants aged 56-65, people link their successful quit to experiencing a health scare. Those aged 46-55 give financial factors and conscious decisions to save money as their reason.

*Figure 14: Reasons importance behind a successful quit attempt by age*



However, it is important to state that there is a caveat with this data shown in figure 13. As age was taken from participants' current age when completing the survey, this data does not show at what age the individuals quit. For example, the participants could now be 50 years old but quit when in their 30's therefore, potentially more research would be needed to explore this further.

Residents who are currently smoking were asked what they thought about quitting now. 26% displayed a desire to quit, whereby 74% explained that they were not thinking about quitting. Those who were not currently thinking about quitting explained that it was something they enjoyed or felt it was a coping mechanism. Some felt that they were content that they had switched from smoking to vaping, and felt quitting vaping would increase their chances of relapsing back to smoking. Those who desired to quit now were worried it would be difficult or felt they would need an alternative as a replacement.

## Cost

Residents were asked to share how much they spend on nicotine products per week and where they purchase the nicotine products from.

As shown in figure 15, the most money being spent on nicotine products was in Monmouthshire at £26.36 per week, with the least being spent in Newport at £17.27 per week ( $m = £20.39pw$ ). Participants were also asked to share where they purchased nicotine products from. Responses from 16–25-year-olds did include statements such as *"not sharing"*, *"I'm not a snitch"* or *"don't want to share"*. However, for those who did share from all ages the most popular location to purchase nicotine products were from general retail stores, with the highest spend being in duty free (£31.67pw), followed by supermarkets (£27.90pw). The second most popular location was purchasing online (£12.26pw), followed by specialist retail stores (£12.09pw) and finally within social circles (£11.78pw).



Figure 15: Break down of weekly spend by local authority and by purchase location

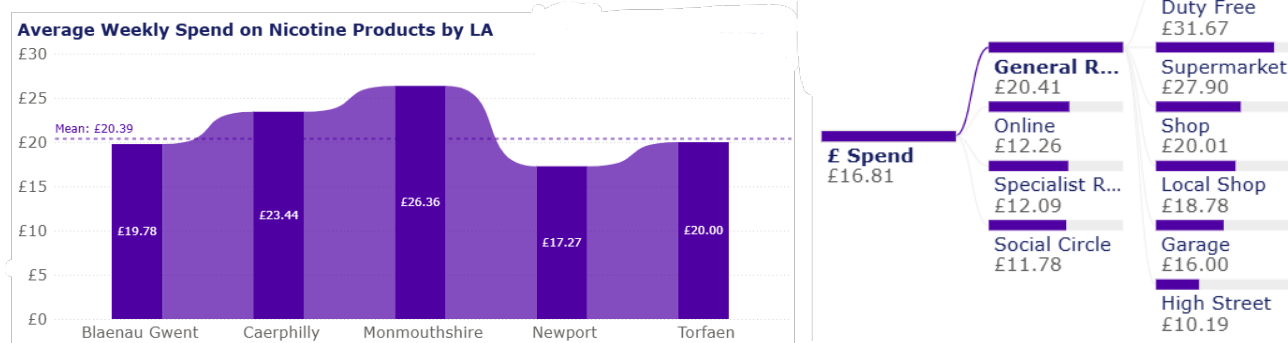
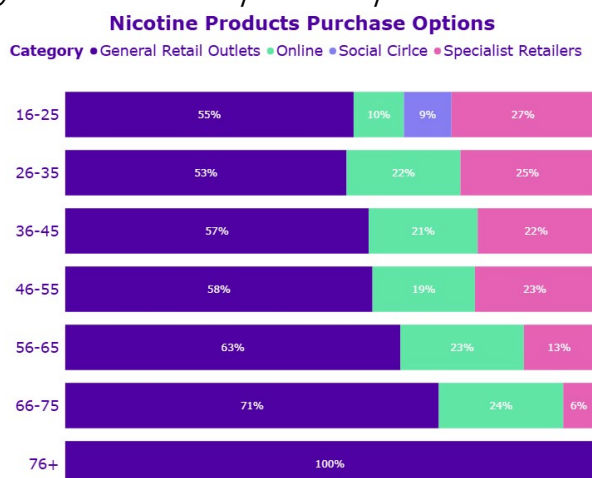


Figure 16 breaks down the purchasing information further. This graph shows that the most popular location for purchasing nicotine products is in general retail stores. There is a noticeable downward trend in purchasing from specialist retail stores as age increases, with younger consumers showing the highest engagement and older age groups progressively less likely to shop at these outlets. Purchasing online was most popular for those between 26-75 years old, with only 10% of 16-25-year-olds and 0% of over 76+. It was identified that those 16-25 years old were also purchasing nicotine products from social circles, which includes friends and family.

Figure 16: Nicotine products purchase location by age group



## Residents Views on Local Area

Many residents described nicotine usage as being "high" or "very high" in their community, with many directly linking this to vaping amongst young people. There was clear concern that due to the attraction of vapes with the nice tastes and smells, young people are not considering the addictive nature of these.

*"I am concerned by the amount of young people smoking vapes, particularly people who are below the legal smoking age. I am concerned that young people are starting with vaping and then becoming addicted."*

This is supported by the findings in figure 17 showing that 87% feel they are seeing an increase in people vaping. The second highest increase identified that 28% of people are seeing more people using nicotine pouches.

*"I also think that nicotine pouches are on the increase and this is very concerning because we do not know the risk and what these people are potentially exposing themselves too."*

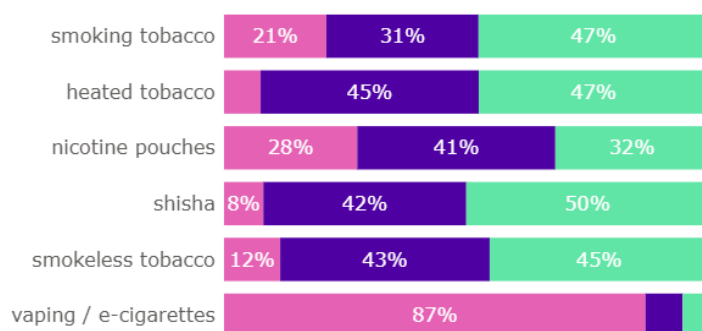
Residents reported observing a decrease in tobacco smoking, with 47% of respondents noting this change overall. The largest perceived reduction was in Monmouthshire, where 56% of respondents

reported seeing a decline.

Figure 17: Views on nicotine usage in local area

#### Views on Nicotine Usage in Local Area by Type

1. Increase 2. No Change 3. Decrease



**Public Smoking** was seen as a concern for residents, with responses highlighting that vaping has increased in public places with people thinking it is socially acceptable to vape inside. In turn this has caused people to avoid places or areas where people smoke or vape.

*"I hate to see people vaping in cafes, bars restaurant or any public place they think they have to right to do it in as they think no one notices."*

*"Creeping into the Social Clubs in the area where people think it's acceptable to vape."*

Out of these residents who have concerns about smoking in public places, 46% mentioned a concern about people smoking outside of hospitals.

*"Need to appropriately maintain the non - smoking areas such as hospitals. ABUHB grounds are full of people smoking especially GUH and this is inappropriate."*

**Environmental** linked to the amount of litter nicotine products make and the damage this could be doing to the environment. There were statements saying that more bins should be available for people to dispose of the nicotine products and for this to be done safely.

*"It's really not nice seeing cigarette end all over the floor outside the hospital grounds."*

*"I would like to say that people who use nicotine products should recycle their vapes etc to make sure that they are not on the streets."*

**Easy Access** of nicotine products was also a concern for residents, including how easily accessible products are for children and young people. There is also apprehension around the lack of awareness children and young people have about the addictive nature and the potential harms these products could be having on their health.

*"It is worrying how easily accessible and nicotine pouches are for children and young people. More needs to be done to protect them from being influenced to use these products."*

**Children Vaping** was seen as an issue within the community, with many highlighting that they have noticed more children vaping. For residents that noted this in their response, they expressed worry and concern that children vaping was a serious issue.

*"I have noticed a lot of children/ teenagers vaping. I feel as though this is a major problem in my Local Authority."*

*"During the summer I saw a group of kids smoking vapes. They looked like they just finished primary school. Ultimately, this smoking thing isn't going anywhere any time soon."*

**Increase in Vaping** has been noticed by residents within their local community. Some do explain that they find it frustrating when they know people who are vaping who have never smoked tobacco and believe that this is due to vaping being seen as a new trend. Whereby those who were previously tobacco smoking have stated that vaping has supported them to successfully quit tobacco and that they are grateful for this.

*"I think nicotine use has become so common that people don't really think twice about it anymore. It's not just adults either—teens and young people are using it a lot, especially vaping. I feel like more awareness and conversations about the risks could help people make better choices."*

*"In my experience, vaping was a life saver - for me."*

**Health Professional Smokers** were described as being "*notoriously difficult*" to persuade not to smoke. It was noted that staff who do smoke also get more breaks compared to those who do not smoke, which is seen as unfair.

*"Within NHS it seems that people who smoke or vape, get a much better deal, more breaks etc. There seems to be a culture of allowing people to 'pop out' for a quick cigarette or vape but it is never quick and people who do not smoke, do not get this benefit."*

**Increase of Cannabis** was noted as something residents are noticing more of in the community and feel that this is something that is increasing.

*"I feel that there is a sharp increase in the use of Cannabis in my local area."*

**Ban all Nicotine Produces** was a favourable option by some residents.

Acknowledgement was given towards the potential risks that this could influence by increasing illicit sale, but this was seen as a way to discourage the use of nicotine products in young people.

*"In such a health and safety orientated world, I don't know why the government don't just ban it. Yes, there will be a level of use on the black market but it will reduce by taking away the perceived 'normality' of using tobacco/nicotine products."*

**Decrease in Smoking** was linked to the number of people seen smoking tobacco in the community. Residents felt that less people were now smoking tobacco due to the increase of people vaping. However, there was an awareness of people still using tobacco when smoking cannabis, as stated above with an increase in cannabis use being noticed.

*"There are very limited amount of people who now use cigarettes or rolling tobacco as their nicotine intake in my area, smoking is majority done through vaping."*

*"The levels outdoors have cut down, would love to see the same reduction of weed smoke - this is bellowing out of cars far too often (it seriously stinks!)."*

**More support** was desired for those currently using nicotine products. Residents express an interest in cessation support being offered online and well as prescription medication being available to support them to quit.

*"The give up smoking tablets should become available as they are not yet available, yet they are available in England".*

More support was similarly needed for staff to appropriately deal with smoking on hospital sites. People felt that despite it being against the law they did not feel confident to challenge this behaviour.

Overall, from these responses 22% perceived public nicotine usage as an issue in their community.

## Gwent Professionals Perspectives

The findings from the professional surveys closely mirror the responses from the resident's survey, regarding the enablers to nicotine use and people's reasons for using nicotine products. For example, enablers included social influences and peer pressure, and reasons included habit/addiction and stress management. Consequently, these enablers will not be discussed again in this report and instead focus on other professional perspectives.

Professionals described nicotine use in the community as an *"epidemic"* or *"very high"*. Figure 18 shows that 98% of professionals feel they have seen an increase in vaping/e-cigarette use. Responses indicated that vaping appears to have increased amongst all ages and has been made to look desirable and/or attractive, particularly to draw in children and young people.

*"There seems to be a very high incidence of smoking in my area and the age ranges vary from the young (some underage) to the much older generation".*

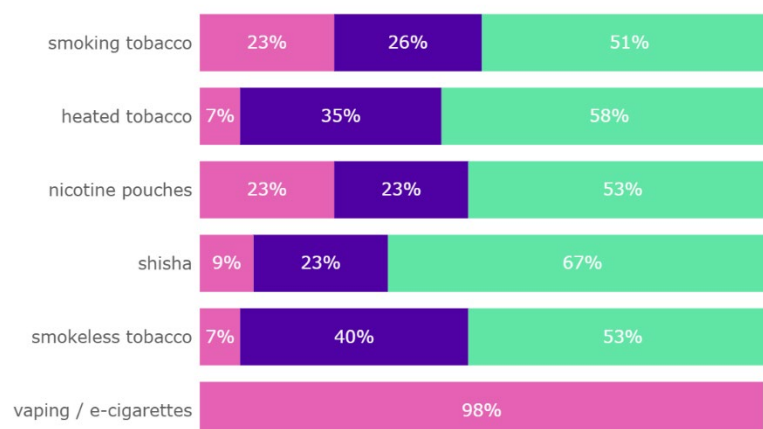
Professionals reported that vaping has become the norm in the community and many people who never smoked tobacco are now vaping. In addition to this, 23% reported seeing an increase in nicotine pouches, particularly linking this to young people and how easily accessible this product is.

*"I am seeing an increase in snuss use with young people. Young people seem to be using during the school day and this goes undetected by teachers/parents. Again, these are being bought in corner shops and are unregulated due to their high strength".*

Figure 18: Professionals views on nicotine usage in local area

### Views on Nicotine Usage in Local Area by Type

1. Increase 2. No Change 3. Decrease



The focus groups highlighted that there is a lack of understanding about other nicotine products outside of smoking tobacco and vaping. This may relate to why professionals are not seeing as many people in the community using heated tobacco, smokeless tobacco or shisha. However, there was a desire to better understand the health risks linked to these alternative nicotine products and how to appropriately support these individuals to quit.

Whilst alternative nicotine products could be a harm reduction method for those currently using tobacco. Professionals demonstrated a concern for young people starting to use nicotine products who may never have smoked. In addition to this, it was added that young people are not aware if there is nicotine in their vapes or the level of nicotine in them.

There was insufficient understanding of the impact nicotine use could be having on child development, its potential disruption to education, and more seriously the risks it may pose on exploitation of children. Young people have openly disclosed to professionals that they have purchased unregulated vapes from shops and from other sources. The focus groups identified that children are stealing vapes from family members, purchasing from second-hand vape shops in schools and that disposable vapes are still available in the community. Professionals feel the disposable vape ban has had little impact on vaping behaviour and that manufacturers have quickly developed pod cartridges that can be swapped into the top of vapes. Additionally, concern around children drinking vaping liquids was discussed.

*"Some children have reported being aware of young people who are drinking the liquids that go into vapes, because the liquid smells nice and looks like sweets."*

There was a strong desire for proportionate responses to nicotine use in young people and to have systems in place to support and protect them from harm. There also seems to be an increasing trend in Gwent with a higher rate of primary school children trying vapes compared to the national average.

The focus groups identified that authorities would encourage businesses to ensure that they have the correct signage displayed to inform the public that it is against the law to smoke in different outdoor places. In relation to vaping in community premises, authorities stated that this wasn't something they were aware of being reported to the team. However, it was stated that many businesses are putting up their own signage and enforcing no vaping onsite themselves.

## Prevention

Professionals do not think that there is one solution to preventing individuals from starting to use nicotine products however, the main theme was education. It was identified that providing people with education on the risks would enable them to make informed choices. With this starting from primary school and continuing right throughout secondary school, college and university. Education needs to focus on the negative effects that nicotine products can have on a person, in short-term and the impacts on long-term health. However, for young children this needs to be done in a balanced way, professionals have found that discussing side effects often frightens children if they see their parents smoking or vaping. There was no suggested age from when this education should start but learning from the sex education programmes could be beneficial.

*"If kids are vaping younger now, they need to be told younger, no point telling them in year 7 when majority started in year 5, so it's that prevention approach – tell them before it's happened"*

Furthermore, children from an early age need to be taught healthy coping strategies to manage stress and anxiety. Many responses indicated that children have learnt from those older than them that the reasons why they smoke is to manage stress. Therefore, children are developing a preconception that to relieve stress they should smoke or vape. Additionally, public health campaigns and messages to educate the wider populations and parents of young people to increase awareness of the different products available and the potential dangers of these are needed.

Responses stated that there should be fewer shops available and only limited places where nicotine products can be purchased. Vape shops were described as looking like sweet shops, which is purposely done to attract young people. There should be less advertising and promotion on social media, and products should not include flavours and colours, as again this is more likely to attract younger users.

Professionals also believe there should be stronger policing and enforcement to prevent underage sales. There were suggestions of raising the legal age or only allowing nicotine products to be prescribed by a health professional.

The focus groups also discussed using influencers on role-modelling positive healthy behaviours. Sport stars or other types of influencers were suggested to be part of a campaign through social media platforms.

### **Working with users**

Professionals were asked about their experience of working with individuals who use nicotine products, and the most frequently given response linked to people feeling that it impacted on their work. Those who smoke or vape were reported to have more breaks compared to those who do not, which means that often places are left short staffed. For those who smoke, the smell of the cigarettes was reported as being unprofessional especially when working with patients.

*"They smell awful and unprofessional and very annoying when they are always going out to smoke"*

Those who are in a profession that directly work with patients who smoke, linked their responses to their experiences of supporting these individuals to quit. There was recognition that quitting smoking is difficult and multiple attempts is sometimes required before someone successfully quits.

*"My experiences have been very positive and rewarding. Even if someone has not been able to stop smoking the first time, they have returned to try again. I think keeping the option of trying again is important as some people take quite a few attempts before quitting"*



Responses do state that they are seeing more people vaping now, especially younger people vaping and they are unclear on how to support those wanting to quit. Due to the frequency that people are vaping there is concerns that these individuals are increasing their dependency, indicating that regular behavioural support is needed to support people to quit and maintain this.

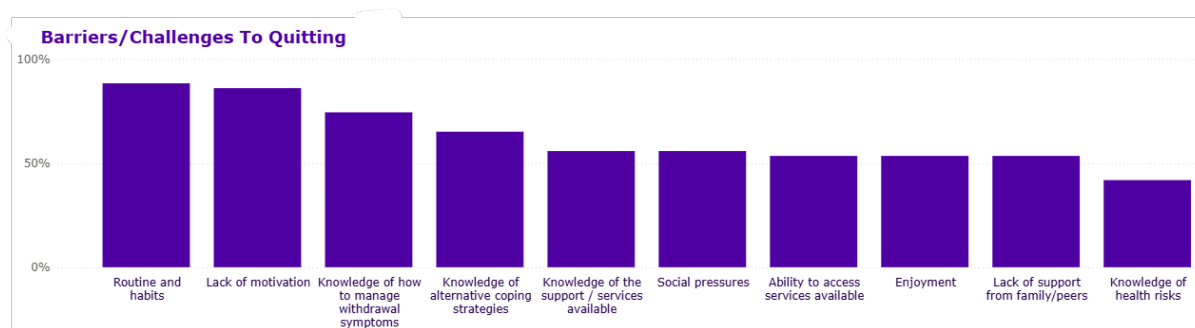
Those working in substance misuse services report that many of their service users smoke alongside using other substances. It was stated that a large proportion of staff working in substance misuse service also smoke.



## Barriers and challenges to quitting

Professionals were asked to select as many reasons as they felt applied to indicate what they thought were the barriers and challenges for someone to successfully quit. As shown in figure 19, peoples' routines and habits (88%) were reported as being the biggest barrier, followed by lack of motivation (86%). Professionals feel there is a lack of knowledge of how to appropriately manage withdrawal symptoms (74%), lack of knowledge of alternative coping strategies (65%), and lack of knowledge of the support services (56%) that are available. This was followed by social pressure (56%), ability to access services available (53%), enjoyment (53%), lack of social support from family/friends (53%), with knowledge of health risk (42%) being the lowest.

Figure 19: Barriers and Challenges to Quitting



## Supporting a Quit

Having the right conditions was seen as being the most important component for someone to make a successful quit attempt, alongside an individual being in the right mindset. For individuals that do successfully quit, professionals highlighted that many people use smoking or vaping as a coping mechanism and stressful life events influence many to relapse.

Professionals who do not directly support people to quit are aware of the Help Me Quit service. However, it was not clear if they signpost or directly make referrals to the service on their behalf. As previously identified, residents would like professionals to make referrals to smoking cessation services for them.

There is a view that young people do not want to quit, and this can be challenging. Young people were described as thinking they are invincible but in addition to this if they do want to quit, they do not have the right support around them to achieve this.

*"Younger people think they are invincible. Also, their ability to quit can be sabotaged by those continuing to smoke - "oh go on, one won't hurt you""*

Professionals explained that they do not know what provision is available for young people and feel at times they are *"scrabbling around"* trying to find support for these individuals. They are unclear whether they should refer to HMQ or to their GP, and would benefit from clarification around this.

Other responses reported that some adult smokers are set in their ways and do not want to quit. For professionals trying to support patients who need to be rehomed or go into care homes, working with someone who is smoking brings added difficulties. It was felt that more support options for smoking cessation should be available including 1-1 support as well as group support in the community.

*"Older adults find it very difficult. They can be excluded from moving to certain accommodation/ care homes if they smoke and there is little support to help them stop. There does not appear to be the availability of 1:1 sessions for individuals and the person is required to go / seek out support as there is an absence of a domiciliary support service for them."*

Professionals who work directly with people making a quit attempt described it as being rewarding but challenging. These professionals explained that they create an environment that is positive, encouraging and non-judgemental to provide people with the best opportunity to quit. It was reported that it is easier to support smokers compared to vapers and that more vaping quitting programmes need to be available.

*"Help me quit team does excellent work but seems to be mostly limited to smoking."*

These professionals feel that they should be able to provide more support to those individuals seeking support to quit vaping.

Overall, professionals do feel fairly confident in discussing nicotine usage with people. The focus groups highlighted that this does depend on the situation for example, professionals feel more confident when a person is in a clinical setting compared to if they were approaching a smoker outside of the hospital.

#### Discussing Nicotine Usage



## Discussion

The purpose of this Nicotine Discovery Report was to understand the behaviours that enable nicotine use, the challenges for quitting and the views of the Gwent population on nicotine use in their community.

### Enablers

Social, personal and external factors were the three enablers identified to why individuals use nicotine products. The findings identified that respondents believe that there are four main areas that would support to address these enablers, to either prevent someone from starting or to support someone to quit. These were support & services, policy & regulation, behavioural & mental health support and education & awareness. To have a significant impact on addressing these enablers, a combination approach is needed to fully tackle nicotine use in the community.

Residents desired more information and support around harm reduction and alternative products. For individuals who had successfully switched from tobacco smoking to vaping, found that there was a lack of support available to quit vaping. The [HMQ](#) website provides an online resource for individuals seeking to quit vaping with information on the benefits of quitting and a personalised quit plan. However, for weekly behavioural support and medication HMQ currently only provides this for tobacco smokers, with a one-off session being provided for those seeking to quit vaping with no medication offered. [Nicorette](#) have advertised a product called QuickMist as a medication to manage vaping cravings, with research identifying that relief can be felt in 30 seconds and last up to 2 hours (Danielsson *et al.*, 2024). However, the National Centre for Smoking Cessation and Training (NCSCT) states that the priority is to ensure that those who want to quit vaping do not return to smoking tobacco. Therefore, it is important to understand the reasons why someone wants to quit vaping and the potential risk of relapse.

Those seeking support to quit felt they would benefit from peer-led group support with the addition of professional advice. However, they felt that professional support should be provided for a longer period. The NCSCT supports the delivery of evidence-based smoking cessation interventions, and all HMQ practitioners complete the modules it provides. Evidence underpinning NCSCT activity has indicates that individuals receiving support from specialist practitioner in a group setting, alongside prescription medication or combination NRT, have a higher success rate compared to those receiving 1-1 support or single use NRT. Although, a recent NCSCT report on health inequalities and stop smoking services found that drop-in rolling groups may be more effective for more disadvantaged clients compared to more affluent clients, as the flexibility of the support would be better suited to their needs (Hiscock & Bauld, 2025). This indicates the importance of cessation services offering a variety approaches, to provide the best opportunity for individuals to successfully quit. Residents also felt that more advertising of cessation support is needed including a description of what the weekly support offers.

The survey results recognised that not all individuals who use nicotine products want to quit. Some are content with their current usage, or for those who had transitioned from tobacco smoking to vaping felt satisfied that they had switched to a less

harmful product and had no further desire to stop completely. However, others suggested that targeted interventions are needed to motivate people to stop using nicotine products. It was highlighted that many individuals use nicotine products as a way of managing stress and anxiety and therefore need to learn healthier coping strategies. Children are highly likely to copy their parents' behaviour, and it has been reported that children whose parents smoke are 4 times more likely to take up smoking themselves (Department of Health and Social Care, 2021). Although, many recognised that nicotine is extremely addictive and that the cycle of addiction is difficult to break, which links to the importance for these individuals being able to access cessation support and to understand what the weekly behavioural support offers.

Additionally, residents would like health professionals to ask them about their smoking habits and to make referrals to smoking cessation services on their behalf. Making Every Contact Count (MECC) is an approach aimed to empower staff working with patients or members of the public to have conversations that promote changes to improve health and well-being. Batten *et al.*, (2024) conducted a review of the effectiveness of MECC training and found that following training, individual's confidence in using MECC-relating techniques increased. An evaluation completed by Cwm Taf Morgannwg University Health Board (2025), identified that after delivering MECC training to Optometry staff, post-training there was a significant increase in referrals to the HMQ service. This supports the importance of frontline staff attending MECC training to increase confidence in having behaviour change conversations and to refer to additional services for support, where required.

Residents believe that tightening restrictions on purchasing nicotine products and enforcing penalties would prevent individuals from starting to use nicotine. It was discussed that the number of shops being able to sell nicotine products should be restricted, and that flavours and colourful packaging should be removed to reduce the appeal. An increase on cost of nicotine products was suggested, as it was found that nicotine products are inexpensive making them more affordable to purchase. For example, vapes can be purchased between £5-£10, with vaping liquids costing around £3-£5, and a tin of nicotine pouches can be purchased for under £5. Many of these products often have deals for multibuy purchases compared to a packet of cigarettes costing £12+. The World Health Organisation (WHO) stated that increasing taxes on tobacco products has had a significant impact on deterring people purchasing these products and has the biggest health benefits.

There were also serious concerns about individual's underage accessing nicotine products and the potential for exploitation around these situations. To protect children and young people, work needs to continue to align with the themes outlined in the long-term tobacco control strategy and the Tobacco and Vapes Bill will further address these concerns. [ASH Wales](#) has described this as "the biggest step in a generation to protect children from addiction and reduce the harms caused by smoking". This Bill will bring new legislation with the key points listed below:

- Stops shops selling tobacco to anyone born in or after 2009.
- Makes vapes and nicotine products less appealing to children.

- Sets stronger controls on how flavours and descriptions can be used.
- Brings in clearer checks on what is inside vape products.
- Introduces new rules for shops selling tobacco and nicotine products.
- Gives Trading Standards stronger tools to act against illegal tobacco and illegal vapes.

Education was identified as an essential element in preventing people from starting to use nicotine products. Respondents believed that more education is needed on the addictive nature of nicotine and the risks associated with different products. In addition to this, children need to learn healthy coping strategies to effectively manage stress and anxiety without becoming dependent on nicotine. It was suggested that education on the risks linked to nicotine should begin at early age and continue throughout all levels of education. Currently, in Wales, there is an evidence-based smoking prevention intervention delivered in schools called JUSTB. This programme selects peer ambassadors to prevent secondary school students from starting smoking. In ABUHB, six schools participated in 2023-24 and this increased to nine in 2024-25. The programme has been found to increase ambassadors' knowledge of the harms of smoking and confidence in having smoke free conversations with peers. However, this programme is only offered to selected schools based on the highest reported prevalence rates identified through the School Health Research Network (SHRN) data and then not all school accept participation. Although, the JUSTB programme largely focuses on tobacco smoking and the findings from this report has identified that concerns for children and young people vaping are notable.

Alongside education, more awareness through public health campaigns to educate the wider population on the health implications of nicotine use was desired. Respondents want real-life stories about the negative consequences, including both short-term and long-term health impacts and the benefits of quitting, including financial benefits. Respondents stated they would also like information on how to access cessation support. There have been several public health campaigns promoting the benefits of stopping smoking including [StopiOctober](#) and [No Smoking Day](#) by ASH Wales, as well as the annual [Stoptober](#) campaign in England. These campaigns have seen significantly positive results with encouraging smokers to quit as well as providing helpful resources and toolkits for organisations, schools and community spaces. However, maybe a different approach to messaging is needed to target those who continue to smoke and use nicotine products.

## Challenges

For those who develop a nicotine dependency, quitting can be extremely challenging. It was identified that for an individual to break the cycle of a nicotine addiction, several aspects need to be in place. For example, professionals felt that the right conditions and mindset is needed for someone to successfully quit. It was recognised that for some, multiple quit attempts are needed before they are successful. A longitudinal study by Chaiton *et al.*, (2016) found that the number of quit attempts can vary between 6 to 30, before someone successfully quits. This

suggests that cessation services need to support multiple attempts and that individuals may benefit from longer support to remain smoke free.

Professionals identified that there are several barriers and challenges that can hinder someone's ability to successfully quit. Help Me Quit provides behavioural support alongside pharmacotherapies which would provide an individual support to overcome a number of these barriers and challenges. For example, support to change routine and habits, managing withdrawal symptoms and developing healthier coping strategies would all be incorporated in the weekly behavioural support. However, the ability to access services available was recognised as a barrier. It is important for services to offer support in a variety of methods and locations to ensure equitable access to the population.

Motivation was seen as being essential for someone to successfully quit. It was identified that there are different motivations by age that influence whether an individual is successful at quitting. Those aged 26-35 were more likely to quit for family/children and those aged 56-65 were more likely to quit after experiencing a health scare. It is important for practitioners to have conversations with clients about their nicotine use, as well as those providing cessation support to understand individuals' motivation, as this will support someone to quit and maintain a quit.

For those who accept support from the HMQ service, practitioners use a combination of [behaviour change techniques](#) and [motivational interviewing](#) skills to support an individual to quit. A behaviour change model that is used in smoking cessation is Capability, Opportunity, Motivation and Behaviour (COM-B) model (Michie *et al.*, 2011). The COM-B model is a theoretical framework that assists practitioners in supporting individuals to change a behaviour. It provides a simple tool to facilitate a quit attempt, and it recognises that if one or more component is missing then it is less likely that the behaviour change will occur. Therefore, the HMQ practitioners use these techniques and approaches to maximise a client's motivation to facilitate a successful quit attempt which results in clients being three times more likely to quit compared to quitting alone.

Although, a challenge felt by professionals was that nicotine products are continuously evolving and becoming available to consumers. It was felt that because of this, levels of confidence in different products were limited and further research and education into the risks of using alternatives as well as how to appropriately support individuals to quit was needed.

## Community

The findings from the surveys have clearly identified that respondents felt that nicotine usage in the Gwent community is high/very high. Vaping was reported as the main concern, particularly linking this with children, young people and people who have never used tobacco. This was believed to be related to the attractiveness of vapes, including the colours, tastes and smells. Nicotine pouches were identified as potentially growing in popularity however, due to the discreet nature of this product residents may not notice people using these as much as vaping. Respondents reported a decrease in seeing tobacco smoking but felt that this was



due to an increase in vaping. Heated tobacco, smokeless tobacco and shisha was not reported as being seen as much in the community as tobacco smoking, vaping and nicotine pouches.

Residents highlighted that vaping inside public places such as cafes, bar and restaurants is increasing and this linked to people thinking it is more socially acceptable. The current smoking ban does not include e-cigarettes/vapes therefore it is not illegal to vape indoors. This has meant that businesses often create their own vape-free policies and monitor this themselves, due to the lack of enforcement available via local authorities. This is in line with the findings of the Gwent based focus groups where the authorities involved explained that they get very little complaints about this and many businesses are monitoring this themselves. Therefore, more promotion on where and how to report concerns may be beneficial.

There was a notable concern from respondents about the increase in vaping with children. This included how children are accessing the products, the impact on their education and development. In addition to this, when a young person discloses to a professional about their nicotine usage, professionals are unsure of where to access the support or resources needed. There was a strong desire for a proportionate response to nicotine use in young people, and to have a system in place to support and protect them from harm.

It was found that both residents and professions felt that they were seeing less people smoking tobacco however, felt this was due to the increase in vaping. This would support the trend in the decline of tobacco smoking across Gwent with the proportion of adults who smoke declining over the last several years from 21% in 2014 to approximately 12% in 2024. There is currently limited data on the trend of vaping however, the National Survey for Wales report that 8% of the population aged 16+ were vaping in 2022-23, which is an increase from 6% in 2021-22. This data may correlate to why those living and working in Gwent feel they have seen an increase in vaping but decrease in smoking. Residents were in favour of banning access to all nicotine products however, it was recognised that this could influence an increase on the sales of illicit products.

Residents also stated that they feel there has been an increase in cannabis use in the community. The office for National Statistics reported that the prevalence of cannabis uses among of 16-59-year-olds for England and Wales combined was 30.1% in the period April 2024-March 2025. This represents a slight decrease on previous years of 30.3% (April 2023-March 2024), whilst the rate for April 2022-March 2023 was also 30.1%. However, the survey did not specifically aim to explore cannabis usage in the community, respondents willingly disclosed this information to express what they were seeing in their community.

## Limitations

There were some limitations to this discovery report. The sample size for the resident survey was not proportionate across per age groups, with significantly great response rate amongst those aged 16-25. Whilst the responses per 10,000 reflected a reasonable representation of the Gwent population, a more balanced distribution

of participants across local authorities would have been beneficial. Additionally, male participation was lower, suggesting that a more targeted engagement with this cohort could have been valuable.

Despite promotion of the professional survey, the completion rate was low. This was anticipated and to why three focus group were arranged however, it would have been beneficial to hold additional focus groups with a broader range of professionals for example, pharmacists, primary care staff, ward staff, midwifery, local authority representatives and police.

Given the exploratory nature of the discovery report, whilst the surveys were analysis thematically, the analysis for the focus groups focused more on an overview of the themes. Whereby selected quotes were used to highlight key findings or to provide more in-depth information to support the survey results.

## Conclusion

The Nicotine Discovery Report has provided an insight into the nicotine usage in Gwent. It has allowed for us to gain a level of understanding of what residents and professionals feel are the enablers of nicotine use, the challenges of quitting and their concerns around nicotine usage in the community. This report has also highlighted that there are several strategies that can be implemented to start to address these concerns. This will require a combination of approaches and variety of stakeholders working together collaboratively to reduce the harms of nicotine across Gwent.

## Next Steps

The Gwent Nicotine Control Alliance is tasked with reviewing the findings and creating a priority action plan for Gwent. The findings will also be shared with a wider audience via a webinar in early 2026.

The evidence from this report has provided an insight into nicotine behaviours in the Gwent community. Throughout, there has been discussions and concerns related to children and young people using nicotine products. Due to these findings a phase two of the nicotine discovery report will be completed focusing on children, young people and teachers. This will involve workshops with primary schools and an MS forms survey for secondary school pupils, pupil referral units and teachers. Phase Two will be available in summer 2026.



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## Appendix A

### Gwent Nicotine Control Alliance

#### Terms of reference

May 2025

#### Purpose

1. The Gwent Nicotine Control Alliance has overall responsibility for the development, implementation and delivery of the local *Smoke-Free Gwent action plan*. The Alliance will support, monitor and implement the action plan, contributing at a regional level to the national *Smoke Free Wales strategy* (and respective delivery plans) for a Smoke Free Wales by 2030.

#### Context

Smoking is extremely damaging to health and is the leading cause of preventable ill health and premature death in Gwent. However, the reasons why people take up smoking and continue to smoke are complex. Whilst around 12% of adults (Aged 16+) in Gwent are smokers, there are groups in our society where smoking rates are highest, such as those living in our more deprived communities. Whilst the overall figure is declining, it is not equal within each local authority, ranging from 10% in Monmouthshire to 17% Torfaen. We are currently not on target to achieve the ambition set out in [A Smoke free Wales](#) of achieving a tobacco smoking prevalence rate in adults (aged 16+) of 5% or less by 2030.

2. The Welsh Government is committed to preventing ill health and supporting people to make healthier choices for their health and wellbeing in line with the commitments set out in the *Well-being of Future Generations (Wales) Act 2015*, and our Programme for Government.
3. *A Smoke-Free Wales: Our long-term Tobacco Control Strategy for Wales* (the "Strategy") sets out our ambition for a smoke-free Wales by 2030. *Towards a Smoke Free Wales: Tobacco Control Delivery 2022-2024* is the latest two-year delivery plan to be produced, to which Gwent will align actions against.

## Terms of Reference

4. The Gwent Nicotine Control Alliance will:
  - a) Support the production of a Gwent Nicotine Discovery Report to identify local actions
  - b) Drive the delivery of our vision and aims for a smoke-free Gwent by 2030.
  - c) Develop a local nicotine delivery plan
  - d) Oversee and monitor delivery and be accountable for the implementation of actions within the delivery plan.
  - e) Provide clear, realistic, evidence-based advice and recommendations to inform the implementation of the delivery plan, supporting a clear structure and appropriate milestones.
  - f) Support the development of subsequent delivery plans, using the lessons learnt from previous plans and ongoing evaluation.
  - g) Seek input and advice from external sources as appropriate, including agreeing any task and finish groups as required.
5. The Alliance will advise on the progression and implementation of the delivery plans actions, including determining if sub groups/ work streams are required. If sub groups/ work streams are required, the purpose, membership and deliverable to be achieved will be determined by the alliance.
6. The Alliance will also consider usage of nicotine containing products which include nicotine inhaling devices (NIDs), heated tobacco and smokeless tobacco (chewing tobacco, snus and nicotine pouches) and the health risks these products pose to the population of Gwent.

## Governance:

7. The Chair will provide regular updates to the Gwent Community Safety Partnership Board along with the Health Board Cancer and Cardiovascular Disease Strategic Board

## Membership

8. Members will serve in their professional capacity and represent the broad range of disciplines responsible for, or involved in, tobacco control and vaping activities in Wales. Membership of the Group will be agreed at its establishment. Members will be expected to attend meetings and be active participants by providing constructive challenge to and scrutiny of emerging proposals as well as active

supporters of the development, delivery and implementation of the Delivery Plans.

## **Membership**

Elected members with health and wellbeing portfolio (Chair)  
Consultant in Public Health, Aneurin Bevan University Health Board (Vice - Chair)

Principal Public Health Practitioner, Aneurin Bevan University Health Board

Tobacco Control Practitioner, Aneurin Bevan University Health Board

Substance Misuse Practitioner, Aneurin Bevan University Health Board

Help Me Quit Service Development Manager, Aneurin Bevan University Health Board

Designated Education Clinical Lead Officer, Aneurin Bevan University Health Board

Trading Standards Officers, Local Authority

Environmental Health Officers, Local Authority

Social care- safeguarding and Early Years, Local Authority

Community and partner Development, Local Authority

Healthy Schools Co-ordinators, Local Authority

Communication & Engagement Officer, Gwent Police and Crime Commissioner

Communications Officer ABUHB

Detective Inspector, Heroin and Crack Cocaine Action Area Co-ordinator, Gwent Police and Crime Commissioner

Chief Executive Officer, ASH Wales

Project Delivery Leader. ASH Wales

Service Manager, Gwent NGAGE

Assistant Director for Children's Services, Barnardos

Community Services Delivery Manager, St Giles Cymru

An alternative representative can attend if listed member is unavailable.

### **Frequency of meetings:**

9. The alliance will meet at a frequency agreed as appropriate at their first meeting.
10. A minimum of 10 attendees is required for the meeting to go ahead. Attendance will be checked 24 hours in advance, and all attendees will be informed via email if the meeting is cancelled.

### **Sub-groups:**

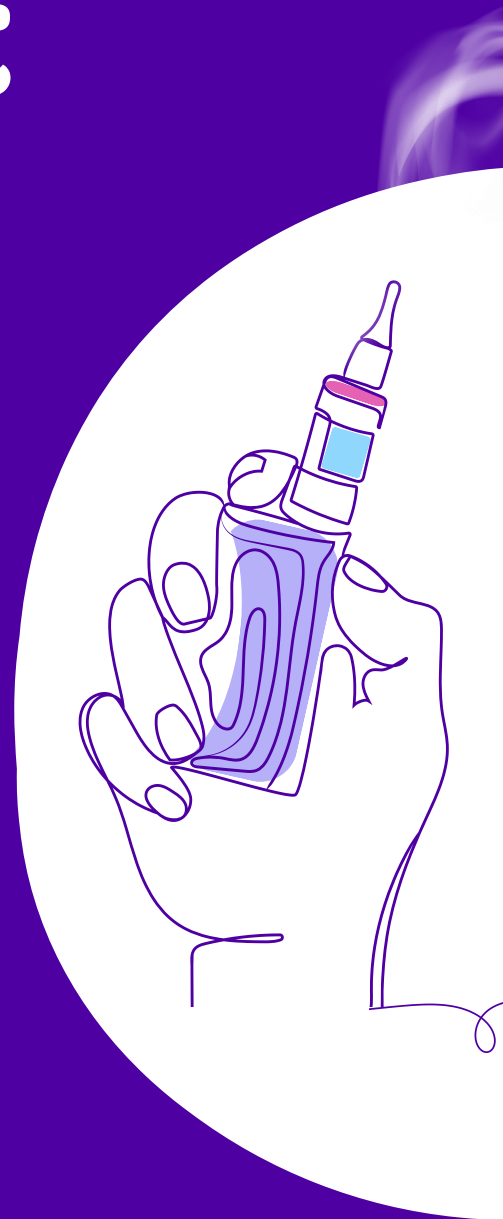
11. The alliance may arrange sub-groups to discuss specific topics/ work streams as appropriate. Sub-group meetings will be arranged as agreed by the alliance. Sub-groups will report to the alliance on a frequency as agreed by the alliance.

### **Timeline and Review:**

12. The alliance will be established from July 2025 and operate throughout the lifetime of the national Strategy, pausing as necessary.



# Nicotine Discovery Report



Thank You for Reading

For further information on this report please  
contact: [Admin\\_ABGPHT@wales.nhs.uk](mailto:Admin_ABGPHT@wales.nhs.uk).