

“All young and trendy people using them”: An exploration of young adults’ perceptions and reasons for using e-cigarettes

C4ME SUPPLEMENT

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Background

E-cigarettes are electronic nicotine delivery devices and were used by 3.2 million UK adults in 2018. (1) Though they are marketed as a cessation tool, they are increasingly being used as a recreational tool by young adults. (2)

The expeditious delivery of nicotine and behavioural similarities to traditional cigarettes are noted by Public Health England as they promote these products as a successful quit tool. (3) However, this stance is contentious amongst institutions such as Public Health Wales who call for greater restrictions of these products due to concerns of adolescent use and their potential to be a ‘gateway’ into traditional cigarettes. (4)

Young adults aged 20–25 are of interest, as they are developing autonomy, navigating social media and those within higher education are noted as having a greater proclivity than their peers not in education to engage in risky behaviour such as excess alcohol consumption. (5)

Current literature acknowledges that the ability to customise e-cigarettes allows for self-expression and promotion on social media. (6) However, this research was predominantly based on an American population. Due to the position of e-cigarettes within the socio-political landscape, further qualitative research is required into UK young adults’ perceptions and experiences of e-cigarettes in order to inform policy decisions.

Methods

In-depth data collection was facilitated through semi-structured interviews in Cardiff, Wales. Opportunistic and snowball sampling was used to recruit 15 participants who were aged between 20–25 and had used/tried e-cigarettes. Recruitment occurred until data saturation was achieved. All interviews were conducted by the main author, who was trained in interview techniques by a CRUK research fellow. The topic guide was developed by the main author and based on his prior meta-ethnography into young adults' experiences and perspectives of e-cigarettes. Questions explored their use as a cessation tool and their safety. Interviews lasted 20–30 minutes and were audio-recorded.

Along with an information sheet, participants received a full explanation of the study and consent was recorded on the day of the interview. Contact details and links to local cessation services were provided along with a £10 'Love To Shop' voucher. Ethical approval was granted by the School of Medicine Research Ethics Committee.

In order to record key themes and important non-verbal cues detailed field notes were completed after each interview. Through listening to interviews and consulting field notes, the main author inductively used Braun and Clarke's process of thematic analysis to identify key themes known as codes. An interview was independently analysed by a member of the study team to compare codes and generate discussions.

Results

The mean age of participants was 23 and over half of individuals interviewed were female (n=8). Of those interviewed 11 were White British and 12 were in higher education. All participants had used e-cigarettes; 11 were current users and 4 had tried e-cigarettes at least once. Most participants were current (n=7) or former (n=6) traditional cigarette smokers; 2 were never traditional cigarette smokers.

Young adults developed distinct health identities with e-cigarettes, as they found them more aesthetically pleasing and perceived them to contain considerably less harmful chemicals than traditional cigarettes. Users saw them as superior to typical nicotine replacement therapy and associated them with long term cessation. Young adults noted that motivation was required to effectively use e-cigarettes as a cessation tool, and this was often prompted by key events such as graduation, decrease in personal fitness and affiliation to peer groups. Whilst e-cigarettes were perceived as safer than traditional cigarettes, users raised concerns over the lack of longitudinal research and conflicting research available.

E-cigarettes served a social function, as users were able to share their products with their peers and customise them to reflect their personal preferences with respect to flavours and accessories.

Some participants were reluctant to quit traditional cigarettes and had developed distinct patterns of dual use, with e-cigarettes facilitating use inside and traditional cigarettes being used within social environments.

Developing gender roles were recorded, as female users often felt uneasy within e-cigarette stores and male participants concurred that they were typically male dominated space. Female participants aligned themselves with smaller discreet products, whilst noting that men typically had larger, ostentatious devices which allowed them to produce large clouds of vapour. Users noted that e-cigarette stores were a main point of e-cigarette information and facilitated ongoing cessation.

Discussion

E-cigarettes within this study were primarily used as a cessation tool by smokers and this is mirrored at a UK population level as they are currently the most popular tool for quitting. (3) Similar qualitative research including this age group noted their appeal to those who would not typically engage with conventional cessation services. (7) Young adulthood is a critical time for influencing healthy behavioural change, as it is often dictated by their social identity; consumer psychology has shown that young adults may disengage with products which do not align with their perceived group norms. (8) As these young adults are still the main consumers of traditional cigarettes within the UK, health institutions, as demonstrated by Public Health England, should adopt a harm reduction approach to influence behavioural norms. (9)

There has been little research into how e-cigarette stores could potentially play a role in providing smoking cessation information, especially since young adults within this study were often accessing informal channels such as social media to receive health information. Qualitative research into the role of e-cigarette stores found that the provision of bespoke cessation advice and ongoing support was key to successful cessation. (10) E-cigarette stores could be an opportunity to access and engage young adults who may be motivated to quit smoking with cessation support and provide appropriate signposting to conventional cessation services.

Lessons Learnt

Developing the topic guide from my existing meta-ethnography allowed me to develop an in-depth understanding of e-cigarette use within young adults. Conducting the interviews instilled the importance of phrasing questions in an open-ended manner so as to maximise the information received. Furthermore, allowing intentional pauses gave a platform for the participant to collect their thoughts and provide further unprompted thoughts. As I move back into medical training, these skills are translatable within a clinical environment.

It was daunting approaching peers and participants similar in age to discuss their traditional cigarette and e-cigarette use, as it can be a sensitive topic. However, by writing field notes on completion of the interview I was able to maintain good eye contact and remain present within the interaction, which enabled me to build a rapport with participants. The research was limited by the lack of insight from traditional smokers who had never used e-cigarettes. This is a key demographic to examine, as their views may impact whether they see e-cigarettes as a potential cessation tool and subsequently impact the delivery of targeted health information. Due to the sampling process, participants were predominantly White British, so future work should be more representative and include more perspectives from ethnic minorities and low-income groups.

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