

**Your Voice Your  
Health Camden  
Series: Vaping  
Report**

**April 2024**

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## Introduction to the Project Series

Healthwatch Camden set out to explore the health concerns of young people between the ages of 13-24years in Camden, in three key areas:

- Mental Health
- Sexual Health
- Use of E-Cigarettes (Vaping)

There is growing, and evolving need among young people for support, awareness, and access to services for these health issues. We want to listen to the experiences and perceptions of young people and take their feedback to local health and social care commissioners, in the hope that their voices are central to any decision-making to improve health outcomes in this age group.

## Objectives

- To conduct online surveys and face-to-face focus groups with youth who live, study, work, or access services in Camden.
- To produce three separate snapshot reports (Your Voice Your Health Camden Series) highlighting young people's current experiences and perceptions about Mental Health, Sexual Health, and Vaping.
- In addition to documenting current trends, the three individual reports will put forward recommendations made by the young people, with the aim of guiding effective interventions to enhance well-being in Camden.

We are very grateful to the three youth organisations in Camden for their collaboration and help in allowing us to conduct a total of 140 individual surveys and 8 focus groups across the three studies. Thank you to the young people for choosing to take part and sharing your views with us.

## Your Voice Your Health: Vaping

In Camden, a 2021 survey reported 8% of year 8 and 10 pupils were occasionally or regularly vaping<sup>13</sup>. This report looks at current perceptions about vaping among young people aged 13-19 years old.

Vaping, the act of inhaling vapour produced by electronic cigarettes (e-cigarettes), has vastly risen in popularity among young people in the UK. According to the most recent national survey data<sup>1</sup>, there are now more children aged 11-18 years old who vape regularly than those who smoke normal cigarettes regularly, with numbers increasing steadily over the past few years. Interestingly, the number of children vaping just once or twice is higher than those who vape regularly, and this number has jumped by 50% year on year<sup>1</sup> indicating a trend towards experimentation. The increase in experimentation and regular vaping, is more noticeable in the older age groups (16-19 years)<sup>1,2</sup>. Children are now entering adulthood being exposed to the addictive nature of e-cigarettes, without any knowledge of how it might be affecting their health.

### 'Reduced' Does Not Mean 'Zero' Harm

National guidelines<sup>4,7</sup> around reduced harm from vaping as compared to smoking, due to the absence of cancer-causing tobacco, might be useful for promoting vaping as cessation tool to adult smokers but it potentially gives the wrong idea to young people who have never smoked in the first place. This is somewhat reflected in recent figures which show that among the children who are experimenting with vapes, more than half have never smoked before<sup>1</sup>. This presents a unique challenge for policymakers to ensure that a generation of young people who have not been exposed to the known harms of regular cigarettes are kept safe from the yet unknown effects of e-cigarettes.

With any health messaging, especially those targeting young people, more emphasis needs to be placed on the fact that vaping is not completely risk-free and that there are still large gaps in the evidence<sup>4,7,8</sup> around vaping health impacts, long-term harm, risk factors and patterns of use among young people. For example, the majority of research showing reduced exposure to toxic and cancer-causing substances from vaping in comparison to smoking comes from adult humans or in vitro studies<sup>4,9,10</sup>. Research carried out with younger people is slowly emerging<sup>12</sup>, but as we have seen with smoking and the issue of lag time of 20 years between starting smoking and lung cancer symptoms, it is extremely risky for national guidelines to wait for enough reliable health data to emerge<sup>6</sup>. During this time

more and more young people will continue to become unnecessarily exposed to health risks from vaping.

### Emerging Health Risks of Vaping

There is growing evidence on the health impact of vaping in humans. E-cigarettes contain chemicals that can cause cancer in adults as well as adolescents<sup>6,12</sup>, chronic vaping leads to adverse cardiovascular effects<sup>14</sup>, and vaping also has a short-term effect on the circulatory and respiratory system<sup>23,24</sup>. However, current national guidance around vaping does not fully reflect these health risks. It is constantly playing catch-up to evolving research that is itself unable to keep up with the rapid pace of innovation and development in e-cigarettes<sup>8</sup>.

Under the current regulatory system, individual e-cigarette products can vary considerably in quality and specification<sup>4</sup>. The quantity and characteristics of nicotine or other potentially toxic substances that an e-cigarette emits is highly dependent on the type of device, the e-liquid it contains (flavours), and how the device is operated by the user<sup>2,20</sup>. The long-term safety of e-cigarettes and the extent of exposure to harmful substances is still considered unknown because the products have just not been used for long-enough periods. Adding to the problem is the poor compliance with UK restrictions on the sale of vapes to under 18s, and increased availability and sale of illegal products not registered in the UK<sup>5</sup>. Previous research completed by Camden Trading Standards of products sold in Camden also found labelling issues (such as nicotine levels) in the cartridges and e-liquids<sup>11</sup>. These factors all have future public health implications for young people who are not adequately informed about the product they are consuming.

The UK government announced a ban on disposable vapes<sup>25</sup>, proposing new powers to restrict flavours, and change the way that they are packaged and displayed in shops. This is to set to be introduced by the end of 2025 and will be accompanied by powers given to Trading Standard Officers (TSO) to issue fines to shops selling vapes illegally to children. It will also be illegal to sell any tobacco products to anyone born after 1 January 2009. While this will be a welcome piece of legislation once it is implemented, the promised increase in funding must deliver to undo the substantial cuts to TSOs over the last decade<sup>3</sup> so that they can enforce these measures locally.

### Nicotine and Vaping

One of the main concerns around vaping is the potential health impact of nicotine on young people whose developing bodies are more sensitive to its effects. Majority of 11–17-year-olds who regularly vape report using e-cigarettes containing nicotine<sup>1,2</sup>. It is well established from human and animal research on smoking that young people are highly vulnerable to nicotine addiction at much lower levels of nicotine exposure in comparison to adults<sup>17, 36</sup>, and that nicotine exposure during adolescence is associated with cognitive deficiencies<sup>18,19,20</sup>. Despite these risks, the severity of nicotine dependency from vaping is generally considered to be lower than from smoking<sup>4,21</sup>. However, emerging international

evidence shows that this gap in nicotine dependency between vape users and smokers is narrowing, and regular vape users are finding it increasingly difficult to quit vaping<sup>22</sup>. This might be attributable to the inconsistent and unregulated nature of e-cigarettes available in the market with varying nicotine content, as discussed above. Many young people are unaware of the exact concentration of nicotine in their vapes, or if it contains nicotine at all in the first place<sup>16</sup>. The effect of newer e-cigarettes in the market which are more efficient at delivering nicotine into the body when compared to previous versions<sup>15</sup> have the potential to cast doubt on current evidence and guidelines. Further research on nicotine dependence and its long-term health impact is needed among young people who vape<sup>4</sup>.

In addition to the challenges of a rapidly evolving e-cigarette market, we recognise that carrying out vaping and nicotine exposure studies in young people who do not vape, or smoke is highly unethical. However, there is an urgent need for national bodies to gather more evidence on the health risks of vaping and closely monitor official guidelines around it. This is especially important in preventing ongoing harm among children and young people. Understanding the factors that drive young people to take up vaping is key in informing and driving these prevention strategies. Healthwatch Camden has attempted to explore these risk factors among young people in Camden and bring their feedback to borough-level decision-making bodies. We are very grateful to the 87 local youth (13-19-years old) who shared their views, valuable insight, and recommendations with us through the surveys and focus groups.

## Young Person's Feedback

34 out of the 77 young people we surveyed responded as currently vaping or recently stopped vaping.

### 1. Sources of Information

It is useful to understand where young people get their first exposure to and information about e-cigarettes from. Exploring what informs their knowledge about vaping, and the level of influence these different sources have on their individual perceptions and subsequent behaviours, can help in targeting awareness and prevention measures.

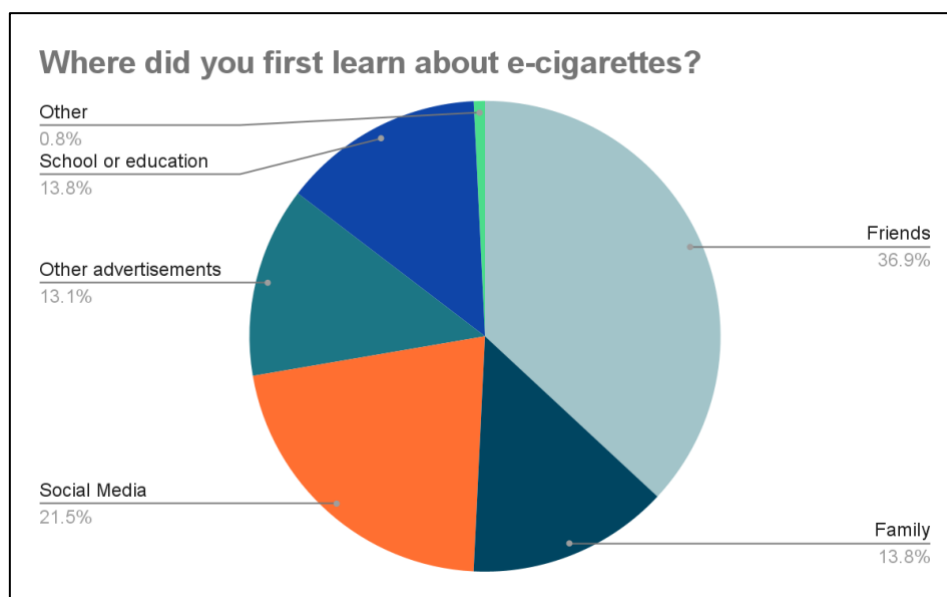


Fig.1.1. Sources of vaping information.

#### 1.1. Peer Influence

Friends were the most common source of exposure to e-cigarettes, highlighting the significant role of peers in integrating vaping into youth culture. Approximately 36.9% of respondents cited friends as their initial exposure to e-cigarettes, indicating a normalisation of vaping among social circles. Research shows that curiosity is the most frequently reported reason for initiating the use of e-cigarettes in young adults<sup>30</sup>. Similarly, we could see from the responses that peer pressure and curiosity were the main reasons cited by young people as the reason behind why they started and continued to vape.

*"I started because everyone does it."*

*"My friends were all passing it around so I tried it"*

*"14 (years old) coz my best friend asked me if I want to try. And I didn't want to say no in front of my friends."*

*"My friends had a vape they were passing around, and the flavour sounded nice, they were saying it tasted like skittles."*

The young people who had never vaped also indicated peer pressure and curiosity as being one of the main reasons for their peers taking up vaping.

*"Curiosity and to fit in with friends."*

*"Peer pressure and curiosity, almost following a trend."*

## **1.2. Social Media**

Social media platforms were the 2<sup>nd</sup> most common space where 21.5% of participants learned about vaping. Young people these days are increasingly online without any adult supervision. They are frequently exposed to algorithm-led targeted content glamourising vaping as part of a normal lifestyle, unaware that e-cigarette companies are paying huge amounts of money to promote their products through these posts. TikTok was mentioned as being the main platform where young people first came across the greatest number of posts or advertisements promoting vaping.

*"It's all over TikTok."*

*"Social media advertising of vapes increases its use by young people."*

*"Videos and every person on TikTok have a vape in their hand or advertisement is regarding vaping so people are seeing this and want to go for it more."*

This coincides with national data showing TikTok as the most common online source of vaping promotion<sup>4,5</sup>, and the use of social media associated with increased risk of e-cigarette (and smoking) use<sup>26</sup>. The 'influencer' culture wields considerable power in shaping young people's perceptions of what is desirable, and their obvious or subtle promotion tactics contributes to the normalisation of vaping in society. Responses from our participants reflected the growing impact of these influencers on young people's beliefs.

*"Yes because there are influencers who influence people just by how they act without the need of saying anything. People want to imitate them"*

*"I think social media does influence my perspectives on vaping as popular people do it so it makes people think they will become popular"*

*"Yes, influencers doing it that people look up to"*



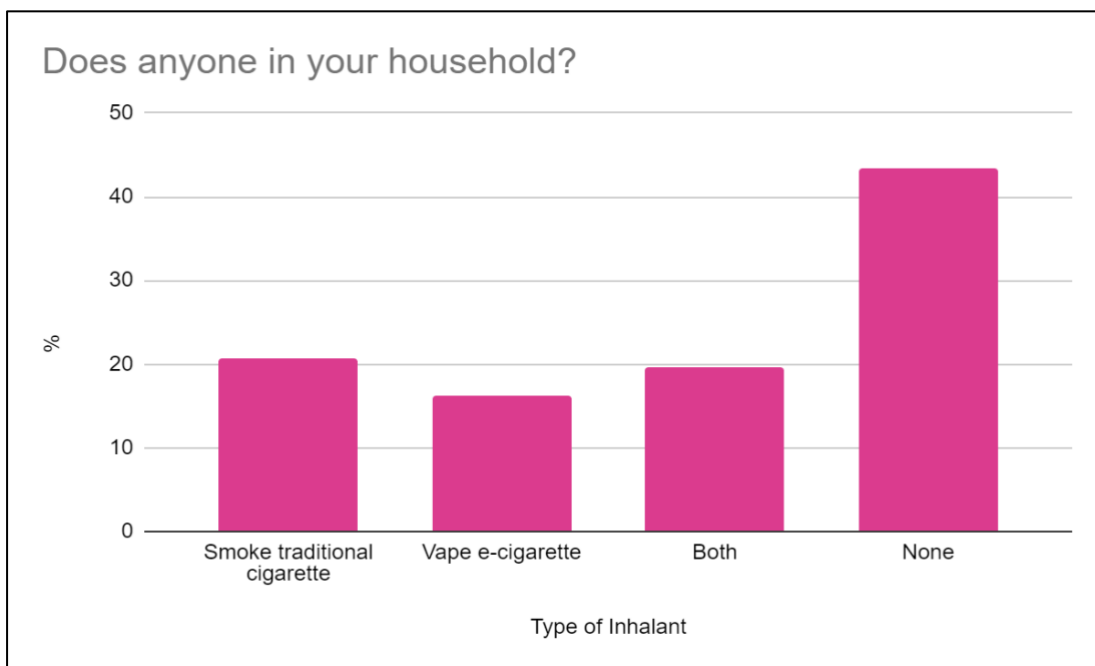
### 1.3. Family

Literature has highlighted the role of familial influence and exposure in shaping youth behaviours related to vaping<sup>27</sup>. Our research showed that family members served as an initial exposure point for 13.8% of our participants (Fig.1.1.). Our research showed that the effect of family influence on vaping could either be protective or promote normalisation of use.

*“My mum caught me then I stopped.”*

Young people’s perceptions of harm were also influenced by family members’ use of vapes or cigarettes.

*“If your family does it and say it doesn’t harm you, you may also do it,”*



**Fig.1.2. Family vaping status.**

A recent study on the patterns of cigarette and e-cigarette use among UK adolescents found that tobacco and e-cigarette use by caregivers was associated with adolescents using e-cigarettes<sup>3</sup>. Most of the participants we surveyed had family members who either vaped, smoked cigarettes, or both (Fig.1.2.), highlighting the need to target and implement preventative measures closer to home. For some participants, family was the entry point into vaping themselves.

*“A couple years ago my brother had one and let me try it”*

*“I was at home, [vaped for first time] because [got it] off my sister”*

### 1.4. Direct Advertising and Marketing

Advertisements and marketing campaigns, especially those that are carried out on social media platforms and are largely unregulated, play a big part in raising awareness of vaping among young people. A prominent theme with these campaigns is the incitement of curiosity through the presentation of vaping as something new<sup>34</sup>. These strategies often leverage appealing visuals, flavours and messaging that resonate with younger audiences, making vaping products more attractive and desirable. Respondents who were currently vaping, as well as those who had never vaped before, identified direct advertisements as having some influence towards their peers’ motivations to try vaping.

*“They have all these videos of people doing tricks and lots of appealing colours. They even got ones that look and taste like sweets.”*

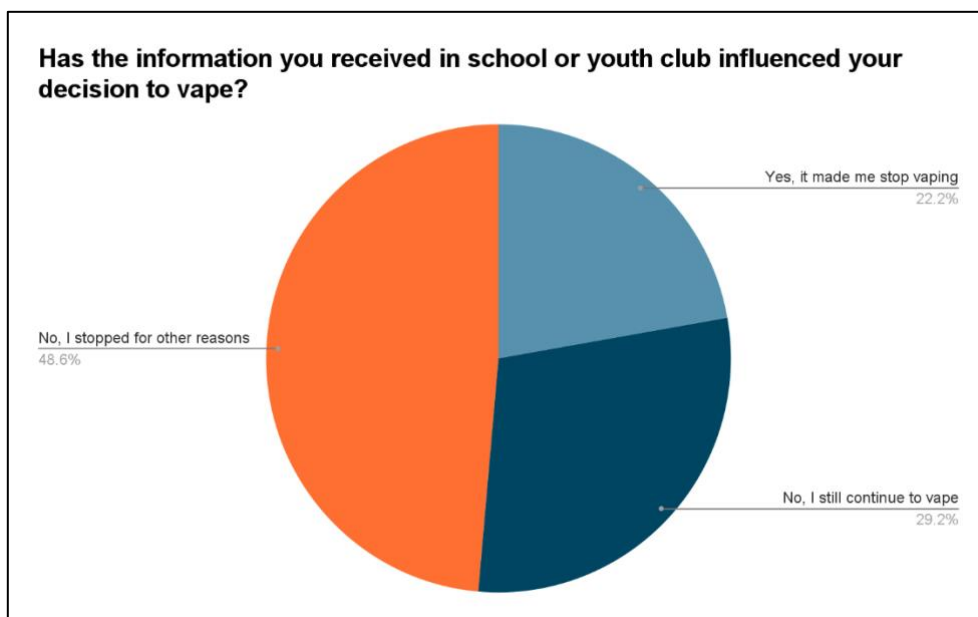
*“Yep because of all the bright colours and “cool” tricks”*

*“Yes, adverts portray only the positive view and effects of e-cigarettes to young people.”*

Such marketing tactics contribute to the growing popularity of vaping, especially in the absence of counterbalancing health education and awareness campaigns.

### 1.5. Education in Schools

Formal education and awareness about vaping delivered in schools was the source of initial information for 18% of our participants. Schools have become a space where vaping is a rampant issue among young people. In one study, more than half of the teachers reported that some students were repeatedly leaving lessons to vape, and a third reported that their students had difficulties concentrating due to nicotine addiction<sup>28</sup>. Some of the participants in our study who vaped reporting trying their first vape in school.



**Fig.1.3. Influence of education on vaping status**

Our survey data further elaborates on the varying impact of current education and awareness efforts in schools. 22% of the young people acknowledged that their decision to stop vaping, including the decision not to start in the first place for some respondents, was directly influenced by the information they received in school. However, around 29% of the young people continued to vape despite this information.

Regardless of vaping status, the majority of participants agreed that more education is needed in schools and youth clubs about the potential risks of vaping.

*“I think it should be less geared towards TELLING people vaping bad but SHOWING people instead. For example, having a person with lung damage come in and talk.”*

*“What kinds of chemicals are in vapes and some real stories about the results of vaping”*

*“Long term effects mostly to discourage youth from vaping e-cigarettes”*

Interestingly, most of the young people who continued to vape wanted more education with real-life examples and facts around how bad vaping really is for their health. This highlights the need for education programs in schools to address the concerns of young people and make use of national guidelines and resources to enhance their curriculum<sup>29</sup>.

*“The bad affects off it told by an old vaper who quit”*

*“Is it truly bad for us or do adults just not like it”*

*“Real health reasons and actual people being hurt”*

*“How serious the health [impact] is, and what the long term affects are on growing bodies”*



*“A way to become less dependent on smoking cigarettes”*

*“I think it’s a healthier alternative to a cigarette and better than smoking actual ones.”*

*“They taste nice, leave less smell and they are not as bad as normal cigarettes”*

*“No benefits but I like the flavours it’s like shisha”; “They’re cool and cheap and taste good”*

Health considerations played a key role in the decision to stop vaping for those who had previously engaged with it.

*“I don’t vape anymore because it’s messed up my lungs. They make you feel really good but your stamina gets messed up”*

*“I have stopped because overall it was very negative to my health”*

However, for some young people, the belief about the potential harm of vaping was not enough to make them stop vaping.

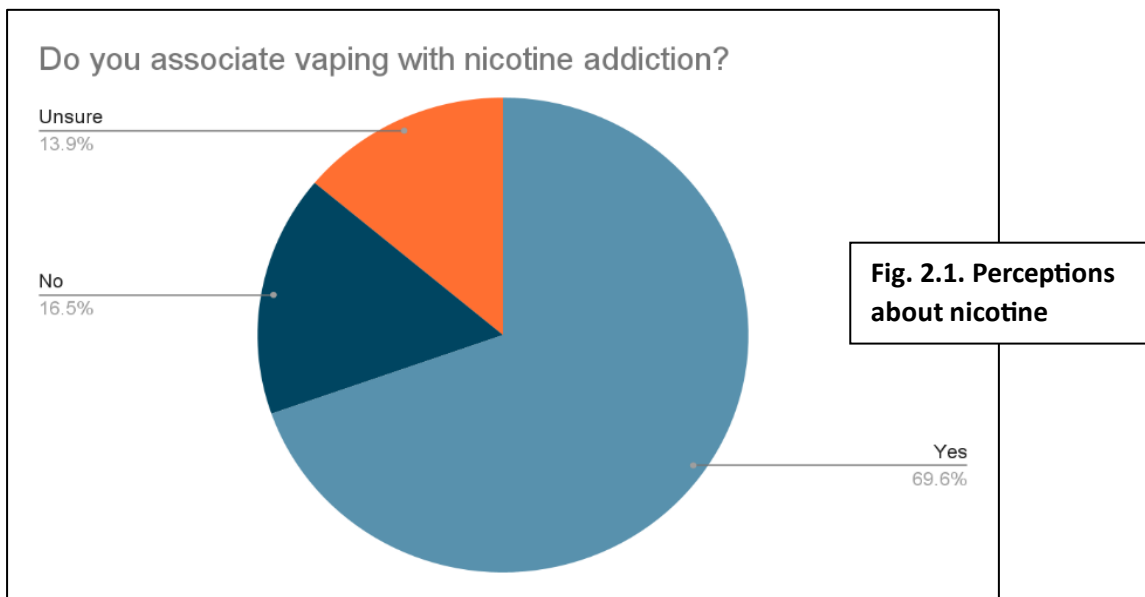
*“They are addictive and can be harmful at a young age. Yes [I continue to vape], because I enjoy vaping, I enjoy the flavours”*

*“Helps from stress but also harm the lungs. Yes I do [vape] but want to try stop”*

*“[e-cigarettes] Bad for you. [I continue to vape] Because it is addicting”*

Stories about the adverse effects of vaping circulating online or parental warnings also sometimes served as catalysts for stopping vaping among regular users.

*“I stopped when I saw a crazy story online”; “No my mum told me to stop”*



Most users and non-users of e-cigarettes associated vaping with nicotine addiction (Fig.2.1.) and assumed it to be one of the main reasons why their peers would continue to vape.

*“They become addicted to vaping, it becomes a need and not a want anymore”*

*“Cause it has nicotine and nicotine is addictive”*

It was also one of reasons for ongoing use by those who were currently vaping.

*“It’s addictive, I like the taste”; “Yes it tastes nice and I feel like I’m addicted”*

While young people do recognise the risk of nicotine addiction from vaping, there is not a lot of awareness or research into its long-term impact on the health and development of young people. More and more young people who have never smoked before, becoming increasingly addicted to nicotine from vapes, defeats the purpose of promoting vaping as a smoking cessation tool.

There are concerns of the ‘gateway effect’ of nicotine addiction, i.e. the progression from vaping to smoking traditional cigarettes to satiate growing nicotine cravings. There is evidence from studies among adults<sup>31</sup> and adolescents<sup>32,36</sup> to show consistent association between vaping initiation/regular use and subsequent smoking initiation/regular use. However, opinions about this were divided along interesting lines between our participants. Those who had never vaped before were more likely to believe that e-cigarettes would lead to smoking, indicating a greater perception of harm and addiction associated with vaping. Meanwhile, most of the young people who were vaping regularly believed that the unique characteristics (flavours and convenience) of e-cigarettes meant that users would not transition to a traditional cigarette.

*“No, vaping is specifically about the flavours and the sweet flavours which cigarettes don’t have.”*

*“No I think people, kids especially stay on vapes because of the flavours and ease”*

*“No...[vapes] it is more accessible, does not smell and you can vape more than smoke. It’s also cheaper”*

## **2.2. Social Norms, Religion and Culture**

Vaping has increasingly become embedded into youth culture, not only as a social activity but also as part of identity formation and bonding among peers. The allure of and curiosity with vaping is amplified by peer pressure, playing a big part in driving experimentation among young people. This was reflected in the reasons why young people tried vaping for the first time.

*“It is a cool and attractive thing to do, and a lot of people do it because of friends.”*

*“Because everyone does it”; “Because they are bored and it has become a trend”*

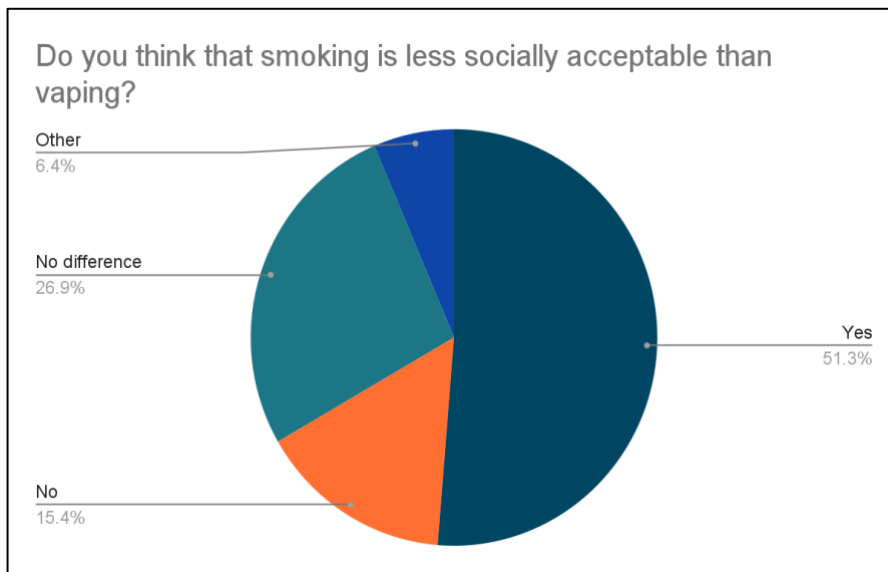
*“My friends had a vape they were passing around “*

Conversely, this experimentation driven by fleeting curiosity and peer pressure also means that often the commitment to vaping is not based on any tangible need.

*"I stopped because it is not cool."*

*"No [I didn't continue vaping]. Wasn't that exciting as kids made it seem. Waste of money. Didn't even help with any stress I had "*

This links to wider research which suggests e-cigarette use often stems from a desire to fit in or partake in shared experiences within social circles, rather than from an independent interest in vaping itself<sup>33</sup>.



**Fig. 2.2. Vaping vs Smoking**

We found that vaping is generally perceived as socially more acceptable than smoking (Fig.2.2), highlighting a cultural shift in attitudes towards tobacco products and a possible factor influencing the choice between vaping versus smoking. Interestingly, those who vaped regularly were more likely to agree that vaping was socially more acceptable than smoking, while those who never vaped felt that there was no difference between the two (equally unacceptable). In this case, vaping appears to be chosen by young people more for its ability to increase their popularity among peers, rather than as a compromise ‘second-choice option’ to reduce unpopularity from smoking.

*"If everyone else got them [vapes] then people wanna be with the crowd"*

*"Curiosity and to fit in with friends"*

Some respondents engaged in e-cigarette use occasionally, mainly in social settings, reflecting its role as a social activity rather than a regular habit.

*"It feels like something to do while chilling with my friends "*

*"I stop and start. It is just a thing to do while doing an activity, such as driving or watch tv".*

Religion emerged as another key factor influencing young people’s views on vaping. Religious teachings advocating against harming the body or indulging in addictive behaviours was cited as one of the main reasons why young people did not choose to vape.

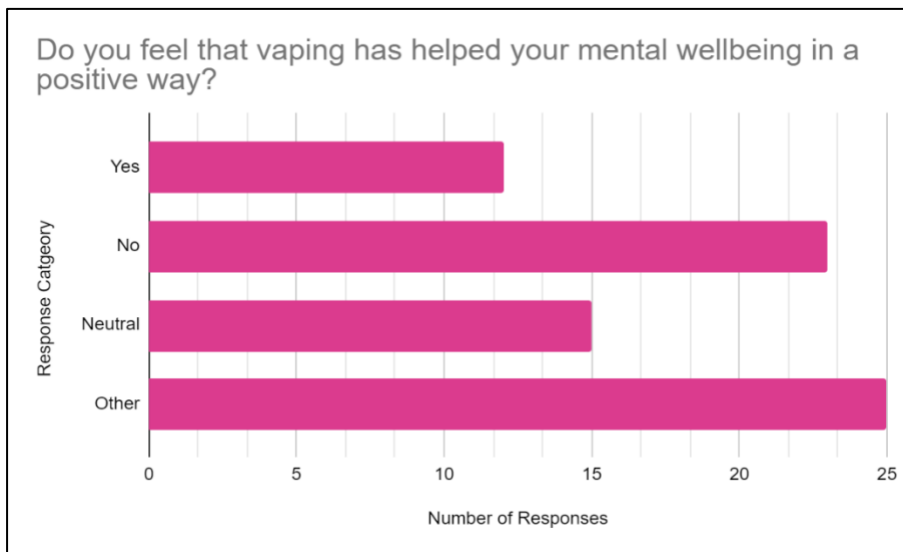
*"Our body is a temple of Jesus Christ,"*

*"I think vaping is bad because in Islam it is not permitted,"*

These beliefs often reinforce the health concerns associated with vaping, lending a spiritual dimension to the choices young people make regarding their health and well-being.

### 2.3. Impact on Mental Well-being

Understanding the impact vaping has on a young person’s mental health and well-being is very difficult given the complex nature of the relationship. There are so many risk factors of poor mental health among young people these days, it is extremely difficult to ascertain if vaping behaviour leads to positive or negative effects outcomes, or that negative mental health leads to vaping. For e.g. research showing greater likelihood of chronic stress in those who were currently vaping cannot clearly determine if stress caused an increase in vaping, or whether vaping increased experiences of stress, or if another factor led to an increase in both<sup>35</sup>.



**Fig.2.3. Vaping and mental well-being.**  
\*‘Other’ responses are participants who stated they didn’t vape in the first place.

We asked participants whether they thought vaping helped with their mental well-being in a positive way (Fig.2.3.). As expected, majority of the responses came from young people who were currently vaping. 13 out of the 24 young people who currently or previously vaped said that vaping had a positive impact on their mental well-being. For some of them, stress relief was a factor that contributed to their decision to start, and continue, vaping.

*" I started in Year 11 due to peer pressure and stress relief"*



*“If you [are] from poorer areas or got family that vape or smoke then you more likely to do it cos it’s cheap and helps with stress”*

*“I think stress makes me use it but now I stopped and swapped it out for snus”*

Current e-cigarette users who responded ‘No’ or ‘Neutral’ acknowledged concerns about addiction or other health risks outweighed their positive perceptions of vaping on their mental health.

*“Sometimes it can help relieve stress but other times it’s just a bad habit “*

*“In the moment yes, it can have a positive impact on mental well-being but the addiction, no”*

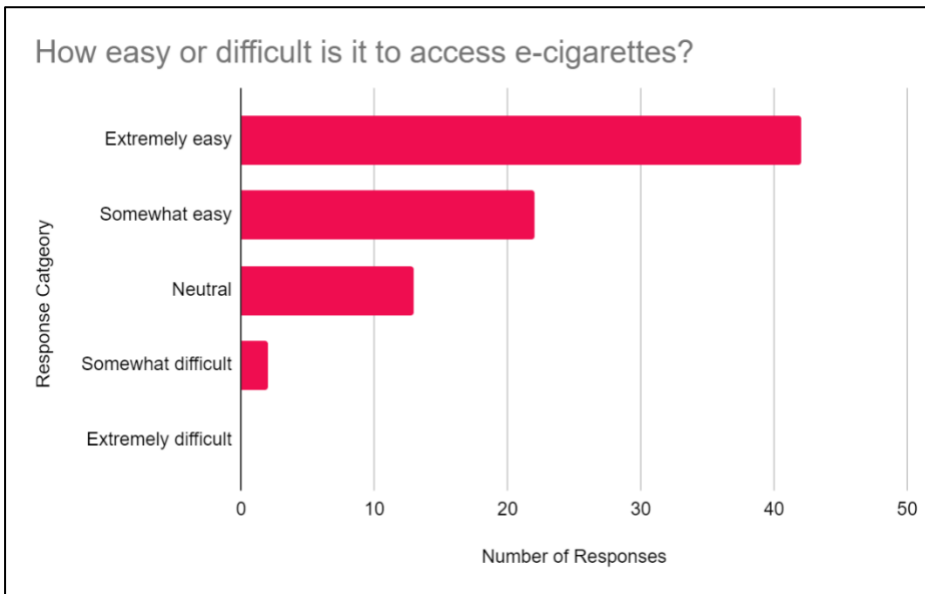
However, some of the young people who didn’t vape also responded that vaping did not help with mental well-being. This implies preconceived notions about the negative mental health impact of vaping, which possibly adds to the range of protective factors that prevents young people from taking up vaping in the first place. More research is needed to understand the link between vaping and mental health.

### 3. Accessibility and Regulations

The ease with which young people can access e-cigarette products is a major area of concern. The affordability, lax age checks, product variety, and normalisation of possession of e-cigarettes compared to normal cigarettes means greater appeal of the former among younger people.

*“They have so many deals to make them cost effective and they are easy to conceal too”*

The proposed ban on disposable vapes will target youth access of vapes but only if the measures are enforced effectively. It also does not go far enough in including regulations for other forms of e-cigarettes, like short-fill e-liquids which is popular among youth in England<sup>37</sup>. These are usually nicotine-free which means the sale is not age restricted, and they are customisable with additional ‘nicotine shots’ which defeats the whole point of bringing in stricter regulations around nicotine containing vapes.



**Fig. 3.1. Ease of access to e-cigarettes**

Majority of the young people we surveyed informed us of the perceived as well as actual ease of accessing e-cigarettes in Camden (Fig.3.1.). Retail stores and corner shops were the primary sources where they bought the vapes. These outlets often sold the vapes directly to minors, raising serious concerns about the enforcement of age restrictions. Another concerning trend was older friends and relatives procuring vapes for underage individuals. This practice poses a significant challenge to age-restriction measures and underscores the influential role of social networks in facilitating access to vaping products. Moreover, some shops in Camden were known to offer e-cigarettes without rigorous ID checks. Peer-to-peer exchanges where vapes were being sold by students in schools, and incidents of stealing were also reported as ways in which young people acquired e-cigarettes.

Although participants found it extremely easy to obtain vapes, almost all of them felt the need for stricter ID checks by sellers, or even raising the age restriction to 21, when asked if they felt more stricter regulation was required.

*“No sales to anyone under 18 and strict punishment for those who do still sell it”*



effect on lungs and overall deterioration in health. Addiction to vaping was also another significant area of concern expressed by the young people.

Current users of vapes emphasised that once individuals began vaping, quitting became a challenging endeavour because of the addiction. Camden has a wide range of support for young people dealing with substance misuse, for e.g., FWD which is a free drug and alcohol service for under 25s that supports young people to stop vaping. However, young people are not aware of the support available to them.

Although participants during the time of the survey did indicate that their vaping would not transition into smoking normal cigarettes, because of the unique appeal of vapes, there is not enough research looking at the long-term progression of vaping status. In the meantime, a thoughtful balance must be struck in the health messaging so that young people who smoke are encouraged to access smoking cessation services (including e-cigarettes), but children who have never smoked before are actively discouraged from initiating vaping in the first place.

### 4.3. Lack of Knowledge and Information

Young people highlighted a perceived lack of information and education around the negative impact of vaping, as well as around alternative ways to cope with stress and/or anxiety. Some even mentioned the lack of scientific research on the negative impact of vaping, which further indicates the urgency for increased knowledge and understanding in this area.

*“I just want to know if it’s really bad as people say because I don’t see any real scientific research.”*

The widespread perception among young people (never, and current users) about vaping as a ‘cool’ trend has outweighed the reality of vaping as being a potentially less harmful smoking habit. For health education about vaping to be effective, it must actively counter this narrative, leaning into the decades of knowledge around smoking to act quickly and decisively. It must provide young people with the facts about vaping using the latest evidence<sup>5</sup>, including the fact that long-term harms are not yet known, so that they are encouraged to make informed decisions about their health instead of blindly following the “hype” of vaping. The potential of health education as a health-protective cannot be underestimated. While health interventions address the consequences of vaping in the future, education is a protective tool which can influence behaviour now and safeguard the health of young people.

There is already expressed interest in this type of education from the young people we surveyed.

*“I think we need more education on what’s really inside it [vapes]. Coz all I know is it’s better than cigarettes which adults smoke”*

*“How serious the health is, and what the long-term affects are on growing bodies”*

## Youth Recommendations

In our pursuit of insights into vaping and youth well-being, we increasingly recognise that young people themselves possess the capacity to affect change and play an active part in shaping solutions. In this section we therefore present the recommendations put forth by our young participants. They offer a foundation upon which we can collectively build meaningful solutions to mitigate the issue of vaping among young people in Camden.

### Regulatory enforcement

- The recommendations by young people echo the latest proposed government advisory on the ban of disposable vapes which will involve strict mandatory ID checks at the point of sale and increased fines and penalties for violations. They want greater awareness of the regulations both on the supply and demand side so that there is an overall deterrent on unchecked e-cigarette sale.
- These restrictive measures need to focus on removing ease of access to vapes and serve as a reminder to young people that e-cigarettes are not the latest harmless 'trend'.

### Packaging of products

- Young people recognise the tactics utilised by e-cigarette companies to intentionally make the vapes appealing to potential young buyers. They suggest more emphasis around e-cigarette packaging like the ones for cigarettes, where vape products are sold behind counters, in plain colours and with restricted flavours. The wide variety and availability of vape flavours was a big factor in young people experimenting with vaping, and they recognised the need for these flavours to be restricted and made less appealing to young people.
- They also suggest explicit and detailed warnings about potential health risks on e-cigarette packaging. This is in line with promising research on which showed that adolescents considered warnings about potential lung health, chemical, and addiction risks to be effective as a deterrent against vaping<sup>38</sup>.

### In-depth and targeted health risk education

- Majority of the young people felt that there should be more education about vaping and its potential health risks in schools and local youth clubs. The education needs to dispel: 'cool' image of e-cigarettes, that vaping is harmless, and the assumed stress-

relieving effects of e-cigarettes. Health awareness education needs to keep up with emerging research into the health impact of vaping on young people.

- They want education and awareness strategies to go beyond health risks and start including guidance on preventative measures and solutions. They want to learn not only how to avoid using vapes in the first place, but also how to quit if they are already engaging with it. This means information on available support systems, as well as knowledge about and the ways to overcome nicotine addiction.

### **Innovative educational approaches**

- The young people want to see a shift in how information is presented. They advocate for an educational approach that focuses on experiential learning, with real-life examples, and interactive workshops to keep up with the developing nature of the research around health risks of vaping. These insights underscore the significance of delivering impactful messages to address the vaping epidemic among youth effectively.

## **Conclusion**

Speaking to young people about their perceptions and experiences of vaping revealed the current interplay of influences, health priorities, risk factors, and health concerns, all of which need understanding to inform preventative and educational strategies. We heard how the rising tide of e-cigarette use among young people plays out at a local level, painting a nuanced picture of the motivations driving experimentation and regular use of e-cigarettes. The report emphasises young people's need for clear factual information in order for them to make an informed decision about vaping.

The young people we spoke to readily acknowledge the potential impact on health and addiction from vaping. We know that research into long-term health risks, especially on young people, is slow and insufficient to inform more stringent policy. Young people experience this gap in knowledge and express their desire for more to be done about it. However, a notable gap between health concerns and health behaviour also persists among the youth. This disparity brings focus on the need for up-to-date, evidenced, and engaging health awareness strategies to deter young people from vaping. Our research also reveals how family vaping and smoking status impacts the young person's perception of vaping, and how cultural and religious backgrounds can impact attitudes towards vaping in both positive and negative ways, emphasising the value of culturally sensitive public health strategies.

The growing perception among some young people that vaping relieves stress is a worrying insight, given the risk of poor mental health outcomes of vaping and nicotine. With mental health needs among youth in the Borough increasing considerably, close attention must be paid to how this interdependence evolves, so that public health bodies or youth workers are not caught off guard by any unintended outcomes. The provision of effective mental health

support is a universal safeguard against poor health outcomes, and youth vaping is just one more risk factor to be taken into consideration by policymakers. Education about the mental health effects of vaping must include increased awareness about the numerous healthy alternatives and support available to young people.

The ease and creativity with which minors are accessing restricted vaping products in Camden speaks volumes about the difficulty in monitoring and enforcing regulations. The introduction of the ban on disposables, which also promises more funding and greater powers to local enforcement officers, will require monitoring for impact.

Recommendations around greater awareness of health risks, regulatory reform, educational interventions, all are underpinned by the urgent need for more research into youth vaping. Longitudinal studies involving young people are crucial in understanding the long-term physical and psychological health of vaping. Public health messaging must stay on top of emerging data so that it can effectively balance the promotion of vaping as a smoking cessation tool against the efforts to reduce youth exposure to vaping.

Healthwatch Camden is incredibly grateful to the young residents who gave us the opportunity to hear their perspectives and experiences. We will be sharing the findings of this report across Camden youth clubs, schools, and council bodies to help work towards improving the health and wellbeing of our local youth community.

## Appendix

### Methodology and ethics

We sought to understand the perspectives and experiences of young people in Camden surrounding e-cigarette use. For this purpose, we conducted 77 qualitative surveys and 2 focus groups with 16 young people between the ages of 13-19, who are regular attendees at 3 local youth groups. For this report, we did not include young people aged 19-24 years as those above 18 are legally able to buy e-cigarettes. Between May-June 2023, we drafted our survey and focus group questions and collaborated with the youth group leads to improve the survey questions as well as the research design.

During July 2023, we began recruiting young people through the youth groups. Sampling was purposive as the group leaders approached participants who matched age requirements and topic specifications. At the beginning of the surveys and focus group sessions, the facilitators took verbal consent from the young people.

We made it clear to our participants that it was not compulsory to answer any questions they were not comfortable with and that they were able to withdraw from the survey at any point. They conducted these surveys and focus groups at their youth club and guidelines for

monitoring participants' wellbeing was observed throughout. We utilised the survey methodology for this research, but in the familiar setting of their youth club, to allow them to comfortably share as much or as little as they liked, given the sensitivity of the topic. Participant and survey details were encrypted and accessible only by the research team and were deleted following the completion of the report. Any personal details of participants throughout this report have been anonymized.

For this study, we used thematic analysis to analyse the survey data and focus group transcripts. We familiarised ourselves with the data, conducted a round of inductive coding and then followed up with an analysis session to discuss the themes and sub-themes we found. We then refined our final list of themes and sub-themes as a team and produced the skeleton of our report's framework.

## Limitations

There are some limitations to our research. As the respondents self-selected, there may have been voluntary response bias, whereby those with more negative experiences may have felt more driven to participate. Since we used a survey methodology, it is possible that some of the answers had limited depth. However, we conducted two focus groups alongside to enrich the survey data, allowing us to gain further insight into the survey responses. Considering the topic of discussion, and resources of the youth groups, we believe conducting a survey allowed us to reach a greater number of participants than would have been possible if we had only collected data through focus groups.

## About us

Healthwatch Camden is an independent organisation formed to give patients, service users, carers, and residents a stronger voice to influence and improve how health and social care services are provided to the people of Camden. Our duties (which are set out under the Health and Social Care Act 2012) are to support and promote involvement of Camden residents in the planning, running, and monitoring of services; to produce reports and make recommendations for services based on their views and experiences; and to offer information on choices they can make in accessing and utilising services. Our remit extends across all publicly funded health and social care in the borough.

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