Module Name: Social Epidemiology and Public Health Development

Module Code: LCHS7000

Lecturer Name: Dr. Hamdi Hussain

Assignment Title: Think before you vape.

Student Name: Abeer Ishal
Student Number : 2128229
&
Student Name: Desislava Markova
Student Number: 2312936
&
Student Name: Cadi Salla
Student Number: 2216157

Abeer ishal.
Vaping lips (no date).

Abeer Ishal

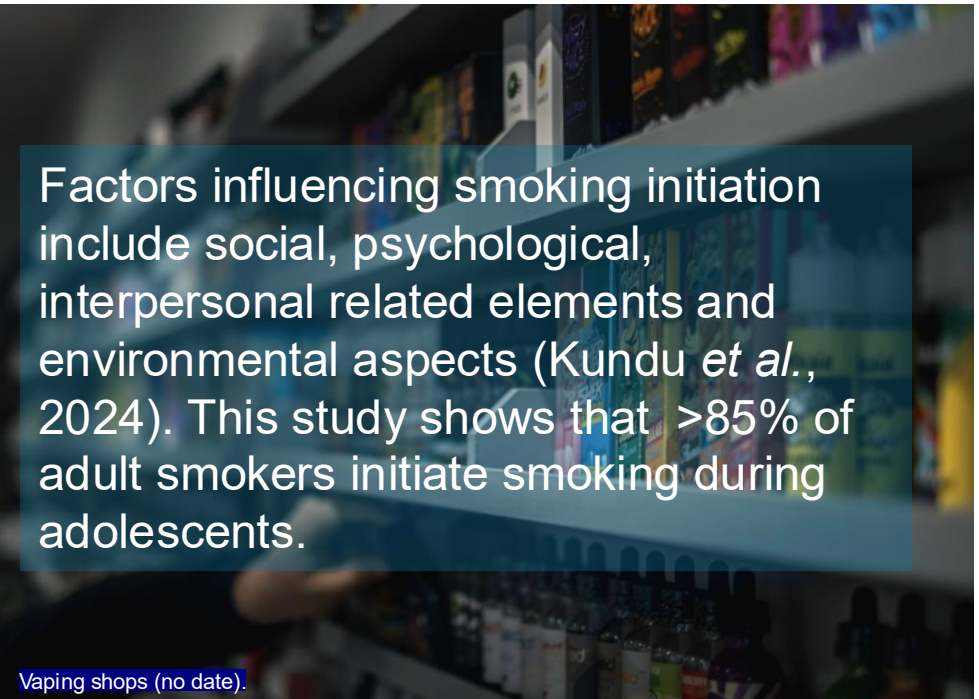
Vaping / e-cigarettes

Vaping, commonly known as electronic cigarettes, is intrinsically associated with nicotine dependence (Isba *et al.*, 2025, p 73).

Popcorn lungs (no date).

Trends indicate a rise in vaping among adolescents (ages 11-17), which poses a substantial public health risk (ASH, 2025). This population, swayed by appealing tastes and marketing, is especially vulnerable to the detrimental neurodevelopmental effects of nicotine, leading to addiction and the establishment of new behavioural norms.

Fruity vapes (no date).



Factors influencing smoking initiation include social, psychological, interpersonal related elements and environmental aspects (Kundu *et al.*, 2024). This study shows that >85% of adult smokers initiate smoking during adolescents.

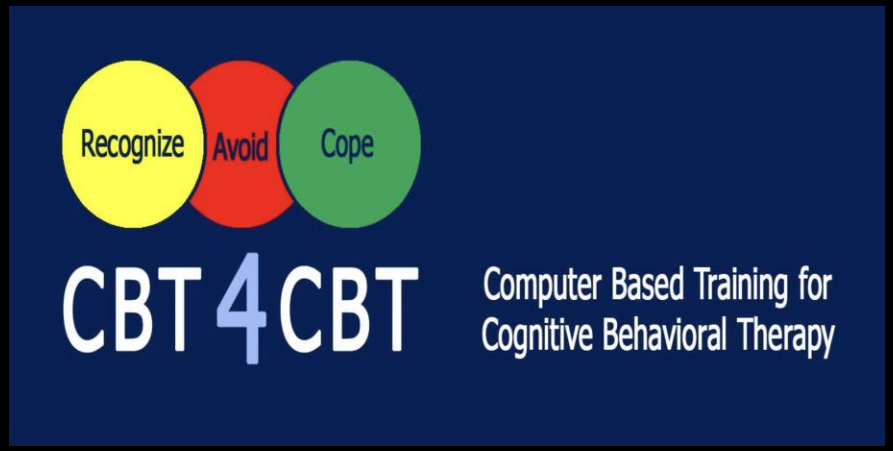
Vaping shops (no date).

Boy smoking (no date).

Secondary students (no date).

Vaping effects brain (no date).

Weekly Interventions



CBT (no date).

CBT gaming (no date).

Abeer Ishal

Week 1: Gamified NHS Interventions

Week one introduces 'UnClouded', a gamified application (App) developed by the NHS that utilises cognitive behavioural therapy (CBT) concepts to discourage vaping. Students will utilise it three times a week for six weeks during supervised sessions facilitating the collection of behavioural data for clinical evaluation that will guide subsequent preventative strategies within the NHS.

- ✔ Efficient public health prevention depends on NHS data collecting, enabling thorough monitoring and analysis of health risks (NHS Digital, 2021).
- ✔ The success of this App relies on the collaboration of students, parents, and teachers, with effectiveness anticipated at >75%. Kundu *et al.* (2024) study indicate that CBT efficiently addresses the tendencies that perpetuate smoking; nevertheless, further research is required for the adolescent demographics.

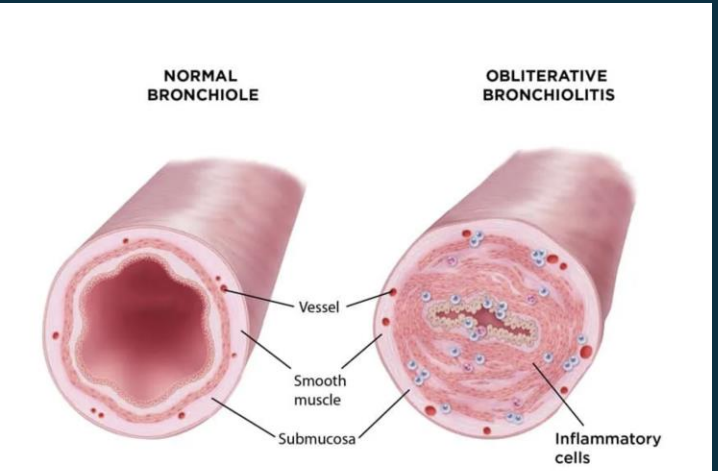
Week 2: Deconstructing Myths through Narratives

The second weeks task is to invite a guest speaker to present their personal testimony about their vaping experience, their near-death vaping experience, and their path to recovery. Popcorn Lung (Bronchiolitis Obliterans) will be brought to light in this effort to eliminate myths about how safe electronic cigarettes are.

Bronchiolitis obliterans is a severe obstructive lung disorder marked by inflammation and fibrosis of the small airways, clinically linked to vaping (Petrella, 2021, pp. 293–296; Li and Guan 2025).

To maintain the children's engagement, a Q&A session will be conducted, concentrating on harm reduction and debunking disinformation. This session will facilitate actionable learning, promote health literacy and cultivate resilient health practices (Vallata *et al.,* 2020); Shah *et al.*, 2025). There is an 85% probability that children will refrain from vaping following this encounter.

Scared lungs (no date).



Obliterative bronchiolitis (no date).

Week 3: Rehearsal for Reality

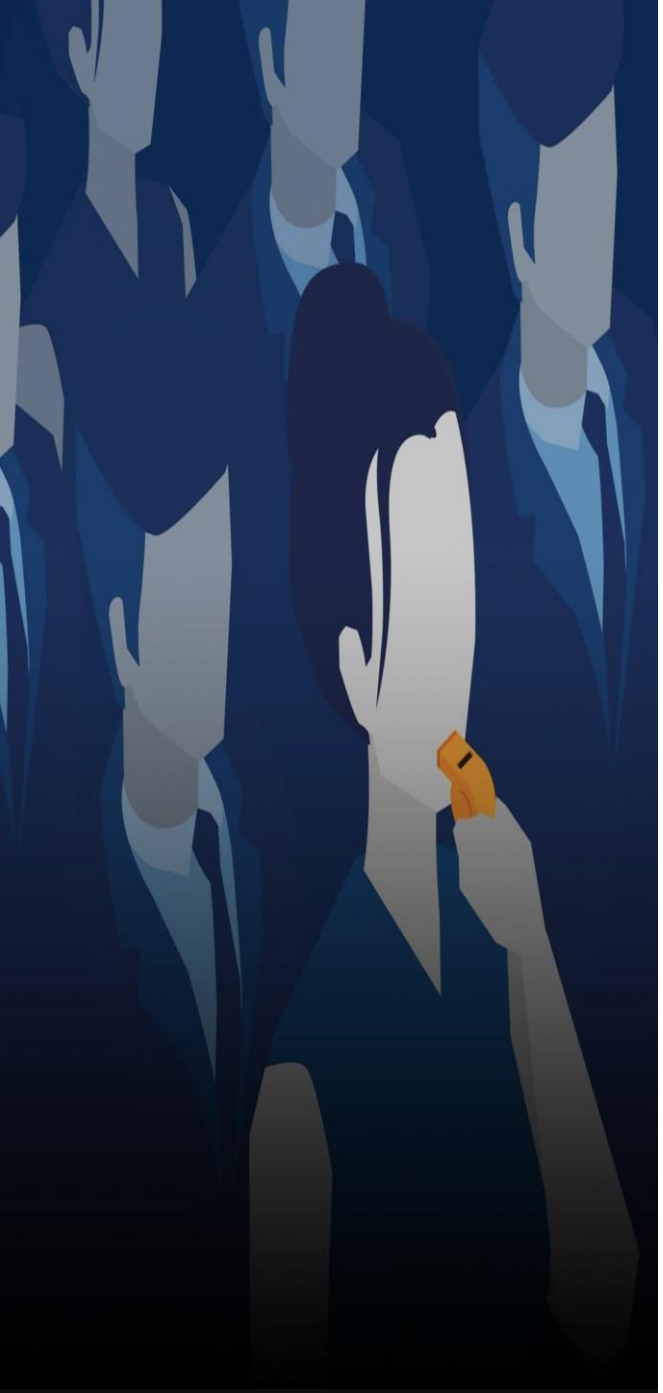
Week 3 features a five-day applied theatre program aimed at deterring vaping through storytelling and reflection. Year 11 students receive scripts on peer pressure and health implications, engaging in character analysis and resistance strategies. The week culminates in a Friday performance for the entire school, designed to promote critical engagement with anti-vaping discourses, facilitating shared catharsis, and foster hope. The projected success rate is >90%.

✔ In fields of psychology and public health, storytelling is used to examine public perceptions and translate complex data into understandable conclusions (Ramamurthy *et al.*, 2024, pp. 525-530). Furthermore, It is recognised for its ability to foster positive child development by addressing challenging topics and promoting constructive behaviours.

✔ Piagetian theory recognises storytelling's role in children's cognitive development (Klein, 2023); however, it has been criticised for overlooking cultural, linguistic, and social elements (Oesterdiekhoff, 2024, p. 1805).

School Play (no date).

Storytelling (no date).



Whistleblowing (n.d).

Week 4: Courage to Care: Guardians of the Public Good

In week four, students will learn about the legal and public health implications of illicit vape sales, with support from a School Liaison Officer. Students will learn how to identify illegal products and supply chains and explore secure reporting mechanisms. This programme promotes whistleblowing as an ethical act of community protection, guiding students in responsible reporting.

- ✔ Educators have an ethical responsibility to foster children's moral development in partnership with parents and the community (Cronqvist, 2025, pp. 857-860).
- ✔ Flodgren *et al.* (2025) findings underscore the capacity of young people to impact policies pertaining to tobacco control and information; nevertheless, there is scant data regarding adolescence immediate involvement in the enforcement of anti-smoking policies in UK schools. Predicted success rate of this project is >68%.

Week 5: Change Grow Life (CGL)

Presentation from a professional from CGL regarding addiction to vaping and advice for quitting (CGL, no date).

Explaining how the addiction occurs and why quitting nicotine is hard (Ball *et al*., 2024).

Vape free school (no date.

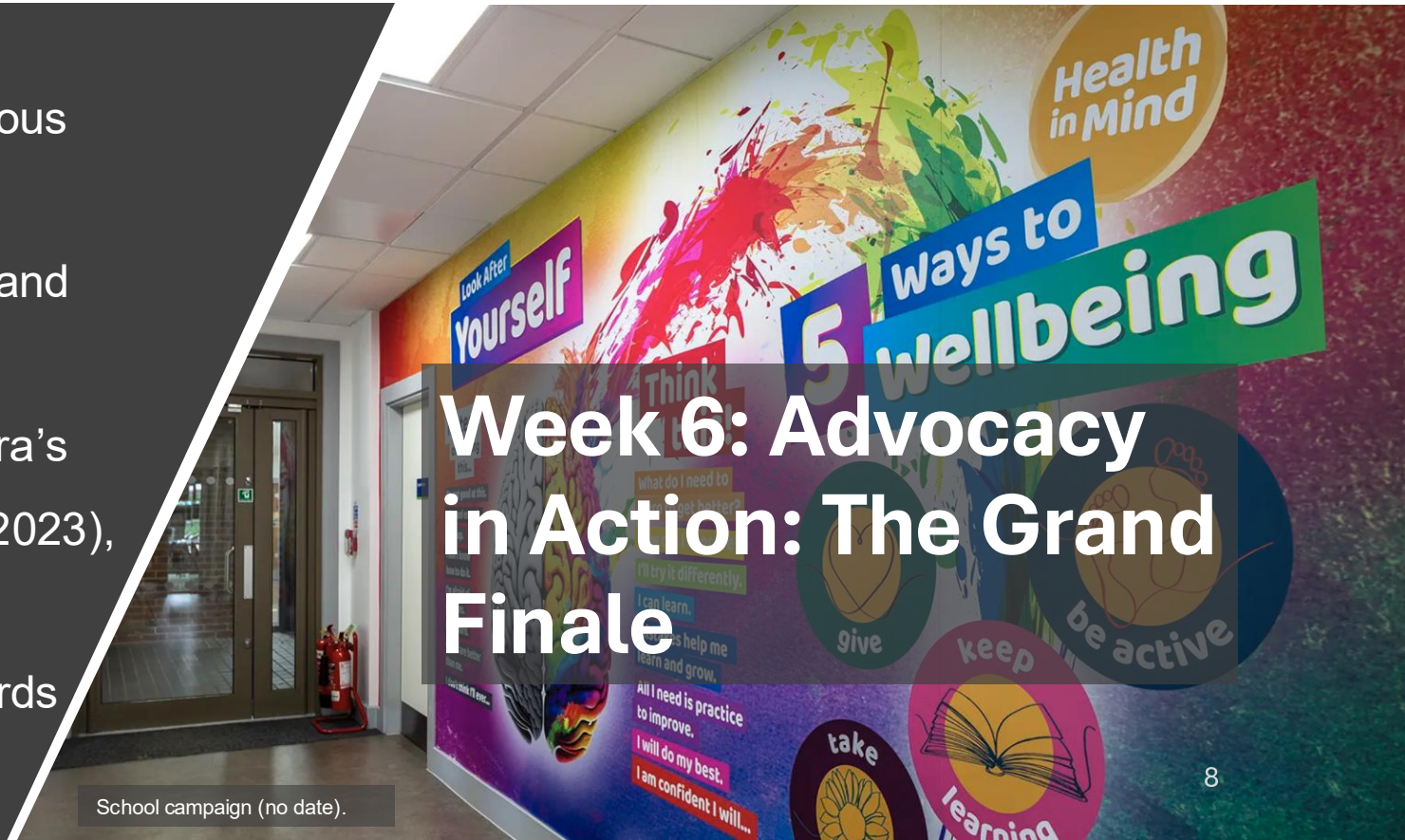
Pupil empowerments (no date).

Bake sale (no date).

School trip (no date).

This week pupils will lead a peer-led campaign promoting positive choices, supported by anonymous vape disposal bins. This culminates in a hallway exhibition, parental cake sale, class celebrations, and end of semester school trip.

▷ The student anti-vape campaign applies Bandura's Self-Efficacy Theory to promote agency (Masaki, 2023), Self-Determination Theory to enhance intrinsic motivation (Guay, 2022, p. 75), and extrinsic rewards to reinforce positive collective behaviour.



School campaign (no date).

Week 6: Advocacy in Action: The Grand Finale

Rational Part I

Risk of Nicotine Dependence

Nicotine is profoundly addictive, and no scientifically supported aid is available in the UK to assist children to stop smoking vapes (Isba *et al.,* 2025, pp. 73-75).

Health Risks to Adolescents

Adolescent nicotine use is linked with heightened risks of mental health challenges and addiction in later life (Reynolds, Faure and Barik 2025). Furthermore, there is a distinct correlation exists between poverty and inequality and elevated prevalence of vaping amongst never-smoking adolescents (Moss and Keyes 2020, p. 2379). This trend threatens to exacerbate existing health disparities if underprivileged teenagers engage in vaping at higher rates than their wealthy peers.

Students sharing vapes (no date).

Rational Part II

Discrepancy in Legislation and Policies

Evans-Reeves (2023) argues to safeguard children from the enticement of e-cigarettes, the elimination of flavoured vapes must be implemented.

Elevated and Normalised Prevalence

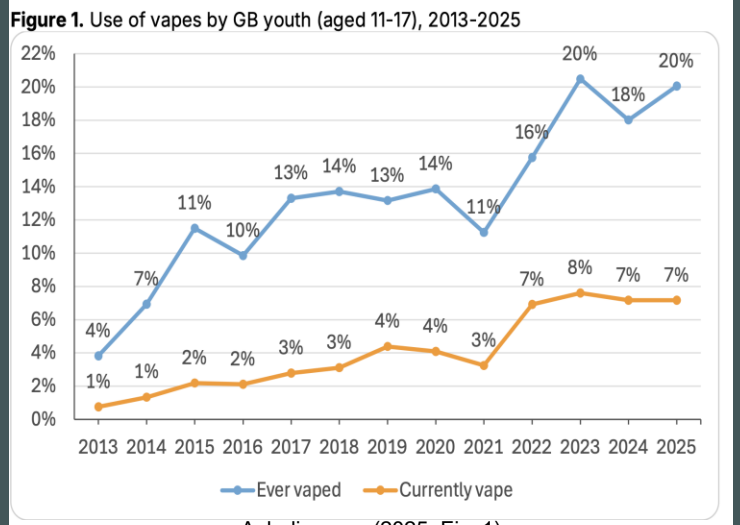
Thomas *et al.* (2025, pp. 86-90) claims that parents perceive vaping as more normalised among adolescents, due to peer influence, especially in school settings, affordability and accessibility.

Nicotine devices have also exponentially surged in popularity among teenagers, propelled by enticing flavours, and prevalent misconceptions regarding diminished danger (Corsello *et al.,* 2025).

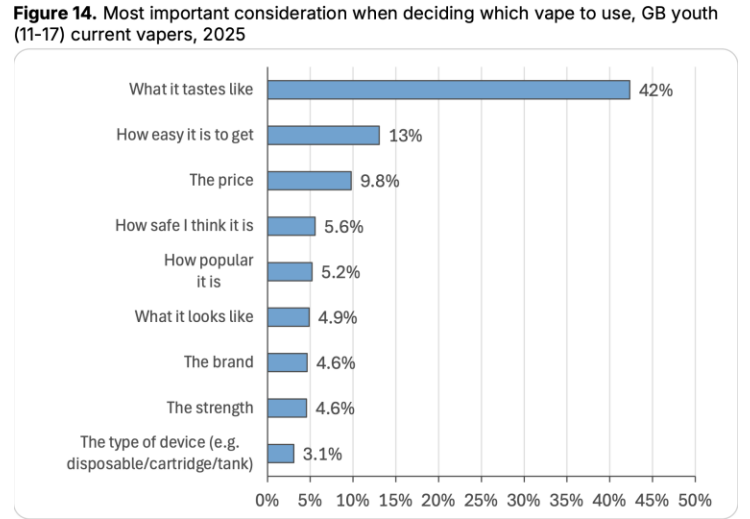
Proactive Marketing Targeted towards Youth

Advertisement and creative vape designs is marketing strategy aimed at youngsters (Thomas *et al.,* 2025).

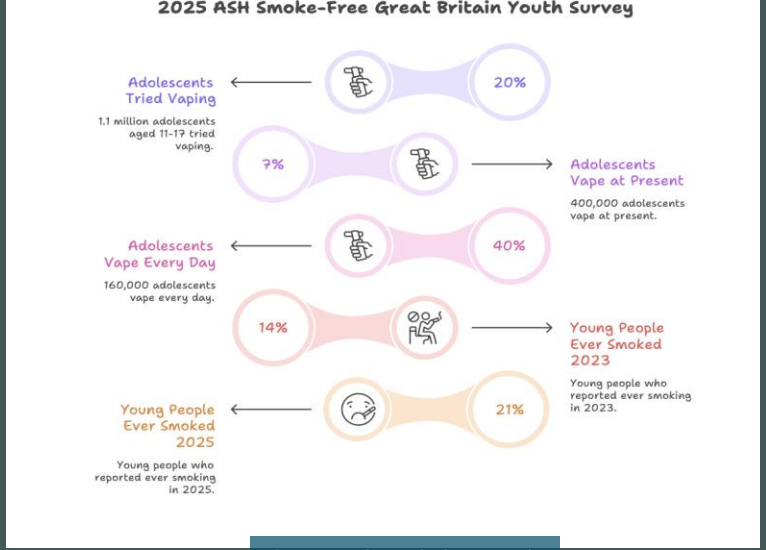
Not so healthy vapes (no date).



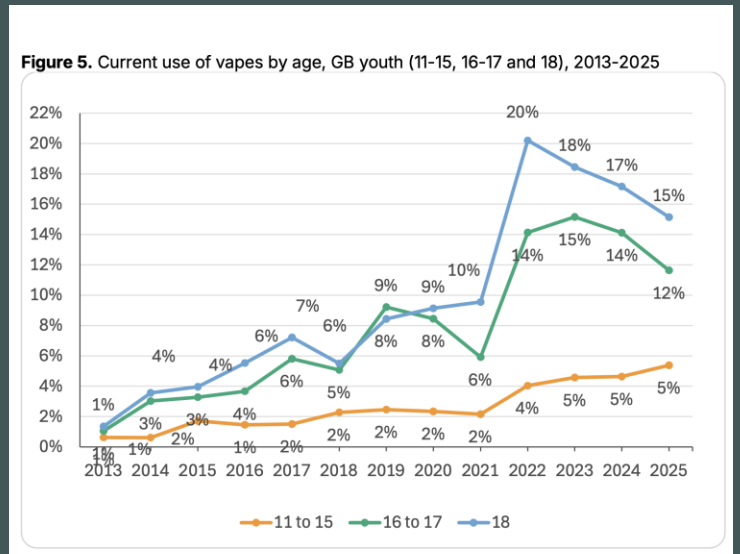
Ash diagram, (2025, Fig. 1).



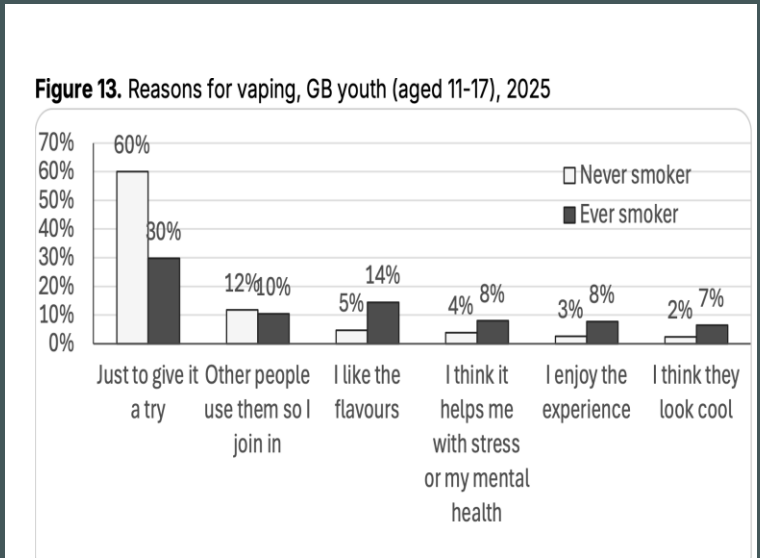
Ash diagram, (2025, Fig. 14).



Statistics from: (ASH, 2025).



Ash diagram, (2025, Fig. 5).



Ash diagram, (2025, Fig. 13).

Statistics (no date).

National Guidelines

illegal vape sales (no date).

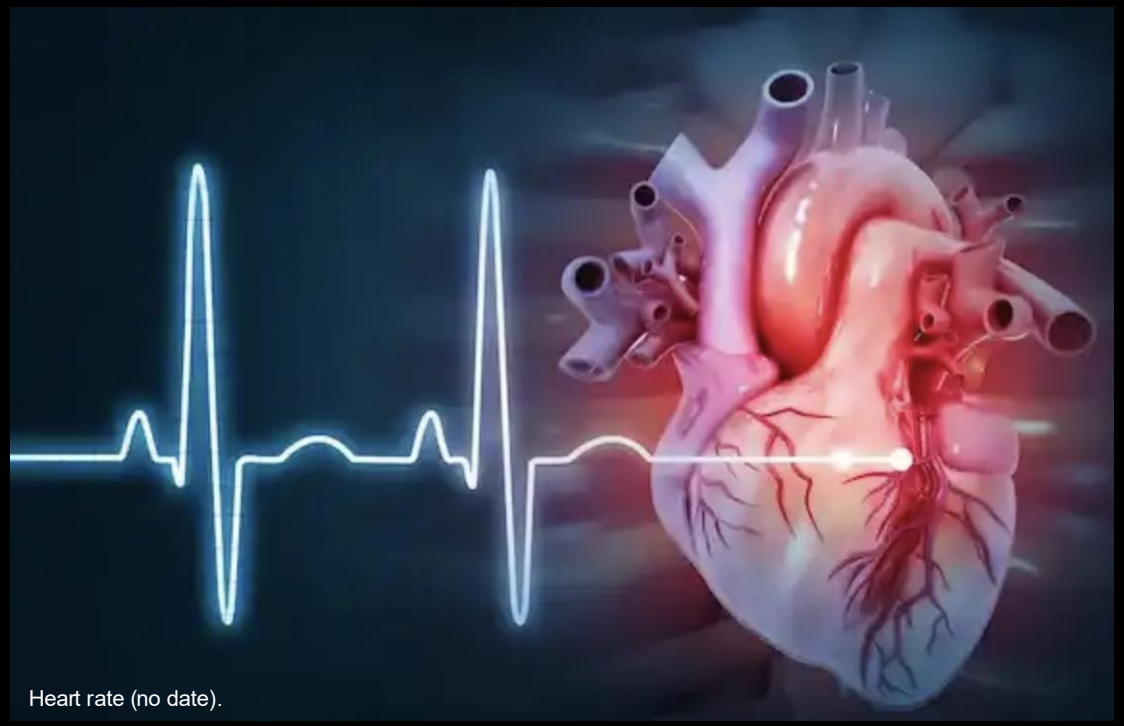
Ban of disposable vapes (no date).

It is against the law in the United Kingdom to sell tobacco products or electronic cigarettes to anybody under the age of 18 (Fenech, Baatjes and Gunasuntharam 2024). Furthermore, the same study indicates that vaping among adolescents may be rising due to UK Government support of vaping for smoking cessation, weak advertising rules, this signifies the government's failure to address vaping crisis in this demographic. Additional studies, awareness, and prompt intervention on adolescents vaping impacts is necessary.

The UK bans single-use vapes from 1 June 2025. Penalties include £200 fines, stock seizure, unlimited fines, and up to two years in prison for repeat offenders. The ban covers all sales and devices, regardless of nicotine content (Department for Environment, Food and Rural Affairs, 2025).

While disposable use among young adults fell from 63.2% to 35.2%, overall youth vaping remains high (Jackson *et al.,* 2025). Users are switching to other devices and while this represents a regulatory victory for trash management; however, it constitutes a partial measure for public health.

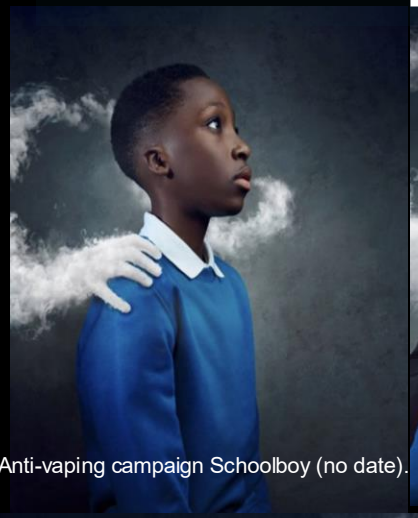
Short Term Consequences


Heart rate (no date).

Cheraghi *et al.* (2024) research argues following nicotine vaping the body experiences changes such as:

- Increased diastolic blood pressure (instantly)
- Arteries undergo stiffness.
- Heart rate gets elevated (>30 minutes).

Long Term Consequences



Anti-vaping campaign Schoolboy (no date).

Anti-vaping campaign Schoolgirl (no date).

Anti-vaping campaign Scotland NHS (no date).

Adolescent nicotine consumption constitutes a significant public health concerns (Freeman *et al.*, 2025; Reynolds, Faure and Barik 2025). It interferes with neurological development in children, resulting in enduring abnormalities in their neurotransmitter systems. This neuro-biological susceptibility elevates the likelihood of:

🚩 adult psychiatric illnesses, 🚩 anxiety, 🚩 depressive disorders

🚩 substance misuse and 🚩 premature decline in pulmonary.

This study indicate it will result in a substantial and lasting burden of disorders in children.

While chronic respiratory complications are linked to vaping (Barnes et al. 2023), data on the full long-term complications remains scarce and requires additional research (Bhave and Chadi 2021; Becker and Rice 2022, pp. 453-457; Major, Rafique and Fitzmaurice 2025).

Three Key Aims

All three key aims can be achieved according to Simpson *et al.* (2022) through Theory of Planned Behaviour practices:

Educational objectives

- Create theory-based school resource on attitudes, norms and build awareness of marketing tactics
- Enable informed e-cigarette risk decisions

Behavioral objectives:

- Mitigate curiosity-driven experimentations
- Developing refusal skills against peer pressure
- Encourage healthy informed decisions
- Increase help seeking behaviour

Disease prevention objectives

Primary prevention

- Inhibit e-cigarette initiation and uptake
- Minimise curiosity driven first use

Secondary prevention

- Recognise early e-cigarette experimenting and avert escalation
- Assist existing e-cigarette users in quitting and reduce further nicotine dependence.
- Prevent the progression from vaping to tobacco smoking
- Safeguard teenagers against damage to their respiratory, cardiovascular and neurological functions

How aims can be measured:

- By conducting questionnaires before and after the 6-week period, and again at 6-month follow-up. School surveys operate as an efficient means of gathering data on student conduct for interventions purposes (Sultana *et al.*, 2025).

Key aims (no date).

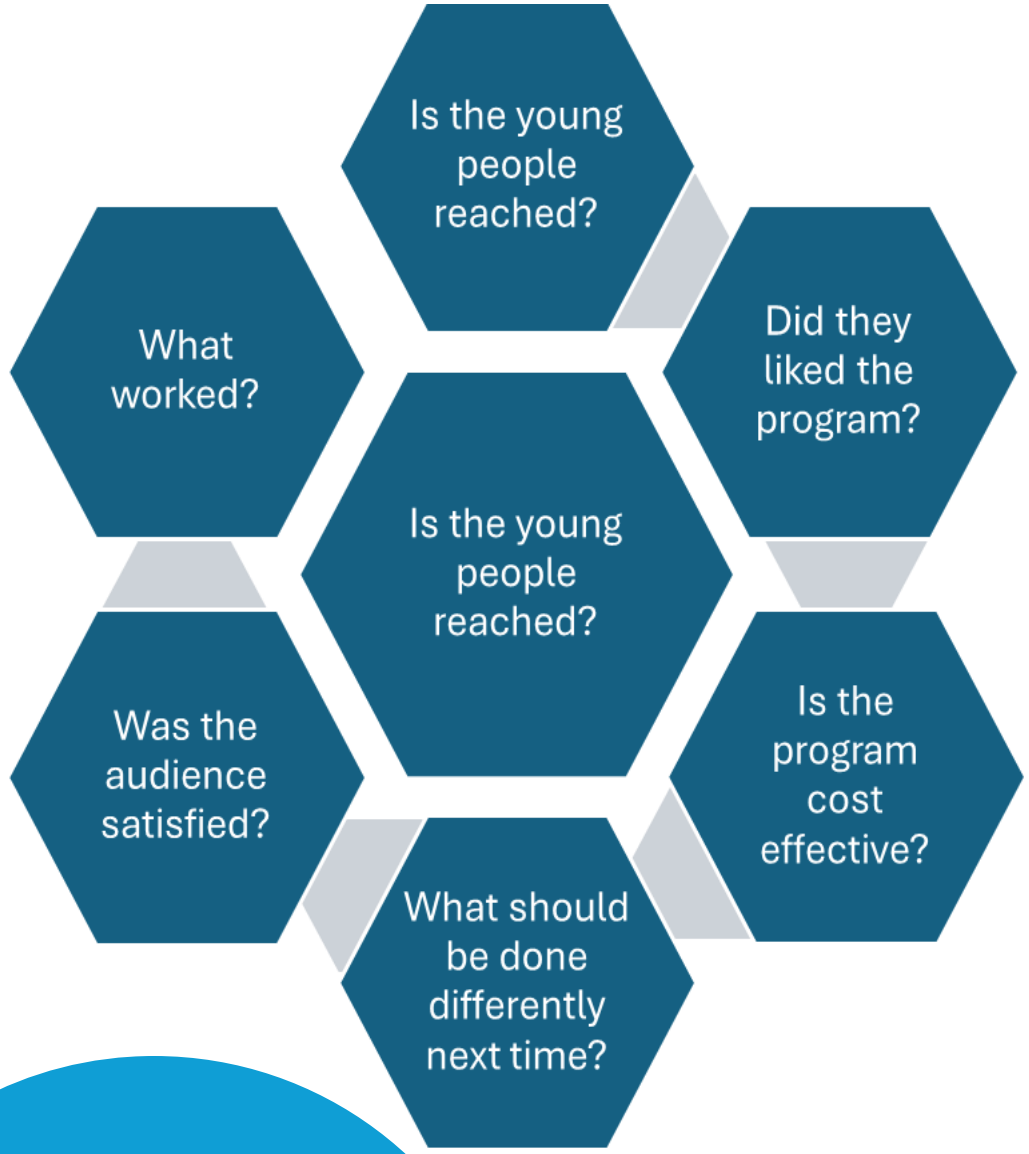
Types of evaluation

- There are many types of evaluation, which lead to customisation according to the purpose (Take, 2010 and cited SIREN, no date).
- Evaluation will help assess success and determine whether any improvements are needed to achieve the desired outcome (Hulatt and Freitas, 2024).

Impact evaluation (measure program objectives)

Process evaluation (measure program strategies

Outcome evaluation (measure program goals/aims) (Siren, no date)



Process evaluation

- Process evaluation is used to measure program development, progress, and main delivery. It assesses the quality, availability, appropriateness, target-group reach, and the extent to which the intended audience received the strategies (SIREN, no date).
- The data correction includes weekly counts, focus groups, and feedback forms.
- It involves recording and counting inputs and outputs, for example, how many sessions were held and resources distributed, attendance and response rates, and also the program costs. Using process evaluation helps to identify the strengths and weaknesses of program delivery and areas for improvement (SIREN, no date).
- Furthermore, we will develop written protocols for collecting the data and use electronic entry to avoid physical data transfer (Saunders, 2016, p. 216).

(Bailey, 2019)

Impact

- Impact evaluation is used to measure the immediate effect and up to 6 months after the program, as well as the achievement of the objectives, in this case, reducing vape smoking and informing/educating (Hanson et al., 2005; Leech and Onwuegbuzie, 2009, cited in Siren, no date).
- Post-Campaign reports, which will analyse data before and after the sessions to understand the difference in knowledge and perception regarding vaping..
- Focus groups, which will provide more detailed observation and data collection from the children (Hulatt and Freitas, 2024).
- Focus groups - will provide more detailed observation and data collection from the children (Hulatt and Freitas, 2024).
- Participants' surveys - designed questionnaires with open and closed questions- were provided to provide an in-depth explanation of the children's views and knowledge (CARE, 2023).
- By evaluating, we can learn how to save time and money and achieve better results toward the main aim (Bailey, 2019).

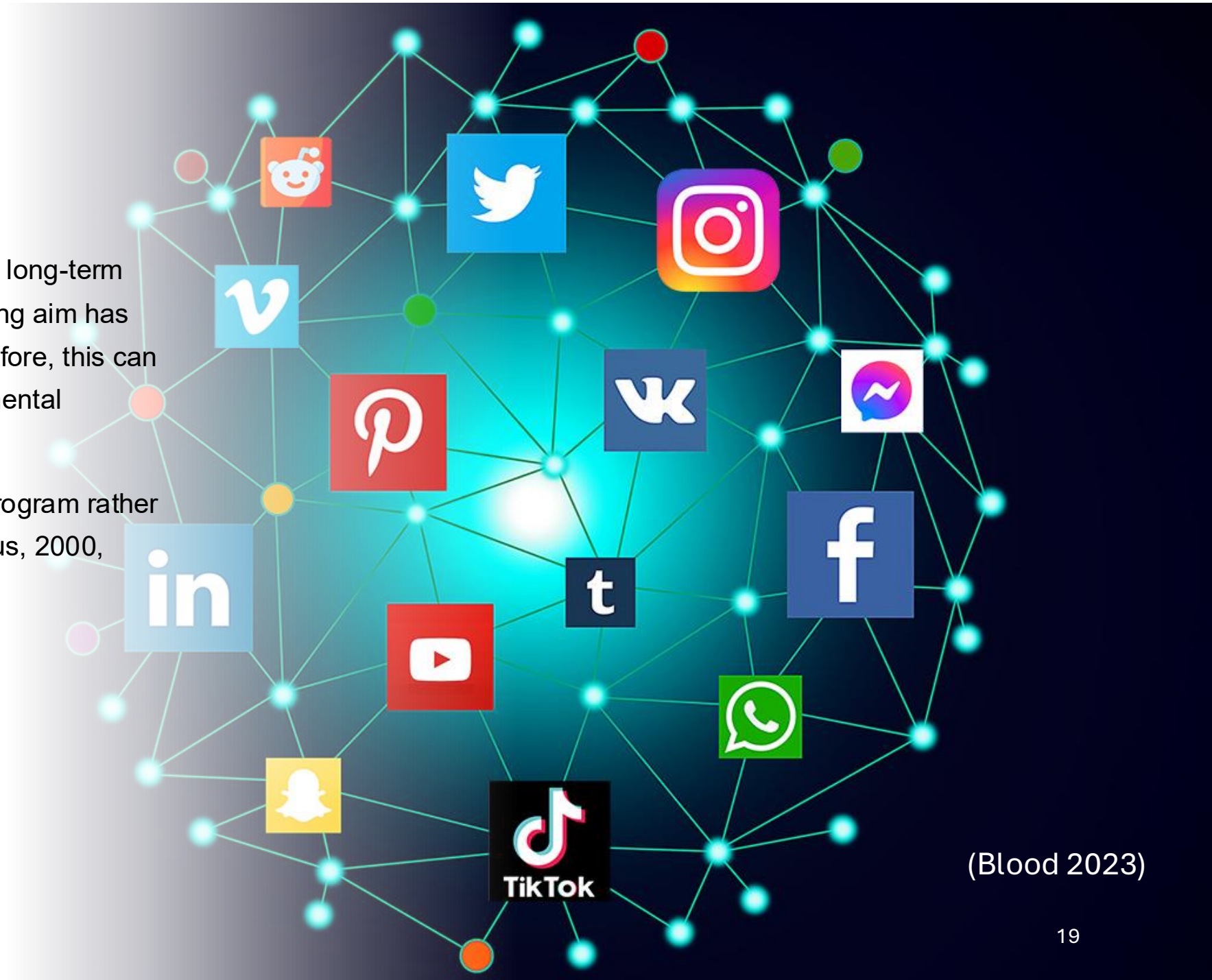
Outcome evaluation

This evaluation is concentrated with the long-term effects and to what extend the campaying aim has been achieved (SIREN, no date). Therefore, this can measure the changes in physical and mental wellbeing.

It is used to measure the result of the program rather than the process (Kellaghan and Madaus, 2000, p.98).

Data collection methods:

1. reflective logs
2. Interview after 12 months
3. Social media



(Blood 2023)

Think Before You Vape

Activities:

- Cognitive Behavioural Therapy Game
- First-hand experience with adverse reactions from vaping
- Theatre activity
- Introduction to whistlebwolling
- Change Grow Live's professional presentation regarding addiction
- Involve children in creating posters

(Great Bend Tribune, 2018)

Lincolnshire Integrated Care Board (no date)

Benefits:

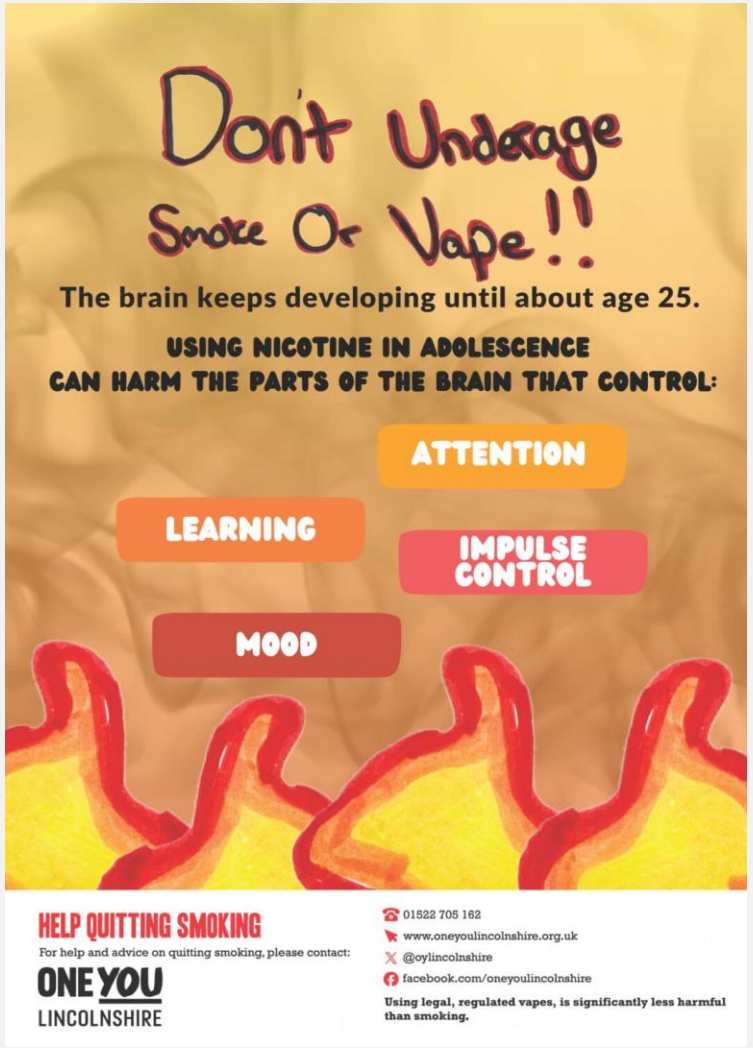
- Building confidence in children to say no
- Learning about the adverse consequences of vaping
- Learning from storytelling to improve cognitive development
- Feeling part of society
- Gaining knowledge about nicotine
- Creating awareness through active participation

Local Organisations

- Since 2025 there is a ban on single vapes (GOV, 2025) as Mr Screen (cabinet member of community safety) encourages people they buy vapes from reputable sources and report illegal, illicit and counterfeit goods (Greater Birmingham Chambers, 2025).
- Birmingham and Solihull Mental Health has banned any smoking and vaping in their premises, as people with mental health issues have 50% higher rates. Available support is Emotional support, group sessions, training and advice on vaping (BSMHFT.NHS, no date).

Local Organisations in UK

- The London Borough of Newham has responded to youth vaping by creating an action plan aimed at people aged 12–17 to prevent them from smoking and vaping, utilising evidence-based knowledge and offering cessation support (London Tobacco Alliance, no date).
- Lincolnshire Integrated Care Board (2026) has a design project where children aged 10-15 were sent to understand young people's experiences and their health. In conclusion, concerns about vaping have led to the creation of posters to raise awareness.



(Lincolnshire Integrated Care Board, 2026)

National organisations

Action on Smoking and Health (ASH) has launched a campaign titled "Webinar: Vaping in Pregnancy Evidence Update" (ASH, 2025). They focus on vaping as a help for stopping smoking, using the latest evidence, examples and guidance of how vaping can support a smoke-free pregnancy (ASH, 2025). This can be used in our campaign to explain that vaping is a tool for stopping smoking, not for starting smoking.

- Organisations that are partners and fund them are Cancer Research and the British Heart Foundation (ASH, 2026).
- Co-ordinated networks include the Smokefree Action Coalition and the All-Party Parliamentary Group (APPG) on Smoking and Health (ASH, 2026).

ash. action on smoking and health

CANCER RESEARCH UK

Smokefree ACTION IT'S ABOUT HEALTH AND IT'S ABOUT TIME

appg

British Heart Foundation

Extra support

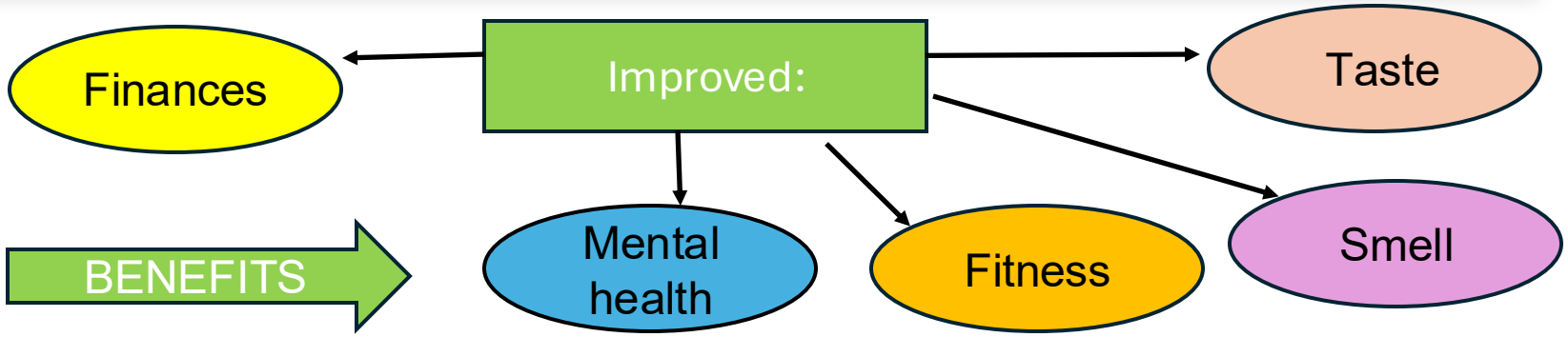
- Allen Carr's Easyway organisation, which helps people to quit vaping they uses the Easyway method, which assists the individual to understand the addiction, then how to transform it, and how to be free from the fear they are experiencing (Allen Carr, 2026). They provide live group seminars in person or online with a therapist who will guide and help the individuals to understand their addiction and why it is hard to stop. Additionally, there is an online mindfulness group which helps with depression, stress and anxiety (Carr, 2026).

Resorses for extra support

- Tips for quitting vaping: think why you want to quit; be aware of triggers and be prepared with plan if cravings strike; have supportive social environment; stay positive with will power; consider (Nicorette, 2025).
- Help for stopping vaping can be aquired from the GP and make a referral to local drug service (NHS, 2026).
- Talk to frank is a website where people can find local agencies to support with vaping addiction (Talk to Frank, no date).
- Change Grow Live is local oragnisation around UK with provides support with vaping addiction (CGL, no date).

The benefits of quitting vaping

For young people, quitting will protect their brain development from the harm caused by nicotine and its negative impacts such as worsening anxiety and depression (Kutlu and Gould, 2015) .



Short-term effects of vaping include nausea, vomiting, chest pains and palpitations that can create long term effects. Quitting will rapidly improve the body's physical and mental state.

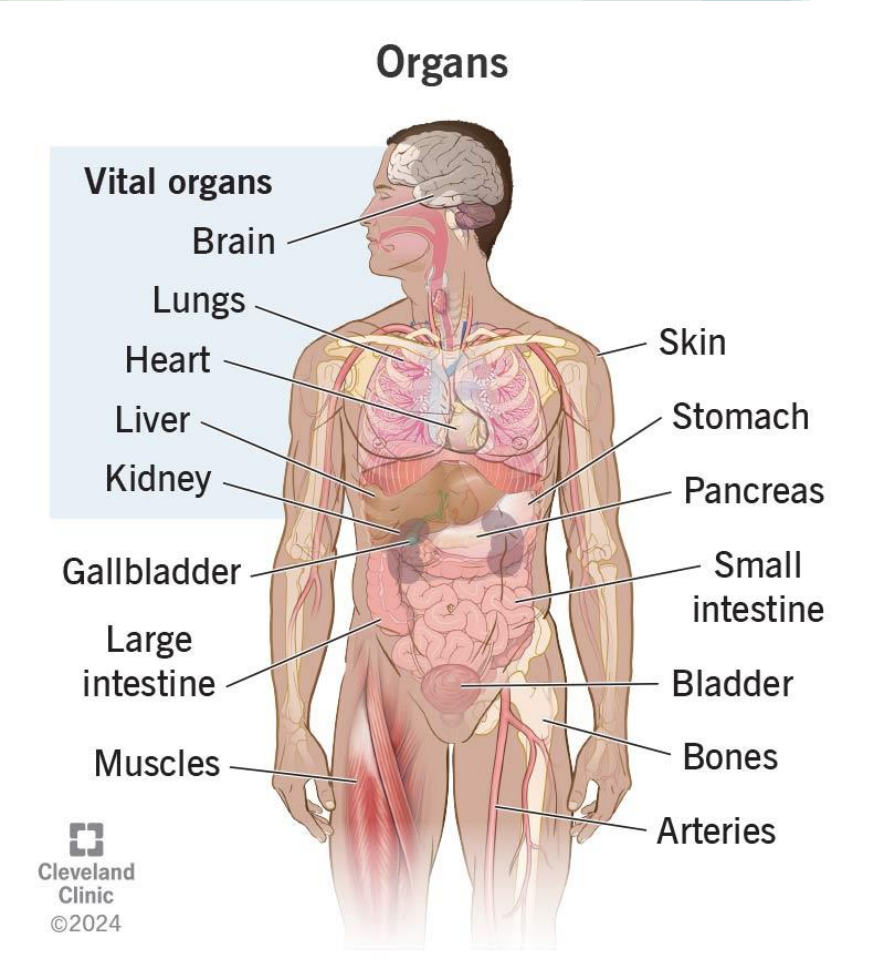


Figure 1:The human body. This shows a brief picture of the human physiology which can be affected by toxins, chemicals from vapes (Clevland Clinic, 2024).

Physiological benefits of quitting vaping

-The body immediately benefits due to the absence of toxins and chemicals.

-Physiological benefits include:

- ✓ Improvement of lung health and respiratory system.
- ✓ Decreases the likelihood of developing diseases.
- ✓ Improvement of the function of blood vessels in the heart lowering chances of coronary disease.
- ✓ Improved blood flow.
- ✓ Physical fitness will also improve as endurance is maintained.
- ✓ Oral health improves and gum inflammation and bleeding stops.

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Sociological benefits of quitting vaping

- ✓ Improved social interactions: Quitting helps to remove any barriers in social circles or settings due to regulations on vaping in public spaces.
- ✓ More opportunities to engage in interactions and increase the likelihood of positive relationships
- ✓ Better financial stability: the financial burden vaping holds is high. Quitting allows younger people to economize and spend their money on other activities and social experiences such as travelling.
- ✓ Positive peer influences and relationships: Quitting can encourage others to quit and create healthier habits and positive circles

Figure 2: A young person vaping. Young people tend to vape in public spaces. This has been increasing (Bisknell, 2024).

Cadi Salla

Psychological benefits of quitting vaping

- ✓ Improved mental health: anxiety and stress significantly decrease.
- ✓ Studies show that majority of people who do not vape show less mental health problems. Quitting vaping is linked to improving mood and health stability.
- ✓ Improved sense of control and self-esteem: Quitting vaping gives individuals a sense of liberation and self-control. This allows them to boost their self-esteem and general well-being.
- ✓ Overall, this improves quality of life and an individual feels empowered daily.
- ✓ As a result, they are more likely to be more confident and reduces the risk of developing mood disorders.

Figure 3: Vaping and the brain. The colours utilised are representing chemicals that affect the brain. This was used in an online campaign by *Vape Gaurdian* (2024) to raise awareness of the issue within young people.

Cadi Salla

Health belief model

The Health Belief Model (HBM) is a psychological framework developed to explain people's health-related behaviors and why some use preventative services or not. It can be broken down through 6 constructs:

1-Perceived susceptibility: an individual's ability to see the probability of becoming ill; the chances of becoming sick due to vaping.

2-Perceived severity: an individual's understanding of how dangerous consequences might be if no action is taken. This would motivate an individual to change vaping habits due to the highly-likely long-term effects.

3-Perceived benefits: how the effectiveness of actions reduces risk of illness. Most young people are willing to quit vaping due to financial benefits, immediate positive physical and mental health effects.

4-Perceived barriers: challenges one might face while quitting; young people might have peers or family members that vape making it hard for them to quit.

5-Cues to action: what initiates an action. This is what leads the youth to start vaping, for example, flavours (Notley *et al*., 2021).

6-Self-efficacy: an individual's belief in their own ability to do an action. This would determine if a person is able to quit vaping or is nicotine dependent (Golder *et al*., 2025).

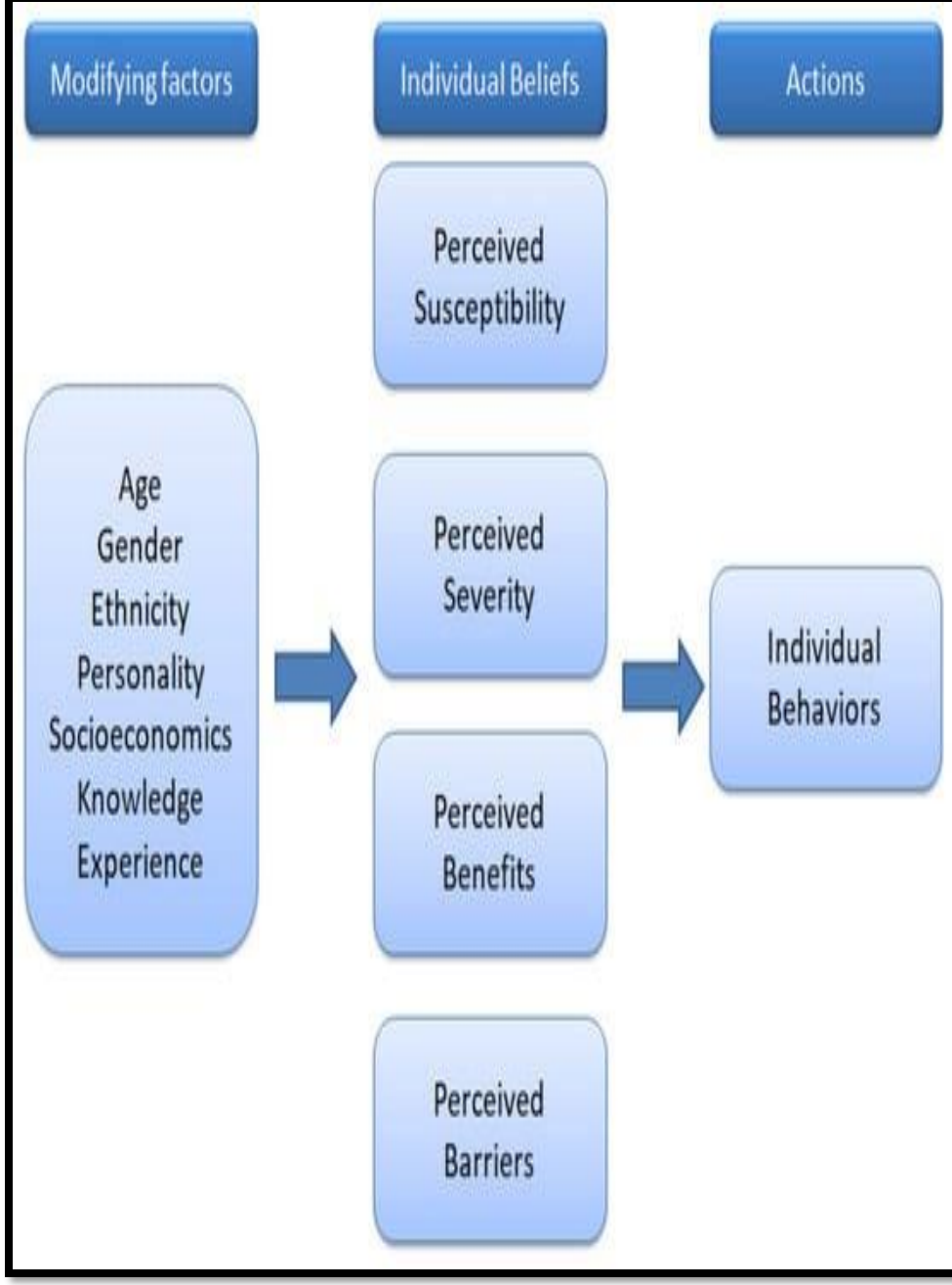
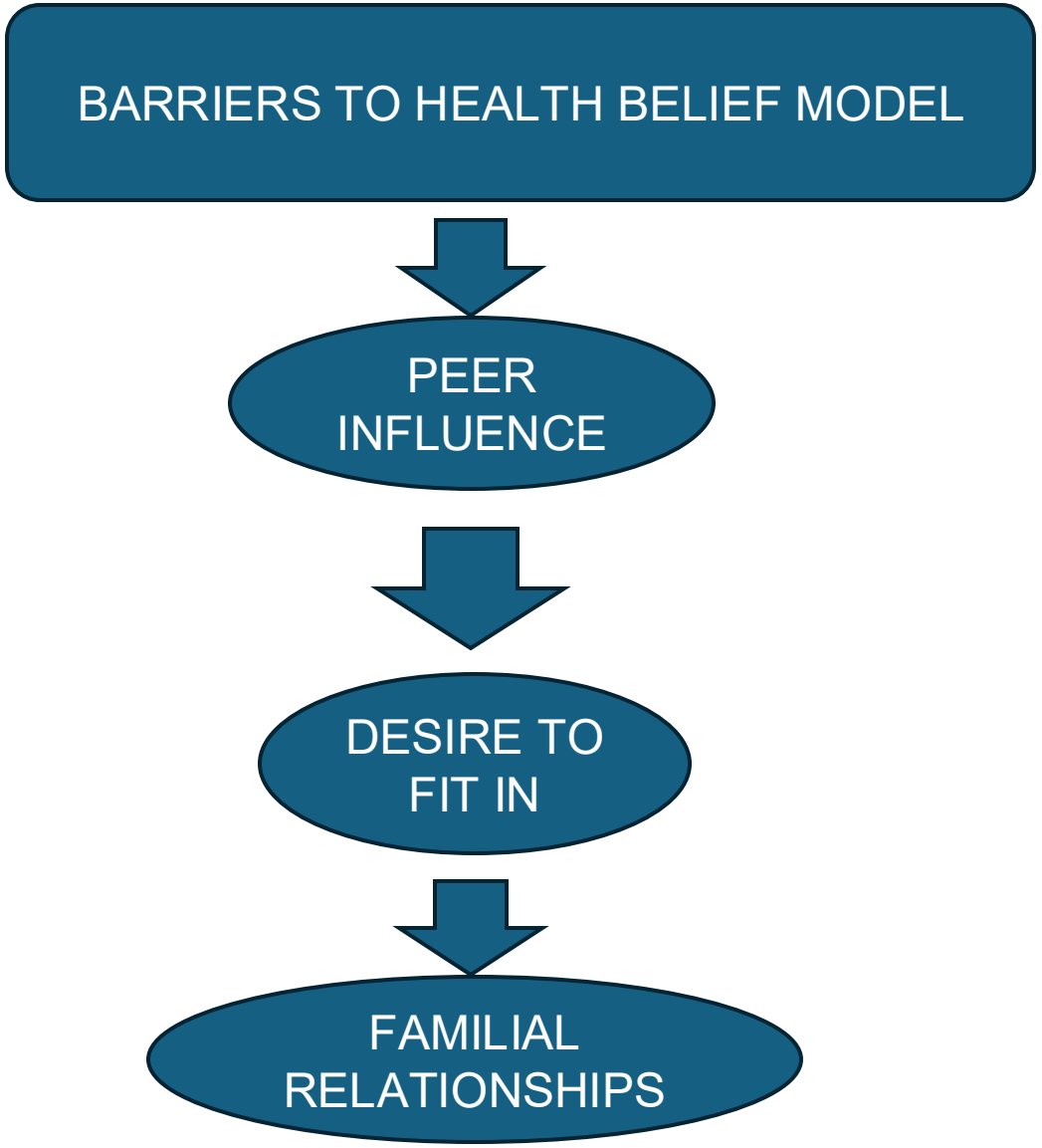


Figure 3: The HBM. This is a summary of the model utilised in different areas of health care globally (Ban and Kim, 2020).

Barriers for young people from ages 11-17 to quit vaping.



Vaping is a common activity among young people aged 11-17. Therefore, the barriers have a major impact in their performance to quit vaping.

- **Peer influence**, social media and the desire to bond with peers through shared experiences (Brown *et al*.,2020) play an essential role in the influence to quit.
- **The desire to fit** in is associated with vape use by young people wanting to bond with their peers and justifying their own use based on the perceived high prevalence of vaping among their social circles (Measham *et al*., 2016)
- **Familial influences** play a predominant role through research suggesting that parents and environment influence a child's perceptions and increase the chances of using vapes when they are older (Ward *et al*., 2021).

Cadi Salla

Cues to action

- To overcome the barriers to the health belief model, the main influence is social support.
- Social support is important because it provides constant encouragement from an individual's personal circle.
- Outside support such as school restrictions on vaping that is implemented for young people, promotes a limit to vaping areas and provides individuals with greater awareness of the exposure to vaping.
- If the cue is strong enough, it motivates an individual to overcome barriers to the health belief model and encourages one's self-efficacy to quit
- Promoting higher self-efficacy decreases the likelihood of vaping; this can be built on through peer support and cessation programs.

Figure 4: A vape advert. Companies use designs and colours to attract younger people to buy their products (Jac Vapour, 2026).

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Theory of planned behaviour

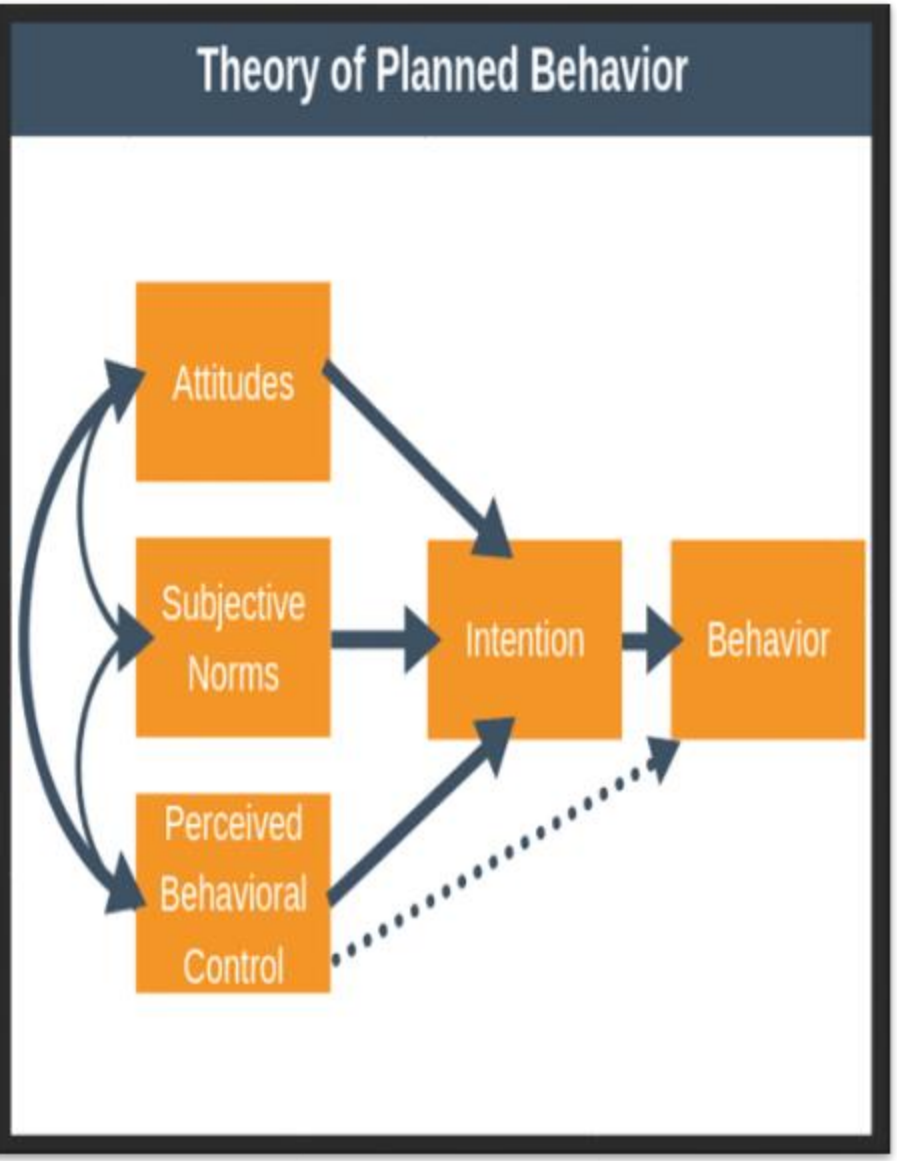

Figure 5: Theory of Planned Behaviour. This shows the how all factors of the theory are connected to make it work (Denis, no date).

- The Theory of Planned Behaviour (TPB) was proposed by Ajzen in 1989.
- The theory provides an insight on how humans can change a behaviour such as an addiction. The model claims that behaviour is controlled by intentions (Hagger and Hamilton, 2025).
- Young people's intention to quit vaping is based off their internal viewpoint and attitude towards the idea of quitting, the social pressure they are subjected to and their overall confidence and belief in their ability to quit and achieve behavioural control.
- The theory is broken down through:
- **Attitudes**; the vapers' evaluation of quitting and its benefits on health and finances
- **Intentions**; the immediate motivation to overcome the obstacle of quitting vaping
- **Subjective norms**- the perceived social pressure from inside circles or medically (Langley *et al*., 2019).
- **Perceived behavioural control**- the belief in one's ability to control their own actions and desires
- **Behaviour**- predicts the intention to quit and attempts

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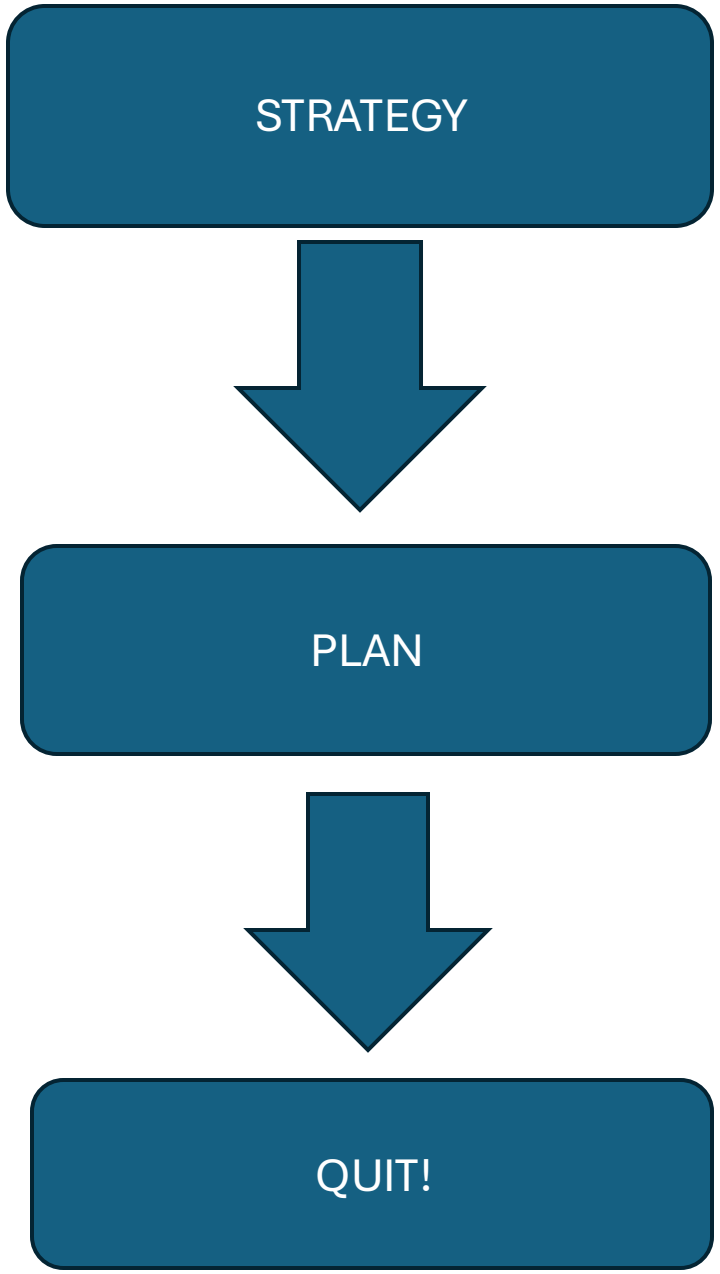
Barriers to the theory of planned behaviour

- Major barriers to the theory include the low perceived risk of vaping (Smith *et al*., 2023). Users balance and acknowledge lower immediate health risks in comparison to smoking. However, it is still not beneficial.
- This reduces their motivation to quit based on the perceived negative consequences in the process of quitting (such a cravings) and its impacts outweighing the long-term benefits.
- **Social influence** is one of the biggest barrier to change for young people (McKeganey and Barnard, 2018). This may happen due to the perceived peer pressure and having major familial influences such as family and friends who participate in that behaviour.
- **Financially**, the costs of vapes are also more accessible for young people (Mahase, 2023). This increases the likelihood and acceptance to vape anywhere and through advertisement (Lyzwinski *et al*., 2022). Colours and flavours become attractive and appealing for youths due to easy access. These encourage vaping and may interfere with the intention and action to quit.

Figure 6: A group of young girls vaping. This indicates that socialising and vape exposure increase chances of a young person vaping (BBC news, 2025).

Solutions

- Organising and preparing a strategy to quit is the most advised way to manage quitting.
- Through plans, individuals can have a structured method and advise from Public Health and professionals to follow their journey (Isba and Brewster, 2025).
- This can be done by acquiring trained quit coaches who offer help and support with their expertise knowledge specifically designed for young people who vape (Butler *et al*., 2024).
- More policies created by healthcare providers should be added to protect young people from vaping and being a target of averts to attract them to do so (Farrimond, 2016).



Q & A Time.

Pupils celebrating this project (n.d).

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