Lesson Plan for Tobacco Education

An Introduction to Different Types of Tobacco
Key Stage 3 & 4

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This lesson plan with associated resources has been devised by the Education Health & Wellbeing Team to support Lancashire schools to deliver Tobacco Education as part of the PSHE curriculum.

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Lesson title: An Introduction to Different Types of Tobacco

Key stage: 3 & 4

PSHE Association Programme of Study:

Keystage 3
- ways of recognising and reducing risk, minimising harm and getting help in emergency and risky situations
- to recognise and manage different influences on their decisions about the use of substances, (including clarifying and challenging their own perceptions values and beliefs) including managing peer influence
- the personal and social risks and consequences of substance use and misuse, including the benefits of not drinking alcohol (or delaying the age at which to start) and the benefits of not smoking including not harming others with second-hand smoke
- the risks and consequences of ‘experimental’ and ‘occasional’ substance use and the terms ‘dependence’ and ‘addiction’
- about how to access local health services
- about cancer and cancer prevention, including healthy lifestyles, acknowledging that childhood cancers are rarely caused by lifestyle choices
- to understand the feelings and pressure that the need for peer approval, including in relation to the purchase and use of tobacco and alcohol (including cheap/illicit alcohol and cigarettes), drugs and other risky behaviours, can generate
- to understand the terms ‘habit’, ‘dependence’ and ‘addiction’ in relation to substance use and to whom to talk if they have concerns
- to explore social and moral dilemmas about the use of money, (including how the choices pupils make as consumers affect other people’s economies and environments)

Keystage 4
- where and how to obtain health information, advice and support (including sexual health services)
- how lifestyle choices affect a foetus
- the short and long-term consequences of substance use and misuse for the health and mental and emotional wellbeing of individuals, families and communities, including the health risks related to second-hand smoke
- understand the terms ‘habit’, ‘dependence’ and ‘addiction’ in relation to substance use and to whom to talk if they have concerns
- the wider risks and consequences of legal and illegal substance use including on their personal safety, career, relationships and future lifestyle
- about checking yourself for cancer and other illnesses, including knowing what to do if you are feeling unwell and checking for signs of illness; and how to overcome worries about seeking help and being an assertive user of the NHS
- to recognise the impact of drugs and alcohol on choices and sexual behaviour

Intended learning outcomes:

Students will be able to:
- Distinguish between the different types of tobacco, their legality and associated risks
- Identify the health risks associated with the different types of tobacco
- Select key pieces of information about different types of tobacco to create a presentation for the group
- Present relevant, up-to-date information on tobacco products to their peers, confidently
### Lesson Plan for Tobacco Education

**Resources:**
Tobacco Quiz – to start the activities and engage students with information they may not be aware of and to put the perspective of how long people have been using tobacco products but also for how long the health risks have been known.

It can be used as a quiz, all the statements are true or it could be put on to cards for students to create a timeline and ask them to bring it up-to-date.

- Factsheet 1 Illegal(Illicit) Tobacco
- Factsheet 2 E-cigarettes
- Factsheet 3 Niche Tobacco
- Definition of Tobacco Products

**Assessment strategies:**
Peer assessment – after the groups have completed the record sheets based on what the other groups have presented to answer the 5 questions. Ask the group each group to feedback on one of the others in terms of how well the questions were answered and how well the information was presented.

**Introduction:**
This session is to ensure students are clear about the different types of tobacco people use, ensure they understand the legal status of them and the associated economic, health and safety issues. (use Definition of Tobacco Products resource)

**Starter Activity:**
Historical Tobacco Quiz/timeline - this can be done individually or in small groups.

**Main Teaching/learning activities:**

1. Divide the class into 3 groups of even size as far as possible. They are going to work in smaller sub-groups within each of the 3 bigger groups. Each group is to prepare a presentation to deliver to the whole class on their allocated area.
2. The first group will focus on Illegal Tobacco, divide them into 3 sub-groups:
   a) Counterfeit
   b) Bootlegged
   c) Smuggled
3. The second group will focus on Niche Tobacco, divide them into 2 sub-groups:
   a) Shisha
   b) Chewing tobacco
4. The third group will focus on Electronic Cigarettes and the sub-groups will be determined by distributing the questions between them.
5. Using the resources provided and the links to other resources, each sub-group researches and selects key information to include in their presentation. The end product is 3 presentations, one on illegal tobacco products, one on niche tobacco products and one on electronic cigarettes.
6. The structure for each presentation is to address the following questions:
   I. What is it?
   II. How is it used?
   III. Where is it available from?
   IV. What are the risks to health and safety?
   V. What is your key message that you wish to communicate to the class about this type of tobacco product?
7. The groups have to determine how best to engage the class, select the information and decide how to present it.
8) Each group presents in turn.

9) The 5 questions used to frame the presentation can be used as a recording sheet for the groups receiving each presentation.

Extension activity – Students could research the advertising and global issues relating to tobacco products.

<table>
<thead>
<tr>
<th><strong>Plenary</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Students are asked:</td>
</tr>
<tr>
<td>1) What have you learned that you did not know before?</td>
</tr>
<tr>
<td>2) Was there any information about the products that surprised you?</td>
</tr>
<tr>
<td>3) Is there anything else you wish to learn about any of these products?</td>
</tr>
<tr>
<td>4) If people have known for so long about the harmful and costly effects of smoking tobacco products, why do you think people still smoke?</td>
</tr>
</tbody>
</table>

**Links to other resources:**
The following websites may be useful:
- [http://www.att.lancsngfl.ac.uk/](http://www.att.lancsngfl.ac.uk/) LCC Trading Standards Moodle
- [http://www.nhs.uk/Pages/HomePage.aspx](http://www.nhs.uk/Pages/HomePage.aspx) NHS Choices
- [https://www.gov.uk/search?q=+smoking+tobacco](https://www.gov.uk/search?q=+smoking+tobacco) Public Health England
- [http://tobaccofreefutures.org/](http://tobaccofreefutures.org/) Tobacco Free Futures
Historical Tobacco Quiz

1. Tobacco is a plant that grows natively in North and South America. It is in the same family as the potato, pepper and the poisonous nightshade, a very deadly plant.

2. The seed of a tobacco plant is very small. A 28g sample contains about 300,000 seeds.

3. It is believed that tobacco began growing in the Americas about 6,000 B.C.

4. On 15 October 1492, Christopher Columbus was offered dried tobacco leaves as a gift from the American Indians that he encountered.

5. The major reason for tobacco's growing popularity in Europe was its supposed healing properties. Europeans believed that tobacco could cure almost anything, from bad breath to cancer.

6. In 1610 Sir Francis Bacon noted that trying to quit the bad habit was really hard.

7. In 1826, the pure form of nicotine is finally discovered. Soon after, scientists conclude that nicotine is a dangerous poison.

8. In 1836, New Englander Samuel Green stated that tobacco is an insecticide, a poison, and can kill a man.

9. Cigarettes in the U.S. were mainly made from scraps left over after the production of other tobacco products, especially chewing tobacco. Chewing tobacco became quite popular at this time with the "cowboys" of the American west.

10. Smoking rates among female teenagers soon triple between 1925-1935.

11. During World War II (1939-1945), cigarette sales are at an all-time high. Cigarettes were included in a soldier's C-Rations (like food!). Tobacco companies sent millions of cigarettes to the soldiers for free, and when these soldiers came home, the companies had a steady stream of loyal customers.

12. During the 1950's, more and more evidence was surfacing that smoking was linked to lung cancer. Although the tobacco industry denied such health hazards, they promoted new products which were "safer", such as those with lower tar and filtered cigarettes.

13. In 1965, television cigarette ads are taken off the air in Great Britain.


15. During the 1980's and 1990's, the tobacco industry starts marketing heavily in areas outside the U.S. especially developing countries in Asia.
Definitions

Definition of Tobacco products

The policy should make clear that it includes the following:

- legal cigarettes and tobacco;
- illicit tobaccos including cigarettes, hand-rolling tobacco or niche products such as shisha, pan, gutkha and nass that have been smuggled, bootlegged or are counterfeit;
- e-cigarettes

Definition of E-cigarettes

Electronic cigarettes are battery powered smoking devices often designed to look and feel like tobacco cigarettes. They use cartridges filled with a liquid that contains nicotine, flavourings and other chemicals. A heating device in the e-cigarette converts the liquid into a vapour, which the person inhales.

<table>
<thead>
<tr>
<th>Tobacco Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shisha</td>
<td>Shisha is the smoking of fruit flavoured tobacco using a water pipe. The tobacco is burnt and the smoke is sucked through the water pipe, which cools the smoke down allowing it to be breathed in by the smoker.</td>
</tr>
<tr>
<td>Paan/Gutkha</td>
<td>Betel quid, paan or gutkha is a mixture of ingredients including betel nut (also called areca nut), herbs, spices and often tobacco, wrapped in a betel leaf. Chewing smokeless tobacco, such as paan or gutkha, is popular with many people from south Asian communities, including Pakistan and Bangladesh.</td>
</tr>
<tr>
<td>Naswar (‘Nass’)</td>
<td>Is a moist, powdered tobacco snuff. Naswar is stuffed in the floor of the mouth under the lower lip, or inside the cheek, for extended periods of time.</td>
</tr>
<tr>
<td>Smuggled Tobacco</td>
<td>This is usually part of large scale organised crime and involves the illegal transportation, distribution and sale of genuine tobacco products diverted from the legitimate supply chain and sold in a country different than the intended market and without domestic duty paid in that country.</td>
</tr>
<tr>
<td>Bootlegged Tobacco</td>
<td>This is a form of smuggling carried out by small gangs of criminals. The products are purchased from countries with low levels of taxation (such as Eastern Europe) and brought back into the UK for sale.</td>
</tr>
<tr>
<td>Counterfeit Tobacco</td>
<td>This is where illegal copies are made of tobacco products and their packaging. Typically, the tobacco products are made from inferior materials with the final product being made to look like genuine brands. Most counterfeit product originates from Eastern Europe or East Asia.</td>
</tr>
</tbody>
</table>
FACTSHEET 1

Illegal (illicit) tobacco

Smuggled, bootlegged or counterfeit (fake) cigarettes, hand-rolling tobacco (HRT) or niche products

Children and Young People are deliberately being targeted, making it even easier for them to become nicotine addicts at an early age.

37% of young people in Lancashire accessed cigarettes/tobacco with health warnings in a different language and 23% accessed fake cigarettes in 2015.

Nearly all illegal tobacco originates from organised criminal gangs targeting the most deprived members of our community's with the worst health outcomes. Far from being a victimless crime, the illegal tobacco trade makes it easier for young people to start smoking, which has a huge impact on their health; it takes advantage of cash-strapped families and helps fund organised crime.

2008 ASH survey: 1 in 20 smokers in professional groups buy smuggled tobacco among poorer smokers the figure is 1 in 5.

Smuggling:

This forms part of large scale organised crime and involves the illegal transportation, distribution and sale of genuine tobacco products. These are made legally and the contents of these are regulated so will have controls on what is inside them.

No UK Tax has been paid on them. They are often imported illegally from abroad.

This is also a form of smuggling, often undertaken by the ‘white van man’. Tobacco products are purchased in continental countries with lower levels of taxation such as France and Belgium and illegally brought back into countries with higher rates of tobacco taxation such as the UK.
Counterfeiting
This involves the illegal production of tobacco products from tobacco rejected by tobacco manufacturers. Counterfeit products are made from inferior materials to look genuine and can therefore be sold cheap to the consumer.

It has been found to contain
- Saw Dust
- Rat droppings
- Plastic
- Asbestos
- Lead

How can you tell if it is counterfeit?
Cut price counterfeit cigarettes or tobacco are offered for sale in convincing packets which can appear identical to the packaging of well-known brands.

It is easy to be fooled by the packaging, but on closer inspection the print quality is often poor and the packet soon falls apart. The tobacco may have a different smell then the genuine item and most smokers will notice the difference in taste as soon as they light up.

If you are buying tobacco products from a street trader, car boot sale or from someone selling from a house you are probably buying fakes.

Why remove Illegal (illicit) tobacco?
Price is the most effective barrier to smoking. A 10% increase in price leads to a 4% drop in tobacco consumption.

64% of people surveyed said, that if it wasn’t for Illegal Tobacco they would not be able to afford to smoke.

Counterfeit cigarettes were found to contain:
- 75% more tar
- 28% more nicotine
- 36% more carbon monoxide

Illegal tobacco is likely to kill 4 x more people than smuggled Illegal drugs.

‘Fag houses’ will sell to anyone, putting young people and vulnerable people in risky situations around criminals who may be closely linked to drugs and organised crime.
Illegal tobacco has strong links to low-level and large-scale organised crime so people buying illegal tobacco are lining criminals’ pockets and funding drugs, alcohol smuggling and money laundering.

**Why do people buy illegal tobacco?**
Quite simply, because of convenience and price. Illegal tobacco is often easy to get hold of in bulk, usually through a friend at work or a neighbour, and is sold at up to half the price of legal ones.

But while most people believe they are 'getting a bargain', many are not aware of the effect that buying illegal tobacco can have on their local area.

**Consequences:**
Anyone caught selling illegal tobacco could face up to ten years in prison, an unlimited fine, confiscation of their illegal products and seizure of the proceeds of their crime.
Enforcement agencies are now stepping up their work to track down those involved in the trade.
FACTSHEET 2

Niche Tobacco

Smoking tobacco products - Shisha

A Waterpipe or Hookah is used to smoke Shisha. They have been used for over 300 years. It has been claimed that more than 100 million people worldwide smoke shisha daily. It is a common practice in the Middle East, Turkey, India, Pakistan, Bangladesh and some parts of China.

Heated coal is placed on pierced aluminium foil over tobacco, which is often sweetened with fruit flavours, honey or molasses sugar.

Smoke produced from the burning charcoal and tobacco is drawn through a water bowl (producing bubbles) using a hose.

Smoke is then inhaled through the hose.

MYTH: Because smoke is drawn through water it filters out any harmful ingredients.

TRUTH: Smoking tobacco through water does not filter out cancer-causing chemicals. Water-filtered smoke can damage the lungs and heart as much as cigarette smoke.

MYTH: Smoking through a waterpipe is not as addictive as smoking a cigarette because there is no nicotine.

TRUTH: It IS possible to become addicted to shisha, because just like regular tobacco it contains nicotine. Nicotine is the chemical that works on the brain to cause this addiction. In fact, Shisha smoking can result in nicotine levels equivalent to 10 cigarettes in daily users.

Research has shown that some shisha smokers can start to have cravings similar to those seen in cigarette smokers.
Remember that shisha smoking is very different to cigarettes, because if you’re getting addicted to shisha you simply take in deeper breaths and more puffs to get your body’s desired levels of nicotine (called “titration”). This makes the smoker unaware of how much nicotine they actually need to satisfy their body’s demands, and it’s very difficult to measure. However, with cigarettes it is a lot more straightforward – if you need more nicotine, you smoke more cigarettes – so it’s easier to measure how addicted someone is to cigarettes compared to shisha.

**Shisha Tobacco**

![Shisha Tobacco Image]

**Fruit/herbal Shisha**

![Fruit/herbal Shisha Image]

**The Impact of smoking Shisha**

The World Health Organisation states:

‘Using a water pipe to smoke tobacco poses a serious potential health hazard to smokers and others exposed to the smoke emitted’ and ‘second-hand smoke from water pipes is a mixture of tobacco smoke in addition to smoke from the fuel, and therefore poses a serious threat for non-smokers.’

Therefore, Shisha smokers have the same health risks as a cigarette smoker. These include:

- High blood pressure
- Heart disease
- Lung problems and diseases such chronic obstructive pulmonary disease (COPD)
- Cancer
- Infertility (problems in getting pregnant)
- Problems during pregnancy (low weight and sickly babies)

**Smoking tobacco products - Beedi or bidi cigarettes.**

These are small hand rolled cigarettes. Often secured with a thread at one end.

Users think that they are less hazardous than smoking cigarettes. These products contain tobacco.
Users and sellers not aware they contain tobacco. Just like smoking ordinary cigarettes, they are addictive and present serious health risks – lesions, mouth cancer. Beedis are 2-3 times stronger than UK cigarettes.

**Smokeless tobacco products**

These have been in existence for thousands of years among populations in South America and Southeast Asia. Cultural and social use. Consumed without burning the product. Can be used orally or nasally. Nasal smokeless tobacco products are fine tobacco powder mixtures, inhaled and absorbed in the nasal passages.

Oral smokeless tobacco products are placed in the mouth, cheek or lip and sucked or chewed.

Generally they contain a mixture of tobacco, areca nut (often referred to as betel nut), spices and flavourings.

**Pan Masala**

[Image of Pan Masala]

**Gutkha**

[Image of Gutkha]

**Khaini**

[Image of Khaini]

**Zarda**

[Image of Zarda]

**Snus**

[Image of Snus]
Dangers relating to Niche Tobacco

- These products contain tobacco.
- Users think that they are less hazardous than smoking cigarettes.
- Users and sellers not always aware they contain tobacco.
- Just like smoking ordinary cigarettes, they are addictive and present serious health risks – lesions, mouth cancer.
- One pinch of chewing tobacco held in the mouth for 30 minutes delivers as much nicotine as 3-4 cigarettes.
- They are given to children.
- Products in bright packaging – appealing to children.
- No duty paid – smuggled into UK.
- Cheap compared to cigarettes - attractive to users and encourages consumption.

How are niche tobacco products controlled?

Certain types are illegal and can’t be sold at all – tobacco for oral use in powder or particle form (unless the product is to be smoked or chewed) e.g. snus.

Others can be sold provided certain rules are followed:

- They can only be sold to people aged 18 and over. Retailers need to display the A3 notice in a prominent place stating: It is illegal to sell tobacco products to anyone under the age of 18.
- Marked with the required health warnings. For smoking tobacco such as shisha and beedis: Smoking Kills or Smoking seriously harms you and others around you plus picture warnings. For smokeless tobacco, such as chewing tobacco and snuff: This tobacco product can damage your health and is addictive.
- All tobacco products are liable to excise duty. In addition, beedis must be labelled with: UK Duty Paid

Sanctions:
Anyone selling niche tobacco products must ensure these requirements are met:

- Only sell to 18s and over
- Age notice displayed
- Correctly labelled
- Tax has been paid

If not products could be seized and sellers could face prosecution.
FACTSHEET 3

E-cigarettes

What is an e-cigarette?
Electronic cigarettes or ‘e-cigarettes’ are battery powered devices that are sometimes designed to look and feel like regular cigarettes. They use cartridges filled with a liquid that can contain nicotine, flavourings and other chemicals. A heating device in the e-cigarette converts the liquid into a vapour, which the user inhales. This is why using an e-cigarette is known as ‘vaping’.

What’s in an e-cigarette?

- **Nicotine** – A chemical which keeps you addicted. The amount of nicotine delivered by e-cigarettes can vary with nicotine-free products as well as those which deliver high doses. Licensed medicines to support stop smoking (called Nicotine Replacement Therapy or ‘NRT’) also contain nicotine to help beat the cravings – the amounts used are regulated and are reduced over the 12 week quit period.
- **Propylene Glycol and Glycerine** – These are the main ingredients of the e-liquid and are used to create the vapour. These can cause eye, mouth, throat and lung irritation. When propylene glycol is heated it can form propylene oxide, which is a carcinogen.
- **Flavourings** – These are added to make the vapour taste nicer, however there are some concerns that certain flavours may be marketed specifically to young people as they taste like popular sweets or alcohol varieties e.g. bubble gum, Skittles, Red Bull and Pina Colada. Laboratory tests on e-cigarettes containing coffee, tobacco and cinnamon cookie flavours found them to be toxic and cause cell changes.
- **Formaldehyde** – Overheating the vapour can cause high levels of harmful chemicals to be released including formaldehyde which can cause cancer.
- **Nitrosamines** - Which can cause cancer. Although these are present in far lower amounts than found in cigarettes, they are still harmful.
- **Heavy metals** – The heating elements that convert the e-liquid into vapour contain heavy metals such as tin, copper, cadmium, chromium, nickel and lead, which can be released in poorly designed and produced e-cigarettes, are toxic to the lungs and can cause cell changes.
What is e-shisha?
E-shisha products are the same as e-cigarettes; they are just marketed under a different name. E-shisha devices vaporise e-liquid and are either rechargeable or disposable with a range of flavours just like e-cigarettes. They are available in a range of nicotine concentrations as well as nicotine-free versions.

Are e-cigarettes harmful?
E-cigarettes are still fairly new products and there isn’t a full picture on their safety until they have been thoroughly assessed over a long period of time. As e-cigarettes don’t burn tobacco, users don’t inhale the same amounts of carbon monoxide and tar as they would with a regular cigarette, so they are considered to be a much less harmful alternative for adults who already smoke tobacco who can’t quit in one step. It is estimated that e-cigarette use is likely to be around 95% less harmful than tobacco cigarettes for current smokers.

However, they are not 100% risk-free – e-cigarette liquid and vapour contain nicotine and other toxic chemicals. Short term side effects of using e-cigarettes can include mouth and throat irritation, coughing, headaches and feeling sick. Therefore, experts advise that if you do not smoke then DO NOT vape.

E-cigarette use can irritate the lungs, which is a particular concern for people with chronic lung disease such as asthma or chronic obstructive pulmonary disease (COPD). Nicotine has also been found to disrupt brain development in young people, which can have long-term, irreversible consequences on brain function.

What are the safety issues?
At present e-cigarettes are only covered by general product safety legislation. This will change in May 2016 with the introduction of new regulations (see e-cigarettes and the law). Given the wide range of e-cigarettes and the lack of specification of their un-regulated contents, it is not possible to guarantee that all products are equally safe.

Devices have been shown to deliver harmful toxic and cancer-causing chemicals. Cartridges can leak and fires can be started by faulty battery chargers or using the wrong charger – in the last 12 months Lancashire Fire and Rescue Service responded to six house fires caused by e-cigarettes. E-cigarettes should never be left charging unattended or overnight or charged on gaming stations e.g. Xbox and Playstation.

Customising e-cigarettes through changing the batteries, ohms and wiring to create a larger smoke cloud (Sub Ohm vaping) is dangerous and should be avoided.

E-liquids need to be stored out of reach of children and pets. Nicotine is a poison and can cause illness if swallowed, particularly by a small child.

Dual smoking and e-cigarette use
People often use e-cigarettes to reduce the number of cigarettes they smoke. However, the risk of developing smoking-related illnesses such as heart disease and cancer are also linked to the length of time you smoke and continue; even if you are smoking less. So the best thing to do is to stop now, completely and forever. The earlier you stop smoking, the lower your risk of developing a serious illness. Within
10 years of being smokefree, the risk of developing lung cancer halves and the risk of heart attack falls to the same levels as someone who has never smoked.

Being smokefree also improves your fitness levels and skin. Cigarette smoke takes oxygen out of your blood, which reduces stamina, making sports and other activities more difficult. Smokers suffer from shortness of breath 3 times more often and find it harder to run the same distance and speed as non-smokers. Smoking also breaks down the collagen in the skin. By the age of 40 smokers have the wrinkles of someone 20 years older. Therefore the best thing to do is to stop smoking entirely.

**E-cigarettes and the law**

From 1st October 2015, the sale of e-cigarettes and e-liquids to people under the age of 18 will be illegal unless the product has been licensed as a stop smoking medicine. No products are yet available. It will also be an offence for anyone over 18 to buy e-cigarettes and e-liquids on behalf of a young person – they could receive a fixed penalty notice of £90 and a fine of up to £2,500.

From May 2016, the nicotine concentration of e-cigarettes classed as consumer products will be regulated, with a maximum level of 20mg/ml. Products with higher nicotine levels will be licensed as over-the-counter medicines. There will also be limits to the size of containers, products will include a list of additives and also carry health warnings.

**Lancashire Smokefree Policy**

E-cigarettes do not burn and give off side-stream smoke like tobacco cigarettes and therefore the risk of harm from second-hand e-cigarette vapour is likely to be very low when compared with tobacco smoke. Research has shown e-cigarette vapours contain nicotine levels of about a tenth of that generated by a cigarette and other chemicals. However, long-term monitoring of the effects of exposure to e-cigarette vapour among non-users is not yet available. Therefore, in Lancashire work place policies have forbid the use of e-cigarettes in places where cigarettes are banned e.g. in schools and youth clubs.

**Role of Tobacco Industry**

Big tobacco companies now own a lot of e-cigarette companies so they are selling e-cigarettes whilst they continue to market tobacco cigarettes (which kill one in every two long-term users). E-cigarettes keep people in their nicotine habit and many people dually use them with regular cigarettes, rather than quitting completely. This means that they continue to be at risk of health problems caused by smoking such as heart disease and cancer and spend money on tobacco which could be used for other things such as clothes, trainers, music downloads and games. If you smoke the best thing to do is to quit altogether.

**E-cigarette marketing**

Tobacco companies have been unable to market cigarettes on television and radio since 2003. However, e-cigarette companies, often owned by tobacco companies, are investing millions of pounds each year to market their products through press, television, radio, the internet and outdoor advertising.

Strategies such as celebratory endorsement at high profile events e.g. Kate Moss at London Fashion Week, Lily Allen at the BRITS, Leonardo DiCaprio at the Golden Globes; free gifts e.g. silver charm necklaces and clutch bags and new flavour
varieties e.g. tiramisu and champagne are all designed to increase product sales and are appealing to young people.

From May 2016, new laws will ban broadcast and press advertising of e-cigarettes unless they have received a license as a stop smoking medicine.

**Quitting smoking and e-cigarettes**

As e-cigarettes are a fairly new product, there is limited evidence about how effective they are in helping smokers to quit. Some studies have shown that adult smokers using e-cigarettes are as likely to succeed as those using licensed nicotine replacement therapy such as patches, whilst others have shown them to be useful for smoking reduction but not quitting.

Quitting cigarettes, shisha and e-cigarettes and being addiction-free is the best way to protect your health. We know that this isn’t easy but help is available. With support from a local stop smoking service you are four times more likely to quit than going it alone. They can help with one to one support and access to licensed stop smoking medicines that can be used to help to beat the cravings. These are available to young people aged 12 years and above and are free to under 16’s and those on benefits.

For help to quit smoking, shisha and e-cigarettes contact your local service:

- 0800 328 6297 if you live in East, Central and West Lancashire
- 01524 845145 for North Lancashire.