A toolkit for implementing youth vaping prevention initiatives

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action on smoking and health

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Introduction

This toolkit was developed by ASH to provide practical guidance on implementing youth vaping prevention initiatives. It has been reviewed by a range of partners with expertise in vaping and smoking in young people. The content will be relevant to any organisation seeking to develop or implement youth vaping prevention initiatives, including:

- Schools
- Local authorities
- NHS organisations
- Voluntary sector organisations

The toolkit is informed by insights from a survey of youth vaping prevention initiatives run by local authorities. The survey was carried out by the University of Bristol, with support from ASH, Improving Performance in Practice (iPiP), Sheffield City Council and the Humber and North Yorkshire Centre for Excellence.

Between 2015 and 2026, vaping experimentation among those aged 11 to 17 years in Great Britain nearly doubled from 11% up to 29%, and the proportion of these young people currently vaping tripled from 2% to 6%.[1] Vaping can help adults quit smoking and reduce their exposure to harmful toxicants in tobacco – however vapes are not risk-free and should never be used by children.

The most effective way to reduce youth vaping at a population level is to implement national measures to reduce the affordability, appeal, accessibility and marketing of vapes to children. This will be achieved through the Tobacco and Vapes Act which passed into law in 2026.[2]

However, local behaviour change initiatives can be implemented more quickly than national policies and can be used to inform, educate and guide young people to make less harmful decisions regarding vaping and smoking.

Terminology: This toolkit uses the term vape to refer to nicotine-containing electronic cigarettes or 'e-cigarettes'.

[1] ASH. Use of vapes and other novel tobacco and nicotine products among young people in Great Britain. July 2026.

[2] The Tobacco and Vapes Act gives the government powers to:

- Restrict vape flavours, packaging and promotion in shops.
- Introduce a retail licencing scheme for shops selling vapes.
- Ban vape advertising and sponsorship.
- Ban vape vending machines.

The UK banned disposable (single-use) vapes in June 2025 and will introduce a new tax on vape liquid in October 2026.

Lessons for practice

Running successful youth vaping prevention initiatives is challenging, with schools often lacking capacity to train staff, widespread misperceptions around the harms of vaping, and limited evidence of what works. To help overcome these challenges, ASH has compiled a list of **lessons for practice** that schools and local authorities can take to improve the quality of initiatives.

1. Clearly communicate the risks from youth vaping
2. Emphasise that smoking is more harmful than vaping
3. Avoid myths and misinformation
4. Clearly distinguish between legal and illegal vapes
5. Regularly review and update resources to reflect current evidence
6. Ensure that responses to youth vaping are proportionate
7. Evaluate the effectiveness of vaping prevention initiatives

1. Clearly communicate the risks from youth vaping

Ensure that communications on vaping are clear and evidence based. Messaging should emphasise that vapes are not risk-free and should not be used by children or non-smokers, while also recognising their role in helping adults to quit smoking. See the resources developed by Smokefree Sheffield and FRANK for examples of how to communicate to young people about vaping. Key points include:

- Vaping is not for children and young people and should only be used by adults who are trying to quit smoking. Young people have developing lungs and brains and may be more sensitive to the effects of vaping.
- Vaping is less harmful than smoking but that doesn't mean it's harmless.
- Short-term effects of vaping can include coughing, headaches, dizziness and sore throats. The long-term risks are currently unknown.
- Most vapes contain nicotine which is an addictive substance that can be hard to stop using once you have started. Nicotine dependency can make people feel stressed, restless, irritable and unable to concentrate.
- People who sell vapes to children don't care whether the products they sell are legal or not. Vapes sold illegally may exceed restrictions on nicotine content and contain banned ingredients or illicit drugs.

To communicate this complex message effectively, local authorities and schools should:

- Use accessible, age-appropriate language.
- Be transparent about the risks of vaping for young people and the role of vapes as a smoking cessation aid for adults.
- Use trusted messengers, such as teachers, youth workers, and healthcare professionals who have received appropriate training on vaping (e.g. NCSCT e-learning).

- Ensure consistency across all channels, including social media, posters, presentations, videos, and information provided during assemblies/classes.
- Avoid using imagery that unintentionally glamourises or normalises youth vaping e.g. images of young people vaping or vapour rings/clouds.

For more information see: Tips on language and messaging

2. Emphasise that smoking is more harmful than vaping

Vaping and smoking are closely linked: young people who smoke are more likely to vape and those who vape are more likely to smoke. It is currently unclear whether vaping leads to smoking or vice versa, or whether young people who smoke and/or vape share common vulnerabilities. Messaging aimed at deterring vaping must avoid unintentionally pushing young people towards smoking, which is far more harmful.

Almost two in three 11-17 year olds in Britain (62%) wrongly believe that vaping is equally or more harmful than smoking – this includes half of those who have tried vaping (51%).[1] Evidence suggests that exposure to messages warning about the harms of vaping could inadvertently encourage use of more harmful products, such as cigarettes, if young people perceive vaping to be more harmful than smoking.[3] Behavioural interventions should accurately communicate the relative risks of smoking and vaping to avoid giving young people the impression that smoking is the safer option.

In Britain, 5.5 million adults currently vape, over half of whom (60%) have quit smoking.[4] Many will have school-age children who benefit from reduced exposure to harmful tobacco smoke. If youth vaping interventions exaggerate the risks from vaping, it may influence parents to stop vaping and increase their risk of relapsing to smoking – putting their children at greater risk from secondhand smoke. Evidence from the US shows that adult smokers who viewed anti-youth vaping media were less likely to consider vapes for smoking cessation and viewed vapes as more harmful.[5]

3. Avoid myths and misinformation

There is lots of unreliable information about vapes online and in the media. This has contributed to worsening public understanding of the risk of vaping compared to smoking, among both adults and children. It's important that vaping prevention initiatives stick to the facts and avoid repeating misinformation.

We recommend referring to evidence reviews and guidance from reputable UK-based organisations. For example, the evidence reviews published by the UK Office for

[3] Noar SM et al. Impact of vaping prevention advertisements on US adolescents: A randomized clinical trial. JAMA Network Open. 2022 Oct 3;5(10):e2236370-. doi:10.1001/jamanetworkopen.2022.36370

[4] ASH. Use of vapes and other novel tobacco and nicotine products among adults in Great Britain. July 2026.

[5] Sawyer LE, Brandon TH. Unintended consequences: testing the effects of adolescent-targeted anti-vaping media upon adult smokers. Nicotine & Tobacco Research. 2023 Apr 6;25(5):967-74. https://doi.org/10.1093/ntr/ntac277

Health Improvement and Disparities[6] and the Royal College of Physicians[7] provide the most comprehensive assessment of the health impacts of vaping to date. Further resources have been developed by the NHS, ASH, Smokefree Sheffield, and the National Centre for Smoking Cessation and Training (NCSCT).

When citing academic research, stick to good quality peer reviewed studies, ideally meta-analyses and randomised control trials. Key questions to ask include:

a) **Does the evidence claim an 'association'?** This means that we cannot be sure there is a causal relationship between the factors being studied.
b) **Is there only evidence of this link in animal studies?** We cannot be sure this relationship would be the same in humans.
c) **How many people were included in the study?** For most studies (not qualitative studies) a small sample size means we cannot be as confident in the findings.
d) **How consistent is the evidence?** We can be more confident in claims which are backed up by multiple good quality studies. If a study contradicts the existing evidence base or there are no other studies on that topic, then we should be more sceptical about the findings.
e) **How strong is the effect?** If the reported effect is very small (e.g., a 1% increase in risk), make this clear so people understand that the increase in risk is very small.
f) **Does the study account for smoking?** Most adults who vape are current or former smokers. Studies assessing the impact of vaping should control for smoking. Otherwise, the harms from smoking may be wrongly attributed to vaping. Researchers should explain how they identified smokers and adjusted for smoking in their analysis.

The Science Media Centre publishes rapid expert responses to a range of academic studies, including those on vaping. These can be helpful for understanding the limitations of some studies. For more information see: Avoiding myths and misinformation

4. Clearly distinguish between legal and illegal vapes

Educational materials should clearly distinguish between legal nicotine vaping products (which comply with UK regulations) and illegal products (which may contain harmful substances or excessive nicotine levels).

Legal vapes are subject to minimum safety standards and other regulations designed to protect consumers:[8]

[6] McNeill A et al. Nicotine vaping in England: 2022 evidence update. A report commissioned by the Office for Health Improvement and Disparities. September 2022.
[7] Royal College of Physicians. E-cigarettes and harm reduction: An evidence review. April 2024.
[8] MHRA. E-cigarettes: regulations for consumer products. August 2024.

- ✓ Must be notified to the UK medicines regulator (MHRA)
- ✓ Restrict nicotine strength to no more than 20mg/ml
- ✓ Restrict e-cigarette tanks to a capacity of no more than 2ml
- ✓ Ban certain ingredients including colourings, caffeine and taurine
- ✓ Must be re-chargeable and re-fillable
- ✓ Packaging includes information about ingredients, nicotine content, and warnings
- ✓ Tamper-evident and child-resistant packaging

Illegal vapes are not subject to any of these rules and may pose additional risks to young people. People who sell vapes to children don't care whether the products they are selling are legal or whether they contain illicit or harmful substances. For example, one investigation of vapes confiscated from schools found that one in six (16.6%) contained the illegal drug spice.[9] FRANK has developed factsheets for public health teams and educational institutions on the risks to young people from THC vapes. These can be requested by emailing frank@talktofrank.com.

Educational materials should explain how to identify illegal vapes and include clear guidance on reporting illegal sales to Trading Standards.[10] **It is important that the risks from illegal vapes are not conflated with legal products as this could undermine efforts to help adults quit smoking.**

5. Regularly review and update resources to reflect current evidence

The evidence and policy landscape around vaping is evolving rapidly, so educational materials need regular updates to avoid becoming out of date. Many of the vaping prevention initiatives identified by the Bristol survey included out-of-date or irrelevant information (e.g. about disposable vapes). Vaping regulation is set to change substantially over the next few years. A new duty on vaping products will start in October 2026, and further controls on marketing, packaging, and flavours are expected under powers in the Tobacco and Vapes Act.

To keep resources up to date:

- Review educational materials and information at least annually
- Link to the latest national data and resources
- Check regularly that links are active and maintained (use DOIs if available)[11]

[9] BBC. Pupils unwittingly smoking spiked vapes, study finds. July 2024.
[10] Members of the public in England can report illegal sales of vapes to Trading Standards by contacting the Citizen's Advice consumer service: https://www.citizensadvice.org.uk/consumer/get-more-help/if-you-need-more-help-about-a-consumer-issue/. See advice for Northern Ireland, Scotland, and Wales.
[11] A DOI, or Digital Object Identifier, is a unique, permanent code for digital items like journal articles, datasets, or books, acting like a fingerprint that always points to the item's location, even if the URL changes. See here for more information.

6. Ensure that responses to youth vaping are proportionate

Schools should adopt a holistic approach to youth vaping, focused on child wellbeing. Exclusion or punitive responses are not appropriate and are unlikely to be effective. Instead, schools should:

- Address underlying issues such as stress or peer influence
- Integrate smoking and vaping prevention into wider health and wellbeing education
- Offer pastoral support and signposting to cessation services where needed

7. Evaluate the effectiveness of vaping prevention initiatives

Evaluation is critical for understanding whether interventions are effective and cost-effective. However, almost a third (21) of the local authorities who reported running youth vaping prevention initiatives stated they did not collect any data on their effectiveness. Of those that claimed they had collected data or feedback (15), 7 discussed or demonstrated having tailored initiatives based on feedback/data or had plans to do so in future. Only 9 had evaluated at least one initiative and provided information about the results.

All local authorities running vaping prevention initiatives should:

- Collect feedback/data from schools, young people, and providers. See Appendix 1 for a summary of the key data to collect.
- Evaluate key outcomes (e.g. changes in awareness/understanding and behaviour).
- Use data to refine and improve initiatives over time.

Avoiding myths and misinformation

Several examples of misinformation were identified in the vaping prevention initiatives run by local authorities. The table below addresses some of the most common examples. For more information, see the ASH briefing: Addressing common myths about vaping: Putting the evidence in context.

Is it illegal for under-18s to buy or possess vapes? It's illegal to *sell* vapes to under-18s or to buy them on their behalf. Young people who purchase, possess, or use vapes aren't committing an offence.
Can vape puffs be compared with smoking cigarettes? No. There is no direct equivalence between vape puffs and cigarette smoking as nicotine content and delivery vary widely between different products and individual smokers/vapers. Nicotine is highly addictive but doesn't contain the thousands of toxic chemicals found in tobacco smoke, such as tar and carbon monoxide. Using nicotine content to judge the relative harms from smoking and vaping is highly misleading.

What about popcorn lung?

Popcorn lung (bronchiolitis obliterans) is an uncommon type of lung disease, linked to a chemical called diacetyl. Some vape liquids used to contain diacetyl which led to the idea that vaping might cause popcorn lung. Cases of alleged vape-induced popcorn lung have been widely covered in the media.

However, there have been no confirmed cases of popcorn lung linked to vaping and diacetyl was banned in UK vapes under the EU Tobacco Products Directive (TPD) in 2016. See the Cancer Research UK explainer for more information.

Does vaping cause anxiety and depression?

We don't know. People who vape are more likely to report anxiety and depression, but it's unclear whether vaping contributes to this or whether other factors play a role (e.g. people with mental health problems self-medicating using nicotine).

Smoking, however, is known to raise the risk of several mental health conditions, and quitting smoking can improve mental wellbeing.

Does vaping increase the risk of seizures?

While there have been some reported cases of seizures among people who vape, there are no robust, large-scale studies that have established a causal relationship between vaping and seizures. Case reports often do not specify whether the patient was vaping nicotine or other substances like cannabis, making it difficult to draw conclusions.

Cigarette smoking does not appear to cause seizures, although there is some evidence suggesting it may exacerbate seizures among those with epilepsy.

Does vaping damage brain development in young people?

Much of the concern around the effect of vaping on the brain stems from the theory that nicotine may harm adolescent brains. Nicotine doesn't seem to have major effects on brain development, although young people may be more sensitive to it. Most people who smoke start before age 20, so any cognitive impact from nicotine use should be present in long-term smokers.

One study following a cohort of children born in 1932, who had their IQ tested at age 11, found no difference in cognitive function at age 70 between never and ex-smokers. This suggests that lasting cognitive harm from vaping nicotine is unlikely, although further research is needed.

Tips on language and messaging

The below tips have been developed to support practitioners to use accurate and appropriate information when communicating with young people about vaping.

Markers of good information

Marker of Good Information	Description
Clear messaging about the risks from vaping	**Relative risk:** Vaping is less harmful than smoking.[12] **Absolute risk:** Vaping is not risk-free.
Youth-appropriate communication	Information for young people should be written for young people. Use simple, easy-to-understand language. Use images and videos to break up dense text.
Non-judgemental tone	Provide information without being judgemental or instructive. Avoid telling young people what to do, as this is unlikely to change their minds. Encourage young people to make informed decisions.
Honesty	Avoid overstating risk; exaggeration *may* reduce vaping in the short term but is highly unethical. Credibility is lost if young people recognise the information as incorrect. Overstating the risks from vaping may reduce the perceived risks from smoking.

Understanding academic/technical language

When developing vaping prevention initiatives, practitioners need to interpret and use the language from studies correctly to avoid confusion and misinformation. If in doubt, consult a researcher or public health specialist. To start with, here are some key tips:

[12] *Relative* risk = the risk from vaping relative to or compared to smoking. *Absolute* risk = the risk from vaping compared to never smoking or vaping.

"Associated with" versus "causes"	If a study suggests something is associated with vaping, it does not mean vaping causes that issue, just that the two are linked.
"Harm" versus "risk"	**Harm** is the actual damage, loss or injury that occurs in response to vaping. **Risk** is the chance of someone experiencing the harm. Increased risk of harm does not mean any harm experienced will be more severe.
"Prevention" versus "Treatment"	In this context, prevention initiatives target people who have never vaped with the aim of discouraging vaping, particularly for those who are thinking about vaping. Treatment initiatives target people who currently vape to support them to stop vaping.

Resources

The following resources have been collated to help inform youth vaping prevention work run by local authorities and schools.

Information and guidance

- National Centre for Smoking Cessation and Training (NCSCT). Young people and stopping vaping. Briefing, further resources, and case studies.
- Smokefree Shefield. Vaping: The Facts.
- ASH. Youth vaping: the facts.
- NHS. Young people and vaping.
- FRANK. Information for young people about vaping.
- ASH. Addressing common myths about vaping: Putting the evidence in context. 2023.

Evidence reviews

- Royal College of Physicians. E-cigarettes and harm reduction: An evidence review. 2024.
- Office for Health Improvement and Disparities. Nicotine vaping in England: 2022 evidence update. 2022.

Data on youth vaping prevalence

- ASH factsheet. Use of vapes and other novel tobacco and nicotine products among young people in Great Britain. 2026.
- NHS Digital. Smoking (and vaping), Drinking and Drug Use among Young People in England

Appendices

Appendix 1 – Summary of key data points for evaluation

The following data should be collected before and after the intervention. This is not a comprehensive list but provides core minimum set of data points. Different types of initiatives would need different measurements e.g. online material could have clicks and time spent on websites as well as qualitative feedback. Post-intervention measurement should not be carried out until sufficient time has passed for behaviour change to occur.

- Intentions to vape, smoke, or use other nicotine products
- Current vaping, smoking, and use of other nicotine products
- Beliefs about absolute and relative harms compared to smoking
- Perceptions/observations of vaping being an issue in their school
- Perceptions of the intervention (What did they like/not like? Did they change their behaviour as a result?)