



Briefing Paper for the Department of Health and Social Care

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Unit: PUB017-6/STI026-6 Principles, Policies and Issues

Topic: Addressing Smoking and Vaping Among Young Adults in the UK: Evaluation of the Tobacco Control Plan and Proposed Strategies

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Executive Summary

In this briefing paper, the existing United Kingdom Tobacco Control Plan has been assessed, and a critical lapse in its strategy for nicotine use in young adults aged between 18 and 24 years has been identified. Although the overall prevalence of smoking has been on the decline, there is stagnation in this group, but a remarkable and alarming increase in vaping has been reported. The current policy framework is not effective enough to support the unique psychosocial and economic, and developmental motivators of nicotine use in this age group. In this paper, the program of reduction and elimination of nicotine harm and cessation among young adults is proposed as the YouNicotine Nicotine Harm Reduction and Cessation (YANHARC) Initiative. The YANHARC Initiative is a multi-stranded approach that makes use of digital technology, peer support networks, and better integration in further and higher education systems. The main conclusions show that it is necessary to prevent a new generation of nicotine addicts, which must be carried out through a specific, evidence-based strategy. The conclusion highlights the importance of the initiative on the overall health of the population, and in light of the possibility to decrease the non-communicable disease burden in the future, decrease the pressure on the National Health Service, and directly address the issue of entrenched health inequalities. It is suggested that the DHSC should include the YANHARC Initiative as the official part of the upcoming Tobacco Control Plan and assign seed funding to a pilot programme in phases.

1. Introduction: Background, Problem, and Scope

1.1 Background and Problem Statement

The United Kingdom has also been considered a tobacco control pioneer over time, and a full package of policies, such as advertising prohibitions, plain packaging, and smoke-free laws, has been used to significantly reduce the prevalence of smoking over the last decades (Department of Health and Social Care, 2023). Yet, this success story hides an ongoing and dynamic health issue in the community. The reduction in smoking prevalence among young adults aged 18 to 24 has decreased significantly and has been at a high rate, a segment of the population that is at a crucial life transition stage characterized by independence issues, studies and employment, where nicotine addiction vulnerability is high (Action on Smoking and Health, 2023).

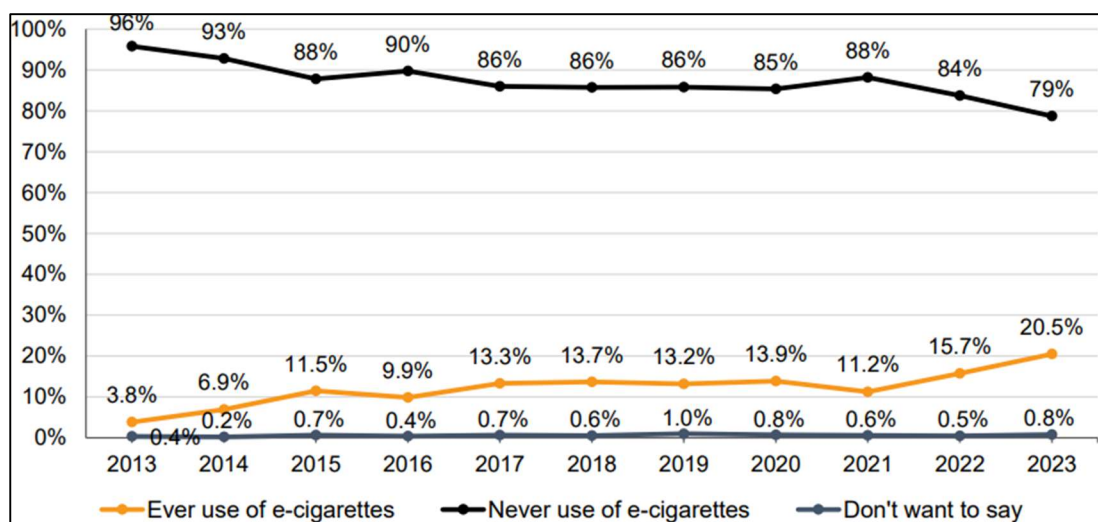


Figure 1: Use of e-cigarettes by GB youth (11-17), 2013-2023

(Action on Smoking and Health, 2023)

Concurrently, the landscape of nicotine use has been radically changed thanks to the proliferation of e-cigarettes. Initially promoted as a harm reduction strategy for existing adult smokers, vaping has become increasingly popular among young people (including those who never smoked), setting up a new pathway to nicotine addiction (McNeill et al., 2022).

This double challenge of continued smoking and increasing vaping is of paramount importance. The sirenising of using nicotine as an alternative in the form of sleek, disposable vapes has the potential to create a new generation of addicted adults with associated long-term health risks, including respiratory and cardiovascular diseases (Barker, 2021). The geographical focus of this issue is throughout the country, but it quantifies the significant impact on young adults in areas of greater socioeconomic deprivation, which further fuels existing inequalities in health (Hardie and Green, 2023). The limitations of what is currently the policy framework for engaging this demographic effectively are the significant gap in knowledge and the reason for this briefing paper.

1.2 Purpose and Scope of the Document

The main purpose of this document is to propose a new, targeted public health initiative to address the cessation and prevention of smoking and vaping in young people, specifically for young adults in the UK. The scope of this briefing is threefold. First, it will offer a critical appraisal of the

current UK Tobacco Control Plan and associated programmes and their effectiveness, including specific gaps related to the 18-24 age group. Second, it will include a detailed proposal for the "Young Adult Nicotine Harm Reduction and Cessation" (YANHARC) Initiative. Finally, it will propose a strong implementation, monitoring and evaluation framework for this new strategy. The key stakeholders for this proposal are the Department of Health and Social Care, Public Health England, Local Authority Public Health Teams, NHS England and the third sector organisations such as Action on Smoking and Health.

2. Background and Context of the Public Health Issue

The impact of smoking and vaping on the health of young adults is very severe and far-reaching. Nicotine is very addictive and can interfere with the development of the brain up to the middle of the twenties and affects attention, ability to regulate mood and learning (Yuan et al., 2015). In the UK, smoking has been the top preventable cause of premature mortality, associated with cancer-related disorders, respiratory disorders and heart-related disorders. Even though e-cigarettes pose less harm, their long-term risks are unstudied, and the symptoms of respiratory irritation and poor lung functioning have been observed (Wilson et al., 2019). This socio-economic effect is also great because nicotine addiction is higher among the deprived communities, which further intensifies economic burden and enhances health disparities (Brown et al., 2014).

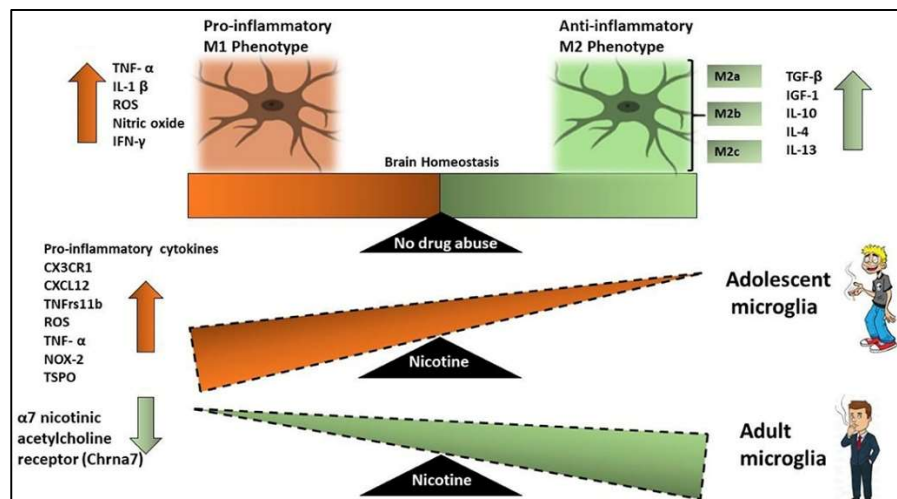


Figure 2: Effect of nicotine on microglial activation in adult microglia vs. adolescent microglia

(Mahajan et al., 2021)

Surveillance data help illustrate the extent of the problem dramatically. While the rate of smoking in adults in England has decreased to 12.7 %, the prevalence stays stubbornly high among those aged 18 to 24, at about 15.5 %, with the rate of decline stalling over the past 5 years (Hammond et al., 2025). More worryingly, we are currently seeing a hugely increased prevalence of vaping in young adults, from 4.8 % in 2017 to over 18 % in 2023. Crucially, more than 15 % of young adult vapers have never smoked, meaning for many vapers, vaping isn't getting them off the smoking habit, but rather getting them started on it. Crucially, more than 15 % of young adult vapers have never smoked, which suggests that for many young people, vaping is not getting them off the smoking habit, but actually getting them started on it.

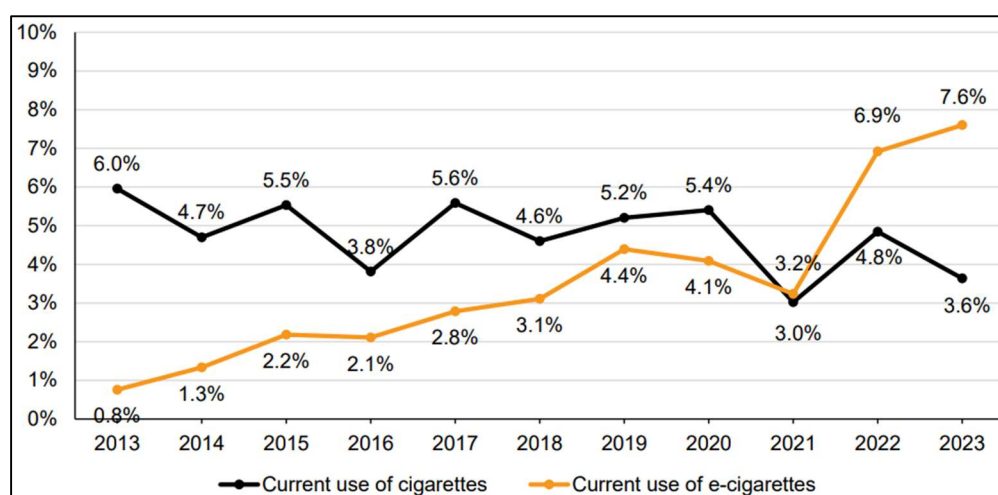


Figure 3: Current use of cigarettes and e-cigarettes over time, GB youth (11-17), 2013-2023

(Action on Smoking and Health, 2023)

3. Focus of the Document – Objectives

The main purposes of this briefing paper have been clearly outlined as a guide to this piece of analysis and prescriptive paper. First, it will undertake a critical review of current tobacco control policies and programmes undertaken by the UK, and in particular, examine their effectiveness and suitability for the young adult population of the age range between 18 and 24. Second, along the lines of the gaps that were identified during the current assessment, the document will offer a specific new initiative, namely, the Young Adult Nicotine Harm Reduction and Cessation (YANHARC) strategy. Third, it will give a comprehensive description of the main elements of

this initiative and the working rationale. Lastly, the paper will specify an all-inclusive and viable implementation guide on the YANHARC strategy. The plan will identify the significant stakeholders, state sound monitoring and evaluation frameworks, and show the preliminary budget, thus converting the conceptual plan into a policy recommendation to be implemented by the decision makers.

4. Faculty of Public Health Competencies

This work is directly linked to a number of core competencies from the Public Health Skills and Knowledge Framework. The competency of Surveillance and Assessment of the Population's Health and Well-being is illustrated in the critical analysis of prevalence data and its reading for the identification of a group at high risk. The competency of assessing the Evidence of Effectiveness of Interventions is central to the critical appraisal of the Tobacco Control Plan that is presently extant. The development of the YANHARC Initiative is directly related to the competency of Policy and Strategy Development and Implementation. Finally, the proposed collaborative approach with multiple agencies encapsulates the competency of Strategic Leadership and Collaborative Working, which will guarantee a multi-agency response to a complex public health issue.

5. Critical Evaluation of Existing Policies and Programmes

The Tobacco Control Plan and specific interventions, including the recent "Swap to Stop" scheme, are the cornerstones of the UK government's work to deliver a smokefree generation nationally. There have been some notable strengths of these policies (NCSCT, 2025). The UK's comprehensive legislative strategy, which includes plain packaging and point-of-sale display bans, is internationally recognised and has helped to greatly denormalise smoking. The "Swap to Stop" scheme, through the loan-out of free e-cigarette starter kits to adult smokers, is a novel use of the harm reduction approach (Department of Health and Social Care, 2023).



Figure 4: Swap To Stop' Scheme

(Foster, 2023)

However, a critical analysis shows several profound weaknesses and gaps specifically in regard to the young adults. One of its main limitations is that it is not specific to demographics. The Tobacco Control Plan treats "young people" as a homogenous group, failing to distinguish the different needs, behaviours and environment for 18-24 year olds as compared to adolescents or adults. This age group have often aged out of school-based interventions but are not yet consistently engaged by adult-focused NHS Stop smoking services, services that they often view as inaccessible or irrelevant (Hiscock et al, 2012).

Furthermore, the current approach is siloed, and smoking and vaping are considered as two separate issues. This makes no mention of the reality of poly-use, where young adults can be simultaneous smokers and vapers, depending on the situation, and ignores the fact that there are shared underlying risk factors, such as stress and mental health challenges and social factors. The policy attention to vaping has focused mainly on prevention of youth access, while it has largely neglected the focus on facilitating cessation among young adults who are already addicted to nicotine through the use of e-cigarettes.

Another important gap is the lack of digital engagement. Traditional, face-to-face smoking cessation services have been known to have low engagement rates among young adults. While

there is the NHS website, which has access to digital resources, there is no digital strategy that is proactive, digital-native and gamified to appeal to this demographic, designed to capture their attention in their digital habitats, social media platforms. Finally, there is a lack of attention to the strong association of nicotine use with mental health. For many young adults, smoking and vaping are forms of coping against stress, anxiety and depression. The current policy framework fails to incorporate mental health support as a core component of nicotine cessation for this group, and is a significant missed opportunity (Barker, 2021).

6. Proposal of a New Initiative: The YANHARC Initiative

6.1 Initiative Overview and Logic Model

The "Young Adult Nicotine Harm Reduction and Cessation" (YANHARC) Initiative is meant to address the identified policy gaps. It's a digital-savvy multi-channel approach incorporating a dedicated mobile application, peer support networks, focused social media campaigns and increased support within further and higher education settings. The theory of change of the initiative is as presented in the logic model below. The inputs are a dedicated project team, app developers, clinical psychologists, social media experts and partnership managers. The key activities include the creation of the "QuitCube" app, training for wellbeing staff in universities and colleges, a specific social media campaign with the hashtag #BetterOffWithout and the creation of a peer-mentor programme. The direct outputs will be measured via the number of app downloads, training sessions given, social media campaign reach and engagement statistics, and the number of peer mentors trained. A fifteen % decrease in the smoking rate in the 18-24 age group within the next three years, a twenty % increase in the number of quit attempts reported in the app and national surveys, and better knowledge of the harms associated with nicotine are some of the measurable outcomes expected. The resulting long-term impact will be a reduced burden of non-communicable diseases on the NHS, a reduction in health inequalities associated with nicotine use and breaking the cycle of inter-generational nicotine dependence.

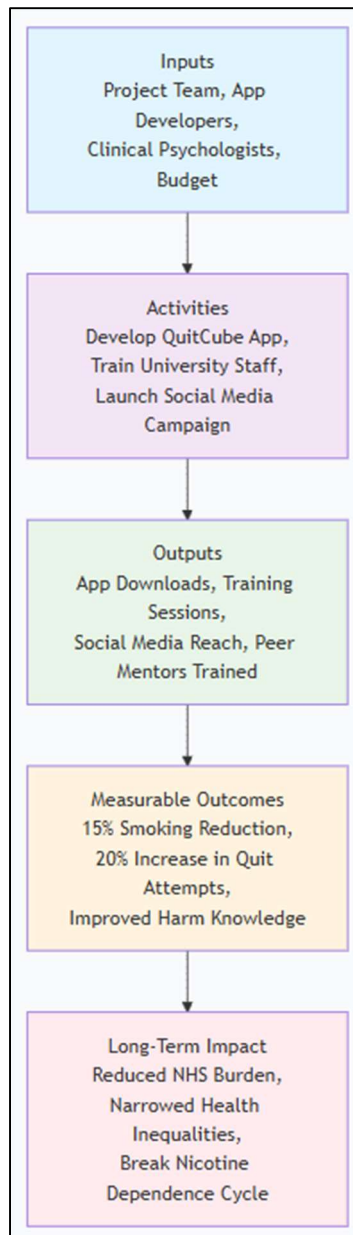


Figure 5: YANHARC Initiative Logic Model showing the pathway from inputs to long-term impact

Self made

6.2 Key Components and Justification

The YANHARC Initiative is based on a number of important interrelated components. The central pillar is the "QuitCube" mobile application, a purpose-built digital application that moves beyond static information. It will include a gamified quit journey with personalised milestones and

rewards, integrated Cognitive Behavioural Therapy modules specifically designed to tackle stress and anxiety without nicotine, and a live chat function which connects the users to trained stop smoking advisors. This online front door is important to such an extent that it comes to reach young adults on grounds that they understand.

In addition to the digital tool, there is also a built-in peer support system. The program will be trained and deployed within the prevailing societies to the locally available quit mentors, or the young adults who have been able to quit smoking /vaping. These authoritative representatives will trigger support groups, both online and offline, in the universities and youth centres where individuals could obtain relatable advice and establish a feeling of community. Furthermore, the initiative will work towards having support embedded in tertiary education systems. This includes requiring short interventions at student enrolment or freshers week health checks, and dedicated training and resources for university wellbeing services in identifying and supporting students struggling with nicotine addiction.

This integrated approach is justified in that it is more likely to be effective due to a number of reasons. It meets young people where they are - digitally, it addresses the root psychological causes for use, such as mental health, it uses credible messengers in the form of peers, and it takes a holistic approach by addressing both smoking and vaping at the same time. Potential challenges such as digital exclusion will be overcome by ensuring access to all resources via the web and in-person peer support in deprived communities.

6.3 Implementation and Monitoring Plan

The YANHARC Initiative implementation will be a gradual process in order to enable viability, flexibility and constant enhancement. The programme will be implemented in year one and will be a pilot in 3 cities that will be determined as having an exceptionally higher percentage of nicotine use among young adults. The phase will be aimed at pilot-testing the digital platform, building peer-support networks and measuring the levels of engagement. During the second year, the program will be launched in all major universities in the UK, thus increasing the reach and offering an opportunity to perfect programme delivery according to the pilot results. In year three, the project will advance to a comprehensive national expansion that targets the young adults in

higher education, workplaces and community-based settings. The principal stakeholders will be the Department of Health and Social Care (DHSC) and Public Health England (PHE) as the main stakeholders, with backup of Universities UK, the National Union of Students, Local Authority Public Health teams and mental health charities like Mind.

A well-developed system of monitoring and evaluation will play a leading role in accountability and impact measurement. The prevalence of smoking will be one of the key indicators of the performance, which will be assessed on an annual basis due to the Annual Population Survey and topped up with a longitudinal cohort study conducted among engaged app users. The second key indicator will be the number of successful quit attempts done on the QuitCube app, confirmed by follow-up self-report surveys. These data will be obtained with the help of app analytics and quarterly surveys of users (more frequent monitoring is possible). A combination of these measures will help to gain a broad understanding of behaviour change, programme performance and the possibility of embarking on additional improvement.

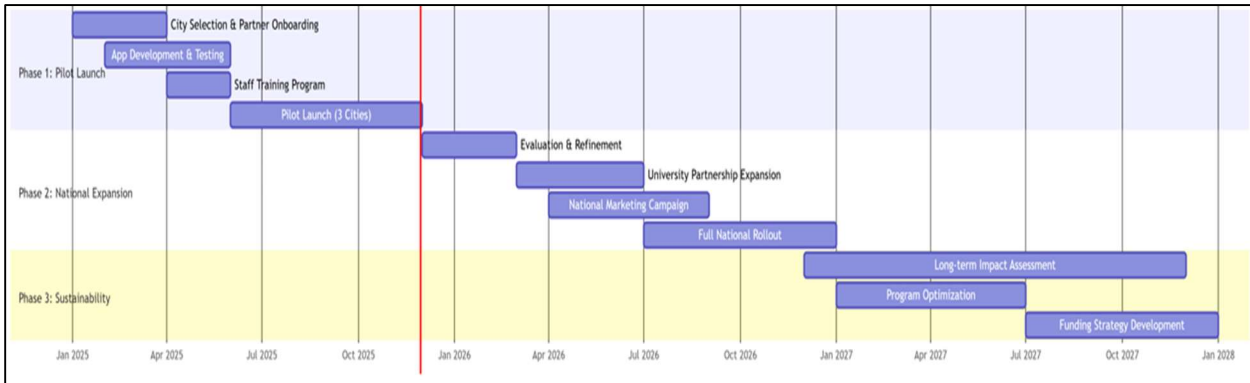


Figure 6: Three-phase implementation timeline for the YANHARC Initiative over 30 months

Self made

6.4 Budget and Funding

A working budget of the pilot phase is as outlined below. The estimated cost of the personnel category, which includes a Project Manager, Data Analyst, and two Community Engagement Officers, is two hundred thousand Pounds for four full-time equivalents. Digital development, including the development and upkeep of the "QuitCube" app, is estimated at one hundred and

fifty thousand pounds. Marketing and campaigning, including social media advertisements and influencers, are covered by practitioner costing of one hundred thousand pounds in a year. Training for peer mentors and University staff, materials, and delivery of sessions is estimated at fifty thousand pounds. This brings the total estimated cost of the pilot phase to about five hundred thousand pounds a year.

Funds to accomplish the initiative should be raised from various sources. The main proposal will be put forward to the DHSC for core funding in the next Tobacco Control Plan budget. Co-funding opportunities should be sought with mental health charities whom's remit is related to the focus of the initiative. A longer-term and sustainable funding model might be a push for a statutory levy on profits from both the tobacco and the vaping industries, invested directly in public health measures to address harm caused by their products.

7. Conclusion and Recommendations

Summing up, the Tobacco Control Plan implemented in the UK has made significant advances in general, but has yet to go further in solving the newborn challenge of nicotine use in young adults that is becoming more complicated. A plateau in the smoking and the astronomical rise in vaping within this group indicate the serious problem that should be redone regarding the health of the individuals. The proposed policy action gap is addressed directly in the form of the Young Adult Nicotine Harm Reduction and Cessation (YANHARC) Initiative, providing a focused approach, namely a cost-effective, evidence-based strategy, where digital engagement, peer contact, and support mechanisms are used to achieve the desired outcome. Its design is such that its relevance is based on the lived realities of young adults walking towards long-term sustainability because of the prevention of nicotine-related harms at the onset.

The health social importance of such an effort is high. By targeting a high-risk and yet poorly studied demographic, YANHARC will address important social determinants of health and can help decrease health disparities in the future. It is also possible to provide better efficiency to the NHS with a digitally supported, peer-led model, which will prevent the costly disease burden in the future.

Therefore, three recommendations are suggested. YANHARC should be made part of the subsequent Tobacco Control Plan by the Department of Health and Social Care, a two-year pilot funded at £500,000 should be delivered across three cities, and should be coordinated with the Department for Education, Universities UK, and local public health teams.

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