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Iechyd Cyhoeddus Cymru
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1 Executive Summary

- In July 2023, Public Health Wales convened an Incident Response Group (IRG) to investigate the rise of vaping amongst children and young people. The IRG drew on health protection approaches to managing outbreaks of communicable disease to drive a rapid response to an issue perceived as urgent amongst key stakeholder groups in Wales.
- The IRG included representatives from public health, healthcare, education, youth work, school nursing, environmental health, toxicology, communications and the third sector. Welsh Government representatives attended as observers and to provide specific policy advice when requested by the Group. The IRG met 8 times between July and November 2023.
- At the first meeting on 6 July, the IRG reviewed evidence on the epidemiology and harms of vaping amongst children and young people.
- The Group agreed that the focus in terms of the harms of vaping should be on nicotine dependency and the impact on the health and wellbeing of children and young people in Wales.
- The Group agreed the evidence showed vaping has and continues to rise amongst this population and that without action these rises are likely to continue.
- On the basis of this evidence the IRG declared an incident on 6 July.
- The case definition (i.e. a definition characterising the individuals affected in such a way as to clearly define them as a group in the population) was confirmed on 18 July:

  A young person under 18 years of age

  and

  is resident or learner in Wales

  and

  is a regular user of nicotine-containing vaping device

  and

  is at risk of nicotine dependency and is not a current or former regular smoker of tobacco.

- Further investigations were initiated:
  - Additional analysis of population surveys
  - Focus groups to explore the experience and perceptions of vaping amongst children and young people
  - Surveys of school management teams and learners
  - Review of environmental harms

- Following review of the evidence produced by the investigations, the IRG agreed a set of evidence statements (See ***Table 2***). These include:
  - Whilst the vast majority of children and young people in Wales do not vape, there has been a substantial increase in vaping amongst children and young people in Wales in recent years. Rates of vaping use amongst girls have risen particularly fast.
  - An increasing proportion of children and young people are vaping daily and reporting nicotine dependency.

- An increasing number of children are experiencing nicotine dependency at a level that makes it very difficult to get through the school day without vaping on school premises.
- The rise in regular vaping in recent years is driven by increases in vaping amongst children and young people who do not and have never been regular smokers. There has also been a notable rise in dual smoking and vape use.
- Disposable vapes have rapidly become the preferred choice for vaping amongst children and young people and a majority of never smokers who are taking up vaping are using disposable devices.
- These devices are marketed in ways that appeal to children and young people in terms of product design, flavouring of consumables, packaging, branding and point of sale display.
- The availability and marketing of disposable vaping devices is a major driver in rise in vaping amongst children and young people in Wales.
- Children and young people and those who work with them increasingly report that vaping is becoming normalised amongst under 18s in Wales.
- Current legislative and regulatory arrangements in Wales are insufficient to prevent vaping devices being available to children and young people in Wales.
- Large scale illicit sale of vapes to those under 18 is facilitating the substantial increases in vapes in recent year.

- The Group initiated work to identify and assess potential control measures:
  - A Task and Finish Group was established to review evidence on effective support and interventions for children and young people who are vaping.
  - Evidence on the impact of policies to address smoking in this population in the UK
  - Evidence on the impact of policies to address youth vaping in other countries
  - Potential policies identified by Group members

- Potential control measures were considered in relation to:
  - Effectiveness
  - Feasibility (including cost, timescale of impact, legislative and regulatory competency)
  - Potential impact on adult smokers using vaping device and adult smokers who would benefit from switching to vaping

- Recommended control measures were agreed (see ***Table 3*** for the complete list), including:
  - There should be support for young people who are nicotine dependent due to vapes.
  - Support should be delivered in the context of wider measures to increase understanding of vaping and address vape visibility in settings and across Wales.
  - Vapes should not be visible at point of sale and vape devices and consumables should only be available in plain, unbranded, standardised packaging.
  - Flavour names should be legally restricted to a specified list of basic descriptors.
  - Flavours should be restricted to tobacco, mint, menthol and fruit.
  - The sale and supply of disposable (single use) devices should be banned.
    - Representatives from two organisations did not support this as a recommendation, expressing concerns related to the impact on adult smokers or ex-smokers who might or had switched to vapes.
    - Any ban should consider those who might particularly benefit from access to disposable vapes as an alternative to smoking (e.g. those in closed settings).

        - Communications activities should be clear that vaping devices would still be available, and that vaping is less harmful than smoking.
    - A statutory licensing scheme, requiring all retail outlets for tobacco and vaping products should be established.
    - The scheme should permit Welsh Government and/or other appropriate authority to set limits to the overall number of outlets and/or restrictions to the siting of retail outlets (e.g. close to schools; in areas of current high density of outlets) on the basis of evidence that such measures will reduce vaping uptake and prevalence amongst children and young people.

- A communications strategy was established to raise the profile of the IRG itself and to promote evidence-based public discourse in relation to vaping amongst children and young people.

- A rapid review of the work of the IRG suggested that this was an effective approach to address the situation identified, with specific benefits and issues identified. Further evaluation of the IRG format will be undertaken.

2 Introduction

2.1 Situation and Background

Wales, in common with other parts of the United Kingdom and countries internationally is experiencing a rapid increase in reports of young people vaping. The School Health Research Network (SHRN) study showed a marked increase in vaping among young people between 2019/21 and 2021/22[1,2]. Although SHRN data, the most robust available on this group in Wales, is only available to 2021 data from other sources and reports from those working directly with children and young people indicate increases have been observed across Wales since 2019. Concerns have been raised that this rise is attributable, at least in part, to the marketing and availability of disposable vapes, which the evidence suggests have rapidly become the preferred vaping device for children and young people[3].

Anecdotal evidence since those data were collected suggests use has increased further, with multiple reports of concerns from Headteachers and Parents who are experiencing significant challenges in managing the behaviour. In particular, nicotine dependence which is disruptive to day-to-day life and learning are seen by those working directly with learners as becoming more common in Wales.

Concerns have also been raised about the safety and quality of the products, with increasing numbers of non-compliant vaping devices and consumables seized by trading standards teams in Wales[4] and laboratory testing of samples finding high levels of contaminants and levels of nicotine that are higher than those permitted by UK law.

The need to address the issue has been raised in multiple fora, including by the Minister for Education and Welsh Language, by schools, School Nurses and parents.

In discussion with senior public health professionals across Wales, Public Health Wales proposed in June 2023 that an Incident Response Group (IRG) is established to investigate the incident and propose a response.

Note on Terminology:

Whilst the terms 'e-cigarette' and 'vape' or 'vaping device' have usually been used interchangeably, 'e-cigarette' is increasingly seen as an outdated term[5]. 'Vape' or 'vaping device' has been used throughout this report.

2.2 Rationale

Typically, public health approaches to non-communicable and communicable disease differ. The former is more reliant on a strategy approach developed over a longer time horizon while the latter is managed through an outbreak control or incident management team with a sense of urgency to act.

A non-communicable disease (NCD) "incident" definition has been proposed[6]:

- **a significant and sustained step changed deterioration in population outcomes in comparison to the baseline trend or comparator**

  And

- **the individuals or populations have similar conditions or have accessed the same health system and are linked in time or place**

  And there is

- **potential for single cause or focus of variation**

This approach has previously been applied to an incident meeting the definition given above, and evaluated as a feasible approach where incidents can be clearly defined[7].

Given the reported rate of growth of children and young people vaping, Public Health Wales (PHW) convened an Incident Response Group (IRG), initially to review the evidence in relation to the increase in children and young people vaping against this definition and the principles underpinning the approach to communicable disease.

2.3 Aims, Tasks and Process

At the first meeting of the IRG on 6 July 2023 the Group:

- Confirmed that on the basis of epidemiological and stakeholder evidence an incident should be declared.
- Reviewed a case definition, which was subsequently redrafted and agreed at the second meeting on 18 July.
- Reviewed and confirmed the membership of the Group, identifying additional members to be invited.
- Agreed Terms of Reference

The Group agreed the aims were to agree an evidence-based consensus description of the incident and its causes and to agree recommendations address these causes and to mitigate the impact on the health and wellbeing of children and young people.

The Group also recognised the impact of the rise in vaping and the resulting waste on the environment, and the value of engaging with professionals and stakeholders in this field to provide expert advice to maximise feasibility and impact of recommendations on environmental protection.

To achieve these aims, and in line with the Communicable Disease Outbreak Plan for Wales[8], the Group also confirmed the tasks to be completed as being:

- Gather data and evidence to confirm the 'incident'
- Investigate and identify the causes
- Recommend control measures to reduce risk of ongoing harm
- Provide opportunities for collective multiagency action avoiding duplication of effort
- Report on learning

The Group also agreed that the work would continue to follow the format of an outbreak/incident management response, with meetings every 2-3 weeks and target of completing all tasks rapidly and with a sense of urgency.

The IRG met 8 times between July and November 2023. The IRG membership is presented in ***Appendix 1***, the Terms of Reference are presented in ***Appendix 2***, and the dates of meetings in ***Appendix 3***.

The Group recognised that evidence on the harms and epidemiology of children and young people vaping can be limited and subject to uncertainty. The rapidly changing social and commercial context, the relatively recent emergence of vaping as a behaviour at a population level and the high profile of the issue in the media all contribute to this.

To ensure open discussion and facilitate collective decision-making, a process was created to allow development and refinement of the Group's position on the evidence and control measures:

1. Initial investigation on the epidemiology and the effectiveness of possible control measures were gathered and presented to the Group by Public Health Wales.
2. The Group discussed this evidence, allowing commentary on the strength of the evidence and the feasibility of specific measures, and identifying areas for further investigation, which were presented and discussed at subsequent meetings.
3. When no further evidence was deemed likely to be available within, evidence statements on the situation in Wales and subsequently on control measures were drafted under the direction of the Chair.
4. Statements were uploaded onto an online form and IRG members asked to indicate agreement or disagreement and any amendments.
5. The statements were presented to the Group for final discussion and sign-off.
6. Recognising that reasonable disagreement was possible on an emerging and complex issue, it was agreed that the report would include alternative view if more than one Group member disagreed with a statement supported by the majority.

2.4 Policy Context

2.4.1 Enacted Legislation and Current Policy

Welsh Government's long-term tobacco control strategy 'A smoke-free Wales', published in 2022, notes a strategic objective of "discouraging the uptake of e-cigarettes or other nicotine products in teenagers and young people"[9].

It has been illegal in the UK to sell vaping devices and consumables to anyone under 18 since 2015[10].

The Tobacco and Related Products Regulations 2016 (TRPR) introduced restrictions on the volume and concentration of nicotine-contain e-liquids, banning of certain ingredients and labelling requirements[11].

2.4.2 Planned Legislation and Consultation

In October 2023, the UK Government published a Command Paper setting out proposals for legislation to control tobacco and vapes[12]. A Consultation launched the same month and closing in December 2023 requested responses to possible policies relevant to the work of the IRG, notably:

- Restrictions, including banning, of disposable vapes
- Restriction of vape flavours
- Restrictions to packaging
- Restrictions to point of sale display

This announcement and consultation shaped the work of the IRG, in particular in relation to discussion on the effectiveness and feasibility of policy-based control measures. Since the Group concluded its work the UK Government has published responses to the Consultation, indicating that it intends to take forward legislation in relation to flavours, packaging and point of sale display[13]. Welsh Government also announced on 29 January 2024 that it will bring forward legislation in co-ordination with the other UK nations to ban disposable vapes[14].

Also of relevance to the work of the Group, a UK-wide consultation on 'Reforming the producer responsibility system for waste electrical and electronic equipment' was announced on 28 December 2023, closing on 7 March 2024[15].

3 Investigation

Key questions for which initial evidence was provided at the first IRG meeting, and/or which were identified for further investigation were:

- What harms do/may children and young people who vape experience?
- What proportion of young people are vaping and how what do we know about the demographics and other characteristics of this population (e.g. gender, prevalence at different ages, use of tobacco)?
- How has vaping behaviour changed amongst this population in recent years?
- Where are children and young people sourcing vapes from?
- What are the attitudes and beliefs of children and young people toward vapes (in particular those who vape themselves)?
- What is the role of 'illegal' (non-compliant) vapes on prevalence and patterns of use amongst this population?
- What environmental harms are caused by the disposal of vaping devices, in particular disposable devices?

The Group agreed that a range of methods were required to investigate the incident. In addition to analysing existing population survey data, schools were invited to participate in brief surveys of pupils and senior management teams and qualitative work was carried to gain insight into learner perspectives. These methods reflect well established methods of gathering data for outbreak investigation[16].

3.1 Case Definition

The case definition (i.e. a definition characterising the individuals affected in such a way as to clearly define them as a group in the population) was agreed on 18 July:

A young person under 18 years of age
and
is resident or learner in Wales
and
is a regular user of nicotine-containing vaping device
and
is at risk of nicotine dependency and is not a current or former regular smoker of tobacco.

It was agreed by IRG members that the case definition is intended as a way to define the population affected, not as a screening tool for services.

3.2 Epidemiological Investigations and Results

3.2.1 Prevalence and Patterns of Vape Use amongst Children and Young people: Population Surveys

The main source of epidemiological data on prevalence and patterns of vaping was agreed to be the Schools Health Research Network (SHRN) which surveys all learners in years 7 to 11 (i.e. 11- to 16-

year-olds) in Welsh secondary education every two years. Data on vape use was collected in surveys administered in 2017[17], 2019[1] and 2021[2]. The survey includes questions on ever use and frequency of use of tobacco and vapes. Data are gathered in the first term (Sep-Dec) of the school year and years are reported here accordingly. In total 123,204 learners from 202 schools participated in the most recent 2021 survey, representing 73% of all learners in those years and 95% of all schools. It was noted that SHRN data may not reflect the current picture, given the fast-moving nature of the social and commercial context, that it did not include data on those over 16 and some settings (e.g. pupil referral units) are not included. The next round of data collection occurred at the end of 2023 and data is expected to be available later in 2024.

Key measures from SHRN data are shown in ***Table 1*** and ***Figures 2-5***.

Table 1: Proportion of Learners in Wales in Years 7-11 and in Year 11 Only Reporting Smoking and/or Vaping at Least Weekly, 2017-21 (Source: SHRN)

	2017	2019	2021
All years 7-11			
Smoking at least weekly	3.8%	3.9%	3.1%
Vaping at least weekly	3.4%	2.7%	5.4%
Smoking or vaping at least weekly	5.5%	4.9%	6.1%
Smoking and vaping at least weekly	1.5%	1.4%	2%
Year 11			
Smoking at least weekly	9%	8.8%	7.5%
Vaping at least weekly	6.6%	5.1%	13.6%
Smoking or vaping at least weekly	12.3%	10.8%	16.6%
Smoking and vaping at least weekly	3.2%	2.7%	5.4%

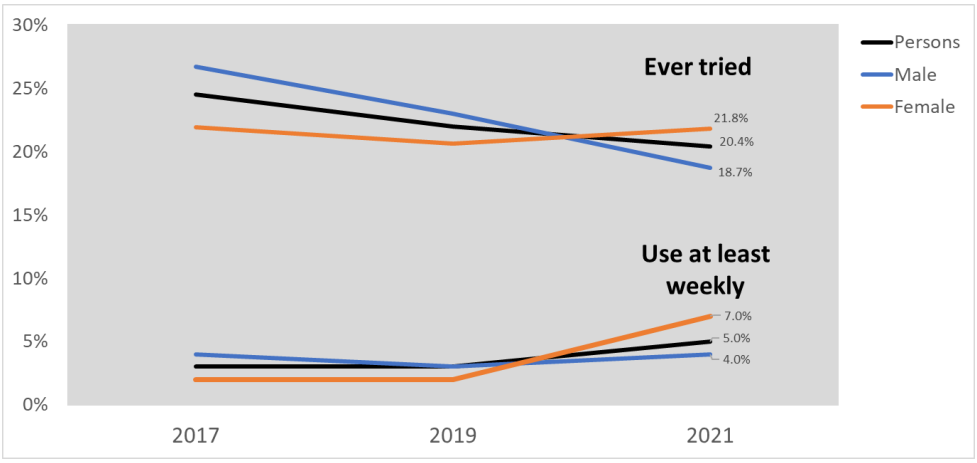


Figure 1: Use of Vapes amongst Learners in Secondary Years 7-11 in Wales, by Gender (Source: SHRN)

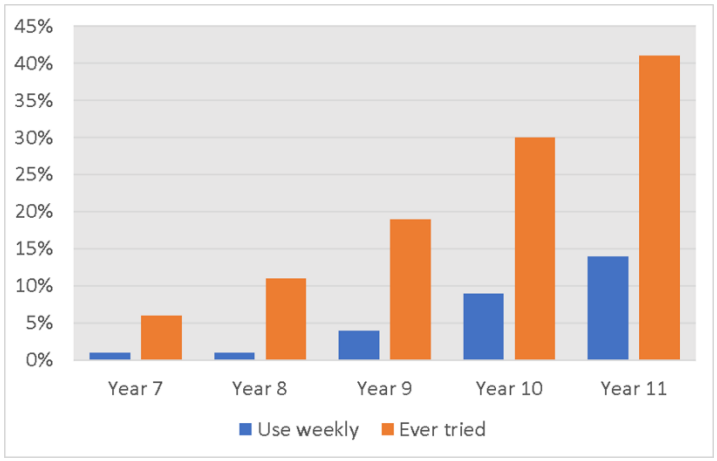


Figure 2: Proportion of Learners in Secondary Education in Wales Who Report Ever Trying a Vapes and Who Use Vapes Weekly by School Year in 2021 (Source: SHRN)

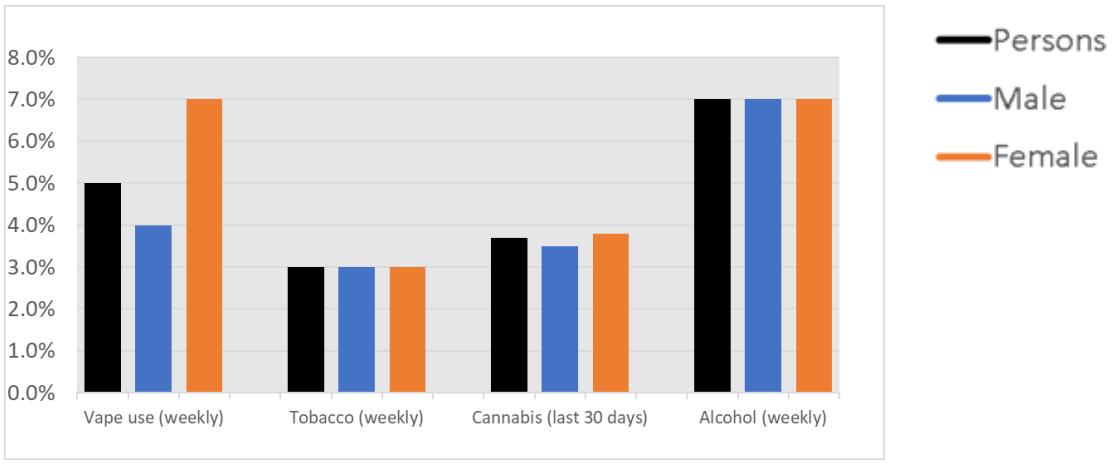


Figure 3: Use of Vapes, Tobacco, Alcohol and Cannabis amongst Learners in Secondary Years 7-11 in Wales in 2021 (Source: SHRN)

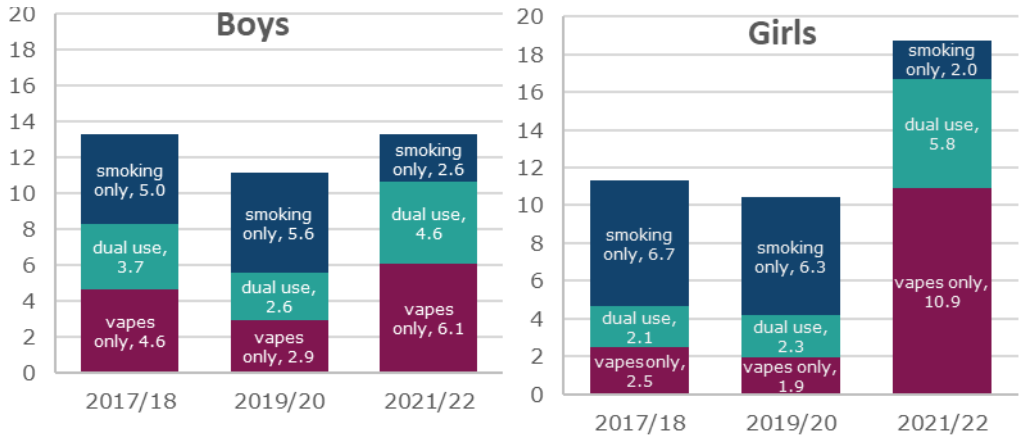
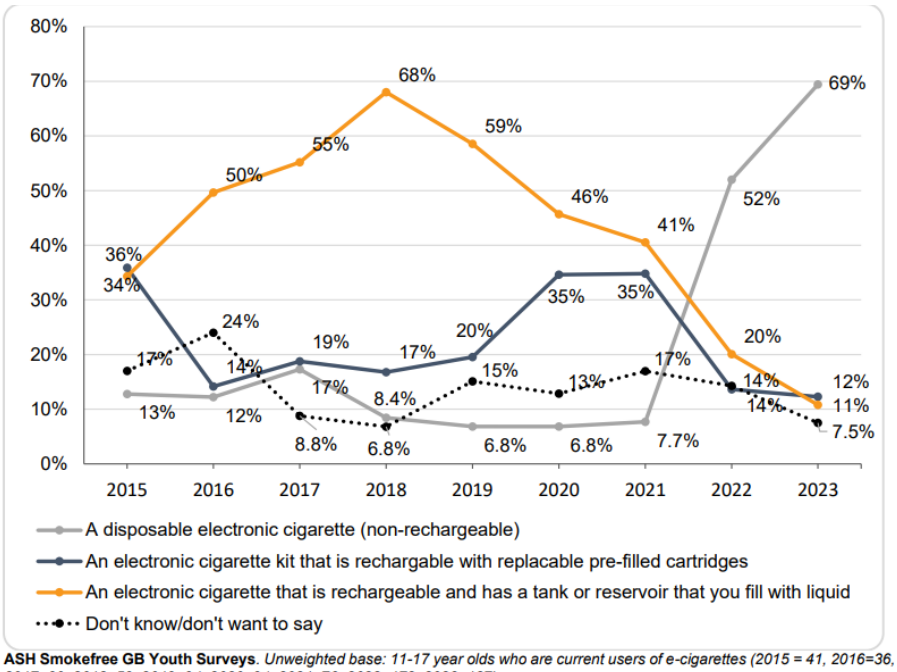


Figure 4: Percentages in year 11 of Secondary Education in Wales by Gender Who i) Smoke Regularly ('Smoking Only'), ii) Use Vapes Regularly ('Vapes Only'), iii) Use Both Regularly ('Dual Use'). (Source: SHRN, Additional Analysis by Public Health Wales Observatory)

Over the longer term, smoking rates amongst both girls and boys in Year 11 remained relatively flat between 2013 and 2017, having fallen in previous years.[18]

The Group noted concerns over the role of disposable vapes in relation to rises in vaping amongst this population. Evidence suggests disposable devices may be more appealing to children and young people as they typically cost less, are easier to use, are seen as easier to use discreetly in school and are often marketed in ways that appeal to younger people (e.g. using brighter colours and flavours named after sweets or energy drinks)[19].

Action on Smoking and Health (ASH) carry out an annual survey of vape use amongst young people (under 18) across Great Britain. ***Figure 5*** shows reported use by type between 2015 and 2023.



ASH Smokefree GB Youth Surveys. *Unweighted base: 11-17 year olds who are current users of e-cigarettes (2015 = 41, 2016=36, 2017=60, 2018=59, 2019=94, 2020=94, 2021=76, 2022=172, 2023=187)*

Figure 5: Most frequently used vape by device type, current GB youth (11-17) users of vapes, 2015-2023 (Source: ASH)

The 2023 ASH survey of also reported 48% of those vaping bought products in shops, with 46% reporting that they were given products, 26% saying they had informally purchased products and 7.6% citing the internet as a source[20]. The Group also noted reports that peer to peer networks may be becoming increasingly important for distribution.

The Group agreed that these data showed a rise in the use over time from 3.4% of all year 7-11s in 2017 and 2019 to 5.4% in 2021. Whilst the majority of learners are not using vapes, the rising proportion and the absolute number using at least weekly (approximately 7,200, based on reported pupil numbers for that year[21]) is cause for concern. It was noted that a trend was difficult to interpret from three data points and analysis of vape use in the next release of SHRN data in 2024 should be a priority.

The Group also noted a substantially higher proportion of girls vaping compared to boys, that rates of vaping increased in older age groups and that vaping is now more frequently reported than smoking. It was noted that evidence in relation to 17–18-year-olds was sparse, but the consensus of those engaged with those age groups was that rates of vaping were higher, possibly considerably higher. There was consensus that trends in relation to use of vapes and tobacco were difficult to interpret.

Whilst smoking rates amongst Year 11s had fallen slightly by 1.5 percentage points between 2017 and 2021, the proportion of this year group vaping doubled over the same period, increasing by 7 percentage points. Dual use and vape only use were reported as rising substantially between those dates. However, there was only limited evidence of any trends across the three years for which data were available, Disposable vapes are recognised as having rapidly become the preferred device for children and young people and the rises in vaping prevalence in this group are concurrent with large increases in the proportion using these devices.

The epidemiological findings were compared with data on vaping reported for Scotland[22,23] and England[24] where available. Prevalence and patterns were similar, although rates in Wales appeared to be higher for year 11 leaners in the most recent surveys.

3.2.2 Health Impacts Associated with Vaping

The IRG identified two categories of concern in relation to vaping amongst children and young people: nicotine dependency and vaping as a potential cause of disease. Vapes, nicotine and dependency.

- The most commonly raised concerns raised by professionals working with children and young people and raised by Group members was the increasing prevalence of nicotine dependence and the impact this was having on health, wellbeing and learning. Reports from staff of learners finding it difficult to complete a school day, or even a period of class time between breaks without vaping were consistently related to the Group by those members working within or representing educational settings.
- Evidence from epidemiological investigations amongst School Management Teams and young people described in this report support these perceptions.
- The main source of published evidence in relation to nicotine dependency was 'Nicotine vaping in England'[25] a comprehensive 2022 review for the Office of Health Improvement and Disparities:
    - Studies on vaping and nicotine dependency typically compare nicotine vaping to cigarette smoking[25].
    - Using nicotine vapes is consistently associated with dependency but that 'puff for puff' vaping is a less effective method for nicotine delivery than smoking in terms of time taken to reach peak nicotine levels and nicotine levels at peak[25].
    - There was 'moderate evidence' that the risk and severity of nicotine dependency is less than for cigarettes, but assessing vapes in relation to nicotine dependency is difficult given the variation in measurement and reporting between studies[25].
    - The report also notes that vaping behaviour may be adjusted to compensate for this difference (e.g. longer or more frequent puffs) and that nicotine levels show variation between device and e-liquid[25].
- Innovation in vaping devices and consumables (e.g. nicotine salts) have rapidly improved their effectiveness in nicotine delivery over the past decade[26] and it is possible that this capacity will continue to improve as the market continues to innovate.

3.2.2.1 Vaping and Physical Disease Causation

This section considers health harms associated with vapes compliant with current regulation. See section 3.2.5 for discussion of non-compliant vapes.

- There is very strong and consistent evidence that vaping is considerably less harmful than smoking in terms of physical disease causation[25].
- The main health harms from smoking arise from carcinogens, volatile organic compounds and other pathogenic substances in smoke that are not present in vapes or are present in quantities that present extremely low risk[25] .
- However, higher absolute levels of biomarkers of potential toxicants in vapers compared with non-vapers reinforce the need to prevent vaping uptake in children and young people and adult non-smokers[25].
- Clinical coding to record diagnosis of vaping related harms have only been available in Wales since 2020. Analysis provided to the IRG from the PHW Analytical Team showed that in 2022 'vaping related disorder' (ICD10 code U07.0) was recorded as the primary reason for admission in 14 cases (4 in individuals under 20) and in any diagnostic position in 50 cases (7 under 20s). This is an extremely small number compared with the 28,000 smoking related admissions recorded amongst over 35s in 2018-19, the year of most recent data[27]. Figures for England for 2021-22 were 94 admissions in the primary position, 344 admissions in any position A number of high profile instances of serious illness and mortality linked to vaping have been reported, in particular the 2019 E-cigarette or Vaping Use-Associated Lung Injury (EVALI) outbreak in the US[28]. However, these outbreaks have typically been linked to specific contaminants, often involving illicit drugs and there have been no recorded cases in Wales of serious illness related to vapes that comply with current regulation or that have met the CDC criteria for EVALI[28]. Therefore, the Group did not consider this to be a serious risk at a population level.

Following a review of this evidence the Group agreed that the focus should be on nicotine dependency. This is reflected in the case definition.

3.2.3 Focus Groups with Children and Young People

The PHW Research and Evaluation team were commissioned by the IRG to carry out qualitative research.

3.2.3.1 Methods

Participants were invited to take part in focus groups via their secondary school (N = 5), further education college (N = 2), or youth activity group (N = 1). Recruitment targeted young people aged 11-24 years old, with learners in Year 7-11 included from secondary schools. Sites included three secondary schools who were bilingual education providers, and one secondary where up to a quarter of learners were eligible for free school meals. Most settings had low representation for ethnic minorities.

Focus group sessions (N = 11) took place between July and October 2023. Each session was scheduled for one hour, with discussions lasting up to 40 minutes. All but one online session was conducted onsite.

Using a semi-structured question guide, participants were asked to discuss their existing awareness and observations of vaping in response to a series of image-based prompts (depicting different vaping devices as well as tobacco cigarettes).

Participants were encouraged to consider potential experiences of vaping in more detail, specifically:

- reasons for use
- vaping inside and outside of an education setting
- frequency of use among their age group
- possible biopsychosocial effects of regular use on health and wellbeing

Sessions were audio recorded, transcribed and double coded, using reflexive thematic analysis to identify common themes.

3.2.3.2 Findings

Participants (N = 86) were aged 11 – 22 years old with a mean age of 14.7 and an equal number of male and female participants. Smoking and vaping behaviour was reported as:

- 25.5% reported ever smoking, all of whom had also tried vaping
- 47.7% had ever tried vaping, with only participants from Year 9 upwards reporting vaping

Key themes and the relationship between them are shown in ***Figure 6***.

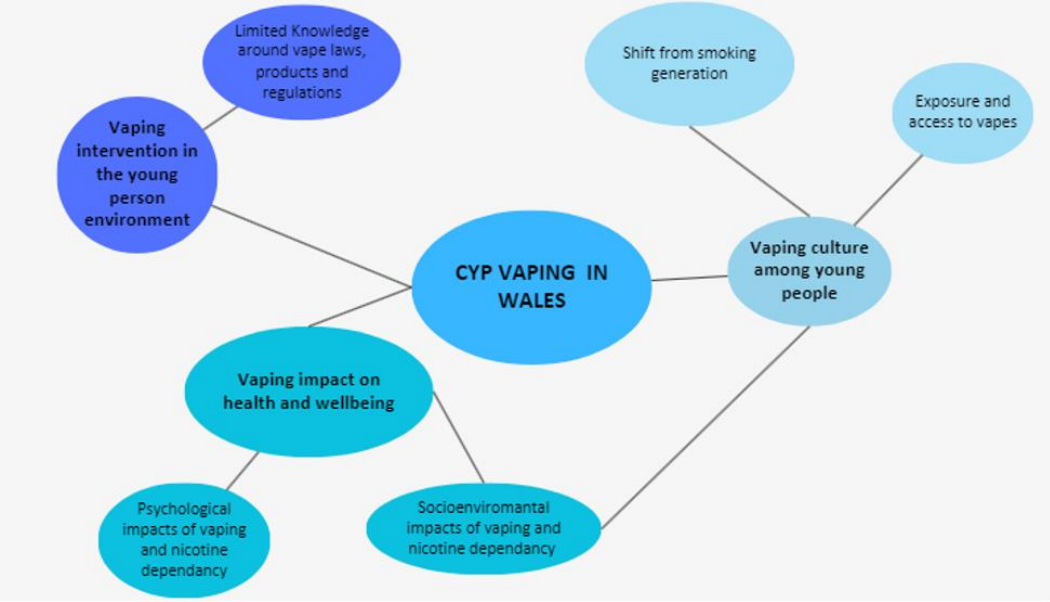


Figure 6: Map of interconnections between key themes (bold) and subthemes, focus groups of Children and Young People in Wales

The focus groups explored a wide range of themes, often in considerable depth. The following summarises the headline findings that relate most directly to the questions defined for the IRG:

Vaping and physical health

- Participants acknowledged potential impacts of vaping on health and wellbeing
- They identified physical side effects associated with potential and tolerable 'everyday' use (e.g. cough, shortness of breath, sore throat), in addition to more serious concerns associated with the development of lung disease (e.g. "popcorn lung"[a]), although these were believed to be rare. Participants described uncertainty over the long-term health effects of vaping

[a] 'popcorn lung' (bronchiolitis obliterans) is a lung disease caused by the build up of scar tissue in the lungs. The popular name derives from incidents amongst workers in popcorn factories who were exposed to diacetyl, used as a flavouring. It has been illegal to include diacetyl as an ingredient in e-liquid in the UK since 2016 and there have been no confirmed cases of bronchiolitis obliterans linked to vaping

Vaping, dependency, cessation and mental health

- Discussion of potential impacts of vaping on mental health were often difficult to distinguish from feelings of dependency.
- From their own experience or observations of their peers, participants described a growing reliance on vaping that was associated with increased use over time.
- Several markers of high nicotine use and potential dependency were identified.
    - Participants referred to a strong desire to vape after abstaining from use, including frequent 'cravings', 'shaking', appetite changes, and 'niccy rush' upon first re-use (i.e., stimulating effects of nicotine).
    - This meant they would sometimes lose focus and find it difficult to complete other activities, potentially affecting their schoolwork and attendance in class.
- Vaping was discussed as something that could "calm you down", "help with stress", regulate "bad moods", relieve "boredom", and "give you something to do"
- This was often an emotive topic, particularly relating to anxiety. Though vaping was believed to help young people cope with difficult emotions, participants also discussed feeling uneasy, guilty, and agitated as a result of vaping.
- For these reasons, some participants wanted to quit or had recently quit, but described this as a difficult experience which was generally short-lived among their age group.
- Participants who had tried vaping were unsure how to quit, though several potential strategies and resources were mentioned. This included Stop Smoking services with the provision of nicotine patches and gum. Participants were unclear about access to these options for under 18s.
- Participants also suggested additional strategies to prevent uptake among young people, particularly as this related to restricting exposure and access to vaping devices.

Perceived prevalence and visibility of vaping

- There was a strong consensus that vaping was a popular and normalised activity among young people, both for those who had and had not used a vape. Peers were believed to be generally accepting of vaping.
- Vaping was most frequently observed in visible (although sometimes secluded) social settings. This environment seemed to contribute to feelings of peer pressure. Participants described a strong desire to "fit in" and "look cool" and found it difficult to refuse offers to share devices.
- Participants frequently referred to the visibility of vaping, noting general use in public, shop displays and litter.
- Participants appeared to be aware of marketing campaigns on social media, though they also referred to personal content from people they knew. Some participants also mentioned vape use among influencers, celebrities, and brand sponsorships.

Factors increasing appeal of vapes to children and young people

- Vaping products were perceived to be strongly appealing, particularly as this related to the sensory experience of vaping (sweet flavours and smells).
- Participants described the youthful appearance of devices in terms of vibrant colours and designs, which they felt targeted a core demographic of young people.
- Popular disposable brands were often named in this context, which they contrasted to cigarettes in terms of price (less expensive) and stealth (more discreet).

Accessing vaping devices

- Vaping devices were described as relatively convenient to access.
- Participants discussed five main sources across focus groups: peers in their year group, older peers/ siblings, other family members and adults in the community (including parents), local convenience stores, and online marketplaces.
- The sharing and trading of devices among young people was also noted, with supposed 'Vape Dealers' being known to individuals across groups.

Smoking and vaping

- Though the recognition of vaping and smoking products appeared to be similar across focus groups, cigarettes were significantly less attractive irrespective of vaping status.
- Smoking tended to be associated with negative health effects and changes to appearance, a less palatable taste and smell, regulated product packaging (e.g., with picture warnings), and restricted access.
- Smoking was also perceived to be significantly less popular among their peers, as participants referred to a generational decline in smoking. Tobacco products were associated with mostly adult users, though vaping was perceived to replace smoking across demographics.
- Vaping was mentioned as a potential gateway to smoking and other substances, particularly as the result of additional social pressures to fit in to these new social circles.
- This was more of a concern for alcohol use and illegal substances (e.g., cannabis), whereas smoking tended to be associated with more opportunistic use to replace vaping.

Vapes and the law

- Though participants had a strong awareness of the types of devices young people were using, they were less certain about the differences between 'legal' and 'illegal' use. This included discussion around 'no vaping' public policies, legal age of use and sales, and regulations for nicotine content and device capacity.

A full report of the qualitative research undertaken to support the IRG will be published separately. A more detailed summary of the work and outcomes is presented in ***Appendix 4***.

3.2.4 IRG School Surveys

The Group agreed a need to get evidence of the current situation from school management and learners. Questionnaires were developed for Senior Management Teams and Year 7 and Year 10 pupils. These years were chosen to understand trends in different age groups, recognising that learners in GCSE or A level years were unlikely to be available at this point in the school year.

Questionnaires were uploaded onto a Microsoft Form and 194 mainstream secondary schools (out of 205 in Wales) were emailed on 14 July requesting support in administering / completing surveys, using an address list maintained by the Health Improvement Division of Public Health Wales. All schools received the link to the Senior Management Team Survey. Schools responding to the initial email were emailed the link to the learner survey, along with a Participant Information Sheet and an opt-out protocol for parents. The deadline for completion was 21 July.

3.2.4.1 School Senior Management Team Survey

A total of 33 schools (17% of those invited to participate) from 18 of the 22 local authorities in Wales responded to the Senior Management Survey. Of these:

Perceived prevalence and concerns

- Most respondents said that vape use first became an issue of concern either two years ago (38%) or one year ago (34%).
- None selected the option 'No issue of vape use has been identified'.
- 78% of respondents said vape use amongst pupils at their school has increased a great deal since vape use first became an issue of concern and 82% said it had increased a great deal in the past academic year (2022-23).

Management of vaping in school

- 88% of respondents said that needing to monitor specific areas for vaping (e.g. toilets) was either one of their most important issues or a major issue.
- 29% said that school exclusions relating to vaping had increased a great deal in the past academic year.
- The majority said their school has **education about vapes** (91%), a **no-vaping policy** (88%), a **disciplinary action pathway for vaping** (72%) and **support via existing social support in school** (69%). A minority have **'vape-free' signs** at or near main entrances (34%), **specialist behavioural support for vapers** (31%) and **vaping detectors** (9%).

Perceptions of learner who are vaping

- Two thirds of respondents said that pupils who vape are always or often likely to be influential amongst their peers, while over half said that pupils who vape are likely to always or often have disciplinary or behavioural issues not related to substances.
- 25% said that pupils who vape are likely to always or often have a history of smoking.

The Group noted that whilst the response rate was low in relation to the total number of schools in Wales, responses were consistent with concerns raised by educators in other contexts.

3.2.4.2 Learner Surveys

Five schools administered the survey to Year 7 and Year 10 pupils:

347 respondents from Year 7

- 5% reported trying a vape at least once
- 2% reported trying a vape more than once, all of whom reported using a disposable device currently and the first time they vaped
- 31% reported being offered a vape by a 'someone around you (including a puff on theirs)', with 16% reporting this occurring at least weekly
- 68% reported seeing people their age using vapes outside school hours, with 48% reporting seeing people their own age using vapes inside school hours

241 respondents from Year 10

- 27% reported trying a vape at least once
- 17% reported trying a vape more than once
- 52% reported being offered a vape by a 'someone around you (including a puff on theirs)', with 32% reporting this occurring at least weekly

- 77% reported seeing people their age using vapes outside school hours, with 68% reporting seeing people their own age using vapes inside school hours
    - Of those who had vaped more than once (n=29):
        - 95% reported using a disposable device currently and 86% reported currently using a disposable device
        - 76% reported vaping every day and an additional 17% vaping at least weekly
        - 46% reported using a vape for the first time in Year 10 and 29% in Year 9
    - Of those vaping every day (n=21):
        - 62% reported vaping 30+ times, with an event characterised as lasting approximately 10 minutes or 15 puffs, comparable to the duration/puffs of consumption of a single cigarette
        - 48% were categorised as having moderate dependence and 19% high dependence, using the Fagerström test of e-cigarette dependency[29]

One school had a notably high response rate (Year 7, n=167, est. response rate 90%; Year 10, n=124; est. response rate 80-89%). Figures from this school may provide a further perspective on current vaping amongst this population:

167 respondents from Year 7

- 9% reported trying a vape at least once
- 5% reported trying a vape more than once, all of whom reported using a disposable device currently and the first time they vaped
- Of those who reported currently using a vape, 75% said they used at least weekly, but none said they used one every day
- 39% reported being offered a vape by a 'someone around you (including a puff on theirs)', with 25% reporting this occurring at least weekly

124 respondents from Year 10

- 31% reported trying a vape at least once
- 21% reported trying a vape more than once
- Of those who reported vaping more than once, 45% reported using for the first time in Year 9 with a further 32% reporting using for the first time in Year 8
- 47% reported being offered a vape by a 'someone around you (including a puff on theirs)', with 28% reporting this occurring at least weekly
    - Of those who had vaped more than once (n=21):
        - All reported using a disposable device currently and 91% reported currently using a disposable device
        - 80% reported vaping every day and an additional 13% vaping at least weekly
        - 45% reported using a vape for the first time in Year 10 and 32% in Year 9
    - Of those vaping every day (n=12):
        - 58% reported vaping 30+ times, with an event characterised as lasting approximately 10 minutes or 15 puffs, comparable to the duration/puffs of consumption of a single cigarette
        - 50% were categorised as having moderate dependence and 17% high dependence, using the Fagerström test of e-cigarette dependency

Whilst the overall number reporting is low in the context of the entire population in these school years, this suggests that the proportion in older years currently vaping regularly are slightly higher than reported in SHRN data for 2021. Whilst the number of Year 10s reporting they have ever

tried are not very different to the SHRN 2021 data, these findings suggest the rate of conversion from experiment to regular use may be higher, with Years 8 and 9 (ages 12-14) being the point at which young people most commonly initiate vaping. Young people responding to the survey appeared to perceive vapes as being something commonly in use amongst and available to their age group, even at younger ages.

3.2.5 Non-compliant Vapes

There was considerable discussion amongst the Group in relation to non-compliant vapes[b] (i.e. those which do not conform to current legislation and regulation). There were two questions for which the Group sought evidence:

- What is the prevalence of vaping using non-compliant devices amongst children and young people?
- What are the harms associated with such devices?

3.2.5.1 Prevalence of Non-compliant Vapes

It was noted that there are no sources that can provide a robust estimate of the use of non-compliant devices amongst children and young people. Trading Standards teams record measures such as the number of non-compliant vapes seized, however, enforcement activity is intelligence driven and cannot be considered as surveillance data.

Trading Standards Wales provided evidence to the Group including:

- Across Wales in 2022-23, 67 of 297 attempts (23%) by young volunteers to purchase nicotine containing vapes, resulted in a sale
- In 2022-23, 257,944 non-complaint disposable vape units were seized by Trading Standards across 17 Welsh local authority areas
- In one local authority area in 2022-23, 14 of 37 (38%) test purchase attempts resulted in the sale of a non-compliant vape
- Anecdotal evidence suggests retailers are not taking underage sales of nicotine inhaling products as seriously as underage sales of alcohol or tobacco
- Evidence that illicit vapes are being concealed on premises in the same way as illegal tobacco or that Alternatively, stash cars, runners and nearby properties are being used for storage
- Use of 'pop-up' shops and social media to sell non-compliant devices create issues with tracing products and people
- The nature, size and pace of growth and innovation in the market are all of concern

Individuals can report illegal tobacco or vape sales in Wales at the 'no ifs, no butts' website[c].

- For the 12 months to Sept 2023, there were 297 reports of illegal vape or tobacco retail sales activity in Wales, with 203 involving tobacco and 164 involving vapes. It is not clear what proportion of these reports refer specifically to non-compliant vapes.

[b] The terms 'illegal vape' and 'illicit vape' are often used in reporting. Vaping devices and consumables may be 'illegal' in a number of respects. For example, the sale of any vape to a person under 18 is an illegal act. We have used the term 'non-compliant' to clarify that we are referring here to vapes which do not conform to existing product standards and regulations and may therefore present additional risks to health

[c] https://noifs-nobutts.co.uk/

3.2.5.2 Harms Associated with Non-compliant Vapes

A range of harms associated with non-compliant vapes were highlighted by Trading Standards representative and other Group members, including:

- Products with large e-liquid capacity, potentially encouraging increased levels of vaping
- Products with high concentrations of nicotine, and the risk of increased intake and dependency
- Devices that can overheat or catch fire causing injury

Note that although there have been reports of young people requiring treatment following use of vapes that contain illicit drugs, all case identified to date are believed to have involved individuals using vapes acquired in the belief that they contained illicit drugs. The Welsh Emerging Drugs and Identification of Novel Substances service have subsequently shared data indicating that all vapes testing positive for illicit drugs were bought with the intention of acquiring these substances.

The main concern of the Group in relation to this population was the role of non-compliant vapes in increasing nicotine dependency and associated harms amongst children and young people.

3.2.6 Prevalence of Vaping amongst Adults

The Group agreed that rates of vaping amongst adults in Wales was relevant, in particular given that the visibility of vaping is likely to be a factor in normalising it as a behaviour and vaping rates in younger adults may also provide insights into vaping amongst children and young people.

The National Survey for Wales[30] (NSfW) reported that 8.2% of adults (aged 16+) currently used a vape in 2022-23 compared with 12.6% who reported smoking.

The most recent population survey evidence presented to the Group showed that vaping is highest and increasing most amongst those in younger adult age groups with a 23.3% (95% Confidence Intervals 21.1-25.5%) of 16-24 using any type of vape and 14.4% (CIs 12.6-16.2%) using a disposable device in 2023. Adult vaping rates were reported as lower across all adults in Wales (8%, Cis 6.6-9.4%, consistent with NSfW) compared with England (11.8%, CIs 12.6-16.2%)[31,d] . Smoking rates in Wales and England show much greater similarity between age groups with 18-24 years olds typically having the lowest rates amongst working adult age group[32].

3.2.7 Environmental Harms

Representatives from PHW Environmental Health and those working in relevant policy areas of Welsh Government noted concerns in Wales over the volume of litter generated and the environmental harms associated with components of that litter, in particular lithium batteries. Although a formal review of evidence on environmental impacts was not available, members of the IRG were able to provide some limited relevant evidence on this topic, including reports covering Scotland and the UK as a whole.

- In Wales, vapes are assessed as having contributed to a rise in street litter, with up to 6% of streets in some areas recording vape litter[33].

[d] Note that this paper was shared with the Group in Nov 2023 as a pre-publication print, but is referenced in its final form when published in Jan 24. The results and analysis discussed by the Group were identical in both versions

- Evidence from a population survey at a UK level estimated that 14 million disposable vapes are bought each month with 50% placed in general waste[34].
- There are risks that lithium batteries from vapes processed in general waste can cause injuries, fires and damage to vehicles.
- Concerns were noted over the difficulties of recycling these products, given that they include many different parts, include electrical components and are disposed of in high volume, often into general waste.
- It is estimated that a 30g disposable device gives rise to just over 150g CO2e and the associated packaging accounts for a further 12g CO2e[35].
- It has been estimated that the weight of packaging and materials associated with disposable vape use in Scotland is 800-1000 tonnes per year and is estimated to increase to 1,900-2,500 tonnes by 2027[35].
- Local authorities in Wales are reporting issues in managing disposal of vapes.

The Group recognised that vaping devices, in particular disposable devices are having a detrimental impact on the environment in Wales and that the challenges are likely to increase without action.

3.3 Results of Investigations

Following a review of the evidence described in Section 3 and using the process set out in Section 2.3, the Group agreed a set of evidence statements on 28 September. The statements are set out in ***Table 2*** below.

Table 2: Vaping amongst children and young people in Wales: evidence statements agreed by the Incident Response Group

Whilst the vast majority of children and young people in Wales do not vape, there has been a substantial increase in vaping amongst children and young people in Wales in recent years, in particular since 2019. Rates of vaping use amongst girls have risen particularly fast and rates are now substantially higher than amongst boys, having been lower in 2017.
An increasing proportion of children and young people are vaping daily and reporting nicotine dependency. There is a clear age gradient, with daily vaping more common in older age groups. There is evidence from multiple sources that a proportion of young people are experiencing disruption in their education and wellbeing due to vaping. In particular, an increasing number of children are experiencing dependency at a level that makes it very difficult to get through the school day without vaping on school premises. Teachers and other professionals working with young people also report rises in disruption and support needs as well as challenges in managing numbers of discarded disposable devices.
The rise in regular vaping in recent years is driven by increases in vaping amongst children and young people who do not and have never been regular smokers. There has also been a notable rise in dual smoking and vape use amongst children and young people. Patterns of vaping in 2021 are very different to those of earlier years and also to current patterns of smoking.
The rise in vaping coincides with the rise in availability of disposable vapes in the market. Disposable vapes have rapidly become the preferred choice for vaping amongst children and young people and a majority of never smokers who are taking up vaping are using disposable devices.

These devices are marketed in ways that appeal to children and young people in terms of product design, flavouring of consumables, packaging, branding and point of sale display. The availability and marketing of disposable vaping devices is a major driver in rise in vaping amongst children and young people in Wales. Devices have also developed in recent years to be more effective at delivering nicotine and this is likely to be increasing the potential for dependency amongst users.
Children and young people and those who work with them increasingly report that vaping is becoming normalised amongst under 18s in Wales. Many young people who vape do so in peer groups as a social activity. Children and young people also often perceive vaping as more common amongst their peer group than the evidence suggests is the case.
Convenience stores have been highlighted as a key source of vapes for children and young people, with informal peer supply networks also important.
Current legislative and regulatory arrangements in Wales are insufficient to prevent vaping devices being available to children and young people in Wales.
The limited evidence available on environmental impacts strongly suggests vaping-related litter is a substantial problem and that increasing recycling and/or safe disposal of vapes at scale is currently challenging due to the lack of infrastructure and capacity for enforcement of regulation
Large scale illegal sales of vapes to those under 18 is facilitating the substantial increases in vapes in recent years. Illegal vapes (i.e. those not conforming to legislation) pose additional risks to health compared with compliant vapes, including higher nicotine content and harmful substances not present in legal vapes. They may also be available more cheaply than vapes that comply with legislation.

4 Control Measures

Two broad categories of control measures were considered by the IRG: support for young people who are vaping, including cessation and policy measures to restrict vape visibility, appeal and availability to children and young people.

4.1 Vaping Guidance for Schools

Public Health Wales was commissioned by Welsh Government to produce guidance on vaping amongst children and young people for schools. Whilst this was not part of the planned work of the IRG itself, the Group was mobilised to provide expert comment on draft guidance and to share the published guidance across their networks. The guidance was published in Welsh[e] and English[f] on 20 September 2023.

4.2 Support for Young People: Task and Finish Group

4.2.1 Objectives and Structure

The IRG established a Task and Finish Group to:

- To review evidence gathered on interventions and best practices for supporting young vapers who wish to quit
- To collate experiences of local services in supporting young vapers
- To agree 'best practices' for local services seeking to support children and young people in Wales who are vaping and wish to quit

The Group included representatives from education, young people's services, school nursing, pharmacy and public health and met four times between August and September 2023.

4.2.2 Evidence Review

A systematic review of published evidence on interventions to support children and young people identified three papers all US based and reporting on digital interventions. Whilst this evidence was of limited value in terms of development of interventions that can be put in place within the timescales that are the focus of the IRG, digital, and in particular SMS interventions may have value for longer term development.

The Task and Finish Group agreed a number of key points identified within guidelines and practice notes were of relevance to providing support for children and young people in Wales who are vaping:

- Providing support within a wider context of preventing initiation

[e] Gwybodaeth a Chanllawiau ar Fêpio i Ddysgwyr Oedran Uwchradd yng Nghymru, Medi 2023, https://icc.gig.cymru/pynciau/gwybodaeth-a-chanllawiau-ar-fepio-i-ddysgwyr-oedran-uwchradd-yng-nghymru/gwybodaeth-a-chanllawiau-ar-fepio-i-ddysgwyr-oedran-uwchradd-yng-nghymru/

[f] Information and Guidance on Vaping for Secondary-aged learners in Wales, September 2023, https://phw.nhs.wales/topics/information-and-guidance-on-vaping-for-secondary-aged-learners-in-wales/information-and-guidance-on-vaping-for-secondary-aged-learners-in-wales/

- Supporting young people with behaviour interventions and also with nicotine replacement interventions where appropriate
- Not promoting vaping initiation as a means of smoking cessation
- Those seeking support should be assessed to understand their needs

The Group also reviewed in depth the support pathway for learners that has been developed by the Hywel Dda UHB Smoking and Wellbeing Service. Between September 2022 and July 2023, 83 learners were referred to the team for support in educational establishments, with 60 completing a full assessment of whom 39 also used tobacco. Following assessment, 23 were supported on a 'harm reduction' pathway, without a quit date, but with a goal of ceasing vaping within school hours. The remainder were supported to quit vaping with 50% achieving abstinence over the reporting period.

Evaluation of the model identified a number of key learnings:

- The cohort identified had a high prevalence of adverse childhood experiences (ACEs). ACEs are more common amongst those who smoke and use other substances.
- Those with ACEs often had other issues that they linked to their vaping, such as difficult family environments and bereavement. Identifying these issues and ensuring they were linked to support was a key element in effective support.
    - It is important that smoking/vaping cessation teams have the training to identify and respond to concerns if they arise.
- The model required flexibility to refer from within and outside the school setting.
- There was a need for a tiered support. Some young people just wanted to ask questions and required minimum input, some required more structured support .
- Some senior staff wanted the service to implement punishment or to scare young people who were vaping. There was a need to manage expectations and support staff through training.
- Arranging access and parental consent was challenging.
- As with smoking interventions, the support can most effectively be provided within an integrated, whole school approach and input from Healthy Schools leads.

4.2.3 Findings

The Task and Finish Group agreed a set of 'best practices' for the delivery of support to children and young people who are vaping, particularly in educational and other settings.

1. **Support not punishment**

   Planning and activities to address issues around young people who are vaping should be based on support and not punishment. Settings working with children and young people should frame vaping (and use of nicotine through other routes) as an activity driven by dependency for which that individual needs help rather than as deliberately disruptive or challenging behaviour.

2. **Planning and delivering support within 'whole-setting' approaches**

   Support for young people vaping should be delivered within setting in which education and prevention in relation to vaping has been implemented. For example, schools that are providing or facilitating support should have implemented and communicated clear policies on vaping (e.g. prohibiting vaping for both adults and children onsite) and considered how a better understanding of the harms and risks of vaping can be integrated into education on

personal health and wellbeing. Local Healthy Schools co-ordinators are one source of advice and support for these activities.

3. **Mobilising support 'across the system'**

   Settings that have identified a need for support to quit vaping for the children and young people they work with should (1) consider the number of needs of children and young people they work with (2) consider their current level of expertise and capacity in this area (3) identify and map the touchpoints at which the children and young people they work are likely to be identified as vaping (4) consider what services beyond their existing setting might be required to offer effective support.

   There may be considerable variation in numbers and needs between different settings, and these factors may also change over time. Understanding these factors will enable those considering how to support children and young people to identify points at which different interventions, including providing existing staff with brief intervention skills and accessing more specialist support may provide the most effective and efficient approach to meeting needs. The sections on pathways below expand on these issues.

4. **Dedicated pathways**

   Children and young people should have a dedicated pathway for support that is distinct from adult services or for services to support them in relation to other needs. These pathways should as far as possible provide support within the setting in which the issue was identified, only transferring young people to outside agencies for support where it is not possible and/or feasible to address smoking/vaping needs or where additional or more complex needs have been identified.

5. **Integrated tobacco/vaping pathways that are proportionate and reflect real world trajectories**

   Smoking and vaping are distinct activities but are often inter-related. The latest evidence suggests both that a substantial proportion of those who vape do not and have never smoked, but also that many who smoke or vape are doing both. Dual use is especially likely amongst smokers.

   Those who smoke and/or vape should be supported along the same pathway, but that pathway should identify specific needs and offer proportionate action and support. Professionals working with children should be careful to accurately characterise potential harms from vapes, particularly in relation to other substances.

   For those who are identified as experimental vapers, it may be sufficient to offer brief information and advice. Those who are smoking or smoking and vaping are more likely to need more structured and intensive support and may have additional needs that also require support.

6. **Assessment**

   Those supporting young people vaping should assess their current needs in relation to vaping/nicotine use. Assessment should include key areas that would typically be assessed in relation to tobacco smoking:

   - Frequency of use

- Duration of use
- Levels of dependency
- Motivation to reduce/cease vape use
- Experiences of previous quit attempts

But should also consider including:

- Details of product use: type(s) of product(s), including nicotine content
- Access to Nicotine Replacement Therapy

Pathways should include access to nicotine replacement therapies (NRT) where this is identified as being of benefit to children and young people. Pathways including NRT are likely to require advice and support from specialist services. Settings in which NRT provision is included within pathways will need to consider (1) how to support children and young people to access NRT (2) how to ensure supplies are sustained within the context of a clear plan for reduction and cessation of use (3) how those using NRT can be facilitated to do so within specific environments (e.g. policies on use of gum or other substances that may be restricted in educational environments).

7. Linking into other relevant support services

Children and young people who vape, and in particular those who also smoke, are at higher risk of experiencing other issues requiring support. In line with Wales-wide policies on making sure there is 'no wrong door', pathways and support for those who are vaping and seeking to quit should consider how they will ensure that children and young people for whom other support needs are identified will be facilitated to access services to meet those needs as rapidly as possible.

8. Cessation and reduction

Smoking cessation services in Wales for all ages are explicitly based around cessation. There are no current interventions that facilitate reduction of smoking. Evidence from practice outside Wales has indicated that there are services that accept vaping as a form of harm reduction to reduce smoking, and/or that they accept reduction of vaping frequency as an outcome to be supported.

There are a number of evidence-based statements that should frame discussion in this area:

- There is no legal route for anyone under 18 to obtain a vaping device.
- There is little evidence in the data that a substantial proportion of children and young people are using vapes as a way to cease using tobacco.
- There is no evidence for vapes as a cessation aid specifically for children and young people.
- On the basis of these statements, the Group's consensus position in relation to cessation and reduction of the use of vapes is:
- No young person should be discouraged from seeking help or refused support on the basis of their current or planned use of vapes.
- Continued use of vapes by anyone under 18 is likely to be unsustainable over time, as the difficulties of obtaining vaping devices, the limited circumstances in which they could use those devices and the impact of continued dependency.
- Those under 18 should be encouraged to consider cessation of vape use.
- If NRT is provided, it should be in the context of cessation.

The full report of the Task and Finish Group is included as ***Appendix 5***.

4.3 Measures Agreed

4.3.1 Evidence Sources

In addition to the evidence provided by the Task and Finish Group, possible policy control measures were identified through:

- Reviewing the evidence presented by the UK Government and gathered by IRG participants in response to the UK Government Consultation on the Smokefree Generation Bill[12]
- Considering evidence for the effectiveness of measures to reduce tobacco use amongst children and young people that could be applied to vaping products
    - Restrictions in three key statutes were considered:
        - Requirement for shops not to display tobacco products at point of sale (Health Act, 2009[36]; implemented for large retailers from April 2012, small retailers from April 2015)
        - Requirement for tobacco packaging to include a large warning including picture of harm; removal of characterising flavouring from tobacco products (Tobacco and Related Products Regulations 2016[37] (TRPR)
        - Requirement for all tobacco products to be presented in packaging with mandated plain colours and no branding (Standardised Packaging of Tobacco Products Regulations (SPoT)[38] 2015)
- Collating evidence on existing measures in other countries to address the prevalence of vaping amongst children and young people
    - Sources for this included:
        - Country Laws Regulating E-cigarettes, Institute of Global Tobacco Control at John Hopkins University[39]
        - Policy analysis on emerging tobacco and vaping products from the Global Centre for Good Governance in Tobacco Control (GGTC)[40]
        - Policy evaluation on vaping from the International Tobacco Control (ITC) Policy Evaluation Project[41]
        - Vaping related policy discussion from the Tobacco Atlas[42]
- Current policy proposals or analysis identified by group members
- Considerations and method

A number of considerations were noted in terms of identifying and prioritising policy recommendations:

- Effectiveness: how effective would the measure be in reducing vaping prevalence amongst children and young people in Wales
- Feasibility: how feasible was the measures in terms of:
    - Anticipated costs
    - Enforcement demands and capacity
    - Voluntary behavioural change required from children and young people and the wider public
    - Likely timescale for impact, with measures likely to have a quicker impact to be prioritised

    - Legislative and regulatory context, with measures known or likely to be within the competence of local or devolved administrations
- Impact on use of vapes as a smoking cessation aid for adults

The method for agreeing a consensus set of recommended policy control measures is set out in Section 2.3.

4.3.2 Results and Conclusions

The consensus conclusions of the IRG on control measures are presented in ***Table 3***.

Table 3: Control measures to address the rise in children and young people vaping in Wales

1	**NHS Support for young people who are nicotine dependent** • There should be support for young people who are nicotine dependent due to vapes (as well as due to use of other nicotine-containing products) • Support should be linked to NHS services which have delivery knowledge and capability in place, but consideration should be given to additional possible delivery models • Support should be delivered in the context of wider measures to increase understanding of vaping and address vape visibility in settings and across Wales
2	**Interventions aimed to denormalise vaping amongst young people (e.g. vape free environments alongside smoke-free environments)** • The principle of denormalising vaping is recognised as an important element of addressing vaping amongst children and young people at a population level • Vaping should not be permitted in spaces that are intended primarily for children and young people. This should be done by encouraging settings working with young people to develop vape free policies
3	**Marketing of vaping products, including packaging, advertising and point of sale restrictions** • Vapes are currently marketed in a way that is appealing to children and young people • Restricting advertising, packaging and display of vapes is likely to be one of the most effective measures to address vaping amongst children and young people in Wales • Provisions modelled on the Standardised Packaging of Tobacco Products (2015) and the Tobacco and Related Products Regulations (2016) should be implemented for vape products • The principle that vaping devices and consumables should not be visible in places frequented by children and young people should be considered by statutory and non-statutory bodies when considering issues such as development of shopping areas and advertising in public places • All organisations should ensure that any communication in relation to vaping and smoking makes it clear that vaping is considerably less harmful than smoking
4	**Flavours in vaping products** • It is recognised that flavourings in vapes represent an important element in the appeal to children and young people and restricting flavourings is likely to have a meaningful impact on rates of uptake • Flavour names should be legally restricted to a specified list of basic descriptors • Flavours should be restricted to tobacco, mint, menthol and fruit

	• Evidence for the impact of flavour restrictions on rates of CYP uptake and smoking switching should be monitored and policies and legislation should be kept under review in the light of this evidence
5	**Addressing the sale and supply of disposable (single use) vaping devices** • The sale and supply of disposable (single use) devices should be banned • Policymakers should ensure that legislation ensures minimum requirements in relation to refill/recharge capability to ensure that cheap devices with high potential for environmental harms through large volumes of litter remain unavailable • Ensure that accurate perceptions of the availability of other types of vapes and relative harms of smoking and vaping are communicated • Ensure smokers are aware that reusable vapes continue to be available • Steps should be taken to mitigate unintended consequences of such a ban on those who live within closed settings (e.g. prisons) where resident smokers may face specific issues with accessing or using reusable devices. Legislation should be framed to ensure devices remain available to these groups • It is recognised that children and young people who use disposables are likely to need support to quit nicotine entirely, and this measure must be considered alongside measures to ensure support is available ***Representatives from two organisations (ASH Wales and Trading Standards Wales) disagreed with this measure.*** *All IRG participants agreed that, should such a measure be enacted, the recommendations in relation to perceptions of availability and harm and accessibility to vulnerable populations should be adopted.*
6	***In the event that a ban on disposable vapes is not enacted:*** **Addressing the price of vapes through taxation** • Disposable devices should be made excisable and taxed at a higher level than reusable devices • Any taxes imposed on vaping devices should ensure that these devices remain cheaper than tobacco, to incentivise smokers to switch • Recycling schemes should be developed to maximise recycling of disposable vaping devices • Legislation and regulation developing recycling schemes should seek to require producers of vaping devices and consumables to cover the costs of recycling these products
7	**The establishment of a national register of retailers of tobacco and nicotine products** • Consideration should be given to implementing a retail register as set out in the Public Health (Wales) Act 201743 • A statutory licensing scheme, requiring all retail outlets for tobacco and vaping products should also be scoped and established. Licensing would allow Local Authorities to recover costs for enforcement, which a registration scheme does not. It also allows the future consideration of licencing sales premises to control the density of sales sites. • A licensing scheme should permit Welsh Government and/or other appropriate authority to set limits to the overall number of outlets and/or restrictions to the siting of retail outlets (e.g. close to schools; in areas of current high density of outlets) on

	the basis of evidence that such measures will reduce vaping uptake and prevalence amongst children and young people
8	**Further research and analysis:** • A number of issues should be priority areas for further research and analysis: o Understanding prevalence amongst children and young people o Dependency amongst this population o Systematic approaches to understanding illegal vape availability o Development of curriculum materials o Options to support children and young people who are currently vaping

4.3.3 Discussion

Having reviewed the work of the Task and Finish Group on support for children and young people who are vaping and evidence from other investigations, there was full agreement from all members on the measures related to support for children and young people.

It was agreed that the evidence in relation to the impact of **reducing the visibility of tobacco through display restrictions**[44] **and standardised packaging**[45] on smoking amongst children and young people strongly suggested such measures in relation to vapes would reduce uptake and prevalence. Concerns were raised that these measures, in extending measures targeted at tobacco to vapes risked suggesting that the harms of both were similar and so reducing switching by adult smokers to vapes. There were differing assessments of the risk of this and the balance between the potential impacts on vaping uptake amongst young never smokers and switching by adult smokers. However overall, control measures in relation to packaging enjoyed consensus, with further agreement that communicating the relative harms of smoking and vaping accurately was essential.

It was recognised that this was likely to reduce uptake and use amongst young people but that **flavour restrictions** might reduce the number of adult smokers switching or increase relapse amongst vaping ex-smokers. Discussion on flavours was complicated by the emergence of new evidence over the period of the IRG's work, with some findings suggesting that complete flavour bans had contributed to rising tobacco sales in US states[46]. The Group considered that restricting flavour names and limiting flavours so as to eliminate those disproportionately popular amongst children and young people represented a balanced and effective approach.

There was considerable discussion over banning disposable vapes. Whilst it was accepted by all Group members that an effectively enforced ban would reduce uptake and use amongst children and young people, and would also have a positive environmental impact, there were concerns over the impact on switching and relapse to smoking amongst adults with reduced availability of cheap and easy to use devices, the possibility that a new generation of devices with minimal reuse would enter the market, misperceptions over the harms of vapes in general in relation to tobacco, reducing options for smokers in specific settings and experiencing specific vulnerabilities who might particularly benefit from disposable devices and ease of enforcement. Following extensive discussion, the majority of the Group were in favour of recommending a ban on disposable devices, but the Group also agreed to note that this was a majority rather than a unanimous recommendation and to include mitigations for areas of concern. It was also agreed that recommendations for control measures should a ban not be legislated for should be included.

It was noted by the Group that the Public Health (Wales) Act 2017 included provision for a retail register for tobacco and nicotine outlets but that this has not been implemented. However, there was consensus amongst the group that a more ambitious licencing scheme, which would permit restrictions on the number of outlets (overall, or in specified locations such as close to schools) should be the longer-term focus for policy work.

A number of restrictions on vapes were rejected by the Group, including banning sale of all nicotine vapes and/or making vapes available only on prescription. The Group felt that this did not reflect a reasonable balance between the need to reduce uptake and use amongst children and young people and the value of vapes as a smoking cessation device available on the retail market.

5 Communications

As set out in the Communicable Disease Outbreak Plan[8] a member of the PHW communications team was included as a core member of the IRG. It was recognised at the initial meeting that:

1) The work of the IRG would need to support a longer-term communications plan.
2) The high-profile nature of the issue meant communications were likely to be required over the course of the Group's work, including an initial statement on the convening of the Group.
3) Key messages should be agreed at the outset to support initial and ongoing communications.

5.1 Communication Objectives

A communications plan was presented and agreed at the initial meeting. The initial communications objectives were agreed as being:

- To position a range of agencies to coordinate a joined-up, urgent response with sector specialists
- To communicate the risks and harms associated with vaping amongst younger people in Wales

5.2 Communication Strategy

It was agreed that communications activity and messaging around vaping and young people needed to be distinct from communications targeted at smoking cessation audiences with a clear focus on supporting young people as a distinct audience. Key areas for messaging were agreed as:

- The risks of vaping to young people, particularly to those who are non-smokers and who would never consider smoking tobacco.
- The lack of compliance with regulations in the vaping market
- The illegal vape market including underage sales and the prevalence of illegal/illicit vapes on the high street and from trusted retailers.
- The possible dangers associated with the long-term use of these products.

It was agreed that messaging should as far as possible avoid discussion of harms that are not clearly evidenced and should but remain in line with Welsh Government's position. As insights emerged from investigations initiated by the IRG, communications opportunities to improve public understanding of the situation in relation to vaping amongst children and young people in Wales would be sought.

5.3 Key Messages

Key messages identified by the IRG are shown in ***Table 4***. Additional messages were also identified which did not form part of the IRG's core communications platform but could be used to address specific questions that might be raised in the public domain. These are presented in ***Appendix 6***.

Table 4: Key messages for communications on vaping amongst children and young people agreed by the IRG

Key messages
This is a rapid multi agency response to growing concerns about the number of young people who are vaping. It is illegal to sell vapes to those under 18, but many children and young people are still vaping, particularly those who don't smoke and would never smoke tobacco.
Vaping puts young people at risk of nicotine dependence. This level of dependency impacts on their education, their behaviour and their daily life. It is not possible to understand the full impact on health at this stage, as the products have not been on the market long enough, but we are concerned that there may be additional harms in the longer term that are not yet known.
There are many illegal products in shops that don't comply with safety regulations. These put young people at additional risk as these illegal vapes can contain unknown and possibly harmful contaminants.

5.4 Communications Activity

An initial press release on the establishing of the IRG and its aims was released on 15 August, accompanied by a news story on the PHW website[47]. This story was picked up by local press [48].

There was further communication activity in relation to the publication of the Guidelines for schools on vaping (see Section 4), with a news story published on the Public Health Wales website[49] which was picked up by national outlets including the BBC[50].and ITV[51].

Whilst there were no other communications specifically relating to the work of the IRG, the investigations and evidence statements informed responses from IRG members, including Public Health Wales to media interest in relation to the UK Government's Consultation on the Smokefree Generation Bill in the week commencing 4 December 2023 and Welsh Government's announcement of legislation to ban disposable vapes in the week commencing 29 January 2024.

6 Rapid Evaluation and Learning

It is anticipated that a formal evaluation of the IRG's work will be undertaken by Public Health Wales. This will consider both how effective this novel approach was in addressing the issue of vaping amongst children and young people and how it might be applied effectively in other circumstances.

This section summarises some of the early learning from the IRG pending further evaluation.

6.1 The Outbreak Control Approach Overall

- The IRG was an effective format to rapidly mobilise 'the system' (public health, healthcare, education, youth services, trading standards, environmental health, toxicology, statutory and third sector organisations, etc) around an issue recognised as a creating real issues but for which there was a lack of clear ownership.
- The format promoted an evidence-based and data-led approach to developing intervention and control measures in an area characterised by uncertainty, emerging evidence and competing public discourses.
- An Outbreak Control approach allowed the Group to boundary a complex issue clearly and in ways that enabled building of common understanding and consensus. The use of conventions from outbreak control approaches (e.g. standard agenda, providing a sitrep/update at the beginning of each meeting; framing activity as 'investigation', 'control measures' etc) was generally effective in maintain a strong focus on the specific issue and structuring the available time as effectively as possible.
    - The development of a case definition was particularly important, although there was a need to be clear that this was a definition specific to the task (and not, for example, a protocol for screening individuals for intervention).
- The Outbreak Control approach also enabled the Group to create and sustain a sense of momentum and focus, with gaps of 2-3 weeks between meetings encouraging a sense of urgency and commitment.
- Full members of the Group need to either (1) bring credible expertise in specific areas and/or (2) represent and are recognised as representing and being empowered to make decisions for key stakeholders.
- This approach requires ongoing commitment and prioritisation over other activities by senior stakeholders/decision makers to a level at which they will commit their time and attention.
- There are clear protocols for initiating control and management activities in relation to communicable disease or environmental incidents. Consideration should be given to what kinds of reports, changes in incidence or prevalence etc might justify the initiation of this approach for specific health behaviours or NCDs.

6.2 Investigations: Developing Evidence Statements

- Development of agreed evidence statements through presentation and discussion of evidence was a major benefit of the approach, facilitating consistent communication and activity across the system.
- Managing an infectious disease or environmental incident is likely to require rapid implementation of well understood investigations and identifying which of a number of well understood actions is likely to be most effective in a given situation. In contrast, a situation involving rapid increases in non-communicable disease or risk behaviours is likely to emerge

from uncertain and complex social environments. This has implications for the kind of investigations that take place, the level of certainty over findings, in particular in relation to causation and the kinds of control measures that can be proposed. The evidence base or effectiveness of interventions/control measures in addressing key issues may therefore also need to be considered within this context.

- Investigations (e.g. survey and qualitative approaches) within the context of outbreak control typically differ in methods and governance from research and evaluation approaches that are more commonly used in understanding issues related to non-communicable disease. There was a 'learning curve' for those carrying out those investigations and it would be of value to capture the learning from this and to share with colleagues working in health protection.
- Investigations brought together techniques of rapid evidence gathering to test specific hypotheses and theories of social epidemiology, describing how social norms and structures can contribute to the spread of specific attitudes and behaviours. Further consideration of the degree to which this 'field social epidemiology' can be developed would be of value to future work rapidly responding to changes in health and health behaviour linked to changes in underlying social, cultural or commercial structures and relationships.
- There were challenges in defining what an evidence statement should be in relation to data, academic literature, expert opinion, field experience and professional interpretation. A more clearly defined method for synthesising complex evidence and developing these statements would benefit future projects.
- The processes facilitating the development of evidence statements and control measures were generally effective, but it would be helpful to discuss early in the process.
- The balance between a rapid response and exploring the evidence and possible responses in detail is challenging to find. The length of time (and therefore demands on members) is important to consider not only in relation to the need for a rapid response, but also in consideration of the capacity of senior stakeholders to engage with the process over time.

6.3 Control Measures

- A clear framework for prioritising control measures (e.g. assessing the rapidity with which they could be put in place) is of value for guiding discussion and decision.
- The process for agreeing consensus, including allowing for dissenting views was important in an area for which there is uncertainty, emerging evidence and scope for legitimate disagreement in general worked well.

6.4 Organising Work

- Teams (virtual) meetings were an effective way to bring a large number of senior stakeholders and experts together, especially given national scale of response.
- Administrative support for managing meeting schedules for a group of senior stakeholders is essential.
- Email was generally effective in sharing work, but some common repository of files for the Group to access would have facilitated rapid and consistent sharing of material.
- Given that rapid increases in non-communicable diseases or prevalence of risk behaviour in a defined geography are likely to attract public and media attention, communications need to be central.

- The decision to create a category of members who were observing but not voting was effective in ensuring that those who were likely to be receiving recommendations could understand in detail the issues involved, but the group retained its independence.

6.5 Sharing Learning and Developing the Approach

- Given that this is a novel approach:
    - it is recommended that the output of this work be published as an academic paper to allow others to consider whether this is an approach that would address public health needs in their areas.
    - the work should be evaluated and this should also be published as an academic paper.
- This approach would benefit from a template to guide the establishing of groups and drawing up Terms of Reference, the processes for decision making and a format for reporting, similar to the Communicable Disease Outbreak Plan for Wales.

7 Appendices

Appendix 1: Incident Response Group Membership

Note that Dr Meng Khaw, National Director of Screening and Health Protection Services and Medical Director, Public Health Wales chaired the first meeting of the IRG and provided ongoing support and advice

Public Health Wales	
Dr Julie Bishop, Chair	Consultant in Public Health and Director of Health Improvement Division
James Adamson	Consultant in Communicable Disease Control Health Protection
Lorna Bennett	Consultant Lead, Tobacco Control Health Improvement Division
Chris Emmerson	Consultant Lead, Tobacco Control Health Improvement Division
Lex Gainsbury	Consultant Lead, Education Settings Health Improvement Division
Rachel Howell	Principal Practitioner, Tobacco Control Health Improvement Division
Liz Newbury Davies	Principal Practitioner, Tobacco Control Health Improvement Division
Arthur Duncan-Jones	Senior Public Health Intelligence Analyst Observatory Analytical Team
Zoe Strawbridge	Senior Public Health Intelligence Analyst Observatory Analytical Team
Dr Rochelle Embling	Senior Public Health Research & Evaluation Officer Health Improvement Division
Dr Anna Schwappach	Consultant in Environmental Public Health Health Protection
Comms Lead	News & External Affairs Team (NEAT)
Gemma Hobson	Specialty Registrar in Public Health
Hannah Bellew Martin Naughton	Administrative support Health Improvement Division
Local Public Health Teams	
Mererid Bowley	Director of Public Health Powys Teaching Health Board
Victoria Kiernan	Lead Nurse School Health Nursing & Looked After Children Nursing Services, Swansea Bay University Health Board Chair, National School Nurse Leads Network

Cath Einon	Service Development Manager, Help Me Quit Hywel Dda University Health Board
Sue Evans	Service Development Manager, Help Me Quit Aneurin Bevan University Health Board
Joanna Dainton	Head of Commissioning and Partnership Strategy Development Hywel Dda University Health Board
Welsh Government *NB – Welsh Government attended the IRG as observers and to provide expert input at the request of the group. Observers did not contribute to discussion or decision making on evidence statements or control measures*	
Ed Wilson	Deputy Director, Public Health Improvement, Prevention & Promotion
Steph Barnhouse	Head of Branch, Risk Behaviours (Tobacco, Alcohol and Gambling)
Dr Huw Brunt	Chief Environmental Public Health Officer
Alex Hicks	Head of Children's Health Policy
Wallis Jones	Risk Behaviours (Tobacco, Alcohol and Gambling)
Jack Sanders	Litter and Single Use Plastics Policy Manager
Alex Hamilton	Waste Regulation Policy Branch
Local Authority and Welsh Local Government Association	
Helen Picton	Lead for Trading Standards Directors of Public Protection Wales
Lindsay Harvey	Lead for tobacco and Alcohol Association of Directors of Education Wales (ADEW)
Sarah Humphreys	Lead Officer Strategic Development (Secondary) Education and Family Support Bridgend County Borough Council
Huw Evans	Healthy Schools Programme Conwy Council
David Walker	Youth Support Team manager Pembrokeshire
Clinical	
Dr Julian Forton	Consultant in Paediatric Respiratory Medicine Cardiff and Vale University Health Board
Professor Keir Lewis	Consultant and Respiratory Lead, HDUHB Professor of Respiratory Medicine, Swansea Medical School
Dr Kathryn Glenn	Consultant Community Paediatrician Cardiff and Vale University Health Board
Academic	
Professor Graham Moore	School Health Research Network DECIPHer, Cardiff University

Third Sector	
Suzanne Cass	CEO Action on Smoking and Health (ASH) Wales
Toxicology	
Prof James Coulson	Clinical Pharmacologist and Toxicologist Cardiff and Vale University Health Board
Dr Laurence Gray	Consultant Clinical Pharmacologist Cardiff and Vale University Health Board
Eleri Thomas	Specialist In Poisons Information Cardiff and Vale University Health Board
Education	
Robert Baynham	Project Manager, Sport & Wellbeing Colegau Cymru
Natalie Richards	Headteacher
Rona Griffiths	Coleg Cambria
Maxine Thomas	Head of Safeguarding and Learner Services Pembrokeshire College
Vanessa Janes-Evans	Coleg Gwent
Tom Snelgrove	Director of Learner Experience Coleg Sir Gâr
Viv Buckley	Principal and CEO Bridgend College
Children's Rights *NB – Representative from the Office of the Children's Commissioner for Wales attended the IRG as observers and to provide expert input at the request of the group. Observers did not contribute to discussion or decision making on evidence statements or control measures*	
Kirrin Davidson	Office of the Children's Commissioner for Wales

Appendix 2: Terms of Reference

The Incident Response Group is responsible for undertaking the following functions:

- to review the epidemiological and wider scientific evidence and verify an incident is occurring that requires an urgent multi-agency response
- to agree a case and incident definition
- to agree hypotheses for the emergence and increase of vaping in the relevant population group
- to agree appropriate further epidemiological, psychosocial, laboratory or other investigations to test these hypotheses
- to regularly conduct a full risk assessment whilst the incident is on-going
- to develop a strategy to deal with the incident and allocate responsibilities based on the risk assessment
- to determine the level of the incident
- to ensure that appropriate control measures are recommended to appropriate bodies to prevent further cases and mitigate current impacts
- to communicate with other professionals, the media and the public as required providing accurate and timely information
- to determine when the incident response is complete and it has completed its work
- to recommend procedures to monitor the effectiveness of control measures and agree circumstances under which the IRG should be reconvened
- to make recommendations regarding the development of systems and procedures to prevent a future occurrence of similar incidents, including surveillance, and where feasible enact these
- to produce reports at least one of which will be the final report containing lessons learnt and recommendation

Appendix 3: IRG Meeting Dates

- 6 July 2023
- 18 July 2023
- 1 August 2023
- 15 August 2023
- 29 August 2023
- 28 September 2023
- 24 October 2023
- 30 November 2023

Appendix 4: Detailed Summary of Method and Findings from Focus Groups of Young People

Aim

This qualitative study aimed to identify potential risk factors for vaping among young people in Wales, by exploring key influences, motivation and experiences associated with vape use and potential dependency.

Methods

Participants (N= 86) were invited to take part via their secondary school (N=5), further education college (N=2), or youth activity group (N=1). Recruitment targeted young people aged 11-24 years old. Sampling was predominantly opportunistic and took place across local authorities within Wales, including settings in both urban and rural communities.

State secondary schools were initially contacted to take part via local public health teams, or otherwise directly volunteered to participate via an expression of interest form completed as part of another study. Further education colleges were identified via the Active Wellbeing Strategy Group Co-ordinator, and a youth activity group was invited to participate as part of a summer programme at Public Health Wales.

Though each setting was encouraged to identify participants from a single year group, some groups included mixed ages to achieve adequate group sizes and representation.

Focus groups followed a semi-structured question guide. Firstly, participants were asked to discuss their current awareness and observations of vaping. Following this, participants were encouraged to consider potential experiences of vaping in more detail, relating to reasons for use, vaping inside/outside an education setting, frequency of use among their age group, and possible biopsychosocial effects of regular use on health and wellbeing. Participants also filled out a survey collecting demographic information.

Analysis

Focus groups were audio-recorded, both in English and Welsh, and transcribed in English where possible. Reflexive thematic analysis was used to identify common themes across focus groups. This approach involves detailed coding of text responses from transcripts, to summarise shared observations and ideas from a participant perspective. Quantitative frequencies were calculated to summarise demographic information.

Findings

Demographic information sheets allowed us to gather data on their age, gender, and their smoking and vaping status. Only those sampled from Year 9 or above included reports of ever trying/ using vapes, which accounted for 55.2% of our sample of young people in this age group.

Year Group	Year 7	Year 8	Year 9	Year 10	Year 11	Post 16/ Further education	No response/ Not applicable
Participants (%)	19%	4%	19%	15%	9%	31%	3%

Gender	Male	Female	Non-binary	No response
Participants (%)	49%	49%	1%	1%

Particpants (%)	Never tried	Tried	Used in the past	Currently using	No response/ Prefer not to say
Smoking Status	74%	7%	9%	4%	6%
Vaping Status	52%	19%	9%	15%	5%

Themes

Three main themes were identified across focus group discussions relating to: 1) vaping culture among young people, 2) vaping impact on health and wellbeing, and 3) vaping intervention in the young person environment.

Theme 1: "It' the new smoking": Vaping culture among young people.

There was a strong consensus that vaping was a popular and normalised activity among young people, for those who had and had not used a vape. Though it was acknowledged that there were groups who would not vape.

> *"I'd say more than half of our year group has probably tried it." (Male, Year 9, Tried vaping)*

Participants described vaping both on and off school/ college sites.

> *"And they [are] in the toilets a lot, like, you can walk into the toilet sometimes, and there'll just be like clouds everywhere." (Male, Year 11, Never tried vaping)*

> *"Out with friends. The streets, yeah. (Female, Year 9, Never tried vaping)*

Environments associated with smoking seemed to contribute to feelings of peer pressure, more so for those in secondary school.

> *"It's just spreading like the peer pressure … like they'll say try it, try it. Oh, that's nice. But they're gonna try it and you're gonna try it. Eventually." (Male, Year 11, Never tried vaping)*

Subtheme: Exposure and access to vapes

There was a clear presence of vaping products across communities. Participants frequently referred to general use among the public, marketing campaigns on social media, brand sponsorships and high profile vape users such as influencers and celebrities.

Vape products were perceived to be 'appealing' due to their sweet flavours and smells; these characteristics appeared to contribute to the popularity of vaping from a young person perspective. Participants also felt that vape products were marketed at their demographic.

Devices were convenient to access, and participants discussed multiple sources across focus groups including underage sales, fake ID, using a friend's, asking an older sibling/ friend to buy, stealing, buying online, using a discarded device and 'vape dealers'.

Subtheme: Shift from a smoking generation

Participants had a strong awareness and knowledge of vaping and tobacco products across all focus groups, naming a range of products and components in tobacco and vape products. Nicotine was consistently identified as a common component in both vapes and cigarettes. Some of these components were framed as 'off putting' by participants, specifically those associated with tobacco products.

Discussions tended to associate smoking with negative health effects, changes to appearance and a less palatable taste and smell. Participants referred to a generational decline in smoking, associating tobacco products mostly with adult users.

Theme 2: "It's not good for you, but it's better for you than smoking": Vaping impact on health and wellbeing.

Participants acknowledged potential impacts of vaping on health and wellbeing. Physical side effects were identified and associated with 'everyday' use (E.g., cough, shortness of breath, sore throat), in addition to more serious concerns associated with the development of lung disease.

Where the side effects of everyday use of vapes were considered tolerable by participants, more serious concerns were viewed as one-off cases that rarely happened to the majority.

> *"After a while as well, most really make you feel like a lot of shortness of your breath and like you're not as fit as you used to be like with like Athletics or whatever sport, anything you do." (Male, Year 9, Tried vaping)*

> *"But saying that, that [risk] doesn't bother me one bit. Like that literally goes through one ear and out the other with me." (Female, FE, Previously used a vape)*

All discussions of health effects also referred to the 'unknown' long-term effects of vaping.

> *"We still don't know the actual causes and effects they are doing to our bodies." (Non-binary, FE, Tried vaping)*

Subtheme: Psychological impact of vaping and nicotine dependency

Potential impacts of vaping on mental health were often difficult to distinguish from feelings of dependency, as participants discussed vaping as a cause of negative emotional experiences (e.g., stress and anxiety), as well as a potential coping mechanism. Participants described a growing reliance on vaping that was associated with increased use over time, either from personal experience or observation of their peers.

> *"People can't get off them like or people are just obsessed" (Male, Year 9, Tried vaping)*

Participants referred to a strong desire to vape after abstaining from use, including frequent 'cravings', 'shaking' and appetite changes. Vaping was framed as something that could "calm you down", "help with stress", regulate "bad moods" and relieve "boredom". Though young people believed vaping helped them cope with difficult emotions, participants also discussed feelings of guilt, agitation, and unease, as a result of vaping.

> *"Anxiety, anything like that. It's like obviously I know vaping's not good, but for some people it's like their safety blanket. So, if they're feeling stressed or overwhelmed, they'll go for a few puffs and then it'll like calm them down." (Female, FE, Currently using a vape)*

Subtheme: Socioenvironmental impacts of vaping and nicotine dependency

Participants highlighted vaping impacts on their social circle, identifying friendship group changes in response to an individual's vaping status.

> *"Yeah, I think once you start vaping …you go into more of a friendship group where they're more prone to smoking and all that." (Female, Year 9, Tried vaping)*

Vaping was mentioned as a potential gateway to smoking and other substances (such as alcohol and cannabis), particularly as the result of additional social pressures to fit in with new social circles.

> *"And then once you start getting to a friend group with people that start vaping, they start smoking and then you kind of feel a bit of pressure to start that as well. (Female, Year 9, Tried vaping)*

Theme 3: "It's hard to stop": **Vaping interventions within the young person environment**

Participants referred to several preventative and disciplinary actions that may be enforced to manage vaping behaviours: information sessions, incident logging, confiscation of devices, reports to parents, controlling access to toilets, detention, exclusion, suspension, police referral. These actions were believed to be inconsistent at times.

> *"But if they take your vape, they have to give them back as well." (Male, ND, Never tried vaping)*

There was consensus across focus groups that the parental response to vaping differed between households. Some discussions acknowledged that vaping would be met with strong disapproval, particularly at first, which meant that vaping behaviours were often hidden from parents. However, older year groups recognised that parents would become more accepting over time.

> *"My mother obviously never liked me vaping. But she's a smoker, so she couldn't really tell me no, if that makes sense." (Female, FE, Previously used a vape)*

Sources of support and health services were also unclear, as participants who had tried vaping were less sure about how to quit (e.g., Limited knowledge of access to stop smoking services for under 18's). Participants felt less informed about the risks of vaping, in comparison to smoking.

> *"Yeah, I can't imagine they provide like nicotine patches." (Male, FE, Currently using a vape)*

> *"Like how can we be expected to make an informed decision about what we put in our mouths if we don't know what is in there." (Female, FE, Never tried vaping)*

Subtheme: Limited knowledge around vape laws, products, and regulations.

All focus groups highlighted some uncertainty about the differences between 'legal' and 'illegal' use of products:

'No vaping' Public policies

> *"But you know the no smoking zones. No, I'm not quite sure if that applies to vapes" (Female, FE, Never tried vaping)*

Legal age of use and sales

> *"Not definitely 18 [years old], I know some shops have challenge 25. They only allow it if you're 25 and older." (Female, FE, Tried vaping)*

Regulations for nicotine content and device capacity

> *"And you can get like a thousand puffs, and apparently that's like too much. There's too much or something in there, and that's really, like, dangerous." (Female, FE, previously used a vape)*

Conclusions

This study further supports evidence of a current vaping culture among young people that highlights potential drivers of use. It documents experiences of high nicotine use and dependency across year

groups and young person settings within Wales, suggesting a need to provide stronger intervention for those already using a vape.

Due to the nature of focus groups, there were limited opportunities to explore in-group differences between individuals. These results may not be representative of the whole population, and additional data would be useful to inform next steps, particularly where these are likely to involve other stakeholders (e.g., family members, teachers, school nurse, community healthcare).

Appendix 5: Report of the Supporting Children and Young People Who Vape Task & Finish Group

Background

In July 2023, Public Health Wales co-ordinated the establishing of a muti-agency Incident Response Group (IRG) to address concerns over rapid rises in vaping amongst children and young people in Wales.

Whilst the vast majority of children and young people in Wales do not vape, there has been a substantial increase in vaping amongst children and young people in Wales in recent years, in particular since 2019. Rates of vaping use amongst girls have risen particularly fast and rates are now substantially higher than amongst boys, having been lower in 2017.

An increasing proportion of children and young people are vaping daily and reporting nicotine dependency. There is a clear age gradient, with daily vaping more common in older age groups.

There is evidence from multiple sources that a proportion of young people are experiencing disruption in their education and wellbeing due to vaping. In particular, an increasing number of children are experiencing dependency at a level that makes it very difficult to get through the school day without vaping on school premises. Teachers and other professionals working with young people also report rises in disruption and support needs as well as challenges in managing numbers of discarded disposable devices.

The IRG recognised that there is a strong interest amongst those working with young people across Wales to identify best practices to work effectively children and young people who are vaping, recognising that some areas have already put in place support.

A further context for supporting children and young people who vape in Wales is the work in progress by PHW to develop a national Nicotine Dependency Service (NDS) to provide interventions to adults and children who want to stop vaping nicotine. As part of the development for this, a review of peer-reviewed evidence on interventions to support young vapers seeking to quit has been completed, supplemented by a search for relevant practice notes and guidelines from services supporting this group.

However, the NDS is expected to become available in 2024-25, and the IRG identified a need to support local services who wish to respond to immediate need by scoping principles for in which local services were providing support to children and young people who were vaping. This work will also support development of the NDS.

The IRG identified members of the Group with direct experience of supporting children and young people and commissioned them to establish a Task and Finish Group to identify best practices that could inform development of local services to support young vapers in Wales. Details of group membership of dates of meetings can be found in Appendices 1 and 2 respectively.

Objectives

The objectives of the group were:

- To review evidence gathered on interventions and best practices for supporting young vapers who wish to quit
- To collate experiences of local services in supporting young vapers
- To agree 'best practices' for local services seeking to support children and young people in Wales who are vaping and wish to quit

Evidence - Peer reviewed Literature

A systematic review of peer reviewed evidence on interventions to support cessation of vaping amongst children and young people was carried out. Following an extensive search only three studies were retrieved which met all of the inclusion criteria. All three studies were US based and focused upon the delivery of digital interventions targeting vaping cessation amongst teens and young adults:

- Graham et al., 2021[52] employed a text message-based intervention, contrasting it with an assessment-only control group.
- Palmer et al., 2022[53] explored a behavioural intervention delivered via telehealth, with participants either receiving contingency management or being in a control group.
- Graham et al., 2020[54] provided daily age-appropriate messages tailored to participants' enrolment or quit date. The program was segmented based on age, with different messaging for teens and young adults.

Of most interest, the review highlighted promising findings for a SMS based intervention piloted in the US 'This is Quitting'[52]. Graham et al., (2021) utilising a parallel, 2-group, double-blind, individually randomised clinical trial assessing the effectiveness of a text-based intervention, the study found that 24.1% of participants in the intervention group had ceased e-cigarette use by the 7-month follow-up. This was a statistically significant improvement in contrast to 18.6% in the control group[52].

The interventions in the 'This is Quitting' (TIQ) program involved a comprehensive approach towards helping young adults quit vaping. The program was designed not only to provide information but also to create a supportive environment that promotes quitting and staying abstinent. The content of the program included tailored text messages, which were customized based on the user's age, quit date, and the vape product used. This customization is critical as it ensures that the support received is relevant and personalized to the individual's journey towards quitting[52].

The program content encompassed various elements to ensure a holistic approach towards quitting. Firstly, it included encouragement and support, which are crucial for enhancing the motivation of individuals to stay abstinent. Secondly, skill-building exercises were incorporated to equip individuals with the necessary tools and strategies to cope with cravings and stress, which are common triggers for relapse. Thirdly, the program provided information on the risks associated with vaping and the benefits of quitting, which is essential for informed decision-making. Lastly, it offered methods to cut down on vaping before quitting entirely, which is a practical approach for those who find it challenging to quit abruptly.

The findings of the review suggest that digital interventions have shown promise, particularly those delivered via text messaging or telehealth.

These findings underscore the potential of leveraging technology and digital platforms to address nicotine dependency, especially in younger populations who are often more tech-savvy. This suggests

that interventions tailored to the digital habits of children and young adults can be particularly impactful. However, it's essential to recognise that while technology can be a powerful tool, its effectiveness is contingent on its relevance, user-friendliness, and adaptability to the target audience's needs.

Limitations

The review was only able to identify articles that measured vaping cessation among children and young adults using digital interventions delivered by text messaging or telehealth. The evidence review was able to retrieve a protocol for a Randomised Control Trial looking at varenicline and counselling for adolescent vaping cessation[55]; the results of this research may provide further insights into effective cessation approaches when published.

The studies included were primarily based in the USA. This geographical concentration might limit the generalisability of the findings to other cultural, regulatory, and socio-economic contexts. Vaping behaviours, perceptions, and challenges can vary across regions, and interventions effective in one setting might not necessarily translate to another.

Whilst the 'This is Quitting' intervention shows promising results and warrants further exploration, there is a need for further rigorous research to refine and validate strategies targeting e-cigarette cessation, particularly in the context of face-to-face service delivery for children and young people.

Guidelines and Practice Notes

The evidence review identified a range of 'grey literature', including practice notes and guidelines issued by health and social care organisations. A list of all guidelines and practice notes identified is provided in *Annex 3*.

Key points from these documents that the Group felt were of value included:

- Providing support within a wider context of preventing initiation
- Supporting young people with behaviour interventions and also with nicotine replacement interventions where appropriate
- Not promoting vaping initiation as a means of smoking cessation
- Those seeking support should be assessed to understand their needs.

Advice or suggestions that the Group felt were not appropriate for local services in Wales included:

- Screening all young people for vaping
- Sharing risks related to severe but very rare health harms with low probability of being encountered in Wales

Experiences of Delivering Support to Learners in Hywel Dda

Following a high number of requests from schools in Pembrokeshire to support schools in addressing vape use amongst learners, the Hywel Dda UHB Smoking and Wellbeing service engaged with services across the Health Board area to develop a vape pathway for learners identified as requiring support. A summary is provided here: a detailed report is included in *Annex 4*.

The aim of the support to be delivered in schools was as follows:

- Engage with schools to share the smoke free policy & enforcement guidance
- Raise awareness of the availability of support for those struggling to abstain

- Encourage identification of those students who had difficulties following the school policy and were likely to be nicotine dependent.
- Discuss nicotine dependence and withdrawal and offer access to support
- Provide behavioural support & Nicotine replacement therapy to assist with quitting vaping or smoking
- For those unwilling or unable to commit to complete abstinence offer a Harm reduction intervention to help them manage the school day and avoid withdrawal or punishment

Referrals for support were received from seven comprehensive schools, one pupil referral unit and one college across Hywel Dda between September 2022 and July 2023. Face to face support was provided in educational establishments, through groups or on a one-to-one basis.

All those referred were invited to an initial brief information session to discuss their vape use. Practitioners from the Smoking & Wellbeing team introduced the support available and facilitated a Q&A on vaping. Following this 23 of the 83 did not feel they needed an intervention. This discussion was seen by the school as an alternative to punishment. Many participants welcomed the opportunity to discuss their vape use and ask questions. Many additional young people attended and took part in the vape discussions without having been formally referred.

A total of 60 young people opted to participate further in a full assessment and completed a detailed treatment questionnaire. A proportion of the young people who accepted treatment were unable or unwilling to commit to complete abstinence so no 'quit date' was set for this group at the start of treatment. Instead they were allocated a harm reduction pathway which allowed them to set a goal to abstain from using their vape/ tobacco during the school day. These students were recorded as harm reduction and 23 of the 60 opted for this pathway. The proportion of those accepting abstinence orientated treatment who reported they were no longer vaping at the conclusion of treatment was 50%.

Of the 60 assessed, 39 also used tobacco. In many cases use was interchangeable. Use of nicotine is associated with feelings of stress and anxiety which the user believes is helped with continued use. This provided a teachable moment to explain how nicotine only prevents the discomfort of withdrawal.

Young people with an ACE's profile are more likely to smoke. This also seemed to be true of the vape cohort who accepted treatment. Vape use is more common than tobacco use currently and so it was a surprise that the themes brought up by the young people seemed to indicate that they were a very similar cohort to those supported in previous smoking interventions. Through supporting tobacco addiction cessation services have become aware of the increasing complexity of the smoking population, and this is true of young people.

Recommendations

- The model required flexibility to refer from within and outside the school setting
- There was a need for a tiered support. Some young people just wanted to ask questions and required minimum input, some required more structured support
- Some senior staff wanted us to act as 'punishers' or to scare the young people who they believed were acting contrary to the law by using vapes. Managing expectations and providing training to staff helped this
- It often took numerous meetings with the school (even when referrals had been sent to us) to arrange access to the young people and organise parental consent. Previous smoking

interventions have benefitted from a whole school approach and input from healthy schools leads. This shows the Importance of joint working to support an integrated approach

- Harm reduction success is difficult to prove with Vape use so a more robust way of showing success is needed
- Better collection of other qualitative information such as referrals onto S-CAMHS or access to bereavement support, formally recording brief advice provided by the practitioner on a range of other lifestyle behaviours would be useful and would better highlight the opportunities this intervention presents
- Staff have received additional training to identify concerns if they arise due to the vulnerabilities identified in this cohort

Best Practices

The Task and Finish Group has identified the following best practices in developing services to support children and young people who are vaping and wish to quit.

Support not punishment

Planning and activities to address issues around young people who are vaping should be based on support and not punishment. Settings working with children and young people should frame vaping (and use of nicotine through other routes) as an activity driven by dependency for which that individual needs help rather than as deliberately disruptive or challenging behaviour.

Planning and delivering support within 'whole-setting' approaches

Support for young people vaping should be delivered within setting in which education and prevention in relation to vaping has been implemented. For example, schools that are providing or facilitating support should have implemented and communicated clear policies on vaping (e.g. prohibiting vaping for both adults and children onsite) and considered how a better understanding of the harms and risks of vaping can be integrated into education on personal health and wellbeing. Local Healthy Schools co-ordinators are one source of advice and support for these activities.

Mobilising support 'across the system'

Settings that have identified a need for support to quit vaping for the children and young people they work with should (1) consider the number of needs of children and young people they work with (2) consider their current level of expertise and capacity in this area (3) identify and map the touchpoints at which the children and young people they work are likely to be identified as vaping (4) consider what services beyond their existing setting might be required to offer effective support.

There may be considerable variation in numbers and needs between different settings, and these factors may also change over time. Understanding these factors will enable those considering how to support children and young people to identify points at which different interventions, including providing existing staff with brief intervention skills and accessing more specialist support may provide the most effective and efficient approach to meeting needs. The sections on pathways below expand on these issues.

Dedicated pathways

Children and young people should have a dedicated pathway for support that is distinct from adult services or for services to support them in relation to other needs. These pathways should as far as possible provide support within the setting in which the issue was identified, only transferring young

people to outside agencies for support where it is not possible and/or feasible to address smoking/vaping needs or where additional or more complex needs have been identified.

Integrated tobacco/vaping pathways that are proportionate and reflect real world trajectories

Smoking and vaping are distinct activities but are often inter-related. The latest evidence suggests both that a substantial proportion of those who vape do not and have never smoked, but also that many who smoke or vape are doing both. Dual use is especially likely amongst smokers.

Those who smoke and/or vape should be supported along the same pathway, but that pathway should identify specific needs and offer proportionate action and support. Professionals working with children should be careful to accurately characterise potential harms from vapes, particularly in relation to other substances.

For those who are identified as experimental vapers, it may be sufficient to offer brief information and advice. Those who are smoking or smoking and vaping are more likely to need more structured and intensive support and may have additional needs that also require support.

Assessment

Those supporting young people vaping should assess their current needs in relation to vaping/nicotine use. Assessment should include key areas that would typically be assessed in relation to tobacco smoking:

- Frequency of use
- Duration of use
- Levels of dependency
- Motivation to reduce/cease vape use
- Experiences of previous quit attempts

But should also consider including:

- Details of product use: type(s) of product(s), including nicotine content

Access to Nicotine Replacement Therapy

Pathways should include access to nicotine replacement therapies (NRT) where this is identified as being of benefit to children and young people. Pathways including NRT are likely to require advice and support from specialist services. Settings in which NRT provision is included within pathways will need to consider (1) how to support children and young people to access NRT (2) how to ensure supplies are sustained within the context of a clear plan for reduction and cessation of use (3) how those using NRT can be facilitated to do so within specific environments (e.g. policies on use of gum or other substances that may be restricted in educational environments).

Linking into other relevant support services

Children and young people who vape, and in particular those who also smoke, are at higher risk of experiencing other issues requiring support. In line with Wales-wide policies on making sure there is 'no wrong door'[g], pathways and support for those who are vaping and seeking to quit should consider

[g] See Children's Commissioner for Wales, 'No Wrong Door: bringing services together to meet children's needs' https://www.childcomwales.org.uk/publications/no-wrong-door-bringing-services-together-to-meet-childrens-needs/

how they will ensure that children and young people for whom other support needs are identified will be facilitated to access services to meet those needs as rapidly as possible.

Cessation and reduction

Smoking cessation services in Wales for all ages are explicitly based around cessation. There are no current interventions that facilitate reduction of smoking. Evidence from practice outside Wales has indicated that there are services that accept vaping as a form of harm reduction to reduce smoking, and/or that they accept reduction of vaping frequency as an outcome to be supported.

There are a number of evidence-based statements that should frame discussion in this area:

- There is no legal route for anyone under 18 to obtain a vaping device
- There is little evidence in the data that a substantial proportion of children and young people are using vapes as a way to cease using tobacco
- There is no evidence for vapes as a cessation aid specifically for children and young people

On the basis of these statements, the Group's consensus position in relation to cessation and reduction of the use of vapes is:

- No young person should be discouraged from seeking help or refused support on the basis of their current or planned use of vapes
- Continued use of vapes by anyone under 18 is likely to be unsustainable over time, as the difficulties of obtaining vaping devices, the limited circumstances in which they could use those devices and the impact of continued dependency
- Those under 18 should be encouraged to consider cessation of vape use
- If NRT is provided, it should be in the context of cessation

Annex 1: Group Membership

Chris Emmerson, Consultant in Public Health, PHW (Chair)

Rachel Howell, Principal Public Health Practitioner, PHW

Susan Evans, Service Development Manager, ABUHB

Cath Einon, Service Development Manager, HDUHB

Tessa Craig, Principal Public Health Practitioner, PTHB

Gemma Burrows, Principal Public Health Practitioner, CTMUHB

Jemma Hickson, School Nursing, SBUHB

David Walker, Youth Service, Pembrokeshire CC

Aled Roberts, Associate Director Contractor Engagement, CPW

Adam Mackridge, Strategic Lead for Community Pharmacy, BCUHB

Annex 2: Dates of Group Meetings

1. 10th August 2023
2. 5th September 2023
3. 19th September 2023
4. 3rd October 2023

Annex 3: Guidelines and Practice Notes

Name	Organisation	Year issued	Country/ area	Link
Position Statement - Protecting children and adolescents against the risks of vaping	Canadian Paediatric Society	2021	Canada	https://cps.ca/en/documents/position/protecting-children-and-adolescents-against-the-risks-of-vaping
Managing Vaping Cessation: A Monograph for Counselling Adult and Adolescent Vapers	Avondale University (Renee Bittoun)	2021	Australia	https://research.avondale.edu.au/handle/123456789/25363403
Good Practice Statements for the treatment of nicotine dependence	Istituto Superiore di Sanità, National Centre on Addiction and Doping, Rome, Italy (Lead Author: Renata Solimini)	2023	Europe	http://www.tobaccopreventioncessation.com/God-Practice-Statements-for-the-treatment-of-nicotine-dependence,167964,0,2.html
Time to quit vaping: teens and young adults activity - Identifying vapers, motivating, and planning for quitting	Clinical encounters	2020	USA	https://docs.clinicaltools.com/sites/clinicalencounter/vaping/pdf/TimeToQuit.pdf
A clinician's guide to counselling youth and parents	Canadian Paediatric Society	2021	Canada	https://cps.ca/uploads/issues/VapingTool-EN.pdf

Annex 4: Supporting Young Vapers in Hywel Dda: a Summary of Learning from a Local Service

Background

Successful interventions have been delivered in secondary schools across Pembrokeshire since 2018. Post COVID the Smoking & Well-being service received numerous requests to support schools with the proliferation of vape use. There were concerns about the use of purely punitive measures to enforce the ban and a lack of good quality information for the young people, as well as those in charge of their care. Multi agency meetings took place across the three counties, resources were designed in collaboration with Choices, Healthy Schools and SchoolBeat (see Appendix). Vape information posters were distributed to every secondary school & PRU in the 3 counties. Training and engagement took place to support the Whole school smokefree Premises policy and ensure that offers of support were made in the enforcement of this. The cumulation of the work was the development of the Young Persons Vape pathway 2023. To support this work specialist practitioners were made available to deliver support within schools. The aim of the support to be delivered in schools was as follows:

- Engage with schools to share the smoke free policy & enforcement guidance
- Raise awareness of the availability of support for those struggling to abstain
- Encourage identification of those students who had difficulties following the school policy and were likely to be nicotine dependent.
- Discuss nicotine dependence and withdrawal and offer access to support
- Provide behavioural support & Nicotine replacement therapy to assist with quitting vaping or smoking
- For those unwilling or unable to commit to complete abstinence offer a Harm reduction intervention to help them manage the school day and avoid withdrawal or punishment

Method

Referrals were received from a variety of educational settings, 7 Comprehensive schools, a PRU and a college across 2 counties in Hywel Dda. Vape use was the main reason for the referral, and these were submitted by a variety of professionals, youth workers, teaching assistants, Choices, and self-referrals. Adaptions were made to our local database QM10 to capture additional data and allowed us to respond to the emerging needs of this population locally. This intervention ran from September 22 to July 2023. Support was provided in educational establishments, face to face in groups or on a one-to-one basis.

Results

	Total
Total Referrals	83
Number attending a formal assessment	60
Engaged in treatment	49
Requesting harm reduction support	23
Those who quit smoking/ Vaping	17
% abstinent from total treatment group	34.7%
% abstinent removing the harm reduction group	50%

All referees were invited to an initial brief information session to discuss their vape use. Practitioners from the Smoking & Wellbeing team introduced the support available and facilitated a Q&A on vaping.

Following this 23 of the 83 did not feel they needed an intervention. This discussion was seen by the school as an alternative to punishment so many were expecting to be spoken to harshly and instead welcomed the opportunity to discuss their vape use and ask questions. This provided an educational intervention in many cases. Many additional young people attended and took part in the vape discussions but as they were not formally referred information was limited consequently these pupils could not be add to the database. 60 young people opted to participate further in a full assessment and completed a detailed treatment questionnaire. This featured questions about other substance use.

Results were as follows:

Substance	Assessment session	Engaged in treatment
Vape	60	49
Tobacco	39	31
Alcohol	28	23
Cannabis	9	7

Further information from the Assessment questionnaire:

A higher-than-expected use of tobacco was found, 39 of the 60 assessed also used tobacco. In many cases use was interchangeable, which raises concerns that prohibiting vape use may increase tobacco use in this cohort. As with adults, use of nicotine is associated with feelings of stress and anxiety which the user believes is helped with continued use. The ability to discuss this with the young people was valuable as it provided a teachable moment to explain how nicotine only prevents the discomfort of withdrawal.

Following the assessment session a 'treatment' was defined in line with the Russell Standard as on-going behavioural support (at least one additional session after assessment). However, this did not always involve setting a predefined quit date. A proportion of the young people who accepted treatment were unable or unwilling to commit to complete abstinence so no 'quit date' was set for this group at the start of treatment. Instead they were allocated a harm reduction pathway which allowed them to set a goal to abstain from using their vape/ tobacco during the school day. These students were recorded as harm reduction and 23 of the 60 opted for this pathway.

Interestingly 4 of students on the harm reduction pathway had quit completely by the end of the intervention and so a quit date and 4-week outcome was added for these. This highlights the need for flexible approaches to treatment to encourage engagement in priority groups many who are unwilling or unable to commit to an abrupt quit.

Young people with an ACE's profile are more likely to smoke. This also seemed to be true of the vape cohort who accepted treatment. Vape use is more common than tobacco use currently and so it was a surprise that the themes brought up by the young people seemed to indicate that they were a very similar cohort to those supported in previous smoking interventions, e.g. bereavement, suicide, difficult family circumstances, police or social services involvement. It is possible that the young people who attended for the brief advice only, differed from this cohort but limited information was recorded in the group as they did not complete the assessment questionnaire. It is also worth noting that the 83 who were 'referred' did not include significant numbers of young people who dropped in or who were sent to these information sessions without a formal referral. Information was limited on these students, and they were therefore not added to the data.

Through supporting tobacco addiction cessation services have become aware of the increasing complexity of the smoking population, and this is true of young people. The building of a rapport in line with practitioner Health coach principles alongside the discussion encouraged on the triggers for vaping/ smoking behaviour often facilitate sensitive disclosures. Practitioners worked closely with school staff and safeguarding leads and the Vape pathway was developed to minimise this risk and provide the opportunity to intervene earlier with vulnerable young people to prevent future tobacco dependence and other problematic substance misuse, risk taking behaviours and health harming behaviour.

Recommendations

- The model required flexibility which was built into the reporting e.g. a variety of professionals referred young people both within and outside of the school setting. HDUHB benefitted from being able to adapt the in- house QM10 database.
- There was greater interest than anticipated and practitioners spoke to many more young people than were referred. This shows a positive desire to take part in discussions on their vape use, an interest and willingness to engage. A sign in sheet has been produced with key data captured to allow electronic recording.
- There was a definite need for a tiered support. Some young people just wanted to ask questions and required minimum input. In some cases this could be provided by other professionals within the setting. Public Health Wales has since produced an Educational programme (added to the vape pathway) which will positively assist this whole school approach.
- The requirement from the school did not always correlate with the service we provide. Some senior staff wanted us to act as 'punishers' or to scare the young people who they believed were acting contrary to the law by using vapes. Managing expectations and providing training to staff helped this.
- It often took numerous meetings with the school (even when referrals had been sent to us) to arrange access to the young people and organise parental consent. Previous smoking interventions has benefitted from a whole school approach and input from healthy schools leads. This shows the Importance of joint working to support an integrated approach.
- Harm reduction success is difficult to prove with Vape use due to the inability to utilise Carbon monoxide monitoring so a more robust way of showing success is needed. This could involve looking at behaviour, attendance, and further feedback from teaching staff as well as enhanced weekly paperwork looking at nicotine withdrawal which is often misreported as stress.
- Better collection of other qualitative information such as referrals onto S-CAMHS or access to bereavement support, formally recording brief advice provided by the practitioner on a range of other lifestyle behaviours would be useful and would better highlight the opportunities this intervention presents.
- Staff have received additional training to identify concerns if they arise due to the vulnerabilities identified in this cohort (please see full report).

Annex 5: Vape Resources Produced by Hywel Dda Smoking & Wellbeing Team

https://bit.ly/3xFKZcq


Welsh_Vaping_Poster_2022.jpg


English_Vaping_Poster_2022.jpg

Appendix 6: Additional Communication Messages Agreed by the IRG

These messages were agreed by the Group as not being 'core' messages to be actively communicated about vaping amongst children and young people, but reflecting the Group's position on specific issues that may be used to respond to specific issues raised in the public domain.

Additional Messages Agreed by the IRG

Category	Message
IRG Purpose	Public Health Wales is working in partnership with Welsh Government, local authorities, local health boards, ASH Cymru and healthcare experts to gather evidence and make recommendations that will reduce the risks of vaping to young people.
Vaping Landscape	The vaping industry has risen rapidly over the last decade and products are consistently marketed in ways that younger people find appealing, for example, brightly coloured packaging and flavours that mimic confectionery products.
	Evidence shows that there has been a marked increase in reports of regular and dependent vaping amongst secondary school age children. This is affecting their ability to learn and other aspects of their lives.
	In 2022-3, 257,944 illegal disposable vape units were seized by Trading Standards across Wales.
	The long-term risks of vaping are not yet understood as products are still relatively new and rapidly evolving. There are no benefits to vaping for non-smokers and children and young people and could lead to longer term health problems.
Risks and Harms to Young People Who Use Vapes	Vaping is harmful to young people who could be at risk of nicotine dependence. Nicotine dependence can cause problems with attention, mood, impulse control and sleep issues and so has a potential impact on education, relationships and overall lifestyle.
	There is a risk of unintended harm to younger children, for example, passive inhalation of vapour or be at risk of consuming vape liquids if left lying around at home.
Toxicology	Some flavourings increase the likelihood of nicotine absorption and others make it easier to inhale the substances deeper into the lungs. Heavy metals used in the soldering of the vape (e.g. nickel and lead) could be harmful to health.
Illegal Vape Market	Both legal and illegal vapes have been found to be regularly sold by retailers.
	Illegal vaping products do not conform to UK regulations and can contain higher levels of nicotine than laws allow. This can be harmful to young people.
	Illegal vape products have been found to contain harmful chemicals such as heavy metals like lead, nickel and chromium.

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