

Non-Communicable Disease Prevention

A collaborative manifesto for the next Welsh Government from Wales's leading disease prevention charities.



Contact Details

If you'd like any more information about preventing NCDs, contact any of the charities involved in this report.

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Non-communicable diseases (NCDs) are a huge burden on Wales's NHS and cause many deaths and morbidities. NCDs (such as cancer, heart disease, stroke, diabetes, lung disease, and liver disease) are responsible for at least 20,000 deaths every year in Wales — more than half of all deaths¹. But, as research progresses, we have come to understand that many of these deaths and morbidities can be prevented.

We as Wales's leading health charities have joined together to set out our collective priorities for the next Welsh Government to improve the nation's health and protect our health service from the burden of non-communicable disease.

Wales needs to commit to empowering people to make healthier choices through interventions to reduce smoking rates; levels of overweight and obesity; and alcohol consumption — all of which we know impact worse on the poorest in our society.

The Senedd elections are approaching in May 2021. And, with our collective voice we are calling for all political parties in Wales to make bold commitments to the Welsh people and work to end preventable death and disease.



The Problem

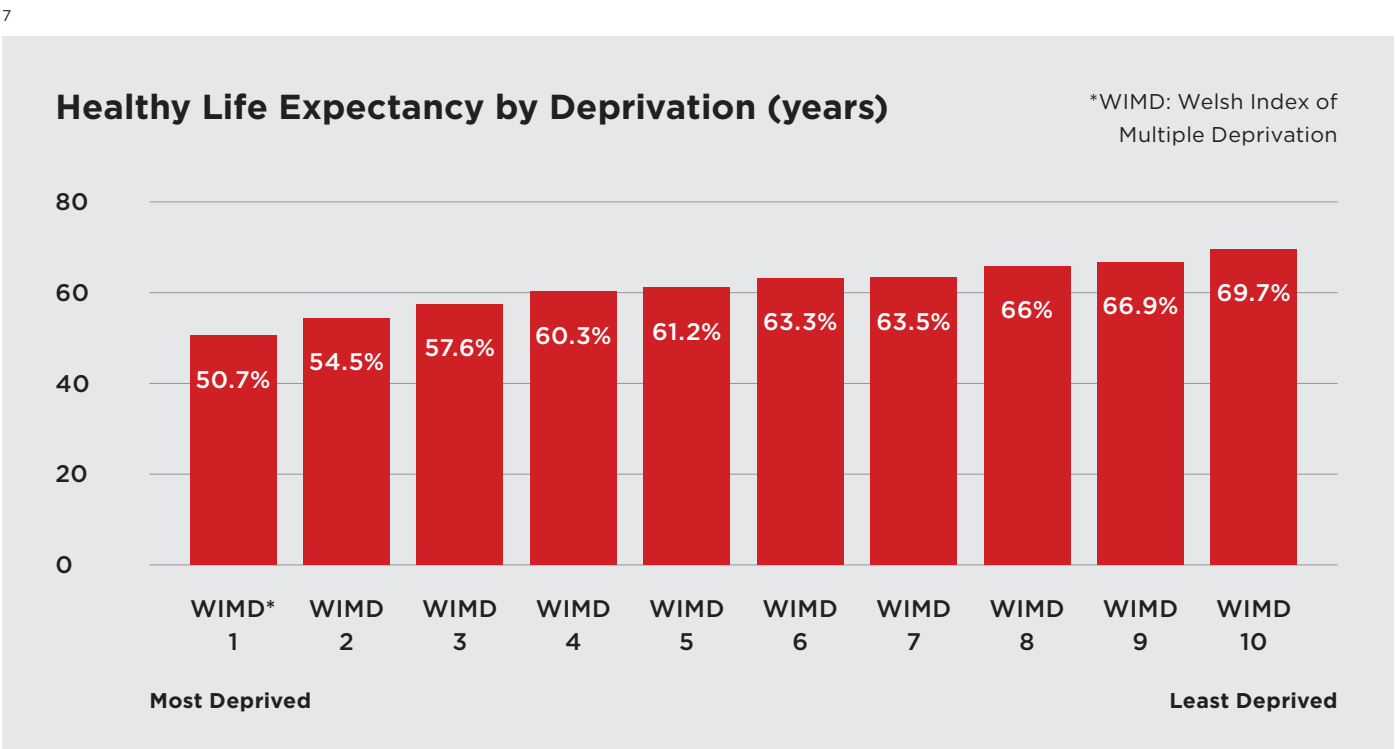
Non-communicable diseases are the leading cause of mortality in Wales. Heart disease, cancer, stroke, chronic respiratory diseases and diabetes account for more than 55% of all deaths in 2019², many of which could be prevented through action on smoking, alcohol and obesity rates.

There is a strong link between deprivation and incidences of NCDs. Type 2 diabetes is far more prevalent in more deprived communities³. Type 2 diabetes is the cause of one in five strokes and increases the chances of experiencing a heart attack and heart failure by 2.5 times⁴.

People living with NCDs often find that their quality of life has declined. Cancer and cardiovascular diseases are the main contributors to the overall burden of disease, and years of life lost (YLL) in Wales, contributing to 37% of disability-adjusted life years and 61% of YLL⁵. Wales's healthy life expectancy is only 61.7, the lowest in the UK⁶, reaching as low as 50.7 in the most deprived communities.

The COVID-19 pandemic has also highlighted the need to protect and support Wales's NHS. Tobacco alone costs the Welsh NHS £386 million per year⁸. Illnesses associated with obesity are projected to cost the Welsh NHS more than £465 million per year by 2050⁹. Population-wide interventions and greater reach of support services would free up hospital beds and drastically improve the resilience of the NHS.

Urgent action is needed to address the societal factors that are affecting the health of people across Wales. The next Welsh Government has the opportunity to support the Welsh people to make positive health choices and reduce their risk of preventable illness. All political parties must commit to taking action against preventable death and disease ahead of the Senedd elections in May 2021.





£465m

The estimated cost per year to the NHS from **obesity** in Wales by 2050.



£386m

The cost to the NHS from **tobacco use** in Wales each year.

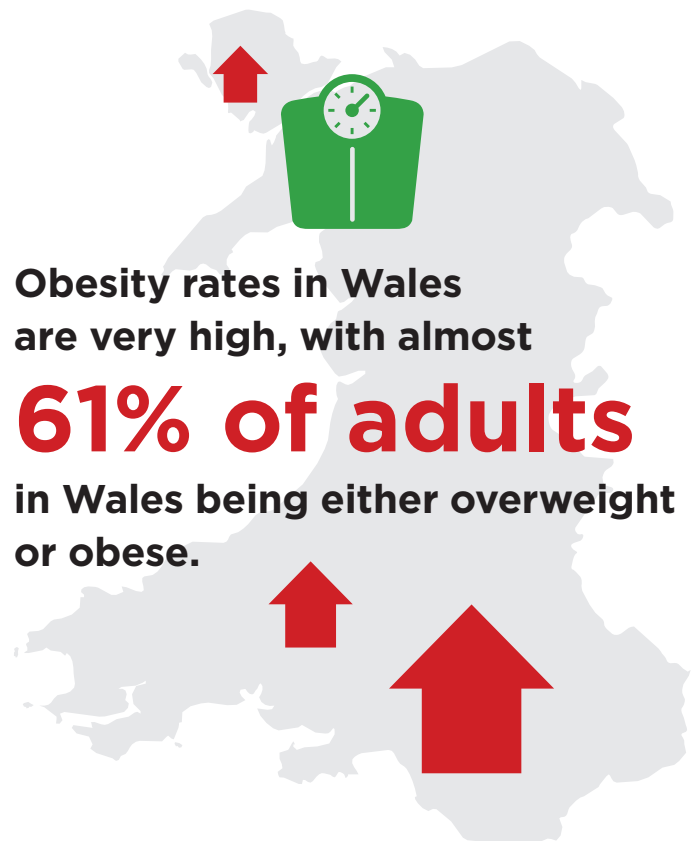
The Cause

Smoking, obesity and alcohol present a huge public health challenge in Wales. Statistics show that Wales is falling behind other UK nations in rising to this challenge.

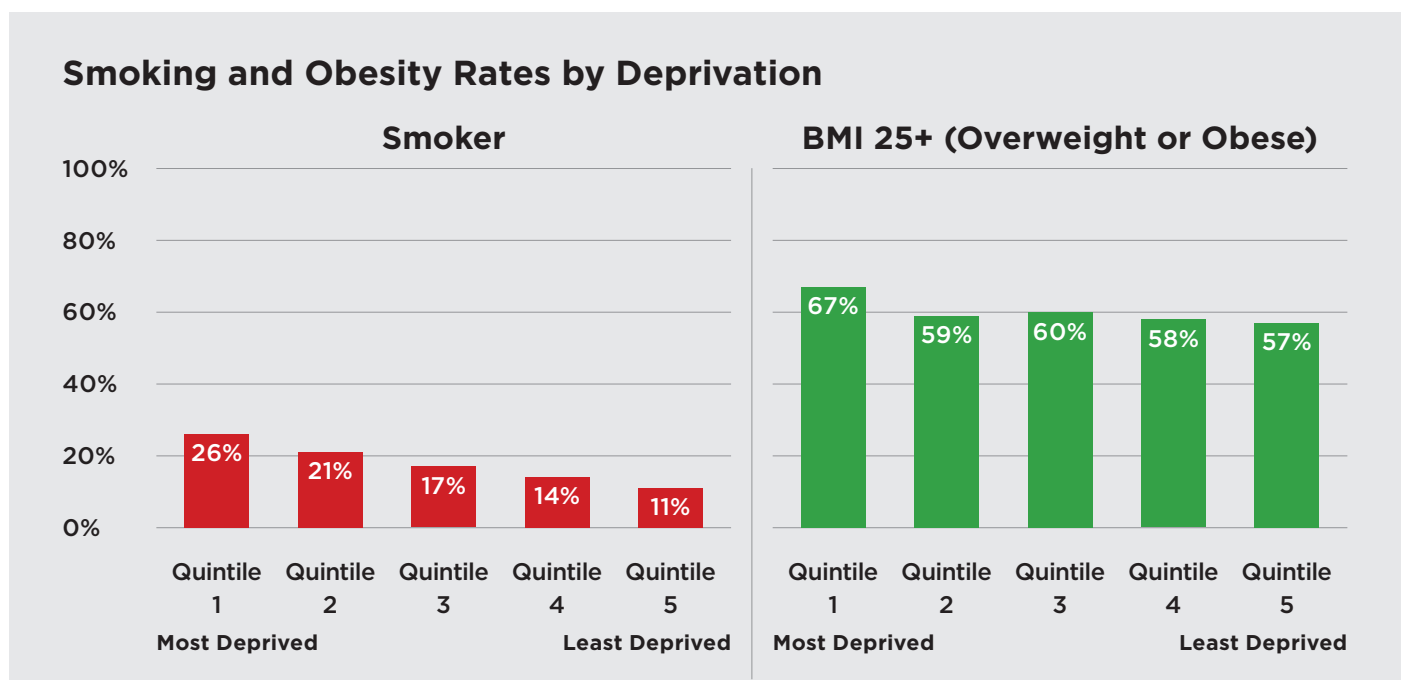
England has set a 2030 target for a smoke-free nation. Wales has not yet set a target and, if current trends continue, Wales will not be smoke free until 2037¹⁰. By accelerating progress by 40% Wales could reach a smoke-free nation by 2030¹¹ and avoid exposing another generation to the harms of tobacco. Obesity rates in Wales are also very high, with almost 61% of adults in Wales being either overweight or obese¹². And both obesity and smoking are far more prevalent among the poorest communities in our nation.



20% of Welsh people drink to a harmful level.¹³



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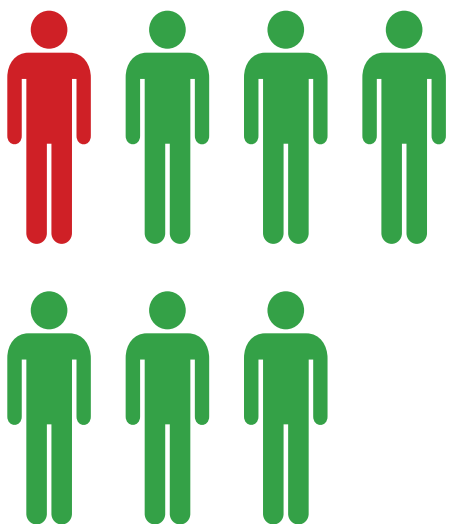


We have known for a long time that there is a direct causal link between smoking, alcohol consumption and obesity and NCDs. All three harmful behaviours are responsible for preventable death and disease in Wales. Tobacco is the single greatest preventable cause of death in the world¹⁵, while obesity has been linked to 1 in 7 premature deaths across Europe¹⁶. High Body Mass Index (BMI) is the largest identified contributor to Years Lived with Disability (YLD)¹⁷.

Evidence is now emerging that these risk factors are also associated with serious illness related to COVID-19. Wales must learn from the pandemic and provide the tools that the people of Wales need to improve their overall health. Action on tobacco, alcohol and obesity would reduce the number of people with NCDs and, crucially improve Wales's resilience to any potential virus outbreaks.



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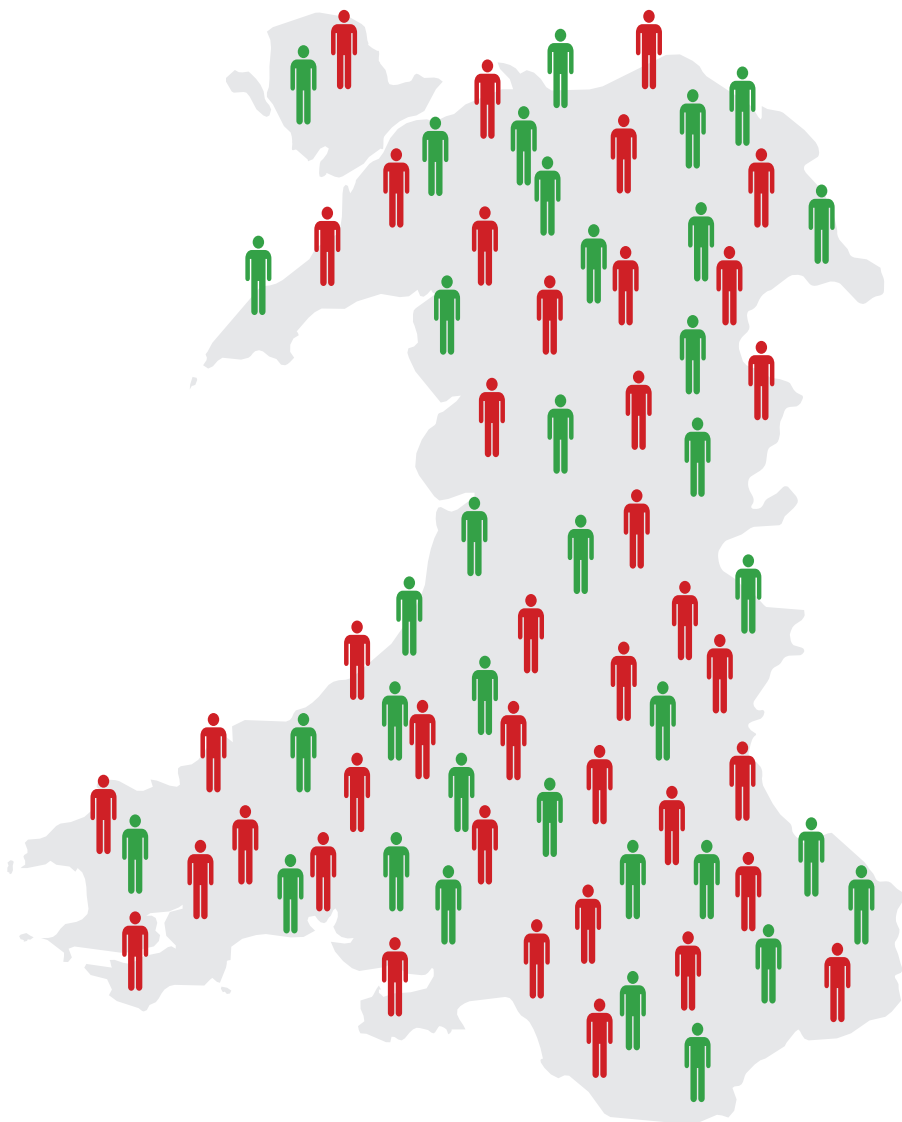
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The Solution

Population wide measures ensure that the health inequality gap is not widened and that all communities are given the best opportunities to make healthier choices. Individual, non-population measures are less effective among more deprived groups, potentially leaving those communities behind when striving for a healthier Wales.

Focus must be placed on population-level measures based on the regulation of common environmental factors which help drive consumption of tobacco, alcohol and unhealthy

food and drink. The next Welsh Government must commit to greater investment in targeted support services and ensure they reach everyone in Wales who needs them.



To do this we have identified four areas for action to reduce the burden of NCDs in Wales:

1. Availability

2. Marketing

3. Pricing and Promotion

4. Treatment Services

Availability

As our surroundings have the potential to improve our health, unhealthy environments can encourage health harming behaviours. Ready availability of unhealthy items means we are more likely to buy them, and their use becomes normalised.

Across tobacco¹⁸, alcohol¹⁹ and high fat, salt and sugar (HFSS) food and drinks, there is a clear link between the increased availability and worse health outcomes. In tobacco control for instance only 45% of people think that laws on selling tobacco to children are well enforced, making tobacco easier for children to access. While 38% of people are more likely to buy unhealthy food or drink if it is readily available and easy to access²⁰.

Restricting the availability of health harming products contributes to de-normalising them. Urgent action is needed to better regulate the availability of alcohol, tobacco and unhealthy food and drink to empower the people of Wales to make healthier choices. This includes action on illegal tobacco which makes up 15% of all tobacco sold in Wales²¹.

Recommendations

- 1. Empower and encourage local governments to regulate access to unhealthy food through improved planning and registration arrangements for the out of home sector²².**
- 2. The Tobacco Register should be implemented and made conditional — where a condition of registration is adhering to age restriction laws. This would allow for swift action to be taken against retailers who break the law and would also create a mechanism for introducing new measures on the availability and price of tobacco without needing further legislation. And work with Welsh Government to tackle illegal tobacco sales.**
- 3. Commit to a national conversation, including all key partners, to develop a national strategy on the availability of alcohol through the lens of harm reduction.**

Marketing

Marketing of health-harming products drives consumption and harm. As we have seen with tobacco over many years, regulating the content and the extent of marketing is a vital part of a whole systems approach to de-normalising use and supporting healthier living.

This is particularly true in children²³, where there is strong evidence that marketing techniques influences food preference, choice and consumption, harming their health through increasing consumption of unhealthy foods.

Marketing also leads children and young people to begin drinking alcohol at an earlier age, and to drink more. It is important all steps should be taken to protect children and young people from the harmful influence of this advertising.

Recommendations

- 4. Restrict the advertising of alcohol and HFSS food and drink. This should include outdoor advertising such as billboards, public transport, digital media advertising, and sponsorship of professional sports and events.**
- 5. Commit to yearly, unique mass media campaigns taking into account the needs of different groups of smokers to encourage them to quit, targeted at communities where smoking rates are highest. These campaigns should promote the use of smoking cessation services to enable people to engage with effective support to quit smoking.**

Pricing and Promotion

The people of Wales need to be supported to make healthier choices. This can be done through making the price of health harming products less attractive and making healthier choices more affordable.

Wales has already introduced welcome measures on minimum unit pricing (MUPs) for alcohol. But it is important that MUPs must be kept in line with inflation and regularly reviewed as 41% of people are more likely to buy alcohol if it is priced competitively²⁴.

Action on the use of promotions on HFSS food and drink is also crucial. Around half of people in Wales are more likely to buy unhealthy food and drink when it is on price promotion²⁵. These promotions increase the amount of food and drink people buy and have been shown to influence levels of overweight and

obesity. For example, shoppers who buy the largest proportion of their shopping on promotion are 28% more likely to be obese compared to shoppers who don't use price promotions²⁶.

Currently there is no maximum price for tobacco. And without maximum/minimum pricing, tobacco companies adapt and manipulate their pricing and instead start to provide their products as premium products to justify the higher price. The use of a minimum/maximum unit price for tobacco would deter the supply of the cheapest products whilst also preventing the tobacco industry from shifting price increases from cheap to premium products.

Recommendations

- 6. Legislate to restrict the use of price promotions on HFSS food and drink, to help make the healthiest choice the easiest choice.**
- 7. Propose to continuously review minimum unit price for alcohol to take account of price inflation and to optimise the effect of the policy in reducing alcohol harm, in line with the most recent available evidence.**
- 8. Gather evidence and explore the introduction of minimum/maximum unit pricing for tobacco products. It is important that this be supported by improvements to encourage the use of treatment services.**

Treatment Services

Treatment services are the most effective way to quit smoking or reduce alcohol. However, current services in Wales are not reaching everyone who needs them. Though Help Me Quit is effective at helping service users to quit smoking, only 3.21% of smokers accessed the service in 2018/19²⁷.

The COVID-19 crisis has brought into focus the need for new approaches to providing support services to help people who want to quit smoking, reduce their alcohol intake or to lose weight. As the NHS recovers, weight management, smoking cessation and alcohol treatment services must not

only recover to their previous level but become part of the core services available. This will allow people to reduce their risk of NCDs and related complications, which will also increase Wales's resilience to infectious disease.

Recommendations

- 9.** Place the restoration of support services for weight management, alcohol treatment and smoking cessation at the heart of the NHS's recovery planning. This should include sharing learning on how technology can provide more flexible and accessible options for people in need of support.
- 10.** Systematic, structured and ongoing smoking cessation support should be provided to ensure that all smokers are offered services in primary and secondary care, as well as utilising community pharmacy for local service delivery. [The Ottawa Model](#) for Smoking Cessation should be rolled out across Wales following trials, targeting more deprived communities with higher smoking rates.
- 11.** Ensure equitable access to effective weight management services across all local health boards.

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