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This project aims to investigate the psychosocial and regulatory dimensions of electronic cigarette use (known as vaping) from the perspective of users/vapers. The rapid adoption of vaping across the world and dynamic nature of the e-cigarette industry has presented a policy dilemma for public health; dividing between those urging caution (due to safety/renormalization fears) with others pointing to the harm reduction potential (e.g. Gilmore & Hartwell, 2014).

What do UK vapers themselves think? This poster reports a qualitative thematic analysis of a small sample of participants' responses to a range of policy options, sought as part of a wider Q-methodological study into vapers' experiences.

Design and sample

This study, conducted by post, used mixed method; *Q-methodology* (a hybrid method combining factor analysis with qualitative interpretation) and; *Free Response questions* covering a range of policy choices.

Target sample: current e-cigarette users/vapers from the UK aged over 18. To date, forty two participants (30 women and 12 men) have participated (50% higher/lower SES). Aged 19 to 69 years, mean 42. Participants were sought through libraries, community centres, vaping shops, forums. Recruitment is ongoing.

Measures

Ten policy questions were developed on the following topics; a) a ban on advertising e-cigarettes; b) health warnings on e-cigs; c) childproofing e-liquids; d) age restrictions; e) a limit of nicotine strength f) regulating e-cigs as medicines g) ban on smoking in enclosed public spaces h) individual establishment decisions to ban e-cigs i) ban on sale of products and j) own suggestion of where a ban would be appropriate. Participants were asked 'for each policy listed below, can you give your response to the policy and explain WHY you think this?' These have been analysed thematically (Braun & Clarke, 2006).

Health warnings on e-cigarettes?

'Yes, as the nicotine content is still obviously highly addictive'

Female, 34, daily use, 'EMow, various flavours inc. Golden Virginia, Jamaican Rum, Custard'

Ban on vaping in enclosed public spaces?

'Don't agree, smoking was banned in the light of the proven evidence of secondary effects which as far as I have read to date does not exist for e-cigs'

Female, 69, daily use, 'Miniciggy, flavour nicotine'

Findings

- **Broad consensus on protecting youth:** Participants agreed on childproofing liquids and on age restrictions (though differed over age 16/18); many also thought vaping near schools or children's play areas should be restricted.
- **Broad consensus against ban:** Participants were against banning vaping in enclosed public spaces due to lack of perceived health harm to others; against an overall ban *'as I will return to smoking'* but supportive of individual establishment (e.g. shops, bars) decisions to ban vaping on the basis of freedom. A few also reported **'stealth vaping'** (vaping when banned/restrictions are unclear); this being easier with vaping than with tobacco cigarettes due to lack of smell.
- **Divergence on advertising:** Most thought health warnings relating to addiction appropriate, but advertising was controversial. Various comparisons were made with ads for gambling, alcohol and tobacco, both for and against vaping ads.

Regulating as medicine?

'NRT is a dismal failure, we shouldn't emulate it with vaping'

Female, 45, daily use, 'MPV clearomiser, tobaccoish flavours during the day and dessert flavours in the evening'

Individual decisions to ban vaping?

'Individual freedom to say 'no' is fine. I have no automatic right to vape wherever I feel, as long as it is private property'

Male, 47, daily use, 'EG6Twist, mainly fruit flavours'

Conclusion

Given the stigmatization of smokers and the public smoking ban, 'right to smoke' discourses have been the preserve of a minority (Farrimond, Stenner & Joffe, 2010). This analysis suggest that amongst many e-cigarette users, interest in policy and vaping 'rights' has been once again reactivated. Considering users' perspectives is important; regulation that proceeds without doing this may be difficult to implement, especially given the online and international nature of the marketplace. The conclusions here are limited by the small non-representative sample and ongoing nature of the study. Furthermore the fast-moving nature of the policy arena means that some decisions have already been made (e.g. childproofing, regulation as medicine) although these issues may yet reignite as very different regimes develop across the EU or even within the UK itself.

References

- Braun, V. & Clarke, V. (2006) Using thematic analysis in psychology, *Qualitative Research in Psychology*, 3 (2): 77-101.
- Farrimond, H., Joffe, H., & Stenner, P. (2010) A Q-methodology study of smoking identities, *Psychology and Health*, 25 (8): 979-998.
- Gilmore, A.B. & Hartwell, G. (2014) E-cigarettes, threat or opportunity? *European Journal of Public Health*, 24 (4): 532-533.