



University of Wales
Trinity Saint David
Prifysgol Cymru
Y Drindod Dewi Sant

Uncloud Your Future:

Peer-Led Resilience Against Youth Vaping



*Understanding the Influence of Peer Pressure
and Social Identity on Vaping Among
Adolescents (12–17 Years)*

My Breath, My Choice 



MODULE CODE

LCBS7000

MODULE NAME

Social Epidemiology and
Public Health Development



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CAMPAIGN SLOGAN

*My Breath,
My Choice*

THE PROBLEM



Many adolescents vape not because they understand the risks, but because they believe it improves social acceptance, popularity and belonging.

18%

of young people aged 11–17 in Great Britain have tried vaping.

– ASH, 2024

OUR CAMPAIGN GOALS



Increase refusal-skill confidence by 40%.



Reduce intention to vape within 6 months by 20%.



Increase awareness of vaping harms by 50%.

OUR PARTNERS



Supporting
Healthier Futures



action on smoking
and health



Centers for Disease
Control and Prevention



LOCAL SCHOOLS &
YOUTH ORGANISATIONS

THE PSYCHOLOGY OF **SOCIAL STATUS** AND YOUTH VAPING

Understanding How Social Influence Drives Vaping Behaviour
Among Adolescents Aged 12–17 Years

6-WEEK RESILIENCY LAB



PEER-LED
WORKSHOPS



REFUSAL SKILLS
TRAINING



DIGITAL LITERACY
SESSIONS



MENTAL HEALTH
SUPPORT



COMMUNITY
SHOWCASE

EMPOWERING YOUNG PEOPLE TO CHOOSE HEALTH OVER HYPE

WHY IT MATTERS



Preventing vaping now can reduce addiction, improve mental wellbeing, enhance academic performance and build a healthier future.

PSYCHOLOGY OF SOCIAL STATUS



Adolescents seek acceptance from peers and imitate behaviours that gain social approval.



Vaping is often seen as fashionable, mature and associated with higher social status.



Fear of rejection and desire to belong can lead to risky behaviours like vaping.

**SOCIAL REWARDS OFTEN OUTWEIGH
PERCEIVED HEALTH RISKS.**

THEORIES USED



Social Identity Theory
(Tajfel & Turner, 1979)



Social Cognitive Theory
(Bandura, 1986)



Theory of Planned Behaviour
(Ajzen, 1991)



Health Belief Model
(Rosenstock, 1974)

BE PART OF THE CHANGE.

My Breath, My Choice.

Your future. Your choice. Your breath.



SCAN TO LEARN MORE
AND GET SUPPORT



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THE 6-WEEK RESILIENCY LAB

Building Resilience Against Vaping Through Education and Peer Support



An evidence-informed programme empowering young people to make informed choices, resist vaping, and contribute to healthier communities.



WEEK 1 – Digital Literacy and Vape Marketing

- Examine social media marketing strategies targeting adolescents.
- Develop critical evaluation skills for online health information. (CDC, 2024)



WEEK 2 – Mental Health, Stress and Nicotine

- Explore links between stress, anxiety and vaping behaviours.
- Discuss healthy coping strategies and resilience building. (NHS, 2024)



WEEK 3 – Refusal Skills Workshop

- Interactive role-play activities to strengthen refusal skills.
- Build confidence in resisting peer pressure. (Bandura, 1986)



WEEK 4 – Social Influences and Peer Norms

- Analyse peer influence, social identity and behavioural norms. (Tajfel & Turner, 1979)
- Encourage positive peer leadership.



WEEK 5 – Peer-Led Public Health Campaign

- Students design evidence-based anti-vaping messages.
- Create digital and community awareness resources. (PHE, 2023)



WEEK 6 – Community Showcase and Reflection

- Present learning outcomes and behaviour change reflections.
- Promote long-term commitment to healthy lifestyles. (WHO, 2024)



PUBLIC HEALTH PERSPECTIVE

Youth vaping represents a significant and preventable public health challenge.

- Effective prevention requires action on social, environmental and commercial determinants of health.
- School-based interventions provide equitable opportunities to reach diverse populations.
- Empowering young people strengthens health literacy and supports lifelong healthy behaviours.
- Early prevention contributes to reducing future health inequalities.



PUBLIC HEALTH IMPLICATIONS

- Reduced likelihood of nicotine dependence and future tobacco use.
- Improved mental wellbeing, self-efficacy and decision-making skills.
- Increased health literacy and resistance to harmful marketing influences.
- Enhanced community engagement through peer-led health promotion.
- Potential reduction in long-term healthcare costs associated with nicotine addiction.
- Supports national public health goals for adolescent health improvement.



KEY MESSAGE

Evidence-based, theory-informed and peer-supported prevention programmes build resilience, improve health literacy and reduce the risk of youth vaping. Early intervention creates sustainable public health benefits and healthier future generations.



THEORETICAL FOUNDATIONS

- ✓ **Social Cognitive Theory** – building self-efficacy, outcome expectations and skills
- ✓ **Health Belief Model** – addressing perceived risk, benefits and barriers
- ✓ **Health Promotion Principles** – empowerment, participation and equity
- ✓ **Critical Public Health Thinking** – examining power, policy and systemic influences



Image Source: CDC (2024); NHS (2024); Bandura (1986); Tajfel & Turner (1979); Public Health England (2023); WHO (2024).



WHY IS YOUTH VAPING A PUBLIC HEALTH PROBLEM?



Image Source: Action on Smoking and Health (ASH). (2024).
Use of vapes among young people in Great Britain.
Available at: <https://ash.org.uk>



PUBLIC HEALTH IMPERATIVE



Youth vaping represents a significant public health concern because nicotine exposure during adolescence can alter brain development, increase susceptibility to addiction, and contribute to long-term health inequalities (WHO, 2024; CDC, 2024).



The rapid growth of disposable vape use among young people demonstrates how commercial determinants of health, including product design, flavouring and digital marketing, can influence health behaviours (West et al., 2025; ASH, 2024).



CRITICAL INTERPRETATION

- Although some evidence suggests e-cigarettes may support smoking cessation among adults, these benefits should not be extrapolated to adolescents who have never smoked (NHS, 2024).
- From a public health perspective, the potential population-level harms associated with youth nicotine dependence outweigh any individual-level benefits observed among adult smokers (WHO, 2024; West et al., 2025).



PUBLIC HEALTH PERSPECTIVE



Prevention-focused interventions are more cost-effective than treating future nicotine dependence and associated health conditions (WHO, 2024).



Schools provide an important setting for early intervention because peer influence strongly shapes adolescent behaviour (Bandura, 1986; Simons-Morton & Farhat, 2010).



Reducing youth vaping supports wider public health goals including health promotion, health equity and disease prevention (Marmot et al., 2020).



Population-level approaches addressing social, environmental and commercial influences are more effective than focusing solely on individual behaviour change (WHO, 2024; Public Health England, 2023).



PUBLIC HEALTH IMPLICATIONS

- Increased risk of lifelong nicotine dependence.
- Potential progression to tobacco use among some adolescents.
- Greater healthcare costs associated with addiction treatment and chronic disease prevention.
- Reduced educational and social wellbeing outcomes.
- Widening health inequalities through targeted marketing of vulnerable populations.



BUILDING RESILIENCE: THE PUBLIC HEALTH SOLUTION



Evidence-informed education and health literacy.



Peer support and positive social networks.



Community engagement and supportive environments.



Policy and regulation to limit harmful commercial influences.



SOURCES: WHO (2024); CDC (2024); ASH (2024); Bandura (1986); Simons-Morton & Farhat (2010); Marmot et al. (2020); West et al. (2025); NHS (2024); Public Health England (2023).



Empowering young people to make healthier choices
and build a healthier future.

Why Do Young People Vape for Acceptance?

KEY EVIDENCE



Many adolescents vape because they believe it increases popularity and social acceptance (ASH, 2024).



Social Identity Theory suggests individuals adopt behaviours that strengthen belonging within valued social groups (Tajfel & Turner, 1979).



Young people may perceive vaping as a way to gain social status and peer recognition (Westling et al., 2022).



Social media can reinforce these perceptions by portraying vaping as fashionable or socially desirable (WHO, 2024).



Individual Resilience



Confidence and self-efficacy support healthier and independent choices.

Image source: Adobe Stock (2025) Teenager Making Independent Healthy Choices. Available at: stock.adobe.com

Social Conformity



Desire for belonging and peer acceptance can encourage vaping uptake.

Image source: Shutterstock (2025) Teenagers Socialising with Smartphones. Available at: www.shutterstock.com

PUBLIC HEALTH PERSPECTIVE



Although many adolescents understand the health risks associated with vaping, social acceptance, peer approval and fear of exclusion often exert a **stronger influence** on behaviour. This suggests that **knowledge alone is insufficient** to change behaviour. Public health interventions should therefore focus on **social norms, belonging, resilience and peer-led approaches** that address the underlying social motivations for vaping (Tajfel & Turner, 1979; Westling et al., 2022; WHO, 2024; NHS, 2024).

PUBLIC HEALTH IMPLICATIONS



- ✓ Youth vaping prevention programmes should move beyond traditional health education.
- ✓ Peer mentoring and social support can counteract pressure to vape for acceptance.
- ✓ Building resilience and self-esteem helps young people make healthier choices.
- ✓ Addressing social status and group identity can lead to more sustainable behaviour change (Bandura, 1986).



Sources: ASH (2024); Bandura (1986); Tajfel & Turner (1979); Westling et al, (2022); WHO (2024); NHS (2024).





SOCIAL DETERMINANTS OF HEALTH

How Social Environments Shape Youth Vaping Behaviour



Image Source: World Health Organization (2024).
Social determinants of health.
Available at: <https://www.who.int>



PUBLIC HEALTH IMPERATIVE



Health behaviours do not occur in isolation but are shaped by social, economic and environmental conditions that influence opportunities, choices and health outcomes (Marmot et al., 2020).



Evidence suggests that young people living in disadvantaged environments may be disproportionately exposed to risk factors associated with vaping, including targeted marketing, limited access to health education and social normalisation of nicotine use (WHO, 2024; Public Health England, 2023).



Family support, educational attainment, peer relationships and digital environments are increasingly recognised as key determinants of youth vaping behaviour (Marmot et al., 2020; WHO, 2024).



WHY DOES THIS MATTER?

A purely individualistic approach to vaping prevention risks overlooking the broader structural influences that shape adolescent behaviour. Contemporary public health frameworks emphasise that effective prevention requires interventions targeting social, educational and environmental determinants alongside individual behaviour change (WHO, 2024; Marmot et al., 2020).



PUBLIC HEALTH PERSPECTIVE



Educational engagement is associated with healthier behavioural outcomes and greater resilience against risk-taking behaviours (Marmot et al., 2020).



Positive peer networks can act as protective factors against vaping initiation (Campbell et al., 2008).



Social media functions as a modern social determinant by influencing norms, perceptions and health-related decision-making (WHO, 2024).



Addressing wider social determinants is essential for reducing health inequalities and improving population health outcomes (Marmot et al., 2020).



KEY MESSAGE

Youth vaping is influenced not only by personal choice but also by wider social determinants including education, family environments, peer relationships and digital influences. Effective prevention therefore requires a whole-systems public health approach (WHO, 2024; Marmot et al., 2020).





UK POLICY CONTEXT

National Strategies to Reduce Youth Vaping



Image source: UK Government (2024) *Tobacco and Vapes Bill*.
Available at: <https://www.gov.uk>

KEY POLICY EVIDENCE



Tobacco and Vapes Bill

The Tobacco and Vapes Bill seeks to create a smoke-free generation and strengthen protections against youth vaping through regulatory measures (DHSC, 2024).



NHS Long Term Plan

The NHS Long Term Plan identifies prevention as a core strategy for reducing long-term disease burden and health inequalities (NHS England, 2019).



Commercial Determinants of Health

Research suggests that product design, flavourings, packaging and digital marketing influence youth vaping behaviours and should therefore be addressed through policy action (WHO, 2024; West et al., 2025).



Population-Level Prevention

Policy interventions recognise that prevention is more cost-effective and sustainable than treating addiction after it develops (Marmot et al., 2020).

PUBLIC HEALTH PERSPECTIVE



Although educational interventions can improve awareness, evidence suggests that individual knowledge alone is insufficient to reduce youth vaping. Public health policy aims to modify the wider social, commercial and environmental factors that influence behaviour. Regulatory approaches targeting advertising, accessibility and product appeal are therefore essential components of youth vaping prevention (WHO, 2024; DHSC, 2024; Marmot et al., 2020).

PUBLIC HEALTH IMPLICATIONS



Prevention First: Preventing vaping initiation during adolescence is more effective and cost-efficient than treating nicotine dependence later in life (NHS England, 2019).



Reducing Health Inequalities: Population-level interventions help protect vulnerable groups who may be disproportionately exposed to targeted marketing and social influences (Marmot et al., 2020).



Supporting Long-Term Health: Reducing youth vaping contributes to wider public health goals, including improved mental wellbeing, healthier lifestyles and reduced future healthcare costs (WHO, 2024).



Sustainable Behaviour Change: Combining policy action with education and community support creates stronger and more sustainable outcomes than relying on individual responsibility alone (Public Health England, 2023).



Effective youth vaping prevention requires coordinated action across government, healthcare services, schools, families and communities.



LONG-TERM CONSEQUENCES

The Lasting Impact of Youth Vaping

LONG-TERM HEALTH EFFECTS



Brain Development

Nicotine exposure during adolescence may affect brain development and executive functioning (WHO, 2024; NHS, 2024).



Respiratory Health

Long-term exposure may contribute to respiratory symptoms and reduced lung health (WHO, 2024).



Cardiovascular Health

Nicotine may increase cardiovascular risk factors over time (WHO, 2024).



Mental Wellbeing

Research suggests associations between nicotine dependence and poorer mental wellbeing outcomes (WHO, 2024).

BRAIN DEVELOPMENT

Nicotine may affect brain development and cognitive function.

RESPIRATORY HEALTH

Long-term exposure may contribute to respiratory symptoms and reduced lung function.

NICOTINE DEPENDENCE

Higher likelihood of long-term nicotine dependence.

MENTAL WELLBEING

Potential association with anxiety, depression and stress.

CARDIOVASCULAR HEALTH

Increased risk of high blood pressure and cardiovascular disease.

QUALITY OF LIFE

Long-term health risks can reduce overall quality of life.

Image source: World Health Organization (2024) *Electronic Cigarettes and Public Health*. Available at: <https://www.who.int>

LONG-TERM CONSEQUENCES



Chronic respiratory disease (WHO, 2024).



Increased cardiovascular disease risk (WHO, 2024).



Lifelong nicotine dependence (WHO, 2024).



Mental health difficulties (WHO, 2024).



Reduced quality of life (WHO, 2024).



PUBLIC HEALTH PERSPECTIVE

Although the immediate effects of vaping may appear limited, adolescence represents a critical period of physical, neurological and social development. Public health approaches therefore prioritise prevention because nicotine exposure during this stage may increase vulnerability to long-term health inequalities and future dependence (WHO, 2024; NHS, 2024).



PUBLIC HEALTH IMPLICATIONS

- Prevention should occur before nicotine dependence develops.
- Schools provide an important setting for early intervention.
- Peer-led programmes can strengthen resilience and informed decision-making.
- Population-level approaches addressing social and environmental influences are more effective than focusing solely on individual behaviour (WHO, 2024; Marmot, 2020).



Preventing nicotine exposure during adolescence supports healthier futures and reduces long-term health inequalities.

SMART AIMS

Measurable Goals for a Healthier Future



OBJECTIVE 1

Increase refusal-skill confidence among young people by **40%** following participation in peer-led vaping prevention activities.
(Glanz et al., 2020)



OBJECTIVE 2

Reduce intention to vape within six months by **20%** through targeted education and social support interventions.
(WHO, 2024)



OBJECTIVE 3

Increase awareness of health risks, social influences and marketing tactics associated with youth vaping.
(CDC, 2024; WHO, 2024)



OBJECTIVE 4

Measure programme effectiveness using pre-intervention and post-intervention surveys.
(Glanz et al., 2020; WHG)



Image Citation

Image source: Unsplash (2025). Youth Health Education Workshop.



PUBLIC HEALTH PERSPECTIVE

Public health programmes require measurable objectives to demonstrate effectiveness, improve accountability and support evidence-based practice. SMART goals help ensure that interventions are realistic, achievable and capable of producing meaningful improvements in youth health outcomes. Prevention strategies with clear targets are more likely to achieve sustainable behaviour change and support long-term reductions in vaping uptake.
(Glanz et al., 2020; WHO, 2024)



PUBLIC HEALTH IMPLICATIONS

- Clearly defined goals strengthen programme evaluation and accountability.
- Schools provide an important setting for prevention and early intervention.
- Peer-led approaches can improve confidence, resilience and informed decision-making.
- Measuring behavioural outcomes supports evidence-based public health practice.
- SMART objectives improve the likelihood of sustainable health behaviour change.

(WHO, 2024; CDC, 2024; Glanz et al., 2020)



Clear, measurable and evidence-based objectives increase the effectiveness of youth vaping prevention programmes.

CAMPAIGN ACTIVITIES

Interactive Learning for Lasting Impact

INTERACTIVE ACTIVITIES

The campaign uses evidence-based interactive learning approaches to increase engagement, confidence and behaviour change among young people.



Role-play refusal skills scenarios
(Public Health England, 2023).



Peer mentoring sessions
(Bandura, 1986).



Small-group discussions
(Public Health England, 2023).



Social media awareness challenges
(CDC, 2024).



Stress management and wellbeing exercises
(NHS, 2024).



Community presentations and youth advocacy activities
(WHO, 2024).



Image Citation

Image source: Unsplash (2025). Youth Health Education Workshop.



PUBLIC HEALTH PERSPECTIVE

Interactive learning approaches encourage active participation and improve knowledge retention compared with passive information delivery. Peer-led activities help young people apply health information in realistic situations, increasing confidence, resilience and self-efficacy. These approaches align with behaviour change theories that emphasise social learning and experiential education.
(Bandura, 1986; Public Health England, 2023; WHO, 2024).



PUBLIC HEALTH IMPLICATIONS

- Interactive interventions increase engagement and programme participation.
- Peer learning can strengthen social support and positive health norms.
- Skill-building activities improve resistance to peer pressure and social influences.
- Schools and community settings provide effective environments for preventive interventions.
- Active learning approaches are associated with more sustainable behaviour change than information-only campaigns.

(WHO, 2024; CDC, 2024; Public Health England, 2023).



DID YOU KNOW?

Evidence suggests that interactive and peer-led programmes are associated with higher levels of engagement, self-efficacy and behaviour change compared with traditional lecture-based approaches.
(Bandura, 1986; WHO, 2024).



Young people are more likely to adopt healthier behaviours when they actively participate in learning rather than simply receiving information.



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PARTNERS AND STAKEHOLDERS

Working Together for Sustainable Youth Vaping Prevention

NATIONAL PARTNERS



NHS England

Supports prevention, health promotion and youth wellbeing (NHS England, 2024).



Action on Smoking and Health (ASH)

Provides evidence, advocacy and youth vaping research (ASH, 2024).



Department of Health and Social Care (DHSC)

Develops tobacco and vaping policy (DHSC, 2024).



Office for Health Improvement and Disparities (OHID)

Supports population-level prevention initiatives (OHID, 2024).

LOCAL PARTNERS



Schools and Colleges

Deliver health education and peer-led activities.



Youth Services

Provide mentoring and behavioural support.



Community Pharmacies

Offer health advice and smoking cessation support.



Local Public Health Teams

Coordinate prevention programmes and evaluation.



Parents and Families

Reinforce healthy choices and resilience.

(NHS England, 2024; OHID, 2024).



Image citation: Unsplash (2025). Community Partnership Meeting for Youth Health Promotion.



Partnerships strengthen programme reach, sustainability and long-term impact (WHO, 2024).



PUBLIC HEALTH PERSPECTIVE

Youth vaping is influenced by social, environmental and commercial determinants of health. Effective prevention therefore requires collaboration between education, healthcare, community organisations and policy makers. Multi-sector partnerships improve access to resources, increase programme credibility and strengthen intervention delivery.

(WHO, 2024; NHS England, 2024; OHID, 2024).



KEY MESSAGE

Strong partnerships create coordinated action, improve programme effectiveness and support sustainable reductions in youth vaping.

(WHO, 2024).



PUBLIC HEALTH IMPLICATIONS

- Multi-agency collaboration improves health equity.
- Shared resources increase intervention reach.
- Partnership working supports long-term behaviour change.
- Community engagement strengthens programme sustainability.
- Integrated prevention strategies reduce future health and economic burden.

(WHO, 2024; NHS England, 2024; OHID, 2024).



DID YOU KNOW?

Research suggests that collaborative public health programmes achieve greater population-level impact than isolated interventions.

(WHO, 2024).



RESOURCES USED

Evidence-Based Tools and Materials Supporting Youth Vaping Prevention

CAMPAIGN RESOURCES



Educational Videos

Provide engaging visual health education and improve understanding of vaping risks.
(FDA, 2024; CDC, 2024)

Image citation:
Unsplash (2025). Student watching educational health content.



Posters and Infographics

Communicate key prevention messages using accessible visual information.
(CDC, 2024)

Image citation:
Unsplash (2025). Public health awareness poster.



QR Codes

Provide rapid access to support services, campaign information and cessation resources.
(NHS, 2024)

Image citation:
Unsplash (2025). QR code health campaign resource.



Social Media Content

Reinforces campaign messages and increases youth engagement.
(WHO, 2024; CDC, 2024)

Image citation:
Unsplash (2025). Social media health promotion campaign.



Information Leaflets

Provide accessible, evidence-based health guidance.
(NHO, 2024)

Image citation:
Unsplash (2025). Public health information leaflet.



Peer Education Materials

Support discussion, reflection and skill development among young people.
(Bandura, 1986; Public Health England, 2023)

Image citation:
Unsplash (2025). Youth peer education materials.

RESOURCE BENEFITS



Educational videos improve engagement and retention of health information (FDA, 2024).



Posters and infographics support health literacy and message recall (CDC, 2024).



QR codes improve access to support services and reliable information (NHS, 2024).



Social media extends campaign reach and reinforces behaviour-change messages (WHO, 2024).



Information leaflets provide accessible guidance for diverse audiences (NHS, 2024).



PUBLIC HEALTH PERSPECTIVE

Using multiple communication channels improves accessibility, inclusivity and health literacy. Evidence suggests that combining digital, visual and interpersonal resources increases message reach and supports behaviour change among young people. Multi-modal communication strategies are therefore considered best practice within contemporary public health interventions.
(WHO, 2024; CDC, 2024; NHS, 2024)



KEY MESSAGE

Accessible, evidence-based resources strengthen health communication and improve the effectiveness of youth vaping prevention programmes.
(WHO, 2024)



PUBLIC HEALTH IMPLICATIONS

- Improves population health literacy.
 - Reduces misinformation about vaping.
 - Increases access to trusted support services.
 - Supports equitable communication across diverse groups.
 - Strengthens long-term prevention outcomes.
- (WHO, 2024; NHS, 2024; CDC, 2024)



DID YOU KNOW?

Health campaigns using multiple communication channels achieve significantly higher engagement, message retention and behavioural outcomes than single-method approaches.
(WHO, 2024; CDC, 2024)



PROCESS EVALUATION

Monitoring Implementation for Effective Delivery



ATTENDANCE RATES

Attendance rates will be monitored to assess reach.
(AAFP, 2023).



WORKSHOP COMPLETION RATES

Workshop completion rates will be recorded to evaluate participation.
(AAFP, 2023).



STUDENT ENGAGEMENT LEVELS

Student engagement levels will be evaluated through feedback tools and observations.
(AAFP, 2023).



SOCIAL MEDIA PARTICIPATION

Social media participation will be assessed to measure reach and interaction.
(AAFP, 2023).



PEER MENTOR INVOLVEMENT

Peer mentor involvement will be measured to evaluate support and leadership.
(AAFP, 2023).

PROCESS INDICATORS



Attendance rates will be monitored.
(AAFP, 2023).



Workshop completion rates will be recorded.
(AAFP, 2023).



Student engagement levels will be evaluated.
(AAFP, 2023).



Social media participation will be assessed.
(AAFP, 2023).



Peer mentor involvement will be measured.
(AAFP, 2023).



Continuous monitoring ensures the programme is delivered as intended and supports quality improvement. (AAFP, 2023).



PUBLIC HEALTH PERSPECTIVE

Process evaluation assesses whether interventions are implemented as planned, identifying strengths, barriers and areas for improvement. This supports accountability, informs decision-making and enhances the quality and effectiveness of public health programmes.

(WHO, 2024; AAFP, 2023; Moore et al., 2015).



KEY MESSAGE

Monitoring delivery improves implementation quality, strengthens programme effectiveness and supports better health outcomes.

(WHO, 2024).



PUBLIC HEALTH IMPLICATIONS

- Ensures interventions are delivered consistently.
- Identifies barriers and informs timely adjustments.
- Improves resource use and programme efficiency.
- Enhances accountability and transparency.
- Supports evidence-based decision-making.
- Contributes to better short- and long-term health outcomes.

(WHO, 2024; AAFP, 2023; Moore et al., 2015).



DID YOU KNOW?

Programmes that include process evaluation are more likely to identify issues early, adapt effectively and achieve better health outcomes.

(WHO, 2024).



OUTCOME AND IMPACT EVALUATION

Measuring Change and Long-Term Impact



KNOWLEDGE ABOUT VAPING RISKS

Knowledge about vaping risks will be measured to assess awareness and understanding.

(Glanz et al., 2020).



REFUSAL CONFIDENCE

Refusal confidence will be assessed to evaluate self-efficacy in avoiding vaping.

(Glanz et al., 2020).



INTENTION TO VAPE

Intention to vape will be evaluated to predict behaviour change.

(Glanz et al., 2020).



BEHAVIOUR CHANGE AFTER THREE MONTHS

Behaviour change after three months will be monitored to assess impact.

(Glanz et al., 2020).



LONG-TERM IMPACT

Long-term impact will be evaluated to determine sustained benefits.

(Glanz et al., 2020).

EVALUATION INDICATORS



Knowledge about vaping risks will be measured.
(Glanz et al., 2020).



Refusal confidence will be assessed.
(Glanz et al., 2020).



Intention to vape will be evaluated.
(Glanz et al., 2020).



Behaviour change after three months will be monitored.
(Glanz et al., 2020).



Long-term impact will be evaluated.
(Glanz et al., 2020).



Systematic outcome and impact evaluation ensures programmes are effective, evidence-based and contribute to better long-term public health outcomes. (WHO, 2024).



PUBLIC HEALTH PERSPECTIVE

Outcome and impact evaluation assesses whether interventions lead to meaningful improvements in knowledge, attitudes, behaviours and health outcomes. It informs decision-making, supports accountability and guides the development of effective, equitable public health programmes.
(WHO, 2024; Glanz et al., 2020).



KEY MESSAGE

Measuring outcomes and impact helps us understand what works, for whom and for how long.

(WHO, 2024).



PUBLIC HEALTH IMPLICATIONS

- Demonstrates effectiveness and value.
- Identifies areas for improvement.
- Supports evidence-based policy and resource allocation.
- Promotes equity by identifying disparities.
- Contributes to better short- and long-term health outcomes.

(WHO, 2024; Glanz et al., 2020).



DID YOU KNOW?

Programmes that demonstrate positive outcomes are more likely to secure continued funding and achieve sustained public health impact.

(WHO, 2024).





SUSTAINABILITY OF THE CAMPAIGN

Ensuring Long-Term Impact and Continued Benefits



SCHOOLS CAN CONTINUE ACTIVITIES AFTER PROGRAMME COMPLETION

Schools can continue activities after programme completion.

(NHS, 2024).



Impact: Sustained delivery within school settings promotes ongoing health literacy and prevention.



PEER MENTORS CAN TRAIN FUTURE PARTICIPANTS

Peer mentors can train future participants.

(Bandura, 1986).



Impact: Builds capacity among young people and creates a cycle of peer-led change.



DIGITAL RESOURCES REMAIN AVAILABLE FOR ONGOING USE

Digital resources remain available for ongoing use.

(CDC, 2024).



Impact: Ensures consistent access to evidence-based information beyond the programme period.



PARTNERSHIPS SUPPORT LONG-TERM IMPLEMENTATION

Partnerships support long-term implementation.

(NHS, 2024).



Impact: Strengthens multi-sector collaboration for sustainable public health action.



SUSTAINABLE PROGRAMMES CREATE LASTING HEALTH BENEFITS

Sustainable programmes create lasting health benefits.

(WHO, 2024).



Impact: Contributes to improved population health and reduced health inequalities.



PUBLIC HEALTH PERSPECTIVE

Sustainability is essential for translating short-term interventions into long-term public health gains. Embedding activities within schools, empowering young people, and maintaining resources ensures continued behaviour change, reduces risk, and supports equity. Strong partnerships and digital continuity reinforce system-level impact.

(WHO, 2024; NHS, 2024; CDC, 2024).



KEY MESSAGE

Sustainability ensures that the impact of the campaign continues to grow and benefit future generations.

(WHO, 2024).



PUBLIC HEALTH IMPLICATIONS

- Strengthens health literacy and resilience.
- Empowers communities to lead change.
- Ensures continuity of evidence-based messaging.
- Maximises return on public health investment.
- Supports sustainable reduction in health risks and inequalities.

(WHO, 2024; NHS, 2024; CDC, 2024).



DID YOU KNOW?

Sustainable programmes that engage young people and leverage partnerships are more likely to achieve lasting behaviour change and better health outcomes.

(WHO, 2024).





HEALTH PROMOTION THEORY

The Health Belief Model Framework (Rosenstock, 1974)



PERCEIVED SUSCEPTIBILITY

Perceived susceptibility influences health decisions.



PERCEIVED SEVERITY

Perceived severity affects risk perception.



PERCEIVED BENEFITS

Perceived benefits encourage positive behaviour.



PERCEIVED BARRIERS

Perceived barriers may prevent change.



CUES TO ACTION

Cues to action can trigger healthier choices.



PUBLIC HEALTH IMPLICATION:

Raising awareness about risk increases engagement with preventive behaviours.



PUBLIC HEALTH IMPLICATION:

Communicating the seriousness of health outcomes encourages protective action.



PUBLIC HEALTH IMPLICATION:

Highlighting benefits of healthy behaviours improves motivation and uptake.



PUBLIC HEALTH IMPLICATION:

Reducing practical, social and system barriers increases participation and equity.



PUBLIC HEALTH IMPLICATION:

Timely reminders and prompts support behaviour change and maintenance.



PUBLIC HEALTH PERSPECTIVE

The Health Belief Model provides a valuable framework for understanding and influencing health behaviours. By addressing perceptions of risk, benefits, barriers and triggers, interventions can be better designed to improve uptake, promote equity and enhance population health outcomes.

(Rosenstock, 1974; Glanz et al., 2008).



KEY MESSAGE

Understanding beliefs about health helps design effective interventions that promote and sustain healthy behaviours.

(Glanz et al., 2008).



PUBLIC HEALTH IMPLICATIONS

- Informs evidence-based programme design.
- Improves risk communication and messaging.
- Helps identify and reduce barriers to action.
- Supports behaviour change across diverse populations.
- Contributes to better individual and population health outcomes.

(Rosenstock, 1974; WHO, 2024).



DID YOU KNOW?

Interventions based on behaviour change theories, like the Health Belief Model, are more likely to be effective and sustainable in real-world settings.

(WHO, 2024).





SOCIAL COGNITIVE THEORY

Understanding How Social Factors Influence Behaviour



BEHAVIOUR IS INFLUENCED BY OBSERVATION

Behaviour is influenced by observation.



PUBLIC HEALTH IMPLICATION:

Observational learning through role models and campaigns can promote healthy norms and behaviours.



PEER ROLE MODELS AFFECT DECISION-MAKING

Peer role models affect decision-making.



PUBLIC HEALTH IMPLICATION:

Peer influence can encourage healthy choices and reduce risky behaviours through positive role modelling.



SELF-EFFICACY INCREASES CONFIDENCE TO REFUSE VAPING

Self-efficacy increases confidence to refuse vaping.



PUBLIC HEALTH IMPLICATION:

Building self-efficacy empowers young people to resist peer pressure and make healthier choices.



POSITIVE REINFORCEMENT SUPPORTS HEALTHY BEHAVIOURS

Positive reinforcement supports healthy behaviours.



PUBLIC HEALTH IMPLICATION:

Recognising and rewarding healthy behaviours increases sustained engagement in health-promoting activities.



SOCIAL ENVIRONMENTS SHAPE BEHAVIOUR

Social environments shape behaviour.



PUBLIC HEALTH IMPLICATION:

Supportive environments at home, school and in the community promote healthy behaviours and reduce risks.



PUBLIC HEALTH PERSPECTIVE

Social Cognitive Theory highlights the importance of social influences, self-belief and environmental factors in shaping behaviour. Public health interventions that utilise role models, build skills and foster supportive environments are more effective, equitable and sustainable across populations.

(Bandura, 1986; WHO, 2024).



KEY MESSAGE

Harnessing social influences and building confidence leads to healthier choices and stronger communities.

(Bandura, 1986).



PUBLIC HEALTH IMPACTS

- Improves health literacy and decision-making.
- Encourages positive social norms.
- Reduces uptake of harmful behaviours.
- Promotes equity and inclusion.
- Strengthens community and system-level outcomes.

(Bandura, 1986; WHO, 2024).



DID YOU KNOW?

Programmes that leverage peer influence and build self-efficacy are more likely to achieve long-term behaviour change and better public health outcomes.

(WHO, 2024).





STRENGTHS OF THE INTERVENTION

Key Advantages Supporting Programme Success



EVIDENCE-BASED APPROACH

The intervention is informed by research and best practice.



PEER SUPPORT INCLUDED

Peer mentors provide encouragement and relatable support.



INTERACTIVE LEARNING ACTIVITIES

Engaging activities promote participation, understanding and skill development.



ADDRESSES SOCIAL INFLUENCES

The programme tackles peer pressure and social norms around vaping.



MULTIPLE COMMUNICATION METHODS USED

A variety of channels ensure messages reach and engage young people effectively.



PUBLIC HEALTH IMPLICATION:

Ensures resources are directed toward strategies proven to improve public health outcomes.



PUBLIC HEALTH IMPLICATION:

Builds supportive networks that enhance engagement, reduce isolation and promote healthier choices.



PUBLIC HEALTH IMPLICATION:

Improves health literacy and empowers individuals to make informed health decisions.



PUBLIC HEALTH IMPLICATION:

Shifts social norms and reduces behaviours that contribute to preventable health risks.



PUBLIC HEALTH IMPLICATION:

Increases reach, inclusivity and the likelihood of sustained behaviour change.



PUBLIC HEALTH PERSPECTIVE

Effective interventions combine evidence, relationships and skill-building to address the complex social factors that influence behaviour. This leads to more equitable, sustainable and population-wide health improvements.

(Public Health England, 2023; WHO, 2024).



KEY MESSAGE

Multi-component interventions that address social influences, build skills and foster supportive environments achieve better outcomes.



PUBLIC HEALTH IMPACTS

- Improves health literacy and decision-making.
- Encourages positive social norms.
- Reduces uptake of harmful behaviours.
- Promotes equity and inclusion.
- Strengthens community and system-level outcomes.

(Public Health England, 2023; WHO, 2024).



DID YOU KNOW?

Interactive learning programmes achieve higher retention and are more effective than passive information delivery alone.

(Public Health England, 2023).



LIMITATIONS OF THE INTERVENTION

Challenges and Considerations in Youth Vaping Prevention Programmes



Limited Programme Duration

- Short-term interventions may not provide sufficient time for sustained behaviour change.
- Behavioural habits often require long-term reinforcement.



Behaviour Change Takes Time

- Increased awareness does not always translate into immediate behavioural outcomes.
- Long-term follow-up is needed to measure effectiveness.



Variable Student Engagement

- Participation levels may differ according to motivation, social influences, and personal circumstances.
- Some students may not engage fully with programme activities.



External Social Media Influences

- Exposure to pro-vaping content and peer influences continues outside the school environment.
- Digital environments may reduce intervention impact.



Challenges in Long-Term Evaluation

- Tracking outcomes over time can be difficult due to resource limitations, participant mobility, and follow-up attrition.



PUBLIC HEALTH PERSPECTIVE

Recognising intervention limitations is essential for realistic programme evaluation and continuous improvement. Public health practitioners must consider environmental, social, behavioural, and structural factors that influence long-term outcomes. Effective prevention requires sustained, multi-level approaches that extend beyond individual education and address wider determinants of health.



KEY MESSAGE

Understanding programme limitations strengthens future intervention design, supports evidence-based decision-making, and improves long-term public health outcomes.

PUBLIC HEALTH IMPLICATIONS

- ✓ Highlights the need for ongoing health promotion beyond one-off interventions.
- ✓ Supports development of comprehensive, multi-component prevention strategies.
- ✓ Demonstrates the importance of addressing social and environmental determinants of vaping behaviour.
- ✓ Encourages stronger collaboration between schools, families, communities, and public health agencies.
- ✓ Emphasises the need for long-term monitoring and evaluation to assess population-level impact.



DID YOU KNOW?

Many successful public health programmes undergo continuous adaptation and refinement after implementation. Ongoing evaluation helps identify barriers, improve effectiveness, and enhance long-term sustainability.





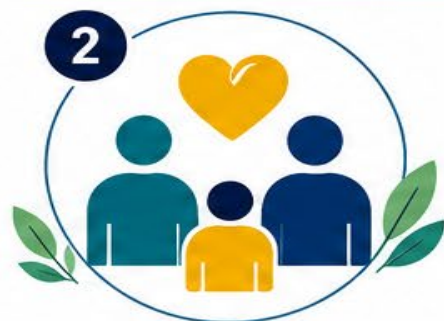
RECOMMENDATIONS FOR FUTURE PRACTICE

Building Stronger, Sustainable Prevention Programmes A Public Health Perspective



EXPAND PEER MENTOR TRAINING

- Train and empower student mentors.
- Peer role models increase credibility and engagement.
- Supports positive social norms and behaviour change.



INCREASE PARENTAL INVOLVEMENT

- Engage parents through workshops and resources.
- Strengthens support networks at home.
- Improves consistency of health messages.



DEVELOP DIGITAL LEARNING RESOURCES

- Create accessible, interactive content for young people.
- Supports learning anytime, anywhere.
- Engages tech-savvy audiences effectively.



STRENGTHEN COMMUNITY PARTNERSHIPS

- Collaborate with local health groups and organisations.
- Builds community ownership and sustainability.
- Addresses wider social determinants of health.



CONDUCT LONG-TERM FOLLOW-UP EVALUATIONS

- Monitor outcomes over time to assess impact.
- Allows adaptation and continuous improvement.
- Supports evidence-based public health decisions.

PUBLIC HEALTH PERSPECTIVE



Effective prevention requires a **whole-system approach** that includes schools, families, health services and communities.

Addressing environmental, social and economic factors helps **reduce health inequalities** and promotes long-term wellbeing.

KEY MESSAGE



Collaboration, engagement and continuous evaluation lead to **stronger prevention outcomes** for young people.

PUBLIC HEALTH IMPLICATIONS

- ✓ Promotes equity by engaging diverse youth and communities.
- ✓ Supports sustainable, multi-component interventions.
- ✓ Encourages data-informed decision making.
- ✓ Strengthens prevention systems and future resilience.



DID YOU KNOW?



Programmes that involve families and communities achieve greater sustainability and better health outcomes.





CONCLUSION

Key Takeaways and Final Thoughts



1 YOUTH VAPING IS A GROWING PUBLIC HEALTH CONCERN

- Vaping among young people poses risks to physical and mental health.
- Early use increases the risk of nicotine addiction and long-term harms.



2 SOCIAL INFLUENCES CONTRIBUTE TO VAPING UPTAKE

- Peers, social media and normalisation increase the likelihood of use.
- Targeting social norms is essential for prevention success.



3 PREVENTION IS MORE EFFECTIVE THAN TREATMENT

- Stopping vaping early prevents addiction and long-term harm.
- Investment in prevention yields better health and economic outcomes.



4 EDUCATION AND PEER SUPPORT CAN REDUCE RISK

- Knowledge, skills and positive role models empower young people to make healthier choices.
- Peer-led approaches build confidence and engagement.



5 EVALUATION DEMONSTRATES PROGRAMME EFFECTIVENESS

- Outcomes show the programme achieves meaningful changes in knowledge, attitudes and behaviour.
- Data drives continuous improvement and policy decision-making.



PUBLIC HEALTH PERSPECTIVE

A public health approach **addresses the wider determinants** of vaping, including social, environmental and economic factors. Protecting young people today supports healthier communities tomorrow and helps **reduce health inequalities**. Collaboration across sectors is key to achieving lasting impact.



KEY MESSAGE

Early, evidence-based, and collaborative prevention efforts create **lifelong health benefits** for young people and their communities.

PUBLIC HEALTH IMPLICATIONS

- ✓ Promotes equity by engaging diverse youth and communities.
- ✓ Supports sustainable, multi-component interventions.
- ✓ Encourages data-informed decision making.
- ✓ Strengthens prevention systems and future resilience.



DID YOU KNOW?



Preventing youth vaping not only improves individual health, but also **reduces healthcare costs** and supports a more productive society.





THEORETICAL FOUNDATIONS, EVALUATION AND CRITICAL REFLECTION



Applying Behavioural Theory to Youth Vaping Prevention

1 THEORETICAL FOUNDATIONS



Social Identity Theory (Tajfel & Turner, 1979)

- Young people often seek belonging, social acceptance and group identity.
- Peer group norms can influence vaping uptake.



Social Cognitive Theory (Bandura, 1986)

- Behaviour is learned through observation, modelling and reinforcement.
- Peers, influencers and social media can shape vaping behaviours.



Theory of Planned Behaviour (Ajzen, 1991)

- Intentions are influenced by attitudes, perceived social norms and behavioural control.
- Social expectations can increase susceptibility to vaping.



Health Belief Model (Rosenstock, 1974)

- Behaviour is influenced by perceived risks, benefits and barriers.
- Increasing awareness of harm may reduce vaping intentions.

2 PROGRAMME EVALUATION



PROCESS EVALUATION

- Attendance $\geq 80\%$
- Participation $\geq 75\%$
- Session completion $\geq 90\%$



OUTCOME EVALUATION

- Knowledge increase by 50%
- Refusal-skill confidence increase by 40%
- Improved awareness of vaping harms
- Increased resilience to peer pressure

3 CRITICAL DISCUSSION



SUPPORTING VIEW

- E-cigarettes may support smoking cessation among adult smokers.



OPPOSING VIEW

- Youth nicotine dependence
- Potential impacts on adolescent brain development
- Gateway to future nicotine and tobacco use
- Long-term health uncertainties



PUBLIC HEALTH PERSPECTIVE

Population-level prevention is more effective than addressing individual behaviour alone. School-based, peer-led and family-supported interventions help reduce inequalities and strengthen long-term health outcomes.



KEY MESSAGE

Youth vaping is influenced by social identity, social learning, perceived norms and health beliefs. Evidence supports prevention-focused interventions that build resilience, strengthen health literacy and reduce future nicotine dependence.



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KEY MESSAGE

Evidence-based behavioural theories underpin effective youth vaping prevention programmes.

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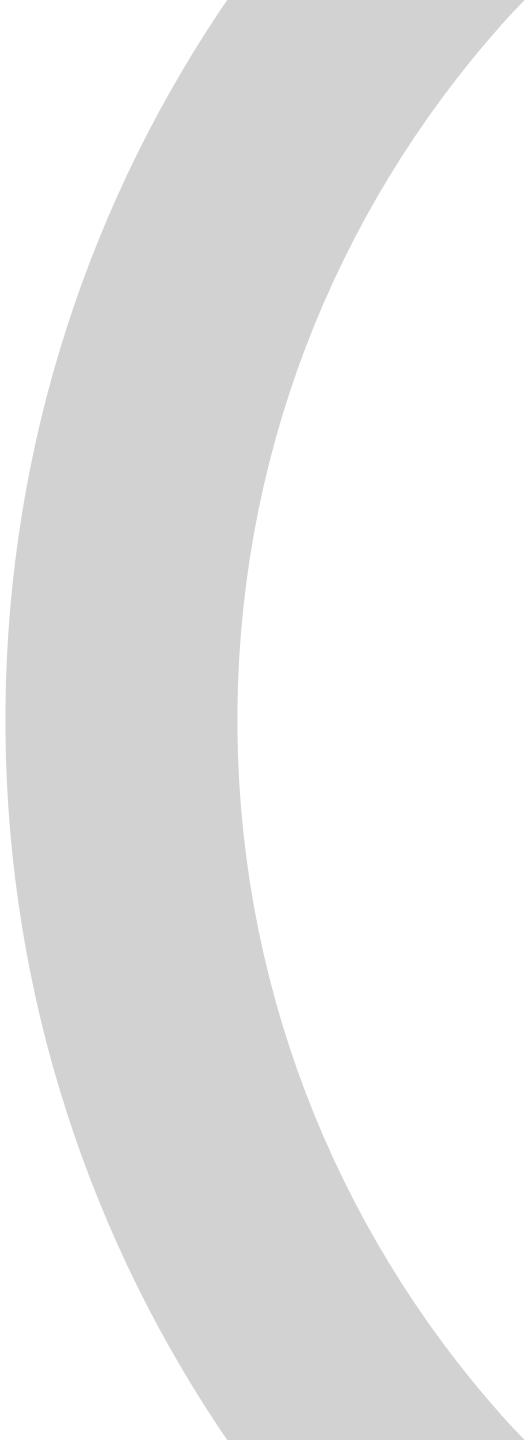
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KEY MESSAGE

Evidence-based behavioural theories underpin effective youth vaping prevention programmes.



Thank
you