

AYPH response to Youth Vaping call for evidence

Policy position - June 2023



Adolescence is a key period when young people gain increased independence and engage in activities such as drinking, vaping and smoking for the first time. Habits formed in this time can potentially stretch out into adulthood, as young people form life long behaviours. For example, it has been estimated that [for every three young smokers only one will go on to quit before adulthood](#). Young people are early adopters of all new technologies and may be attracted to use e-cigarettes whether or not they already smoke. Unhealthy behaviours can have consequences on young people's health now, in the present, but also across their lives.

Trends in data and evidence on youth vaping

Recent data shows a rise in vaping amongst young people with 9% of secondary school pupils currently (either regularly or occasionally) using e-cigarettes in 2021, an increase from 6% in 20181 ([NHS Digital 2022](#)). Other [data](#) shows that 15.8% of 11-17 year olds had tried vaping in 2022, compared to 11.2% in 2021 and 13.9% in 2020 and 7% of 11-17 year olds were current users, compared to 3.3% in 2021 and 4.1% in 2020 (ASH). Trends are less clear in the adult population making it challenging to identify what is happening for 18-25 year olds.

We are concerned that young people may be particularly susceptible to e-cigarette and vaping promotional materials and use of sweet flavourings ([Int. J. Environ. Res. Public Health 2020, 17\(10\), 3639](#)). The most common way of accessing vapes for 11-17 year olds was via a vape shop ([ASH 2023](#)). Vape shops which have increased significantly in number over recent years often sell other products that are particularly attractive to young people including milkshakes, American candy, PRIME drinks etc.

Potential health risks of youth vaping

E-cigarettes are not harm-free products and we do not know what the long term effects of them may be for young people. They include carcinogens for which there are no accepted lower safe limits. The World Health Organisation has made the point in relation to e-cigarettes that there should be no pollutants in the air that we breathe ([WHO Framework Convention on Tobacco Control \(28&41\)](#)).

Summaries of the health risks of vapes for children and young people highlight the potential for harm to young people's brain development. Some evidence on lead and other toxins in vapes has recently exacerbated concern. Finally given young people's concern in relation to climate

change and health the significant impact of discarded e-cigarettes and vapes should not be ignored ([The environmental impact of disposable vapes, House of Commons Library](#)).

In terms of the evidence we have from young people and schools this is anecdotal at the moment but points to a rise in the [visibility and practice of youth vaping and the struggle of schools to manage this](#). Responses from schools have included restricting the use of toilet facilities which can of course have other health impacts for young people.

Do health inequalities exist in young people's vaping rates?

Whilst we do not know the answer to this question it is useful to consider messages from research on smoking. Of note is research that has found that [young people who grow up in houses where there is an adult smoker are more likely to go on to smoke themselves](#), compared to those who grow up in smoke-free households.

Our comparison of data on young people's smoking prevalence against the Index of Multiple Deprivation (IMD) did not show a clear link between the two with the [smoking prevalence rates similar for young people in both the most and least deprived areas](#). This data suggests that inequalities in smoking rates in young people are not necessarily connected to affluence or deprivation, and may be caused by other contextual factors.

In order to effectively tackle youth vaping we must focus on the experiences of different groups of young people, for example, care leavers, young people from ethnic minority groups etc. As with youth smoking low average rates can hide potentially high rates for some groups of young people and we must support them with specific interventions.

Need for more evidence

AYPH identified issues in relation to e-cigarettes alongside a number of other children and young people's health organisations as matters in need of consideration in 2018. A letter was sent to the minister for public health at that point setting out the importance of thinking through the potential impact of e-cigarettes on young people.

Many of our questions are still pertinent and highlight why a more youth focused approach from the outset was needed. E-cigarettes are clearly being widely used by young people as a leisure pursuit in its own right rather than a tool for smoking cessation. We still need to understand the pattern of young people's use of e-cigarettes and the similarities and differences to use by adults as well as whether there are different behavioural and pharmacological implications for young people.

Ensuring evidence about the specific harms of vaping for young people is collected is key. This should include the link between vaping and smoking for young people, the use of the capsules of nicotine for purposes other than smoking and the effects of passive vaping.

Finally how are schools, substance use professionals and others working with young people on e-cigarettes supported to share the most appropriate messages for young people? What are the implications for smoking cessation services reaching the under 18s? And are messages about smoking in general being updated to reflect use of new technologies?

Our recommendations for policy and practice

Consider the potential impacts of vaping for young people at all stages of public health decision making. Young people’s needs must be considered at the heart of decision making alongside but not less important than the potential benefit vapes can have for adult smokers.
Young people and young adults should be involved in identifying the issues and potential solutions to this issue.
Provide clear public health messages for young people and those who support them about the potential risks of vaping and the need for further evidence.
Prohibit the advertising, marketing and promotion of products containing nicotine at children and young people including the promotion of e-cigarettes and vaping products targeted at young people through the use of sweet flavours and specific branding.
Review the planning decisions about vape shops in local areas and the sale of products alongside e-cigarettes which are specifically targeted at young people.
Introduce evidence based lesson plans as part of RSHE such as those developed by the PSHE Association to increase understanding amongst young people of the potential impacts of vaping.
Support schools with guidance on taking a whole school approach to youth vaping.
Avoid taking an approach which points to this being a question of individual choice and the potential for focusing on young people’s behavior rather than solving this at a population level.
Ensure there is clear guidance to health professionals setting out that e-cigarettes are not harm-free products for young people and the need to share factual youth friendly messages about the risks nicotine may pose as well as the potential impact of vapes on later smoking/drug related behaviours.
Introduce Vaping bans within areas where there is a high footfall of children and young people.
Consider targeted interventions for specific groups of young people who may be more at risk from youth vaping.
Improve capabilities for healthcare professionals to better record patient data on vaping rates, which includes functionality to report data by age and other important demographic features (e.g. ethnicity and deprivation status). Better data collection and reporting on young people who are vaping will ensure interventions can be targeted and effective.

Association for Young People's Health

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