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Transcript

January 18, 2024

Cerys Preece (Public Health Wales - No. 2 Capital Quarter) 0:03

My name is Cerys Preece, and I'm a Senior Public Health Practitioner in the Wider Determinants of Health Unit within Public Health Wales and I'm here today just to chair the session for you.

I just wanted to introduce the topic that we've got under the focus today. So since the arrival of electronic cigarettes in the UK in the early 2000s, their use as a consumer product and as a product to support people quitting combustible tobacco has been heavily debated in the public health community. In Wales, vaping has increased in recent years and around one in 20 children aged 11 to 16 years old vape weekly and many of those are children have never tried a combustible tobacco product.

Today's webinar will focus on considering the impact of e-cigarette use amongst children and young people in Wales and I am therefore delighted to introduce our speakers who've got a range of expertise in this area and I look forward to hearing their presentations.

Cerys Preece (Public Health Wales - No. 2 Capital Quarter) 0:59

We have Chris Emmerson, who is a Consultant in Public Health and one of Public Health Wales leads for tobacco control. From Ash Wales we have Suzanne Cass, who's the Chief Executive Officer, and Tirion Meredith, who is a Project Delivery Lead. From the Aneurin Bevan Gwent Public Health Team we have Becky Lewis, the Principal Public Health Practitioner Lead on tobacco control, and Bethan Jones, a Senior Public Health Practitioner in substance abuse. And we have Cath Einon who's the Service Development Manager for the Smoking and Wellbeing Team in Hywel Dda.

Before we get going, I just wanted to let you know that after the presentations, there will be a chance for you to ask questions. Please use the chat bar to type in your questions throughout the webinar and we welcome both English and Welsh questions. The webinar is being recorded and will be made available on Public Health Network Cymru website after the session and if you have any difficulties with the technology, please let the team here

know through the chat and they will contact you directly. So yes, really looking forward to today's session and first to kick us off is Chris Emmerson.

Chris Emmerson (Public Health Wales - No. 2 Capital Quarter) 2:05

Thank you, Cerys. Prynhawn Da everybody, welcome to the seminar. I'm just going to share my screen now, as Cerys said, I'm Chris Emmerson, I'm a Consultant in Public Health and I'm one of the leads for tobacco control in Public health Wales.

I think many of the people I see on here are working within public health.

We tend to get into this field because we really want to make a difference.

We want to be where the big issues are that people are all talking about, and after a pandemic and dealing with vapes for the past year, I reflect that perhaps we want to think about what we wish for sometimes This is a big and complicated area, I'm sure many of you who have joined us will be aware of that and that's why you're here.

So the next 15 minutes will be a summary overview. I'm going to try and cover some of the things that I think will be of most interest to people, indicate some of those areas we haven't got a chance to go into and hopefully support you to ask the kinds of questions that will help you in your own practice.

I wanted to start briefly by just thinking about what we're talking about. So again having been involved in looking at vapes for the past year I wanted to talk a bit about the context of the complexities and some of the contested narratives we have in this space. The evidence in a lot of cases is quite partial, it's emerging and sometimes it's disputed quite legitimately. There's very high levels of public and media interest, I think anybody who has turned on the TV and nuclear newspaper or looked at social media in the past year will be aware of that. There's lots of different accounts of what is happening. Most of those accounts, I think are genuinely in good faith and there's legitimate points of disagreement across the field. There's also some cases where things that are perhaps not really reflective of what's absolutely going on, are things that are being shared as well. I think we need to be aware of that.

I think also the context which I won't go into too much here, but I think is very relevant. It's to think of the commercial determinants of health, that's something loads of us in public health are thinking about more and more what we have potentially is very large and profitable market that's being looked at here. So as we think about the individuals we're supporting and the ways in which we're doing that, it's also worth bearing that in mind.

I wanted to think about this not just as the story about vaping amongst children and young people, but also a little bit about how we tell that story. I think this is a good example of ways in which we can tell this story better or worse from public health, but also to make sure that we remain anchored in the evidence that we accept the level of uncertainty, which there certainly is in this field and that we promote health at all levels. So it's a story and a story about a story, and both, I think are still being written at the minute. So where do we start?

One of the places that we found it quite valuable to start has been to say it's been legal to sell vapes to anybody under 18 in the UK since 2016. If you are talking to people, whether they are professionals dealing with children, whether they're children, young people themselves, whether they are the media, they'll probably start with a question. They'll start with their own idea of what's important in the field.

We've tended to start thinking of it from this point, and the reason we found this useful starting point, and it is only one, is that really it reflects as a society we've decided children and young people shouldn't be vaping. And no one's really challenging that position. So we've tended to define that as a very good starting point because it gives you a public health framing to discussing it. There's a consensus point of view and it's not contested, and it also avoids developing with really sort of whether vapes are very good or a very bad thing, which tends to be the first question you get.

I like this headline. I think this sort of sums up what we're up against in public health terms sometimes, and I feel some of the things I see coming across about vapes are a little bit like this. So I think this framing is something that helps us understand what's really going on. So it's been a long time we have decided that children and young people shouldn't be vaping and that's really the starting point that we've tended to have.

So often conversations start with is vaping harmful? This is a public health question, so if we're in public health, we really need to be asking harmful compared to what? Again, the fact that we have people sort of beginning with harms and often with quite difficult stories that aren't necessarily accurate, means we really have to be anchoring all of this in the evidence. And that's one way to do it is to really think about compared to what? So I think the first and perhaps most important thing to say about vaping harms is it is substantially less harmful than smoking, and any smokers who switch to vapes will be at much, much less risk of health harms.

That is the key public health message and we've got to deliver it clearly and consistently. It's not contested. It's not an issue with anybody. That is the case and we know that perceptions amongst lots of people, again, children and young people themselves, also those who are working with them don't necessarily recognize that as an issue, so I think that's one of the really clear things we have to say about harms.

However, part of that is that we're anchoring this against smoking and smoking is an incredibly harmful thing to do. So we're also not saying that vaping is completely harmless. We're pitching this in a way where people can understand what is going on in relation to smoking, but they can also not start to feel that vaping is something that is completely harmless, particularly for children and young people.

Chris Emmerson (Public Health Wales - No. 2 Capital Quarter) 7:09

So, is vaping harmful? Again, a lot of this tends to get framed in terms of scare stories that people have seen in the media and what we have found, we've been doing a lot of work with a wide range of stakeholders, in particular those who work professionally with children and young people is the core public health issue of concern in Wales. Currently is the increasing reports of children and young people experiencing nicotine dependency at a level where it's substantially affecting their health and wellbeing. Those are the things that have really driven us to focus on this in the past six to nine months. Those are the things that we know are really concerning to children and young people themselves. We've done quite a lot of work to talk to them and it's also the things that professionals are saying are really affecting them. Obviously, vaping is a relatively recent phenomenon. Harms may take a while to emerge from all of these things, but the real issue at the minute that we want to keep focused on from a public health point of view is this one.

Now it's also worth noting those issues in poisoning from noncompliant vapes. This is something that does happen. This is something that comes out in the news and it's something that within the public health field we often have to deal, well, we sometimes have to deal with and think of particularly people's perceptions of it, so we know it's an issue of concern. We are part of a very well connected system, so when you've had recent reports that you might have seen in the media about children and young people suffering health harms from noncompliant vapes.

We've tended to find out about those very quickly, as have safeguarding leads, as have the police where necessary, as have the broader wider public health system.

So we're quite well connected when those things do happen and we don't have any

evidence or knowledge of any severe health harms on any kind of large scale to date in Wales. So that's again what we know about the harms, what we think our focus is going to be, and where we will position that in public health terms.

So how many children and young people are there vaping? What proportion of 11 to 16 year olds in Wales reported vaping at least once per week in 2021?

So how many do you think? Everybody just raise their hands, I think we've got 110 people. So if everybody could raise their hands now.

OK.

So could you put your hand down if you think every single 11 to 16 year old in Wales is vaping at least weekly? OK, so nobody thinks the proportion is 100%. Put your hand down if you get to 90%, put your hand down if you think it's 80% put your hand down if you think it is 60%, put your hand down if you think it is 30%, put your hand down if you think it's 20% that's vaping once a week in Wales, 11 to 16 year olds, 2021. Put your hand down if you think it's 15%, some starting to go down now.

Put your hand down if it's 10%.

OK 9, 8, 7, 6, 5, still a few up, 4, 3, 2, 1, so I haven't got the full statistical analysis of that, but I think we had a lot of people putting it down at around the sort of 10 to 15% mark. That was what it looked like to me.

5% of 11 to 16 year olds vaping once a week in 2021. That was what the Schools Health Research Network survey, which is a census of all the schools in Wales, have told us. That number may be changing, the new data will be in that report, the data for that will come out in about April or May of this year and we're very keen to see it, but that's the kind of figures that we were talking about certainly at that stage where there was already a great deal of concern.

Chris Emmerson (Public Health Wales - No. 2 Capital Quarter) 11:01

So most are not, and that again is something that we think is quite a key message to get across when we're having conversations, when we're putting across messages in public health, we need to anchor those in what the real evidence is and what is happening with children and young people. And certainly when we talk to children and young people and those who work with them, there is often a perception that this is considerably higher.

I think what's also useful to do is to make some comparisons in some of this.

So we're comparing this to about 20% who have ever tried, so there is a level of experimentation that's happening. We've got about 3% smoke once a week, so those who are vaping at least once a week is now higher than those who are smoking at least once a week. We've got about 7% that drink alcohol at least once a week, so this is not just about understanding what the evidence is, but it's also again thinking about how we frame it and thinking about the kinds of comparisons that we make from a public health perspective.

So I've now got three slides of graphs which will either excite you or make you wish we can get through these as quickly as possible, which I'll try and do. So our concern is that this is growing. So these graphs are for year 11 students, so those who are in their GCSE year, people who are generally 15 to 16 and we can see that that number is rather higher than the average. So we've got about, by the Schools Health Research Network data that's about 14%. So we're starting to get up to higher rates when we reach that age. And the other thing we can see here is this is reasonably consistent in terms of the growth and the kinds of amounts that we're seeing in different countries of the UK. So Scotland and England both have their own surveys and similar kinds of things are coming out from there.

The other thing that is interesting has been true of smoking for a while, but is now even more marked in vaping and that is that girls vape more than boys, and I think this is not necessarily the perception that some of those who work with children, young people, have. So those are some of the really key things about the overall patterns of vaping that we see.

So people's trajectories of vaping. So experimentation varies across year groups, because from year 10 onwards that we seem to see the proportions of experimenters become regular vapors, but we do need more evidence here. So you can see this is the proportion of ever tried and it sort of grows a reasonably regular kind of rate across the years from year 7 to year 11. When we look at those who are actually vaping regularly, very, very few of those young years, they're starting to accelerate there.

So, and the evidence from that suggests that there are certain points at which those young people are more likely to convert from being someone who's experimenting to someone who is actively using, and using at least once a week.

The interactions of vaping and smoking are another area that is extremely important to us, where the evidence continues to emerge and obviously a lot of the evidence about how many young people are doing this is survey evidence, which is repeated every few years. So we're just starting to get the kind of snapshots that will help us understand this. What we can see in here is we do have quite a proportion who are just using vapes. We have quite a

proportion who are dual using, so we have some who are both using, who are both smoking and they're using vapes.

Some of the work we're trying to do, and this is true across adults and children, we are doing a lot of work at the minute to try and understand the different motivations and the different trajectories. Are people using them both interchangeably? Are they vaping to cover for times when they can't smoke? Are they vaping as a way to avoid or stop smoking? A lot of these things are still needing to be discussed, but particularly for those who are working with young people or looking at messages towards them, we need to be aware that there's a big overlap between vaping and smoking that we need to consider.

So what are the policies being considered to address children, young people and vaping again, obviously a very key public health issue. Currently, the UK Government as many of you will have seen announced legislation to create a smoke free generation. The consultation for that closed in December 2023 and a Bill is expected shortly, so we were hoping that gets through Parliament in this term. One of the key provisions is that it will make it legal to sell tobacco products to anyone born after the 1st of January 2009.

And in terms of vapes, there is consideration or consultation has happened at least on whether to ban disposable devices. Disposable devices went from being devices that were very, very small, part of the market to becoming the device of choice for the majority of children and young people, and that happened over just a couple of years. So we went from about 7% of those children and young people, those under eighteen using devices to about 63% between I think it was about 2020 and 2022, so there's a lot of discussion about the banning of those.

Limiting flavours, packaging and display and retail environments, so essentially treating vapes in similar ways to the ways we treat cigarettes in terms of their marketing, their visibility and increasing taxation. So cigarettes are currently subject to a very high excise tax. Vapes are not. So this differential is useful because it makes people, adults who are smoking more likely to switch to vapes, but it also means that vapes are very cheap, and that may be a factor in children and young people who would never have smoked to take him up.

Chris Emmerson (Public Health Wales - No. 2 Capital Quarter) 16:24

There's some things to say again about how we think about and frame the policy issues from a public health perspective. Policies continue to evolve and this is a very rapidly moving industry. They will continue to evolve with it. Risk is not just something that sits there. Risk

is an active interaction between different competitors in some cases, and this is one of them. Vapes are less harmful and tobacco policy should reflect that, again the taxation point I think is a really clear way to understand what we should be putting out.

We feel very strongly from a public health perspective that vapes should not be less attractive than cigarettes. We need a balanced view of the uptake amongst children and young people and adult cessation. We're aware that there are a lot of adults using vapes to stop smoking. That's something that will bring benefits to their health, but we need to understand what the balance is, particularly in terms of the kind of policies that we might put in place and again, just to reinforce once more, the policy in its communication sends messages and you need to understand the messages that you are sending, especially on risk.

So just to sort of sum up very briefly, some of the key messages, which doesn't seem to want to go forward on this slide. I'm just going to stop sharing that and sharing my presentation as it does not appear to want to give the very final sections here.

Chris Emmerson (Public Health Wales - No. 2 Capital Quarter) 18:05

We need to consider the story we're telling and consider how we're framing it.

So not just what the evidence is, but how we are presenting that evidence to people so that we are not only giving them an evidence based narrative, but they are also taking that away and applying it themselves.

We need to stay within the evidence, but we need to acknowledge what some of the uncertainty is. Vaping doesn't exist in isolation. Neither does children and young people, as I've said, we've only had a chance to really touch on some of the issues in the presentation of this length.

I hope it's been helpful to identify some of the major issues and to help you to ask the questions and find some of the resources that will help for other ones. In terms of supporting schools and teachers, which is a major issue here, and I know some of the others who are following me will talk about this in quite a lot of detail in their work. But just to note, Public Health Wales produce some guidance on vaping for secondary age learners in Wales. That's in both Welsh and English, and the education settings team in Public Health Wales are developing that guidance into teacher and learner facing resources. Those should be available next month and the Incident Response Group, which we brought together last summer to look at this issue in some depth with the wide range of stakeholders, should be presenting a report in the next four to six weeks I hope, which will include guidance on the principles of supporting learners identified as vapors, and a lot of those principles were based again on some of the work that was going to be described in this seminar.

Thank you all very much for your time and I am going to stop sharing and I will hand over to Suzanne Cass and Tirion Meredith from Ash Wales.

Suzanne Cass 19:33

Thank you very much Chris. Much appreciated and so I'm going to share my presentation with you now. OK, I'm coming from Ash Wales, we're the leading tobacco control organization here in Wales, charitable organization that brings together a whole host of charities and leading voices across Wales to represent the third sector. So Ash Wales' position statement on vaping is very, very clear, if you don't smoke, don't vape, vaping is not risk free and vaping is not recommended for children and never smokers. However, as Chris has already pointed out, significantly less harmful alternative to smoking and should be promoted as a smoking cessation tool.

So that's where we stand and I think it's really important that we stand together with Public Health Wales on those position statements and very briefly, Chris has already pointed at some of these legalities around vaping out, age restrictions have been in place for quite some time and licenses for selling these products, there is currently no legal requirement for a license to sell these vapes or tobacco in Wales, as there is for alcohol. Ireland do have a tobacco retail register and have proposed a retail register for vapes. Scotland also have a retail register that covers E cigarettes but not nicotine products.

All legal vapes are required by law to carry these specific health warnings saying that this product contains nicotine, which is a highly addictive substance. Now when it comes to the nicotine content and the maximum is 2%, so the way you see that 2% on the front of the disposable vapes, that's the absolute maximum of nicotine content that is allowed per the vaping product. And there's also legalities around the tank size. So are two millilitre tank size limit. The puff count on packaging, well on disposable vapes it often tells you how many puffs are in those disposable vapes.

Technically, there's no puff limit and as it's not an accurate measurement ingredients or liquid limit, however, legal vapes are generally around 600 puffs. So if a vape is over this amount, it's most likely to be illegal. We do have a vape on the market which is 2400 puffs and we know that our trading standards colleagues are looking to challenge the legality of that product.

But before we look at vaping and young people, I just want to touch on vaping and adults and I think it's worth remembering that the most common reason for adults to use an e-

cigarette is to help them to stop smoking tobacco. So over 70% of current users in 2019 said that they were using an e-cigarette to help them quit. And in 2023, 25% of Welsh adults who had tried vaping, only 6% of those were never smokers. And that really fell down when looking at those daily vapors as well. So down to 1% of never smokers.

So the evidence so far shows that the vast majority of adults who are vaping are either smokers or ex-smokers, and that vapes are still the number one smoking cessation tool for adults. But when we talk about children and young people, it's a very, very different picture. Ash UK survey of 2000 young people in 2023 showed that there was an increase in the proportion of young people who had been experimenting with vaping. This had gone up to 20% in 2023 up from 15.8% in 2022, a big increase in just one year. And this correlated with an increase in the number of young people who were using disposables as their main device. So the number of young people using disposable as their main device rose up to almost 70% in 2023, up from just 7.7% in 2021.

But as Chris has pointed out, the number of 11 to 17 year olds who are current vapors stands at around 7.7% in 2023 and only up from 6.9% in 2022.

And now recently Ash Wales ran a survey of over 10,000 young people and from September through to December, we asked people from across Wales about their vaping habits, smoking habits and a whole host of other questions as well.

And this data has yet to be fully analysed, however we can share some of these results with you today.

What we found is that 8% of year 7 to 11's vape on a on a regular basis. That's more than once a week, and 12.5% have tried it once or twice, 2% vape less than once a week. Really interesting 3% and we're keeping an eye on this figure, 3% have actually stopped vaping. We're hoping that figure is going to increase, 71%, have never tried a vape.

So as we've already heard, there is a vast majority of young people who have never tried a vape. But quite worryingly, 55% believe that vaping is common in their age group, so there is a huge, serious misconceptions around the number of young people who vape. But when we look at the 15 to 16 year old category, as we've spoken about before, smoking prevalence for this age group was 8% in 2021 with no significant decrease from 2013 through to 2019. And according to our data on vaping amongst this age group, 13% vape every day or more than once a week. 3.5% vape less than once a week, 16.7 have tried a vape once or twice, but what we can see is that the number of those who have never tried vaping decreases significantly by the time these students reach the age of 16. So I think that's something that we really need to consider.

And now briefly, I just want to talk about some of the possible related behaviours of those who currently vape. So those that vape regularly, 29% of those who vape currently and regularly, 29% of them smoke every day or more than once a week, 8% smoke less than once a week, 19% have tried smoking once or twice, 4.6 have stopped smoking and only around 30% have never smoked. So what is interesting about this is that it shows us that over 60% of students who vape on a regular basis have some sort of relationship with smoking, and this initial data would indicate that there is a strong correlation between those that smoke and those that vape. Now what we're not saying is that the children who are vaping go on to become smokers because if that was the case, we would expect there to be an increase in the number of young people who are smoking. But what we are saying is that there is a definite relationship or there appears to be a relationship between those that vape and those that smoke.

And when we're looking in environmental factors, we asked the students whether or not someone in their home either smoked or vaped. And 29% say that they live with somebody that vapes, 24% say they live with somebody that smokes and only 43% said that they don't live with anyone who smokes or vapes. Now when we look at those current vapors and smokers, what we see is a significant increase in the number of current vapors and smokers amongst children who live with somebody who either vapes or smokes, rising up to 53 and 54%. When we asked the kids, you know, why do you smoke? Social motivation was one of the huge reasons why they smoke because of their peers and because of what's happening around them. Other reasons included stress relief and the appeal of flavours. We hope some of these issues will be addressed by the by the forthcoming legislation and really interesting when we asked those current vapors whether or not they would like to quit vaping, a third of them said that they would like to stop vaping and also quite upsettingly 40% of current vapours said that they couldn't go the whole school day without vaping. And when we're talking about addiction and how we address that addiction and how we support young people in those educational settings, I think this has got to be a significant consideration.

So before I hand over to Tyrion, I just want to recap over the major points that we've covered. The majority report never having vaped or smoked and therefore we need a proportionate response to this issue. There is 13% of 15 to 16 year olds who say they vape every day or more than once a week. But vaping is disproportionately viewed as common across all year groups.

There is a strong relationship between smoking and vaping and therefore a combined educational approach to vaping and smoking is recommended.

And when we look at those familiar behaviours, they have a significant impact on the student's vaping and smoking habits. So therefore we need to be looking at those home environments as well. When we're looking at the messaging going back to those children's homes. Over a third of young vapors would like to stop, but worryingly, 40% say they can't go the whole school day without vaping.

So obviously we're waiting on the results of the Student Health and Wellbeing Survey, which is going to give us the definitive answer on youth smoking and vaping.

Over 120,000 pupils taking part in that survey and we're very much looking forward to those results, but in the interim, as we consider the effects of smoking and vaping, I think we've got to remember that the children who vape on a regular basis really do need our support.

So I'm going to hand over to Tyrion now just to talk very briefly about the kinds of things that we've been working on in this arena.

Tirion Meredith 30:19

Hello, so I wanted to talk about the vaping training program that we've developed. So the program is aimed at key stage three and it's a focus on prevention and it fits in with the new national curriculum for Wales and so a little bit about me.

I am a qualified high school teacher and I taught for 13 years, so I've used my teaching experience and knowledge on how best to teach wellbeing and aspects of addiction to create this program.

It's a series of seven lessons that cover all the aspects of the vaping landscape and I was particularly keen that the lessons not only teach the facts around vaping, but a more rounded approach in developing that emotional wellbeing that covers all the sectors that vaping impact. So like Suzanne mentioned about the influences and the social kind of perceptions and making them consumer aware of media influences and giving them environmental knowledge and just to make it a kind of full bodied program. The lessons offer a structured approach and they've got a range of engagement activities but at the same time, it does rely on the practitioner in the room at being reflective and evaluative of the students in front of them.

So the activities are very ranged and diverse and they're quite adaptable so it allows the teacher in the room to choose what best suits those learners, and one of the key focuses is for the pupils to have a peer led response. Lots of group discussions and peer activities of the idea being that it's more for a sort of organic journey for them of like discovery of the

different aspects about vaping so that by the end almost don't feel like it's being lectured to them like they've developed their own personal independent viewpoints about what's important to them and what matters to them in terms of the different aspects of vaping.

So we do think it's quite comprehensive and supportive in its aims and objectives and you know obviously I'm willing for anyone who wants some more information to reach out to me, I can pop my email in the chat because I know we've only had a few minutes today to discuss it. So if anyone wants any more information then please reach out.

Suzanne Cass 32:58

Thanks, Tirion, that's great, so I think we're handing over to Becky and Bethan now.

Bethan Jones (Aneurin Bevan UHB - Public Health Team) 33:06

Thanks, Suzanne and I'll just share my screen. Right can you see that?

I'm Bethan, a Senior Public Health Practitioner working in substance use with the Aneurin Bevan and Gwent Public Health team. However, I'm delivering this presentation on behalf of Cardiff and the Vale where we worked on smoking, education and prevention. So this presentation is just a bit of a rundown of the work that I did there.

So my role within the tobacco team in Cardiff and Vale was funded through prevention in the early years and it had two main aims. So one was to set up a smoking and tobacco education and prevention support service for local school and youth settings and the other was to work with partners to create an action plan to reduce the harms of smoking to children and young people in our area.

So while developing this plan and identifying with partners what was working well and where the gaps were in our area it quickly kind of became clear to us that we need to include vaping both in our plan and in the education service. We received requests from schools for support and but also heard from young people themselves that they had limited information on E cigarettes and relatively easy access to them.

So in terms of what we did and how the service supported schools. Myself and the Cardiff and Vale Healthy Schools Scheme were involved in a cross working group where we created a new smoke free premises policy template for schools in Wales and that was in line with the 2021 smoke free places legislation. And then as a group, we took that opportunity to ensure that the most up to date information and guidance that we had on E cigarettes was

included so that schools could add that to their policy if they wished.

So then in terms of the direct delivery on smoking and vaping education, and that was in targeted schools and youth settings. So it included things like youth clubs and alternative education settings. And just as I was finishing, we were exploring ways as well to share our information and with elected home educated young people as well as their parents and carers.

The education sessions helped young people explore E cigarettes in relation to some of the things we already talked about so in relation to health costs, peer pressure and marketing legislation and looking at it in relation to harms in relation to tobacco and also looking at school specific or local data to kind of discuss with young people who they thought were vaping and why. Stress relief was often one of the things that was mentioned and so lots of the sessions we discussed nicotine as a stimulant and then alternative healthy ways to help young people relax. So we basically wanted the sessions to help young people make informed decisions around the health behaviours, but also to know where to go to access more information and support.

We also supported professionals, so that included signposting teachers to existing resources, but also training health professionals such as school nurses and community connectors to support the young people that they were working with, who might be vaping or just wanting more information on it. We discussed how they could use existing tools like motivational action plans, confidence scales and diary sheets in relation to young people's e-cigarette use.

In Cardiff and Vale, we've got a really proactive Healthy and Sustainable Preschools Team and I helped them relaunch the Smoke free Window Sticker Initiative. So preschool settings might notice people smoking or vaping outside their settings and or maybe smoking and related litter or related smells and they can get help with writing policies and also sharing information with adults or children about the benefits of cleaning. They then receive a window sticker which they can display, and that encourages their communities not to smoke or vape directly outside. All of those activities together we hope helped to build a whole school approach or whole settings approach to staying smoke and vape free.

Here I'll just give you an insight into the monitoring and evaluation of those sessions or some of the sessions that we did and we did that through pre and post flashing questionnaires direct delivery, so between April 22 and March 23 over 1700, children and young people received education from the service, some of those the focus would have

been on E cigarettes, for some on tobacco, but both are naturally mentioned and discussed in some capacity regardless of the main focus of the session.

So the majority of children and young people responding to our evaluation rated the sessions positively and described it using words such as thought provoking, educational, interesting and there were a couple who described it as boring. And then positive comments from teachers included things like them thinking it was relevant and useful for their learners and they liked us linking in to key stage four sessions to careers and future goals.

We did get feedback from one school about the sessions could be more engaging and I think that highlights the challenge of delivering education to whole year groups and assemblies rather than in classes or smaller groups. But we did create follow on lesson plans for the PSE teachers in that school so that their teachers could run some activities in class afterwards and they could facilitate some more in depth, kind of two way discussions on vaping with the young people.

And then finally, we look to what a difference the sessions made. So 138 of our key stage three aged young people completed a pre and post evaluation question on their future vaping intentions. So again, some of those young people would have received sessions with a higher focus on E cigarettes than smoking, but we asked the same question to them all and that's how likely they were to try vaping in the future and we gave them possible answers ranging from definitely not through to definitely. So 20% of those young people reported lower future intentions to try vaping after the session but it is important to note that before the session, 67% of learners actually reported that they had no or little future intention to try vaping in the first place and the small number of respondents who had high future intentions to try vaping, and so those who said they would likely or definitely going to try vaping in the future, the majority of those reduced their reported likelihoods post session. And then finally, the majority of respondents increased their understanding of where to go for further help and support around smoking and vaping concerns. So 59% of those who didn't have a clear understanding before the session reported a higher understanding afterwards. So that's just a summary of the recent work carried out in Cardiff and the Vale, so thank you very much for listening and I'll pass on to Becky to talk about the work in Aneurin Bevan.

Thanks Beth, ok, hopefully you can all see now my slides have come up instead of Bethan's. So that's the example of what Cardiff and Vale were doing, and I'm just going to spend a few minutes talking through what we've been doing, back in May last year in Aneurin Bevan Gwent. In our Public Health Team, we had lots of calls from healthy schools leads and also our individual schools with antidote evidence and feedback that they were really concerned about vaping in their settings and young people experimenting. So working in our team we involved the early year's team and our tobacco control team and big input from our communications lead and this work was supported then by our Director of Public Health to develop a response. We decided to pull together some guidance into one document that we could share with our healthy schools and our secondary schools and colleges so they had one place to go where they could find their relevant and up-to-date information on this topic.

So the guidance was developed, I haven't put my slides on sorry. So these are just some examples of the guidance, the screenshots of the guidance, which is still on the Internet that we circulated widely. Various sections in the guidance and we decided to go with a guidance toolkit and then the resource list while we waited on the national direction for next steps. So within this we've sectioned it out, we wanted to cover off, while we're concerned about vaping and young people, which some of the slides already today have covered, that Chris's point that we agreed that the vaping narrative is young people should not be vaping and we don't want non-smokers to start.

Then we set out the action that schools and colleges can take, so seven steps that they could be proactively focusing on in their settings ranging from taking part in the SHRN study so they would have more up-to-date data on their local situation and all the way through to how to design a poster help me quit as well as updating the policy and if eligible, making sure they take part in the just be smoke free program for year 8's. We also included a section for parents because lots of the concerns coming through were from school staff wanting to make sure they could message out to parents and not just the young people and that was focusing on the underage sales of vapes, but also signposting to help me quit for anybody who had started vaping or were struggling to stop vaping and could access the one off behavioural support session through our local Help Me Quit service. And then we've also covered the law, safety and environmental impacts.

Alongside the guidance and the big ask from schools was for resources such as lesson plans and more information and hands on resources that they could do with young people in some of their lessons, such as their PSE classes. Due to capacity issues we haven't got the resource to do the example that Beth has just talked to that Cardiff and Vale applied last

year and so our alternative in Gwent was to pull together the resources that we knew existed across England and Wales into one place that schools could then go off and use as needed and as Chris alluded to at the beginning, we know that this guidance, so this happened in May last year and we know this is now being replaced by the national guidance in September and the resource pack is due to follow next month as a national tool that colleagues have participated in pulling together.

Our distribution then, so we wanted to get the guidance out not just to our schools and colleges from where the original ask came, but once we started to circulate, we found that it was needed wider. So includes the pupil referral units, Engage our local drug and alcohol services for young people, the youth forum but interestingly, lots of our primary care partners wanted access to the resource. For example, we had some GP practices reporting that young people have presented as patients wanting the advice on how to stop vaping. So we thought it was useful to share this resource with that primary care audience that were cited on our latest developments.

That was the guidance that we've developed and how we've distributed it and then when the national guidance came out in September, we replicated how we've distributed that and to the same audience to know that has now replaced our local interim action. Alongside all of this our communications team were really proactive in making sure that we didn't keep this to our usual distribution messages, but in fact got this out to young people and peers into directly as well, so alongside the guidance, how do we raise the awareness.

This happened at a time when everybody was talking about vaping. It was very much in the news daily. I think BBC were reporting on it May and June almost daily to state the chemicals being found and other substances used in vapes, so it was very timely when our campaign was launched. The comms team were very keen to create something that would appeal, so how could we get everybody sharing our key messages? But knowing that the colour and the availability of vapes is very playful and bold so how could we mimic that in some of our campaign? So it wasn't our standard NHS corporate approach, although we've still kept the logos on, we've tried to use lots of colours, bold young hands certainly for the emphasis on showing that this is very much about young people and vaping and the message about discouraging that and using some of the typography but also the colour and the image that would resonate and reside with the intended audience.

So our one in five message, which we've heard earlier is from SHRN data, so it isn't the minority, sorry, it isn't the majority tried vaping, but it's certainly higher than we want it to be. So how can we use some visual content alongside some of the data and the concerns

that were being raised locally to get the key messages out?

So we've reaffirmed some of our key concerns, public health messaging, so vaping is not risk free, we know that they contain nicotine and making sure people understand that they are addictive substances and looking then at the potential this has to create that dependency on nicotine and wanting to discourage that.

On the right hand side then it's blended in with the background but this was some of the work that we moved into our social media space so we've done lots on Instagram, also Twitter, but I'll focus first on the Instagram work where we did an interactive quiz. How could we get young people to find out more about vaping? So they would answer the questions on the quiz and then that would be reaffirmed by us giving the information and the correct answer. So key messages being, it's illegal to sell to under 18 year olds and also about the nicotine content and the potential addiction that comes with uh use of nicotine.

The reach for our social media, our Comms team were really pleased that we had over 30,000 impressions which was great for our work and over 415 engagements so lots of that was the click throughs on to the quiz and then 70 through, sorry, I'm getting all my numbers muddled up 73 follow up links which led on to the guidance, which we were pleased with because the guidance had already been circulated through our key partners using different channels.

There's probably a lot on the Comms I've forgotten to add, I wanted to mention just the tag line, so we'd seen some of the England work in Sheffield that had used the don't smoke, don't vape, but we've changed it slightly to don't smoke, why would you vape, just so it's an open question and trying to encourage people to think more of making good choices about their health and looking for more information to consider why would they vape and knowing more about it before they consider experimenting, leaving that open ended.

So they are the key messages and the guidance that we've pushed. So that happened last May, and since then we've had lots of work happening on a national level, which has been really encouraging and we're currently in the position in Gwent, our schools are still keen that we do more of going into the school space and doing direct messaging with young people, which the next steps for us will be to look at the resource pack that's produced nationally and then where do we go next with this.

So we've made all of our assets and our comms assets and our guidance available.

So if anybody has any further comments or can make use of them and work with us, to know where we take it next, certainly into how we align it to the, no ifs, no buts campaign

and messaging about reporting where there's illegal or listed substances, including vapes, being sold in communities is where we are heading. I think I'm probably over time and as I'm presenting, I can't see anybody, so I will now pass over to Cath, but happy to take questions at the end. Thank you.

Cath Einon (Hywel Dda UHB - Service Development Manager) 50:33

Are my slides visible? There's that terrible pause for a moment. I'm Cath Einon and I'm from Hywel Dda Health Board and we've been offering support to young people with a nicotine addiction for about 6 years. This initially was exclusively tobacco use in schools, so we targeted educational settings, schools, PRU's and colleges predominantly and then obviously this has evolved over time. So this is a bit of a whistle stop tour of the work we've been doing for the last six years.

In the early stages, when we first went into schools we established there was a need for support and it was very similar to what we were already offering in hospitals. So we weren't expecting adults to come on to a smoke free site and abstain from nicotine use, you know, to sort of meet the needs of that smoke free policy, and yet we're expecting young people to attend a school site who are addicted to nicotine and manage a school day for up to six hours without obviously going to nicotine withdrawal. So what we initially started doing was offering support to young people to manage their school day and obviously if they were able to quit, that was obviously the key target was to get them to stop smoking and the initial project started because there was a really forward thinking deputy head in a school in Pembrokeshire who'd recognise that this cohort of young people who are smoking off site and the school was moving to an enclosed site so she was aware that young people wouldn't be able to meet together as a group and was concerned about how they would manage this enclosed site.

And there was a lot of vulnerabilities about this cohort of smokers and she asked us to become involved to really look at that and see what we could do to make this transition easier for the young people. And one of the things that really struck us about it was the opportunities this presented in working closely with these vulnerable young people. So, as Emma says in this piece, you know one of the things that most sort of changed was the relationship the school had with these young people because rather than just picking up these young people, punishing them, excluding them from school, which was the case and as often as to how we're dealing with vape use in schools, they were actually offering support, offering help to these young people. This isn't a lifestyle choice, this is an addiction,

so it's really important given that the majority of smokers who are seeing the other end of the line in the hospitals, given that most of these will start when their school age, you know we need to be providing support for those who want help at an earlier point in their nicotine addiction.

As well as the obvious benefits of getting people to quit or to manage their school day, one of the things that really struck us as we rolled out this project across Pembrokeshire initially was that there was other opportunities because we're very aware that nicotine withdrawal is really uncomfortable, even smokers will try their best not to go without a cigarette and the longest most smokers would go is just while they're asleep. You know, they'd manage the night time and then they have a cigarette as soon as they wake up. And this is very similar to the things we're reporting now with vape use. We're finding young people who are exhibiting signs of nicotine withdrawal and this makes it very, very difficult to sit through a lesson.

It would affect, you know, educational attainment, then we know that nicotine withdrawal causes irritability, frustration, anxiety, difficulty concentrating, people get restless. They get headaches and we see that and sort of compounding that risk is the fact that then if these people are recognized as vaping or smoking, they're likely to be treated as you know, poor behaviours. They're more likely to be excluded and not in lessons. So we looked then at what happens if we actually do supervise support to these young people, given that we know that the profile of people who are likely to become really addicted to nicotine are likely to have poor educational attainment anyway, they are more likely to be ACES profile, they're more likely to be from areas of high deprivation. There's higher cases of mental ill health in this cohort.

What happens if we provide help to these people? So we looked at this particular cohort. This is very, very small, there's only three in this group. Eight young people were referred in this project, but three of them were referred to us as punishment rather than, but going straight you know to be excluded from school. Lots of you know, phone call home to parents instead. They were sent to us, so these weren't necessarily willing to quit, but we looked at what happened with the behaviour, which is recorded extensively in schools now. So things like no shows, lateness, caught smoking and behaviour is recorded. We looked at what happens for the six weeks prior to intervention and then what happened with these young people while they were receiving support and we've thought there was really good opportunities here, not only for obviously the young people and their life opportunities, their life chances, their educational attainment, but also for the school, because if you've got young people sat in school who are, you know, attending or aren't turning up late for

class and it's sort of obvious to any of us who work with people in nicotine addiction that if you're going to, you're predicting a period of abstinence, you top up your nicotine levels in preparation for that.

So we would expect people who smoke to sort of have a few cigarettes or use their vape extensively before a period of abstinence. So as they go on to the school site, for example. We also know that the young people were trying to get out of classes to top up their nicotine levels to try and ward off the risk of nicotine withdrawal.

So they're more likely to be late to class, and they're more likely if they're not able to do that and top of their nicotine to be unable to concentrate when they are in class.

So as I said, this is all very much tobacco initially and then when the schools, we rolled this out across the whole of Hywel Dda, but what happened was we had lock down. And what happened with lockdown is we couldn't get access to the young people. So we found that despite the fact that all young people carry mobile phones, the only way we've successfully managed to provide interventions to these young people is face to face. So we really try and get to the school settings or to homes or places where we can meet them face to face because they respond much more. They're much more likely to engage in support and then much more likely to be successful.

But when we came out of lockdown, we were getting lots of phone calls, not only from the police, from youth justice, from drug and alcohol services, from healthy schools, from parents and from the schools themselves. Just really lacking information on vapes. Because the landscape changed dramatically over lockdown, the young people came back and they were vaping in quite high numbers.

So we worked then with partners in the Health Board to try and develop some posters and what we found is as Chris alluded to, there's a real difference in opinion about vaping and we thought we knew quite a lot about E cigarettes because we've been treating people who are using E cigarettes for about a decade before that.

And it was generally seen as quite a positive thing, but this was for tobacco smokers who were using it to come off tobacco. What we found suddenly was that there was lots of people who were very sort of dealing very heavy handedly with the vaping in schools. So the police were often getting called. Young kids are getting excluded from school. We've even had people searched and we had youth justice involved in some cases, and it felt very much to us and the drug services locally that this has been dealt with more heavy handedly than the tobacco. You know, when kids were caught smoking, it was almost like they have been caught with drugs. So what we wanted to do is really provide evidence based accurate information about vape use. So we made posters which we shared and little videos which

are available on these clips just to make sure everybody had the appropriate information and we shared that extensively amongst all the schools in Hywel Dda. Then what happened is we went back into the schools, were allowed to go back in face to face and that was fantastic to get back in and get the kids sort of referred in.

But what had happened then is 100% of the referrals we are getting were for vape use. There was no more smokers being referred at all, so in the last school year we had 83 referrals from schools or from professionals working with young people who were vaping. 60 of those people have attended a formal assessment.

There was lots of others who came to brief sessions which we provided, which was just for them to chat about their vape use to get more information. You know, they were really hungry to talk about it, wanted to talk about their vape use, wanted to show us what they were doing and why they were doing it. And there was a lot of them who just needed a minimum amount of information and they felt they could manage their school day you know, it was not necessary for them to have ongoing behavioural support. And those are more the sort of educated, perhaps kids who are involved with sporting groups, more sort of resilient kids on the whole.

But those who actually came and engaged in treatment, which would be over a period of 12 weeks and we're very similar to the ones we've seen in our early stages who were likely to be tobacco smokers. But out of the 49 young people who engaged in ongoing support, 23 of them said we don't want to quit, but we'd like to not be vaping in the school day. We'd like to be able to manage these period of abstinence, so they were supported to do that. And then there were seventeen who actually set a quit date, and they wanted to be completely abstinent and not do it anymore at all. And the success rates were quite good.

So if we just look at those who set a quit date, 50% of those were abstinent by the end of the intervention. And really what we plan to do when we go into those schools was to make sure they were using the new school policy. There's a new policy which obviously has about vaping and smoking, and make sure that's used. Make sure there is sensitive enforcement of it, make sure that instead of just punishing these young people, that there was actually an understanding that this isn't a behavioural issue. This is an addiction and they need support and help, so that was our main goal of going in, but we were really pleased that the engagement was so good.

The other thing we found which quite surprised us was of those we identified as vapors, if you noticed there was from the age of 12 to 18, there was more females up until the age of 16 and then more males were referred. But what we found was this really common theme, I

know that some of the other talks have alluded to it that these people who are vaping were also very likely to use tobacco interchangeably.

They are also more likely to use alcohol and also cannabis use was quite prevalent in this group as well.

So what we came up with, I know this is very difficult to read on this screen so I can show you the actual pathway. So with everybody's involvement, because a lot of people have been affected by, you know, vape use, not just educational establishments, but as many people have alluded to, we got calls from lots of people wanting to know more about it or been asked to deal with it. So what we did is produced a really simple pathway that just makes everybody's role, you know, clear and achievable really and it will piece together, we hope to provide really intensive support. So the schools, their responsibility is to have this new smoke free policy to, you know, raise awareness of it. But then we also provided a little bit of information really about how to sensitively enforce it, because what we didn't want was people to be directly going to being excluded or punished for that use.

Cath Einon (Hywel Dda UHB - Service Development Manager) 1:01:44

So this was designed in line with some of the police guidance on sensitive enforcement as well. And we sort of paired that with the public health three areas and really just awareness that those who are likely to be addicted are also likely to be of an ACES profile and all like to have other vulnerabilities. And really, this was an opportunity for us to support them and keep them in school as well, you know, keep them engaging in school and we also then shared educational information. We've got really good education resources now from Public Health Wales, which we will share, but we also involved a youth worker or someone in the school who also had a sort of pastoral role because they really helped with getting us into the schools, getting the young people brought to us and sort of managing any of the risks that came about and of course, safeguarding was also a key concern. The referrals were sent to us and we'd go into schools. We'd usually get sort of a bulk of referrals before we went in because it's face to face and it's over a longer period of time.

And when we did identify any issues with substance misuse because there are concerns at the moment, especially with us, that THC is being found in some vapes.

But of course, that's really something we're working with the drug and alcohol services with and we also fortunately managed to get a fast track to mental health. So CAMHS, there was lots of vulnerabilities in young people post COVID, so we know the mental well-being of lots of young people was severely affected by that. Lots of eating disorders and lots of issues and

many young people are self-medicating by using alcohol or nicotine to sort of cope with this discomfort. So what we really want to do is get better ways for them to be supported and cope with that now so we can get them on the right life course now rather than waiting further down the line when these problems have become worse

The only point really we wanted to involve the police, so rather than being called in to search bags and scare the children by telling them that what they're doing was illegal, which was happening in Hywel Dda, really involve the police in more of a positive way about sort of distraction reactivity. So they do sort of the intact program. So encouraging kids into sports and other activities, but another really common theme which struck us for most supporting these young people was the levels of unmet sort of bereavement.

So in any classroom, at least one child will have lost a parent or a sibling. But we also had big issues with suicide amongst the smoking cohort, and this had an impact in, you know each year group as well. So making sure that there's better support for these needs as well. And then if we do, because we found the young people are really happy to talk about their vape juice, they came, you know, reliably to the sessions and really sort of shared and opened up and got really involved in it and really appreciated the opportunity to talk rather than just being told off. And we also able to then get some intelligence on where they were purchasing these vapes from, you know, who's selling these illegally to them. And that would obviously be reported through the No Ifs, No Buts campaign. And the only time that the police would need also to be aware really here is if there was vapes being sold by other children to their peers, which occasionally happens as well. So in a way, this pathway and this one piece of paper has everything we've learned about how to manage this in schools.

So I'm more than happy to share that with people because I realize it's a bit limited time wise today. So thank you for listening. Now I'll pass back over to Cerys.

Cerys Preece (Public Health Wales - No. 2 Capital Quarter) 1:05:04

Thank you so much to all of our speakers. If I can invite other speakers to pop their cameras back on, ready for the Q&A, that would be great. I think it was an excellent session, so obviously taking that kind of national lens in terms of what's going on in terms of the data that we do have as well as some kind of practical examples of what's happened on the ground in a relatively kind of fast paced environment, if you think about some of the issues that we have traditionally around tobacco and obesity, they take time, don't they? But the

vaping as somebody said in their presentation, it was in the news daily. So it's great to see how people kind of pull together to respond to that issue.

So we've had some questions in the chat, so I'll just kind of go through them.

But if anybody else does have a question, please pop it in because we have a bit of time, which is great. And so the first point, Catherine Hurrell asked, she would like to see the Irish model of restriction come into play about selling nicotine that Suzanne mentioned. So Suzanne, have you got anything kind of further to add about any discussions from Welsh Government or anything else in relation to nicotine behind the counter?

Suzanne Cass 1:06:14

Yes, so you know, we talk about a retail register and back in 2017 the Public Health Wales Act for Wales did pave the way for a national retail register of tobacco and tobacco related products for Wales. Unfortunately you know due to circumstances it was never implemented. However, you know when we are looking at, you know, being able to communicate with retailers about legalities around selling these products, around, you know things that are happening to restrict these products being sold to young people, we firmly believe that a version of the retail register would be a good move for us here in Wales.

You know whether it be an actual retail register or a licensing scheme to ensure that people who sell these products have to have some sort of registration and obviously you know that's something that we would certainly support and the one in Scotland, the retail register in Scotland also covers E cigarettes and Ireland covers tobacco related products but not E cigarettes and so it's about making sure that whatever we implement does actually do what we want it to do and goes far enough and so you know we are in discussions with Welsh Government and our partners about trying to push that aspect of tobacco and e-cigarette control really.

Cerys Preece (Public Health Wales - No. 2 Capital Quarter) 1:07:55

That's really encouraging to hear and you also mentioned in your presentation about trading standards, I just wonder do you have an instinct or a grasp really of how much illegal products there are out there currently?

Suzanne Cass 1:08:10

So yes, in our survey and you know I've mentioned in the discussion that we had that anything over 600 puffs it tends to be an indication of the fact that this is an illegal product and we did ask the current vapors in our survey from those you know that year seven up to year eleven whether or not the products that they used were 600 puffs or under and really worryingly 53% of those that responded said that their vaping product was 600 puffs and under and so that indicates that we have got a significant issue when it comes to not only the illegal sale of vapes to young people but also a significant issue around the sale of illegal products as well. I think anyone who's involved with, at the coal face when it comes to vaping and young people will not have failed to notice the number of products that are being either confiscated or presented as being over 600 puffs, you know, it's not unusual to see 7000, 10,000 puffs in a product and these products are not as regulated, you know because they don't pass the UK regulation. They do present a significant issue for us.

Cerys Preece (Public Health Wales - No. 2 Capital Quarter) 1:09:41

OK, perfect. Thanks Suzanne and Chris, could I ask you, we've had a question around as well about E cigarettes being available on prescription in Wales.

So could you just fill us in perhaps on the policy landscape in Wales and in comparison to say, England and Scotland what are they are up to?

Chris Emmerson (Public Health Wales - No. 2 Capital Quarter) 1:09:59

So there's no plans currently in any of the countries to provide E cigarettes on prescription. What people may have seen in England, there has been a policy of following some pilots to make available in some areas E cigarettes in what they call their swapped stop scheme, but that's not a prescription. So that's not being given out in the same way that nicotine replacement therapies might be by doctors.

We're very keen to see what the evidence of the evaluation is on those e-cigarettes being provided in that way. I think one of the things we're very keen to see is that our own Help Me Quit system is used as much as possible. Also, we're aware that having had a lot of very effective stop smoking medications that have been available through that and for often international supply problem reasons have not been available in that way. Some may now become available again or new medications as well, so we're quite keen to make sure we are providing the best and evidence based support through those services. So no plans for

that at the minute, keen to see what the evidence that emerges is, but we're very focused on things that are more traditional medications in this area.

Cerys Preece (Public Health Wales - No. 2 Capital Quarter) 1:11:15

Great, absolutely thanks Chris. We've had a question from Joanne Foster around working with children who set fires. So she was wondering what conversation, if any, public health bodies are having with fire services around children and vaping, and the risk that that kind of poses. So I'll ask Cath and Becky working locally if you've got any information about fire service and that link with children and young people and the fire service.

Cath Einon (Hywel Dda UHB - Service Development Manager) 1:11:42

Yes, we do work quite closely with the fire service. I know we've a particular issue in mental health inpatient wards where they were concerned about the use of rechargeable vapes. As far as evidence goes, though, it's no more likely to cause combustion than a mobile phone. If you're using, you know an inappropriate charger, so I think that's part of the appeal of the disposables that you know, in many establishments they'd favour using the disposable rather than rechargeable, for that, you know the fear of fire. But I think it depends really if they're using it in the hospital or a children's home, then usually there is restrictions on those anyway and have to be charged in a particular place, if at all.

Cerys Preece (Public Health Wales - No. 2 Capital Quarter) 1:12:25

Becky?

Rebecca Lewis (Aneurin Bevan UHB - Public Health Team) 1:12:27

Yeah, it's similar for us, our focus has been very much in our mental health and learning disability unit linked to our hospitals and our smoke free legislation work there, which our policy includes we can't use vapes or rechargeable vapes can't be plugged in our hospitals because of the fire safety issues and we haven't had much contact or request for doing more with fire service and young people specifically.

Although that said, though, we know one of our local authorities, Blaenau Gwent, they are very proactive as part of their waste and recycling and their communication messages that

go out certainly on social media as well as other channels to promote how you could safely and appropriately dispose of vapes. So they've taken a proactive approach because I think they've had the issues, but that's only one of our local authorities in particular.

Cerys Preece (Public Health Wales - No. 2 Capital Quarter) 1:13:26

Thanks Becky and Bethan anything from Cardiff and Vale perspective that you want to add?

Bethan Jones (Aneurin Bevan UHB - Public Health Team) 1:13:34

No, so we haven't worked with or had a request to work with, or up until October when I was there, we haven't had any requests to work with the fire service but I think there's definitely an importance in working with partners in youth settings around the links between vaping and wider antisocial behaviours. So yes, we were looking at starting those kind of conversations when I left, but yes, nothing specifically to do with the fire service.

Cerys Preece (Public Health Wales - No. 2 Capital Quarter) 1:14:04

Great thanks, Bethan. So we've got a question from Janet Joyce and I'll just open this up to whoever gets in there first. So she's asking, is the reduction of children and young people leaving school as a regular tobacco smoker impacted by the alternative uptake of vapes?

Chris Emmerson (Public Health Wales - No. 2 Capital Quarter) 1:14:22

Can I come in on that one? I think this is one of the areas where I think the evidence we'd have to say is really emerging. Once we start putting together people's behaviours and this is true of adults as well as of children around smoking and vaping as you can see, there's a lot of different trajectories through that.

So you could have young people who are smoking and then start vaping in addition, which could be to get them through different points where they can't smoke or could be for some other reason. You could have young people who start vaping and then transition to smoking, could have young people who start smoking and then transition to vaping. You could have young people who are starting both and then stopping on this. There's lots of different combinations, and I think what we're trying to understand is what one of those are

the more likely amongst those children and young people. Now from the SHRN data we've got, obviously you kind of need to see a lot over time and as I think one of the first things you said when you introduced all of these Cerys is we have a very dynamic environment. You know, even just very obvious things, like the entry of disposables onto the market can really change the landscape. So we need to see some data over different periods of time the slide, I'll bring this one up because this is sort of the main one that we've spent a lot of time thinking about. This is the SHRN data over the three years before smoking only and vaping only in dual use. So you can see you have quite different things between different years.

There you can see you do seem to have quite a rise in the those who are only using E cigarettes, there's some debate as to whether that is displacing people who would otherwise have smoked, my own view on that is it seems unlikely because we would have to assume there would be more people who were going to smoke who then chose to vape. So we would have to assume that smoking rates would have risen in the absence of vaping, but again, the evidence is emerging on that. So I think we see these things coming up, I think when we've got the next level of SHRN data out, and then we can compare for these other years that might help us to understand some of those things.

We have different policies in different countries, so Australia and New Zealand have taken different decisions around both cigarettes and vaping. So there's possibly opportunities to compare in those two areas although the Australian ban on vapes, was completely ineffective. I think we've also got to understand by talking directly to young people, which again as part of the incident response group that we convened, that many of the people on this call who are presenting were involved in. We did a lot of work to talk to young people about their own experiences of smoking and vaping, which also helps us to understand those things.

So I'd say the evidence is still emerging and we probably don't see a lot of people that we think are using vapes as a cessation method in itself. That could change. I think we still come back to our core message which is really for children and young people, we don't want them to be vaping. So we want to understand what's going on with them. So not the most satisfactory of public health answers I recognize for people. We don't quite know enough yet, but I think what this does help us to think through is what the different patterns of vaping and smoking might be.

So that when, at least when we were engaging with young people and supporting them, we can understand what those pathways might be and discuss with them what their own specific and particular needs might be.

Cerys Preece (Public Health Wales - No. 2 Capital Quarter) 1:17:49

Great, thanks Chris and while you're on the topic of SHRN data, there was a question in the chat around like dual use with other things like energy drinks and so on. So yes could you just tell us a little bit about that project that you might do and is that looking at alcohol and other issues as well?

Chris Emmerson (Public Health Wales - No. 2 Capital Quarter) 1:18:05

Yes, so just because I know a number of us have mentioned it a few times, so SHRN is the School's Health Research Network, which sits currently within Cardiff University in the Decipher unit. Every two years, there is effectively a school census for everybody in years 7 to 11, so 11 to 16 year olds. So a survey goes to literally every single secondary school child in Wales, and that covers a huge number of areas. So there are things about children's own perceptions of things. Obviously we have demographic data on them and an awful lot about whether or not they smoke, vape, drink energy drinks, drink alcohol, use cannabis and also the frequency of them doing that, whether they've ever tried those things. So it's a really huge amount of data and the latest, the next round of data, which was just collected at the very end of 2023 should be out in a few months.

But one project that we've been doing is to look at exactly these kind of overlaps. Now we're not quite ready to talk about that in a lot of detail or publish it.

One of the things that has been interesting is, I would say what we have done so far suggests that the way these things cluster doesn't necessarily reflect a sort of easy gradient of things that would necessarily come together. So of people who are doing any of those, only drinking, I think is often the most popular, but then those who are doing all of those four behaviours, so doing those all weekly or recent smoking cannabis, so that was some of our sort of early findings there. So it's quite complicated what's going on with those kind of clustering of behaviours, we're trying to work on, I hope we would have something in the next few months, we might be able to share.

But we're also in the process of recruiting an academic partner to then take these and try and understand what is going on in specific clusters, because I think very often and this is I think something that I'm sure a lot of people, it comes across in many of the presentation referred today that you can't really treat smoking and vaping as these two completely separate things, recognize there will be some who are only smoking, there will be some who

are only vaping, but there's quite a lot of overlap between them and you need to recognize that both products are available to people and both behaviours are being used. So you've got to think about it more in the round, so we're trying to work a little bit on that as well.

Cerys Preece (Public Health Wales - No. 2 Capital Quarter) 1:20:29

Thanks Chris, Tirion's had to go, but I was hoping just to ask a question in terms of the schools as a setting, I seen your hand go up and down Suzanne, but in terms of the school setting, you know, Bethan and Rebecca, you know, but how has buy in been from teachers considering how exceptionally busy and overwhelmed and overworked they are? So was the demand coming from them for these toolkits and guidance? Same Cath would be interested to hear from you.

Rebecca Lewis (Aneurin Bevan UHB - Public Health Team) 1:21:03

So that's the reason we pulled the guidance together, which we've now got the Public Health Wales, but they're really keen for the resource pack that's due to follow next month, because they are keen to know and how can we fit into the curriculum and part of the lessons. There's the big ask certainly for some of our schools in Gwent, can't talk for other areas, but they would because they haven't got the capacity they would like somebody to come in and do it for them, and that's the thing we haven't got within the Public Health Team, so we are looking at what the options for us locally, do we look at the Ash Wales training package. There's other training that's being offered and that would need schools to pay for it? Is there a train the trainer model that we developed as a Public Health Team? And so that's there of our consideration, how do we weave that into our new work plan for April? Because that would have some resource implications associated with it. If there's already alternatives out there through Ash Wales and others, so that's something we would like to be able to pull together and then be able to go through a healthy schools leads to understand what is, what's the need, what would be the best model for us rolling that out because that's certainly was being asked for.

Cerys Preece (Public Health Wales - No. 2 Capital Quarter) 1:22:22

Great, thanks Becky. So I'll just go to Bethan first, just on the school's aspects of and then we'll go back to Suzanne to pick up on their data. And there's one final question in the chat. So yes, Bethan, any kind of lessons learned from a school's perspective from yourselves?

Bethan Jones (Aneurin Bevan UHB - Public Health Team) 1:22:37

Yes So I was just going to respond about the demand from school, so I'd say definitely there was if we offered it and there was usually interest in uptake or schools actually coming to us first, rather than needing to offer it out.

As a service, we were also smoking education and there was more, so we do offer both, but the demand was for the vaping side and it did give us the opportunity to then go in and talk about smoking as well, and you know, doing those sessions.

But if there was a choice between do you want us to come and talk about smoking or vaping, it was the vaping that schools wanted. Yes, definitely agree with Becky on that side. If we could, we would offer. You can offer resources, but there was that direct delivery so definitely the demand was there.

Cerys Preece (Public Health Wales - No. 2 Capital Quarter) 1:23:32

Perfect thanks Bethan, anything from Cath's perspective, before I go to Suzanne.

Cath Einon (Hywel Dda UHB - Service Development Manager) 1:23:38

I was going to say it is very challenging because although we get asked, you know, repeatedly to sort of provide educational interventions to the young people actually getting an opportunity to sort of speak to the staff involved is very difficult. Even when we've had schools where we've presented to Heads and we've worked with local authorities, we've shared resources with Healthy Schools. There's such a sort of turnover, and also, as you say, competing priorities, that there's still a lot of misinformation and that's been quite difficult. But I think it has been happening when we've done a real intervention in the school, the really nice thing is that when the teaching staff are stopping the pupils in the corridor and say, oh, well done.

How many days have you not been vaping and actually having a positive interventions? Because they understand the fact that it's addiction, you know, and it has been, I think as well we're on a bit of a loser because it's constantly evolving, so now the conversations we're having are different again because people are going back to the oral tobacco, that's a big thing. The devices have changed again, you know it's going to be impossible really to

keep everybody abreast of everything all the time, because it just keeps changing.

So I find it easier when we just talk about nicotine addiction, because that's what it is across the field and people understanding the signs. I think for the teaching staff it's really helpful for them to understand what it looks like, how it presents and what can be done about it, and let us do the rest when we actually get the referrals really.

Cerys Preece (Public Health Wales - No. 2 Capital Quarter) 1:24:57

Absolutely Cath I think you said it really well there. So yes Suzanne, thanks for being patient while I went around to everybody else. Did you want to come in on the data and the research side of it?

Suzanne Cass 1:25:03

No, that's OK so thanks very much. So actually you know, we've been working with all of our colleagues to help on that delivery side of things. So that's exactly what Tyrion is in post to do, so you know as Rebecca has sort of said, you know there is an Ash Wales package. Unfortunately, it's outside of our funding sphere, so we don't get funding to deliver this, so there is a cost implication for it, but we think it's well worth it and you know, Tyrion's been working really hard on sort of pulling that package together and actually the demand since you know, since we've come back from Christmas it's escalated significantly. So there is a lot of people who are interested in us teaching the teachers and delivering those packages, and we're just here to support and help really and do as much as we can in order to, you know, support the messages that need to go out there and to give that real time data and information.

And I think from an Ash Wales point of view, we're quite lucky because we do have information from lots of different bodies. So you know, Trading Standards, Public Health Wales, Welsh Government and you know and then partners from abroad as well. So we do bring a lot of knowledge to the table when it comes to this. But as Cath says, those products are emerging and changing all the time and you know how children are ingesting nicotine, all the kind of nicotine that they're ingesting or the levels of nicotine and the effects that it's having. It is changing all the time, so we're, you know, we are trying to keep as agile as we possibly can in order to keep it with the emerging markets.

Cerys Preece (Public Health Wales - No. 2 Capital Quarter) 1:26:50

Perfect thanks so much Suzanne, and I think that's a really nice point to end on because I'm conscious of the time. There's one question in the chat around what's worse in terms of disposable vapes or the rechargeable ones, so if the panel wouldn't mind just answering that in the chat, that would be great.

So thank you so much for everybody for their time and for your contributions.

The materials will be made available to everybody and they'll be up on the Public Health Network Cymru page along with the presentation, so please do share with your colleagues if you've got one minute. It would be great if you could fill in our evaluation form, the link is in the chat there, and yes, please do sign up for the networks events. We've got a great couple coming ahead.

So yes, sign up and become a member, and hopefully we shall see you all again. Thanks very much, diolch yn fawr iawn and enjoy the rest of your day.