



Smoking, Tobacco & Vaping

and PSHE Education

Professionals' Pack

2023

Ellie Chesterton & Natalie McGrath

Table of Contents

3	Introduction	19	Smoking & Health
4	Safe Learning Environment	21	Smoking & Mental Health Smoking & Pregnancy
5	Best Practice Principles	22	Prevalence
7	Tips for Communication	23	Smoking Cessation
8	Links to PSHE Curriculum: Primary & SEND	24	Vaping
9	Links to PSHE Curriculum: Secondary & SEND	25	Research into Vaping
10	Links to Curriculum: NYA	26	The debate about Vaping
11	Useful Resources	27	Vaping & Health Vaping & the Law
12	Developing Subject Knowledge	28	Smoking, vaping & the Environment
13	Keywords	29	Smoking & Fire Safety
15	Smoking	30	Training
16	Tobacco	31	Useful Contacts
18	What's in a cigarette?	32	Further Reading

Introduction

This pack aims to support education providers to deliver quality PSHE education around smoking, tobacco & vaping through identifying the curriculum links within the PSHE Associations' Spiral Curriculum and the Department for Education's statutory guidance and developing staff's confidence and competence on the subject matter to support them to facilitate PSHE education on this topic within their own setting.

The Department for Education's statutory guidance states that:

- Pupils can also put knowledge into practice as they develop the capacity to make sound decisions when facing risks, challenges and complex contexts.
- Schools should show flexibility to respond to local public health and community issues to meet the needs of pupils
- Should be addressed sensitively and clearly

Children and young people need to be taught to manage risks, make safer choices and recognise when pressure from others threatens their personal safety and wellbeing.



Safe Learning Environment

A safe learning environment enables children and young people to feel comfortable to share their ideas without attracting negative feedback. It avoids possible distress and prevents disclosures in a public setting and enables professionals to manage conversations on sensitive issues confidently.

We have created a guidance document to support professionals to create this safe in their own setting.



No. 01 – Ground Rules

Create in collaboration with the group . As the facilitator role model the agreed ground rules.



No. 02 – Collaborate with DSL

Let them know when the session is being delivered to ensure the correct support is in place should any disclosures be made.



No. 03 – Staff Confidence

Check Staff confidence levels. If anyone is in panic zone it is not safe or appropriate for them or the participants to teach on the topic. This pack should help professionals to move from panic zone to learning or comfort zone



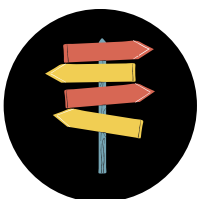
No. 04 Learning Techniques

Use scenarios and stories to help participants engage with the topic. Refer to the third person rather than you e.g. what could this character do?, or people of about your age....



No. 05 – Difficult Questions

Questions are an important part of learning. Sometimes a child or young person will ask a difficult question. As with all questions the first thing is to value the question whilst either allowing time to consider an appropriate answer or to deflect an inappropriate question.



No. 06 – Signposting

It is absolutely essential, that included in the lesson, is information about different organisations and people that can provide support both within the organisation and outside of it.

A more detailed version of this page is available by emailing either Natalie or Ellie

Best Practice Principles

Do not use scare/fear or guilt tactics

It is a common misconception that if a child or young person is shocked or scared by what they see in images, videos used in sessions, they will avoid the behaviour in the future.

Whilst young people will often say that they like 'hard-hitting' material and that it engages them more effectively, in fact when experienced in a safe setting (in this case a classroom or youth space), shocking images become exciting (in a similar way to watching a horror film or riding a rollercoaster) and this excitement response can block the desired learning. Equally, for anyone who has previously been affected by something similar, it can re-traumatise them or they can block the message as it is too close for comfort, which again prevents the intended learning. It also presents a scenario which is more likely to make young people think 'that won't ever happen to me' than the desired 'that could be me' response.

The adolescent brain is still developing which means that the perception of messaging and how they react to them is different to our experiences as adults. Furthermore, because their brains are still developing, they often live "in the moment;" when an unhealthy situation arises, they'll make decisions based on what they're feeling then and there, instead of making a reasoned, logical decision.

The pre-frontal cortex or critical thinking/reasoning part of the brain is the last section to develop.

You can find out more about the teenage brain [here](#).

Young people should be informed of risks in a balance and measured way through an approach that supports them to make informed, healthy, safe decisions and empower them to believe they can act on "good choices."

Top Tips:

- Evidence shows that shock and scare tactics just don't work.
- Check resources (including external agencies) for images or scenes that might be shocking, harrowing or scary for the age group – remember that children and young people will have a much lower threshold for what might worry them.
- Remember the purpose of the session is to educate not entertain. Just because young people might watch scary films in their own time, does not mean using similar films within PSHE Education will promote learning.
- Make sure there is a range of examples, case studies and consequences, most of which do not focus on the most dramatic or extreme outcomes.

Best Practice Principles

Knowledge, Skills and Values

Topics explored in PSHE education, relate directly to a child's or young person's life, when they might find themselves in a tricky situation or "crunch" moment – and need to make a quick decision; for example, a child who is dared to run across the road by their friends, or a teenager who is being pressured to start a fire. They will need to recall learning from PSHE education at that moment to help them make a decision.

They will, of course, require knowledge e.g., of the legality (or not) of their actions. However, in order to make a safe decision in the moment, they will also need skills to negotiate with their peers to resist pressure from others, to exit the situation (if they choose to) and access appropriate help or support if necessary. They will need a strong sense of their own values, to make the right decision and the confidence to stick to it.

Knowledge on its own won't necessarily stop someone from trying things. In many cases young people end up in situations where they know what they are doing is "wrong", but they do it anyway, as they lack the essential skills or attributes to help them effectively manage the situation.

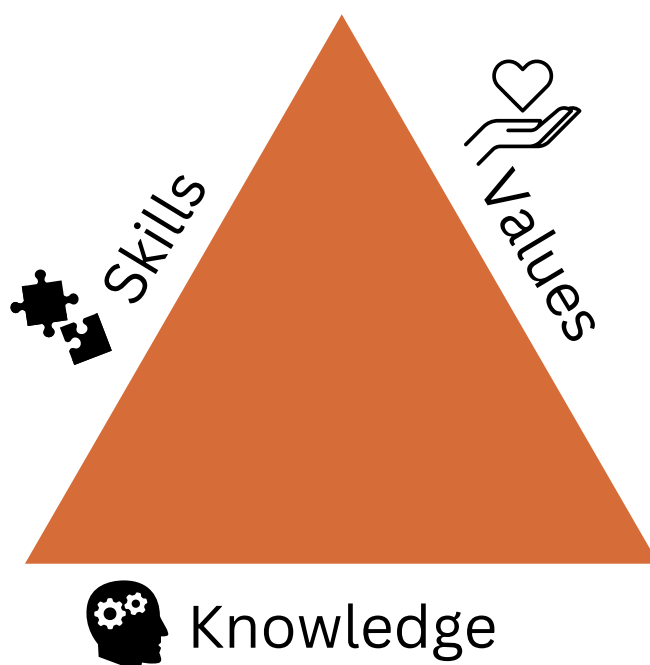
To ensure that sessions are balanced it is important to know the purpose of the activity and create a balanced session that increases or enables reflection on knowledge, skills and values.

The definition of each of these is:

Knowledge: gaining new information on a topic

Skills: gaining new skills on a topic

Values: reflecting on, and potentially altering, your own values in relation to a topic



Tips for Communication

Communication difficulties

Special provision should be put in place to support conversations with children, young people or adult learners who:

- have communication difficulties
- are too young
- are unable to communicate
- cannot or will not explain

You should refer to the child, young person or adult learner's behaviour plan and the information available from any assessments. This may include visual cues to help facilitate discussion, such as picture exchange communication cards.

Mencap has published further information on [communicating with people with learning difficulties](#).

The National Autistic Society has also published [tips to communicate more effectively with an autistic person](#).



The table below shows the learning opportunities from the relevant PSHE Association core themes which can be linked to smoking, tobacco or vaping.

Primary

PSHE Association

Key Stage 2

H46.	about the risks and effects of legal drugs common to everyday life (e.g. cigarettes, e-cigarettes/vaping, alcohol and medicines) and their impact on health; recognise that drug use can become a habit which can be difficult to break
H48	about why people choose to use or not use drugs (including nicotine, alcohol and medicines);
H49	about the mixed messages in the media about drugs, including alcohol and smoking/vaping
H50.	about the organisations that can support people concerning alcohol, tobacco and nicotine or other drug use; people they can talk to if they have concerns

SEND

Key Stage 2

HL3	Enrichment: Describe how smoking and drinking alcohol can affect people's health.
-----	---

DfE Statutory Guidance:

By the end of Primary pupils will know:

DAT1	the facts about legal and illegal harmful substances and associated risks, including smoking, alcohol use and drug-taking.
------	--

Secondary

PSHE Association

Key Stage 3

H24.	to evaluate myths, misconceptions, social norms and cultural values relating to drug, alcohol and tobacco use
H25.	strategies to manage a range of influences on drug, alcohol and tobacco use, including peers
H26.	information about alcohol, nicotine and other legal and illegal substances, including the short-term and long-term health risks associated with their use

Key Stage 4

H21.	to identify, manage and seek help for unhealthy behaviours, habits and addictions including smoking cessation
------	---

SEND

Key Stage 3-4

HL7.	Core: Identify some benefits of not smoking/vaping or drinking alcohol, or of delaying use.
HL7.	Core: Recognise that most young people choose not to smoke/vape, drink alcohol or use drugs.
HL7.	Development: Describe some of the risks and possible consequences of drinking alcohol, smoking and other drugs on the body.
HL7.	Enrichment: Explain why we might put ourselves under pressure to try substances such as smoking and drinking (e.g. to fit in or not to feel left out)

DfE Statutory Guidance:

By the end of Secondary pupils will know:

DAT1.	the facts about legal and illegal drugs and their associated risks, including the link between drug use, and the associated risks, including the link to serious mental health conditions.
DAT2.	the law relating to the supply and possession of illegal substances
DAT4.	the physical and psychological consequences of addiction, including alcohol dependency
DAT6.	the facts about the harms from smoking tobacco (particularly the link to lung cancer), the benefits of quitting and how to access support to do so.

NYA Youth Work Curriculum:

HW2.	Helping young people make informed choices about how they live, approach risk and take responsibility for their own behaviour in relation to their lifestyle
HW5.	Providing appropriate, accurate information and guidance

Useful Resources

Please check all resources are suitable for your settings and children before use

Smoking, Tobacco & Vaping

Videos:

Ted-Ed: How do cigarettes affect the body?

Krishna Sudhir details what happens when we smoke - and when we quit.

Lesson Plans:

Safe4Me: Primary

Two sessions from PSHE Association for Y3-4 exploring medicines and household products, Alcohol and smoking.

Public Health England: Vaping KS3

Across three form time sessions, students learn about social pressures around vaping, its impact factors, and the effects of nicotine on the adolescent brain.

Rise Above: Smoking Lesson Plan KS3/KS4

Using peer-to-peer discussion and activities, students discuss scenarios where young people are encouraged or pressured to smoke and then identify techniques for resisting this pressure.

Talk About Alcohol: Vaping Quiz

An interactive True/False quiz challenging misconceptions and myths around vaping.

DSM Foundation

Evidence-based resources and short form-time sessions. Three programmes offer a spiral curriculum that is age-appropriate and builds on prior learning.

For Professionals

ASH

Guidance on developing policies on vaping, in the context of far greater risk from smoking.

NICE Guidance

Guidance on Smoking Prevention in Schools for both Primary and Secondary.

DEVELOPING SUBJECT KNOWLEDGE



SMOKING, TOBACCO & VAPING

with thanks to...

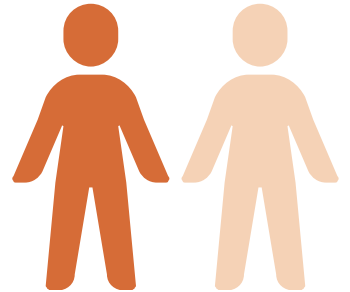
Key Words

Addiction	A physical and/or mental state in which you are dependant on a substance or activity, and have no control over that state.
Benzene	A substance found in cigarette smoke which is categorised as a carcinogen. It is cited as a cause of leukaemia and other blood related cancers.
Breathing	A function of the human body in which air is inhaled into the lungs through the nose or mouth and exhaled in the same way.
Cancer	Often referred to in the singular but there are many different forms of cancer. Many types of cancer are caused by smoking such as lung, throat, stomach, kidney, oesophagus and stomach.
Carbon monoxide	A colourless, odourless, toxic gas which is commonly found in cigarette smoke.
Carcinogen	A substance which can cause cancer. Carcinogens vary in strength and as a result of this have been assigned severity ratings.
Cessation	Usually called quitting smoking or stopping smoking, is the process of discontinuing tobacco smoking.
Filter	A substance attached to the end of a cigarette which mixes air with cigarette smoke, thereby reducing the amount of smoke (and tar and nicotine) inhaled.

Mainstream smoke	A type of smoke which is inhaled by the smoker as they puff on a cigarette.
Nicotine	A highly powerful drug contained in cigarette smoke. It is highly addictive and stimulates both the brain and the body. It causes a wide range of effects on the body which include increased heart rate, raised blood pressure and reduced oxygen intake.
Passive smoking	Also known as second hand smoke: the inhalation of another person's smoke.
Roll up	A type of cigarette which is prepared at home. The smoker rolls a portion of tobacco in a cigarette paper and moistens one side to seal it.
Second hand smoke	Another name for passive smoking: this is smoke breathed out into the environment which is inhaled by a non-smoker. There is evidence to show that it leads to a range of disease such as heart disease and cancer.
Snuff	A form of tobacco powder which is inhaled through the nose rather than smoked.
Tar	A black, sticky substance found in cigarettes.
Tobacco	Herb in which the leaves are cured and then prepared, ready for chewing or smoking. It contains a wide range of substances which includes nicotine.
World No Tobacco Day	First introduced by the World Health Organisation (WHO) back in 1987. It aims to raise awareness of the negative impact of tobacco in all corners of the globe.

Smoking

15



Smoking is the biggest cause of preventable deaths in England.

Smoking accounts for more than 80,000 deaths each year.

One in two smokers will die from a smoking-related disease.

Smoking is uniquely harmful, causing damage not only to smokers themselves but also to the people around them.

Despite a continued decline in smoking prevalence, 13.9% of adults in England still smoke.

Tobacco comes in many forms including:

- Cigarettes
- Rolling tobacco
- Chewing Tobacco
- Shisha
- Illicit tobacco

Cigarettes

Cigarettes are the most common type of tobacco product in the UK. Cigarette tobacco products contain:

- Two main tobacco leaf varieties
- Fillers including stems and other waste products
- Water
- Flavourings
- Additives

Additives are used to make the cigarette more palatable to the user. 600 different additives are currently permitted for use in cigarettes in the UK, such as:

- Moisturisers to prolong shelf life
- Sugars to enable the smoke to be more easily inhaled
- Flavourings such as chocolate, vanilla and menthol

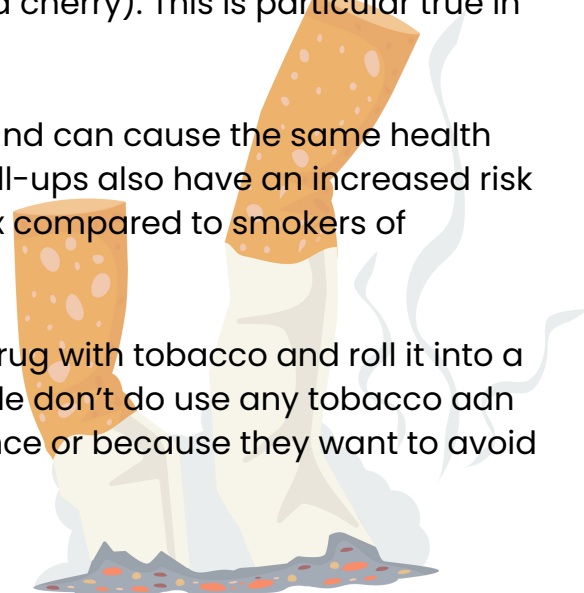
These additives can be toxic when combined with other substances or when burned during smoking.

Rolling Tobacco

Many people who smoke roll-ups don't use a filter, so they also end up inhaling more tar and nicotine and therefore become highly addicted and dependent on their habit. Some people also make rolled-up cigarettes called bidi (thin cigarettes of tobacco wrapped in brown tendu leaf, tied on one or both ends with bits of colourful string and produced in a variety of flavours, including chocolate, mango, mint and cherry). This is particular true in India and other south-eastern Asian communities

Roll-ups are at least as harmful as ordinary cigarettes, and can cause the same health risks. Studies have suggested that people who smoke roll-ups also have an increased risk of cancer of the mouth, oesophagus, pharynx and larynx compared to smokers of manufactured cigarettes.

In the UK, the majority of cannabis users will mix the drug with tobacco and roll it into a cannabis cigarette known as a spliff or joint. Some people don't use any tobacco and make weed-only cigarettes - either because of preference or because they want to avoid becoming dependent on nicotine.



Chewing Tobacco

Chewing smokeless tobacco, such as betel quid, paan or gutkha, is popular with many people from South Asian communities. Betel quid, paan or gutkha is a mixture of ingredients, including betel nut (also known as areca nut), herbs, spices and often tobacco, wrapped in a betel leaf. Research shows that using smokeless tobacco raises the risk of mouth cancer, and oesophageal cancer. Studies have also shown that betel itself can raise the risk of cancer, so chewing betel quid without tobacco is still harmful.

Shisha

Shisha smoking, also known as narghile, water pipe, hookah or Hubble bubble smoking is a way of smoking tobacco through a bowl with a hose or tube joined on. The tube has a mouthpiece that the smoker uses to breath in the smoke.

Shisha usually contains tobacco which is sometimes mixed with fruit or molasses sugar. Popular flavours include apple, strawberry, mint and cola. Wood, coal or charcoal is burned in the shisha pipe to heat the tobacco and create the smoke.

Shisha often contains the same type of tobacco as found in cigarettes. This means shisha smokers are at risk of developing the same health problems as cigarette smokers, such as cancer and heart disease.

As Shisha can contain nicotine (the addictive ingredient in cigarettes) a person can become addicted to smoking shisha.

A World Health Organisation study has suggested that a one hour session of smoking shisha can be the same as smoking 100 or more cigarettes.

Some cannabis users will mix the drug with tobacco and create a smoke bong. This is done by putting the cannabis and tobacco mixture into a pipe, lighting it, and then inhaling the smoke through water out of a large tube. As with joints, not everyone uses tobacco, as using tobacco increase the risk of nicotine dependence.

Illicit tobacco

This is tobacco that has been smuggled into the UK illegally. This can be packaged to look like a regular brand. It can be either rolling tobacco or cigarettes. Whilst it may be cheaper than legal tobacco, it comes at a cost.

The ingredients of illicit tobacco aren't known or regulated. Whilst no tobacco is safe, illicit tobacco could contain higher levels of harmful chemicals.

WHAT'S IN A CIGARETTE

18

CARBON MONOXIDE

Released in car exhaust fumes

AMMONIA

Common in household cleaner

LEAD

In batteries

TAR

Material for paving roads

FORMALDEHYDE

Known as embalming fluid



CADMIUM

In battery acid

ACETONE

In nail polish remover

ACETIC ACID

Ingredient in hair dye

BUTANE

Lighter fluid

ARSENIC

In rat poison

Tobacco smoke contains:

- Nicotine
- Carbon Monoxide
- Tar
- Toxic chemicals such as benzene, arsenic and formaldehyde

Although **nicotine** is a very addictive substance it's relatively harmless. It's the carbon monoxide, tar and other toxic chemicals in tobacco smoke that will cause serious damage to health.

Carbon monoxide is a poisonous gas which takes the place of oxygen in your blood. This forces your heart to work much harder and stops your lungs from working properly.

Tar is the sticky brown substance that stains smokers' teeth and fingers yellow-brown. It contains cancer causing particles (carcinogens).

Smoking & Health

Smoking is one of the main causes of health inequalities in England, with the harm concentrated in disadvantaged communities and groups.

In England in 2019 to 2020, there were an estimated 506,100 smoking-related admissions to hospital, equating to almost 1,400 each day.

One in 4 patients in a hospital bed is a smoker. Smokers also see their GP 35% more than non-smokers.

Circulation

When someone smokes, the poisons from the tar in the cigarettes enter the blood. These poisons in the blood then:

- Make the blood thicker, and increase chances of clot formation
- Increase blood pressure and heart rate, making the heart work harder than normal
- Narrow the arteries, reducing the amount of oxygen rich blood circulating to the organs.

Together, these changes to the body when someone smokes increases the chance of the arteries narrowing and clots forming, which can cause a heart attack or stroke.

Heart

Smoking damages the heart and the blood circulation, increasing the risk of conditions such as coronary heart disease, heart attack, stroke, peripheral vascular disease (damaged blood vessels) and cerebrovascular disease (damaged arteries that supply blood to the brain). Carbon monoxide from the smoke and nicotine both put a strain on the heart by making it work faster. They also increase the risk of blood clots. Other chemicals in cigarette smoke damage the lining of coronary arteries, leading to furring of the arteries.

In fact, smoking doubles the risk of having a heart attack, and if someone smokes they have twice the risk of dying from coronary heart disease than lifetime non-smokers.

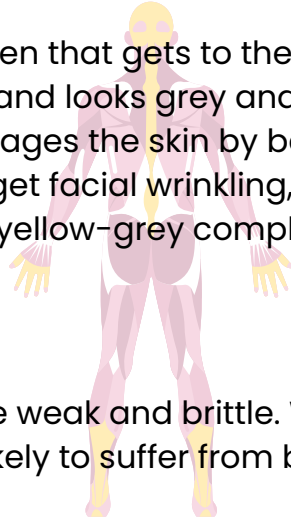
The good news is that after only one year of not smoking, the risk is reduced by half. After stopping for 15 years, the risk is similar to that of someone who has never smoked.

Stomach

Smokers have an increased chance of getting stomach cancer or ulcers. Smoking can weaken the muscle that controls the lower end of the gullet (oesophagus) and allows acid from the stomach to travel in the wrong direction back up the gullet, a process known as reflux. Smoking is a significant risk factor for developing kidney cancer, and the more someone smokes the greater the risk. For example, research has shown that if someone regularly smokes 10 cigarettes a day, they are one and a half times more likely to develop kidney cancer compared with a non-smoker. This is increased to twice as likely if they smoke 20 or more cigarettes a day.

Skin

Smoking reduces the amount of oxygen that gets to the skin. This means that if someone smokes, their skin ages more quickly and looks grey and dull. The toxins in the body also cause cellulite. Smoking prematurely ages the skin by between 10 and 20 years, and makes it three times more likely a smoker will get facial wrinkling, particularly around the eyes and mouth. Smoking even gives a sallow, yellow-grey complexion and hollow cheeks, which can cause a person to look gaunt.

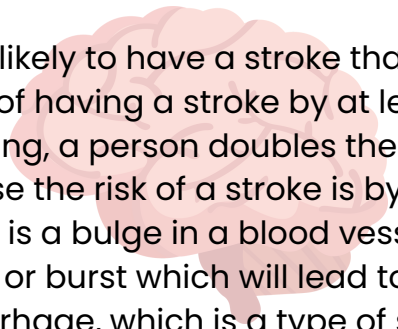


Bones

Smoking can cause bones to become weak and brittle. Women smokers need to be especially careful as they are more likely to suffer from brittle bones (osteoporosis) than non-smokers.

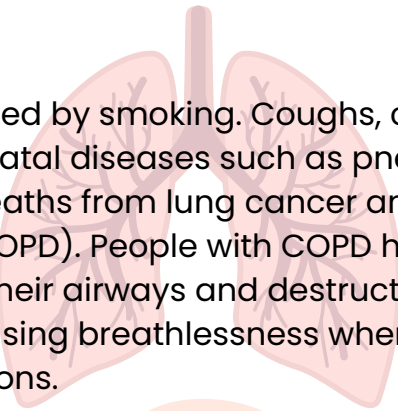
Brain

If a person smokes, they are more likely to have a stroke than someone who doesn't smoke. In fact, smoking increases the risk of having a stroke by at least 50%, which can cause brain damage and death. And, by smoking, a person doubles their risk of dying from a stroke. One way that smoking can increase the risk of a stroke is by increasing the chances of developing a brain aneurysm. This is a bulge in a blood vessel caused by a weakness in the blood vessel wall. This can rupture or burst which will lead to an extremely serious condition known as a subarachnoid haemorrhage, which is a type of stroke, and can cause extensive brain damage and death.



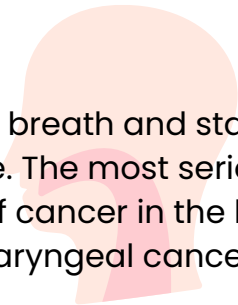
Lungs

The lungs can be very badly affected by smoking. Coughs, colds, wheezing and asthma are just the start. Smoking can cause fatal diseases such as pneumonia, emphysema and lung cancer. Smoking causes 84% of deaths from lung cancer and 83% of deaths from chronic obstructive pulmonary disease (COPD). People with COPD have difficulties breathing, primarily due to the narrowing of their airways and destruction of lung tissue. Typical symptoms of COPD include: increasing breathlessness when active, a persistent cough with phlegm and frequent chest infections.



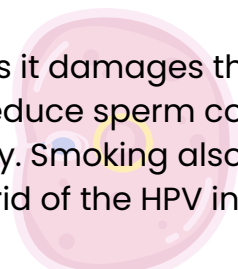
Mouth and throat

Smoking causes problems such as bad breath and stained teeth, and can also cause gum disease and damage the sense of taste. The most serious damage smoking causes in the mouth and throat is an increased risk of cancer in the lips, tongue, throat, voice box and gullet (oesophagus). More than 93% of oropharyngeal cancers (cancer in part of the throat) are caused by smoking.



Reproduction and fertility

Smoking can cause male impotence, as it damages the blood vessels that supply blood to the penis. It can also damage sperm, reduce sperm count and cause testicular cancer. For females, smoking can reduce fertility. Smoking also increases the risk of cervical cancer. People who smoke are less able to get rid of the HPV infection from the body, which can develop into cancer.



Smoking while pregnant can lead to miscarriage, premature birth, stillbirth and illness, and it increases the risk of cot death by at least 25%.

Smoking & Mental Health²¹

National data shows that smoking is also closely associated with poor mental health and wellbeing. Smokers score worse than the population as a whole on every mental wellbeing indicator.

People with mental health problems are almost 2.5 times as likely to smoke as the general population. Smoking rates increase with the severity of mental illness. Among adults with a serious mental illness, 40.5% smoke.

The high smoking rate among people with mental health conditions is the largest contributor to their 10 to 20 year reduced life expectancy.

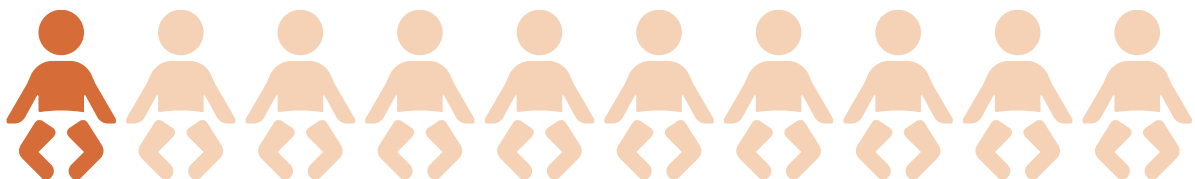
People with a mental health condition are just as likely to want to stop smoking as those without, but they are more likely to be addicted to smoking and more likely to think it will be difficult to quit.

Smoking & Pregnancy

Smoking is the most important modifiable risk factor in pregnancy.

Smoking is associated with a range of poor pregnancy outcomes including:

- miscarriage
- stillbirth
- premature birth
- neonatal complications
- low birth weight
- sudden infant death syndrome



Around 1 in 10 babies in England is born to a mother who smoked throughout her pregnancy.

Smoking prevalence and cigarette consumption

Extensive research has demonstrated the harmful effects that smoking has on health. As previous shown, smoking contributes to a variety of health conditions, including cancers and respiratory, digestive and circulatory diseases, whilst also impairing the development of teenage lungs.

Tobacco use remains one of the most significant public health challenges in the UK.

[Click here to view the Tobacco control plan for England](#)

2022 ASH-Y survey data (11 to 18 year olds) showed:

- smoking prevalence (including occasional and regular smoking) was 6% in 2022 (compared with 4.1% in 2021 and 6.7% in 2020)
- vaping prevalence (including occasional and regular vaping) was 8.6% in 2022 (compared with 4% in 2021 and 4.8% in 2020)

The Office for National Statistics conducted a survey of young people who were asked about their cigarette smoking behaviour. Pupils were categorised in three ways based on the responses given:

- Regular smokers (defined as usually smoking at least one cigarette per week).
- Occasional smokers (defined as usually smoking less than one cigarette per week).
- Non-smokers.

The term 'current smoker' used in this report includes regular and occasional smokers. 'Ever smoked' includes 'current smokers' plus 'ex-smokers' and those who have 'tried smoking once'.

[Click here to read the report "Smoking, Drinking and Drug Use among Young People in England 2021"](#)

Smoking Cessation

Smoking cessation, usually called quitting smoking or stopping smoking, is the process of discontinuing tobacco smoking.

Stopping smoking brings multiple benefits to health: some immediate and others that build over time. These include being able to breathe and move around more easily, a reduced risk of several cancers and financial benefits.

Statistics show more than a third of smokers (36.6%) tried to quit in the last 12 months.

Research shows that self-confidence is a major factor in successful attempts at quitting smoking.

Evidence shows people are 5 times more likely to quit for good if they can make it to at least 28 days smoke free.

Campaigns such as Stoptober offer a range of free quitting tools including the NHS Quit Smoking app, Facebook online communities, daily emails and SMS, an online Personal Quit Plan, as well as advice on stop smoking aids, vaping to quit smoking and free expert support from local stop smoking services.

Local stop smoking services are free, friendly and are evidenced to boost a person's chances of quitting for good.

These services are staffed by expert advisers who provide a range of proven methods to help people to quit. They give accurate information and advice, as well as professional support, during the first few months someone stops smoking.

Click on the links below for Stop Smoking services locally:



Reed Wellbeing

Stoke-on-Trent

everyonehealth
because everyone matters

Staffordshire

Vaping

What is a vape?

A device, sometimes known as an electronic cigarette or e-cig, which heats up a liquid so the user can inhale the resulting vapour.

What do they look like?

Vaping devices vary hugely, but the most popular with young people seem to be vape pens, sometimes called pod mods. These may be prefilled or refillable, and major brands include Juul, Elf Bars and Geek Bars, popularised by high levels of exposure on social media platforms such as TikTok and Instagram. Some are bright and colourful, others are more discreet and bear more than a passing resemblance to everyday objects such as pens, USB drives, and make up items. A wide range of flavours is available, including candy and fruity. There are other devices too; some resemble cigarettes, others are vaporisers looking much like oil lamps, and there are also rechargeable devices which use cartridges or have a tank to hold vaping liquid (sometimes referred to as e-liquid or juice). Some of these are fully customisable, so the user can control all aspects. All devices contain a battery, a power button or sensor, a heating element (often called the atomizer or coil), and cartridge or chamber for the vaping liquid.

TYPES OF E-CIGARETTES



Disposable models (which are pre-filled with liquid and used only once) were the most popular type of vaping device in the 2022 ASH-Y survey. These were used by 52.8% of 11 to 18 year olds who currently vaped, and 18.7% used tank models (which are reusable and rechargeable kits that users can refill with liquid).

How does vaping work?

Nicotine is the most significant drug in most vapes. This causes the body to release adrenaline, the fight or flight hormone, meaning that breathing speeds, and heart rate and blood pressure rise. However, nicotine is biphasic, meaning that after the initial stimulant effect, if the person has more, it causes relaxation.

Research into Vaping

The main reasons for vaping were to “give it a try” (48.8%, 2021 ASH-Y), and “liking the flavours” (37.2%, ITC Youth).

These reasons were most common among young people who have never smoked or only tried smoking. Among young people who smoked, or had smoked, in the ITC Youth survey, harm reduction, and quitting related reasons were common.

In the 2021 ASH-Y survey, most 11 to 18 year olds who had tried vaping had smoked first (38.7%), while 24.7% said they had vaped before they smoked and 29.7% said they had tried a vaping product and never tried smoking.

Flavours

Fruit flavours were the most popular among young people who currently vaped (51.5% in 2021 ASH-Y). This was followed by menthol/mint (13%), then chocolate/dessert/sweet/candy flavours (9.3%).



ASH (Action on Smoking and Health) report that:

- There has been a significant growth in awareness of e-cigarette promotion between 2022 and 2023 with more than half all children (53%) aware of promotion in shops, and nearly a third (32%) online. Only one in five (20%) say they never see e-cigarettes being promoted, down from 31% last year.
- Although selling vapes to children is illegal, giving them out for free is not, and it is of concern that 2.1% of children who have ever tried vaping, report that their first vape was given them by an e-cigarette company. There are wide confidence intervals so this could range between 9,000 and 38,000 children in Great Britain.

In conclusion, youth vaping is continuing to grow, as is children’s awareness of promotion. The big increase in the use of disposable products has happened concurrently with higher levels of youth use, although the survey is cross sectional and so does not prove this is causal in either direction.

The Debate about vaping²⁶

There's some confusion and misleading information about vaping, which can make it difficult to work out what's true or not.

Experts agree vaping is substantially less harmful than smoking but it is not risk-free. Vaping exposes users to fewer toxins and at lower levels than smoking cigarettes. Vaping has not been around for long enough to know the risks of long-term use. This includes the long-term effects of inhaling the flavourings in vapour. While vaping is substantially less harmful than smoking, it is unlikely to be totally harmless.

Vaping is actively promoted as an alternative to smoking cigarettes for adults, it is an effective method to help them to stop smoking. They are not recommended for non-smokers. and the government is taking steps to tackle the issue of youth vaping, including closing the loophole and increase fines for shops selling vapes illegally.

The majority of vapes contain nicotine, the drug that is also in tobacco products such as cigarettes, but at a much lower cost and often higher strength. For example, vape pens usually give around 500–600 puffs, which is the same as 40 cigarettes, and some give as many as 800 puffs. Nicotine is, of course, hugely addictive. An added concern is the apparent ease with which vapes can be obtained through illegal and therefore unregulated sources. This introduces additional and considerable unpredictability, not just in terms of nicotine strength and the chemical composition of products, but also the safety of devices.

Below are some concerns that are widely expressed about the use of vapes:

Tolerance develops rapidly

The body quickly gets used to nicotine, meaning the user needs more to feel the same effects.

Nicotine is addictive.

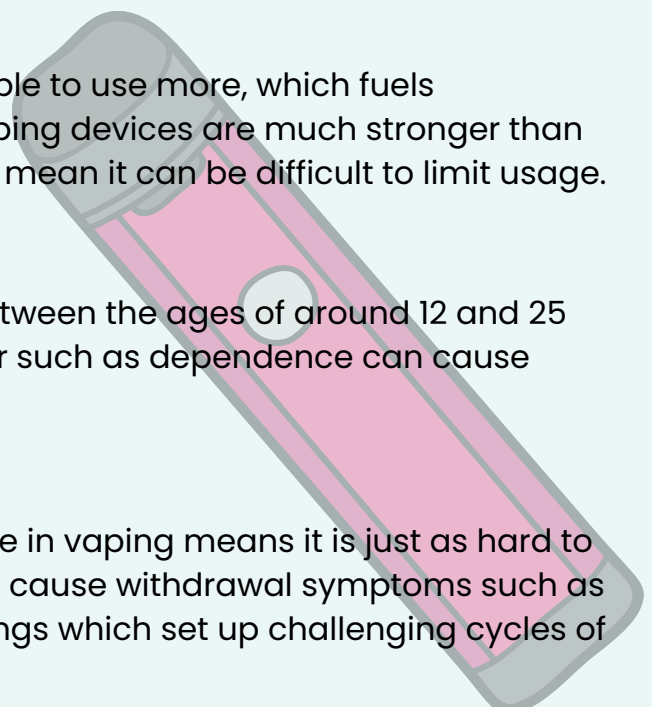
The tolerance that builds quickly encourages people to use more, which fuels dependence and addiction. Remember, many vaping devices are much stronger than cigarettes, and the pleasant flavours and aromas mean it can be difficult to limit usage.

Teenagers' brains are more vulnerable.

The huge changes that the brain goes through between the ages of around 12 and 25 years means that setting up patterns of behaviour such as dependence can cause significant problems in later life.

Stopping vaping can be tough.

Just as it is difficult to give up smoking, the nicotine in vaping means it is just as hard to kick an e-cig habit. Trying to cut down or stop can cause withdrawal symptoms such as anxiety, restlessness and mood swings, plus cravings which set up challenging cycles of behaviour.



Vaping & Health

As previously mentioned, vaping has not been around for long enough to know the risks of long-term use. This includes the long-term effects of inhaling the flavourings in vapour.

Effects of a nicotine overdose can include:

- Nausea and dizziness
- Raised blood pressure and increased heart rate
- Irritability and anxiety



It is important to ensure that children and young people know that if they experience someone feeling unwell as a result of smoking or using a vape, they need to stay with them and keep a close eye on them, and get adult help if they're at all concerned.

You must ALWAYS call 999 if someone has seizures, convulsions or loses consciousness.

Vaping & the Law

All nicotine-containing electronic cigarettes and refills fall under the remit of the UK drug regulator, the MHRA, and sales to under 18s are illegal.

It is illegal to sell vaping products to anyone aged under 18 and to buy vaping products for anyone under 18. There is a loophole in the legislation allowing free samples of vaping products to be given to people of any age. The government are currently looking at ways to close this loophole.

Surveys by the Chartered Trading Standards Institute to capture tobacco control activities, including enforcement of age of sale vaping and tobacco product laws, have not been carried out since 2020.

Smoking, Vaping & the Environment

Cigarette butts are the single most littered item in England, making up 66% of all littered items. Research from [Keep Britain Tidy](#) shows that smokers often believe that cigarette butts are biodegradable.

In fact, cigarette butts are made of a type of plastic (plasticised cellulose acetate), and are not biodegradable. The cigarette butt breaks apart into microplastics which stay in the environment for an unknown period of time.



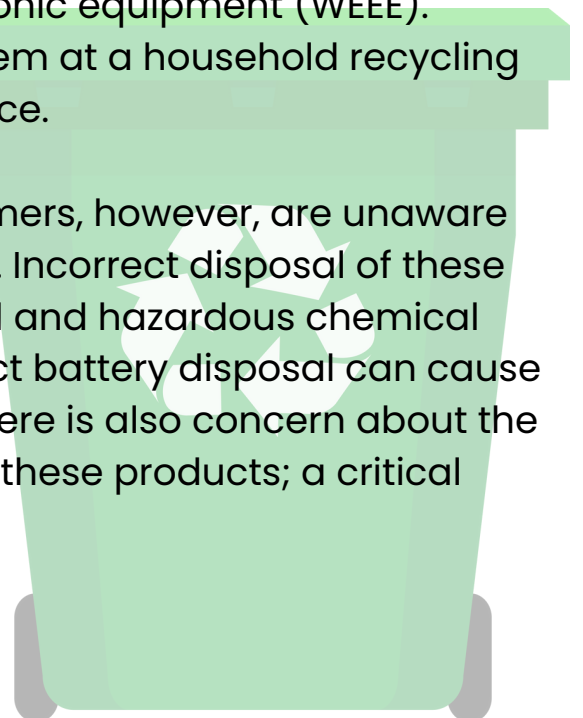
Did you know?

A cigarette butt can take 14 years to break apart.

A typical disposable vape pen, designed for single-use, contains plastic, copper, rubber and a lithium battery. Some parts, like the battery, can be widely recycled, whereas others, such as any rubber parts, may not be. Most disposable vapes are not designed to be taken apart easily.

Vapes are classed as waste electrical and electronic equipment (WEEE). This means that consumers should dispose of them at a household recycling centre or at the shop where they bought the device.

A [BBC News article](#) highlighted that many consumers, however, are unaware that disposable vapes can or should be recycled. Incorrect disposal of these items can potentially release, plastic, electrical and hazardous chemical waste into the environment. In particular, incorrect battery disposal can cause fire and health and safety risks at landfill sites. There is also concern about the use, and subsequent loss, of lithium contained in these products; a critical material which is in high demand.



Smoking & Fire Safety

Fires caused by smoking materials are the biggest killers in accidental house fires – in fact every three days someone dies from a fire caused by a cigarette.

Staffordshire Fire & Rescue service provide the following safety advice:

Smoking

- Make sure your cigarette is fully extinguished and carefully disposed of.
- Never smoke in bed – you could easily doze off and set your bed on fire.
- Always use a proper ashtray which is made of material which can't burn or tip over.
- Take extra care when you're tired, are taking any sort of drugs/medication or have been drinking alcohol. It's very easy to fall asleep while your cigarette is still burning.
- Keep matches and lighters away from children – consider buying child resistant lighters and match boxes to reduce the risk.

E-Cigarettes/Vapes

- Use the charger supplied with the e-cigarette or recommended by the manufacturer.
- Always follow the manufacturer's instructions for safe charging, use and disposal.
- Remember that charging requirements vary from one device to the other.
- Always keep the device away from flammable or combustible materials such as a bed or soft furnishings.
- Don't exceed the recommended charging time or leave unattended for any significant length of time (e.g. overnight whilst you're asleep or go out).
- Check the e-cigarette carries CE certification.
- If you have any concerns contact Trading Standards for more information.

[You can access the Fire Safety & PSHE pack here.](#)

Department for Education Training

Training presentation that can be locally adopted on Drugs, Alcohol and Tobacco

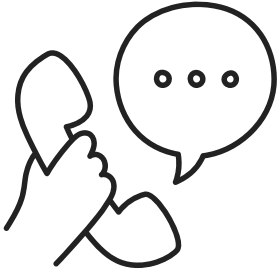
ASH guidance on developing school policies on vaping

Briefing document for Designated Safeguarding Leads, PSHE leads and others developing school policies on vaping, in the context of the far greater risk from smoking.

INTENT

INTENT is a smoking prevention programme. It works by targeting adolescents who have never smoked prior to its delivery. INTENT reduces smoking initiation by first getting adolescents to engage with anti-smoking messages, then creating Personal Plans (or “Implementation Intentions”) about how to refuse an offer of cigarettes.

Useful Contacts:



If you would like more information or support about smoking, tobacco & vaping please contact:

Reed Wellbeing - Stoke-on-Trent

Website: [Quit Smoking Stoke-on-Trent](#)

Tel: 0808 169 1869.

Everyone Health - Staffordshire

Website: [Stop Smoking webpage](#)

Quit Smoking helpline (for over 18s): 03330 050095

If a referral to Children's Social Care is required, please contact:

Staffordshire:

Staffordshire Children's Advice Service - 0300 111 8007

Monday - Thursday 8.30am - 5pm and Friday 8.30-4.30pm

Out of Hours - 0345 604 2886 / 07815 492613

Stoke:

CHAD - 01782 235 100

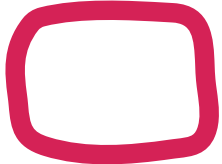
Monday - Thursday 8.30am - 5pm and Friday 8.30-4.30pm

Out of Hours - 01782 234 234

Further Reading:



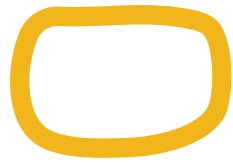
[Smoking and tobacco: applying All Our Health](#)



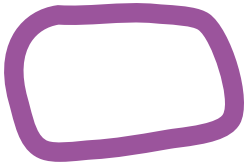
[Smoking, Drinking and Drug Use among Young People in England 2021](#)



[NHS Smokefree information](#)



[Nicotine vaping in England: 2022 evidence update summary](#)



[DSM Foundation: Vaping Information sheet for parents and educators](#)



[Adult smoking habits in the UK: 2019](#)



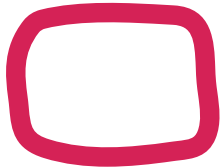
[Statistics on Smoking, England 2020](#)



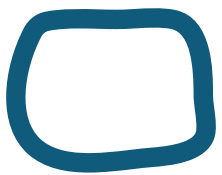
[BTS National Audit Reports](#)



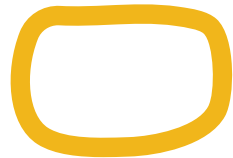
Smoke-free generation: tobacco control plan for England



Smoking prevalence in adults: current smokers aged over 18 years by wellbeing group and region



Local Tobacco Control Profiles



Top-line findings on smoking in England from the Smoking Toolkit Study



Clinical and public health significance of treatments to aid smoking cessation



ASH guidance on developing school policies on vaping



NICE Guidance: Smoking prevention in schools



PSHE
Education
STOKE-ON-TRENT
STAFFORDSHIRE

SASCAL
STRONGER TOGETHER

Ellie Chesterton
PSHE Coordinator
Stoke on Trent
echesterton@horizonoat.co.uk

SCVYS
STAFFORDSHIRE COUNCIL OF VOLUNTARY YOUTH SERVICES

Natalie McGrath
PSHE Coordinator
Staffordshire
natalie@staffscvys.org.uk

www.pshestaffs.com