

STUDENT FEEDBACK FORM

This section details the *extent* to which the assessment criteria are demonstrated by you, which in turn determines your mark. The marks available for each category of skill are shown. Lecturers will use the space provided to comment on the achievement of the task(s), including those areas in which you have performed well and areas that would benefit from development/improvement.

Generic Assessment Criteria	Marks available	Marks awarded
1. Engagement with Literature Skills		
	20	
2. Knowledge and Understanding Skills		
	20	
3. Cognitive and Intellectual Skills		
	30	
4. Practical Application Skills		
	20	
5. Transferable Skills for Life and Professional Practice		
	10	

Assessment Mark (Assessment marks are subject to ratification at the Exam Board. These comments and marks are to give feedback on module work and are for guidance only until they are confirmed.)	Late Submission Penalties (tick if appropriate)		%
	Up to 1 week late (40% Max)		
	Over 1 week late (0%)		

University of Wales Trinity Saint David

BSc. Health, Nutrition and Lifestyle

BMPE6003 – Perspectives on Health & Physical Activity

Assignment 1: Essay

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Should there be a complete ban on smoking and vaping?

The act of smoking can be defined as the inhalation and exhalation of fumes from burning materials (Adams and Morris, 2023). In 2011, the World Health Organization (WHO) stated that it was one of the leading preventable causes of illnesses and deaths globally. More than a decade later, smoking, particularly tobacco smoking is still noted as a major modifiable attributable risk factor contributing to respiratory cancers (Tran et al, 2022). This was stated in a literature review conducted on the global cancer burden between the years 2012 and 2019. Presently, the death rate of smokers can be up to three times more than non-smokers and smokers are likely to have a reduced life expectancy of at least 10 years (Adams and Morris, 2023). People are known to smoke for many reasons including dealing with stressors, wanting to feel good, by mere habit, addiction (Tomkins, 1966) (Veilleux, 2019) and even to fit into social groups along with other psychosocial motives (Jarvis, 2004). Nevertheless, it is a very costly coping mechanism that may result in further stress factors for the smoker and others (Parrott, 1999), (Lawless, 2015) (Caliri, Tommasi and Besaratinia, 2021). A systematic review conducted by Taylor et al. (2021) explains that despite the general use of smoking for aiding with anxiety and stress management the possible opposite effect of making mental health worse can be because of the neuroadaptations that can occur from chronic smoking. One of the main causes of this is the psychoactive substance of nicotine found in tobacco products such as cigarettes which causes addiction (Hernandez-Perez et al., 2023). Jarvis (2004) explained that nicotine gives a similar effect as other misused drugs such as cocaine and amphetamines by the induced dopamine release which occurs when it activates the nicotinic acetylcholine receptors (nAChRs) in the brain. Jarvis went on to suggest that as a person builds tolerance to the substance, the perceived improvements in mood and focus may not be improvements at all. He described the stress reduction that a smoker may feel as a possible nicotine withdrawal relief that developed over time from chronic use and subsequently resulted in dependency. Nicotine addiction and exposure has been linked to many health complications including respiratory issues (Gotts et al., 2019), increased blood pressure, cardiovascular events (Buchanan et al., 2019) and even diabetes (Chen et al., 2021). However, due to the fact that smokers continue to smoke regardless of the

health issues it causes combustion-free nicotine delivery technology has been developed in an effort to reduce smoking rates and its adverse impact on health (Polosa, 2021).

There have been various interventions and support put in place to aid persons in quitting but, some of these combustion-free alternatives such as vaping also have their own complications (Marques, Piqueras and Sanz, 2021). Hiemstra and Bals (2016) describe vaping to be the usage of electronic nicotine dispensing systems (ENDS). These products include e-cigarettes, mods, vape pens, and tank systems. They usually carry a cartridge containing e-liquid along with a heating element or atomiser to heat it. This results in a vapour that is inhaled through a mouthpiece that creates a similar stimulation to smoking without the alleged harmful effects. These e-liquids may or may not have nicotine and generally contain flavourings and humectants. E-cigarettes have been marked to be a safer alternative to traditional tobacco cigarettes but they are still unsafe and Marques, Piqueras and Sanz (2021) from their study suggested that further toxicological studies should be conducted and better regulations be put in place to control sales. The number of regular smokers who also vape has doubled from 29% in 2019 to 61% in 2021 (Wise, 2022). Since their introduction, e-cigarettes have become more appealing to their counterparts of traditional cigarettes due to cost, different flavour options and easy accessibility (Sapru et al, 2020). This may explain the results reported by the ‘Smoking, drinking and drug use among young people in England 2021’ survey. The data gathered found that even though there was a decrease in smoking among young people the number of them vaping since 2018 has increased at a concerning rate. An in-depth review by Hernandez-Perez et al. (2023) has concluded that tobacco whether smoked by combustion (smoking) or vaped has the same neurological impact and other health risks. E-cigarettes are not completely harmless and the debate of how harmful or helpful it is to a population’s health is still very much on-going and the long-term effects are also still not known (Harrell et al., 2019). Smoking and vaping are detrimental to the health and well-being of not only those who take part in these acts but also those around them and the environment.

The impacts of smoking and vaping have been linked to respiratory cancers, elevated blood pressure, cardiac disease risk, and diabetes. Buchanan et al. (2020) among others have found a strong correlation between e-cigarette use and increased blood pressure that triggers

increased cardiac disease risks. There are a few studies that do not support this claim including a previous study by Poloso et al. (2017). Their cohort study involved 9 daily users of e-cigarettes who had never smoked and 12 subjects in their control group who have also never smoked. After their 3.5-year investigation, they reported no changes in the test samples' lung structure, overall blood pressure, or heart rate. Poloso and company identified that despite this result their study is limited in the fact that it had no long-term follow-up. This study was also of a relatively small sample size that cannot reflect a true image of a population. Jolly and Loo (2018) stated that cancer and tumour development to detection varies from one person to another based on their health, age and type of cancer which can sometimes take 8 to 10 years to be discoverable. Based on a study by Farsalinos et al. (2015), it can be speculated that this may be a result of dose difference. In their study, a lower effect was seen in e-cigarette smokers compared to traditional cigarette users due to lower concentration of nicotine exposure. However, they stressed that new models of e-cigarette and e-liquids can now have a higher concentration of nicotine leading to higher amounts of nicotine entering the bloodstream. Chen et al. (2021) have found an associated risk of increased high blood glucose level that can subsequently lead to diabetes. It is explained that the compounds of tobacco can affect insulin receptor sensitivity and delayed gastric emptying. However, (Taylor, Davies and Munafo, 2015) found no direct relationship between the two and have questioned the suggestive impacts considering study participants can have other unhealthy habits and come from lower socioeconomic backgrounds that is also known as risk factors for the development of diabetes. This subject is fairly recent and further research is suggested. To be able to define the percentage of causal risk from smoking or vaping a population attributable risk study would need to be conducted. Due to the lack of long-term studies to assess the effects of e-cigarette use on a long-term basis, regulations should be put in place from having adolescent have access to them (Sapru et al. 2020). Freeman et al. (2022) also suggested that the reduced usage by young adults may reduce the impact it has on public health. This may be so as a review conducted by Khouja et al. (2021) has found that vaping among non-smokers may later lead to smoking. Some smokers and ex-smokers want to quit because of the known consequences and impact on others (Yong et al. 2019) and there are those who found that vaping is not satisfying or aids with their urge to smoke. Should society not help them if they are unable to by banning smoking and vaping? Jarvis (2004) stated that "although drug effects underpin behaviour, family and a wider social influence are often critical in determining who

starts smoking, who gives up, and who continues”. While an individual can choose to sit in a restaurant in an area that is smoke free or not, what about their rights outside of this for fresh air free from second-hand smoke and vaping?

Up to 1.3 million non-smokers die each year due to second-hand tobacco smoke (WHO, 2023). In the ‘WHO Tobacco Control Papers’ report, the director of the Department of Health Promotion WHO Rudiger Krech said that “all people have a fundamental right to breathe clean air and governments are obliged to protect everyone’s health as a fundamental human right”. Particles known to cause lung toxicity such as volatile aldehydes and oxidant metals may be found in the aerosol from e-cigarettes (Lee et al. (2017). These can easily be delivered through the distal airways and alveoli as the ultrafine particle concentration may be higher in e-cigarettes when compared to traditional cigarettes (Palmisani et al., 2019). A study by Islam et al. (2022) reported a positive relationship between second hand nicotine vape exposure and bronchitic symptoms and shortness of breath. As in most research on chronic illnesses, exposure to other confounding factors was suggested to be taken into account by interpreters of the data. However, many studies have previously and continue to report negative impacts of second hand smoke and vape. Staudt et al. (2018) have found that the inhalation of e-cigarette smoke aerosols causes dysregulation of lung homeostasis of non-smokers. Marques, Piqueras and Sanz (2021) stated that there may be insufficient toxicological data on its contents to declare e-cigarette aerosol risk-free. Similar results on the implication of smoking and vaping on bystanders made Epperson, Novotny and Halpern-Felsher (2021) recommend further testing and studies be carried out to aid tobacco-related policies. WHO (2023) stated that “The scientific evidence is clear: there is no safe level of second-hand smoke”. Apart from the impact of smoking and vaping on human health, what about the environment?

Cigarette butts are considered a popular littered item (Conradi and Sanchez-Moyano, 2022) that results in harm to the environment when not disposed of properly because of their toxic chemical contents that cause both ecological and economic concerns (Soleimani et al. 2022). Similarly, e-cigarettes and other vaping products may potentially cause more harm than cigarette butts due to their make-up of plastic, heavy metals, nicotine salts, and lithium-ion batteries that are flammable; if not disposed of properly this can be detrimental to wildlife, soil,

and waterways (Pourchez, Mercier and Forest, 2022). Marinello et al. (2020) expressed that the cost to clean up pollution caused by these smokers and vapers is also suffered by those who do not. They explained that this externality leads to inefficient resource allocation. Conradi and Sanchea-Moyano in their review broke down the contents of cigarette and vaping materials and showed the various hazard categories they fall into and the difficulty in categorizing them to be disposed of properly. However, this paper will not go into the well-known details but note that the study does not reflect a true picture of the current issue based on the resource range used in their review. The statistics and claims were spread across different years (some over a half decade span) and countries. Many of these countries have adapted policies and recycling interventions to tackle the issue of pollution that occurred throughout the years. Nevertheless, this does not discredit the fact that an ecological threat exists that causes profound concerns surrounding the disposal of nicotine products in particular. The burden of disease caused due to smoking is still high despite the decrease in smoking prevalence (Castillo-Riquelme et al., 2020). When the health belief theory fails to be effective for various reasons, the optimal opportunity cost should be chosen.

Tobacco / nicotine product smoking and vaping should be banned. Hamberger and Halpern-Felsher (2020) have explained that despite the evidence thus far being conflicting and unclear, there is sufficient data linking the inhalation of aerosolized e-liquids to respiratory issues. A review by Shahandeh, Chowdhary and Middlekauff (2021) has concluded that despite vaping being less harmful it is not risk-free and has been associated with oxidative stress and thrombosis. They have also suggested that due to the lack of long-term studies investigating their impact on human health physicians should exhibit caution and control on use when recommending this method as a smoking cessation. This paper represented nicotine smoking and vaping products heavily; however, Dai et al. (2022) reported that heat-not-burn tobacco and herbal products shares the same detrimental impact on health. One may speculate that the lower impact on health could be a reasonable explanation for the reduced lung cancer seen. However, it also a contributing risk factor to other health issues such as cardiovascular diseases that continues to see increased incidences. Based on how long these alternatives are used and the rate of cancer development, could it be a few more years before there is a spike in incidences for diseases of the respiratory system? Of all the modifiable risk factors for disease, by banning

smoking it may be a good way to improve health. An inactive lifestyle is stated to be worse than smoking (Vallance et al. 2018) but so is having multiple risk factors at play (Peters et al., 2019). Where it may be difficult to force persons to exercise or eat better, a smoking and vaping ban may prove to have a greater impact. A study conducted by Ko (2020) found that the outdoor smoking ban in Korea produced a 16% increase in the probability of quitting smoking attempts. The higher the monetary penalties were the more effective it was said to be. Despite the effects being considered minor based on the population size examined in the study, this was contributed to a lack of support, health promotion, and guidance available to persons who may consider quitting. Ko's report also expressed that bans can lead to compensatory measures such as smoking too much at once when they are able to in an effort to obtain the perceived benefits from smoking or vaping along with illicit trade. Lubin et al. (2017) have also explained that the most effective way to reduce the risk of disease and death from smoking will be smoking cessation rather than reduction in smoking tendency. Fitzgerald et al. (2022) stated that accessibility and risk-based prevention are means by which the burden to society caused by cancer and other health issues can be reduced and that creating awareness of smoking effects on health can increase the smokers wanting to stop. However, studies have also recommended different options besides banning smoking and vaping such as age and patient restrictions, proper recycling, and a ban on flavoured e-cigarettes along with education.

Gee et al. (2021) said that increasing the legal age for using tobacco will result in a positive reduction in vaping. They explained that when Oregon introduced their 21 years age restriction on purchasing tobacco products they saw a 26% decrease among youths aged 13 to 17 years and 22% decrease for those aged 18 to 20 years. Gee and company also recommended that e-cigarettes not be promoted as they can lead to smoking and may not aid smoking cessation. This has been seen in previous studies as Yong et al. (2019) where some of the smokers in their study reported that vaping did not reduce their urge to smoke as promoted. Gee further suggests that previous decline in smoking habits can also be attributed to regulations governments put in place over the years including tobacco taxes, nicotine replacement therapies, prescription drugs, and education on the dangers of smoking. Epperson, Novotny and Halpern-Felsher (2021) are in support of having suggested that educating adolescents and young adults may aid in tobacco control. The review conducted by Taylor et al. (2021) suggests that more research should be

done to observe the relationship between psychological disorders and smoking cessation. Smoking cessation does not make mental health worse and shows that there is low to moderate evidence supporting that it improves mental health in persons with and without existing issues. One reason this evidence may have been considered low to moderate is to possibly avoid fallacy reporting. Taylor et al. (2021) stated that a limitation of their study included the difference in data collection methods that included self-reporting. This may cause inaccuracies but it does not completely make a fact dismissible. Veilleux (2019) previously suggested distress tolerance in an effort to reduce smoking prevalence and relapse. However, the research has suggested further studies to examine the relationship between distress tolerance and smoking patterns primarily among early stage smoking and chronic smokers. A ban on flavoured e-cigarettes is also recommended to reduce youth participation in smoking and vaping. It is also proposed that alternative nicotine-free options be only available by prescription in an effort to solve the smoking issue rather than making way for a new epidemic. Another review conducted by Notley et al. (2019) shared similar findings as Ko (2020) and showed that incentives such as money or vouchers can also aid smoking cessation.

Smoking and vaping are costly coping mechanisms and should be banned completely as they affect not only the participants of these acts but innocent bystanders by means of second-hand smoke, along with the environment. Persons who smoke or vape sometimes cannot quit because of addiction and in their best interest and the population as a whole, the choice to put a ban in place should be made. Many alternatives have been tried including vaping, heat-not-burn and herbal products but they all carry risk even if they are less harmful than the traditional cigarette smoking that includes tobacco. As a result, the domino effect is felt by non-smokers and vapers. Many studies have expressed the need to have stricter policies when it comes to smoking and vaping primarily amongst the younger population who are now taking part in these acts. The other alternative suggestions to a ban involve higher age restriction to purchase and use these products, education on their risks, monetary incentives and proper recycling. It was also explained that life skills can be taught to help cope with stressful situations and emotions whilst ensuring sufficient and accessible support is available as bans to come with problems. Despite this, the least of two harms should be chosen.

Word count: 3,016

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