# Exploring the accessibility of vapes to young people and adults across the UK

## (VAYPA study)

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CANCER RESEARCH UK

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# Reference

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# Acknowledgements

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# About Cancer Research UK

We're the world's leading cancer charity, dedicated to saving and improving lives through research. We fund research into the prevention, detection and treatment of more than 200 types of cancer through the work of over 4,000 scientists, doctors and nurses. In the last 50 years, we've helped double cancer survival in the UK and our research has played a role in around half of the world's essential cancer drugs. Our vision is a world where everybody lives longer, better lives, free from the fear of cancer.

# Contents

# Executive summary

Tobacco remains the biggest cause of cancer and premature death in the UK causing around 75,800 deaths each year. With smoking accounting for nearly twice as many cancer cases in lower income groups compared to higher income groups, it is crucial to ensure equitable access to smoking cessation tools for those looking to quit. Current evidence indicates that legal vapes (also known as e-cigarettes) pose a small fraction of the risks of smoking and can be a useful tool to help people quit smoking. However, they also often contain nicotine, which is a very addictive substance, so the increase in the use of vapes in people who have never smoked and young people under 18 that has been reported in the UK is of concern.

The Khan review recommended increasing accessibility by offering vapes as a quitting tool to all people who smoke and providing free pack exchanges in deprived communities. However, it is potentially concerning that changes in the UK vape market and retail environment have occurred alongside a known increase in uptake of vaping among people who have never smoked, particularly young people

Policy should seek to preserve access to vapes for people who smoke and want to use them as a quitting tool but protect young people and those who have never smoked against the potential harms of vaping. Policy development should therefore be informed by evidence on the experience of users and perceptions of access, as well as the retail environment of vapes.

## Aim

To explore how accessible vapes are to young people and adults, the factors that increase accessibility under the legal age of sale, and how this may vary by area and level of deprivation.

## Methodology

We adopted an explanatory mixed method design to explore views on the accessibility of vapes from the perspective of both young people (aged 11 to 17 years) and adults (aged 18 and over).

- **Work Package 1 (WP1): Accessibility surveys with young people and adults**

  Two UK-wide online surveys, one with young people aged 11 to 17 years (n=2,372) and one with adults aged 18 and over (n=2,185), to gather their views and experiences regarding smoking and vaping behaviour, perceived accessibility and purchasing experience.

- **Work Package 2 (WP2): Focus groups with young people and adults**

  Twelve focus groups were conducted with young people aged 14-17 who vape (n=27) and adults who currently vape and/or smoke (n=36) in England and Scotland to explore, in-depth, some of the key findings from the WP1 surveys and views on potential policy options.

# Key findings

## Awareness of retail environment

- Both young people and adults were aware of vapes being sold in a range of retail stores. The highest awareness reported among adults was for specialist vape shops, followed by corner shops/newsagents, supermarkets and grocery/convenience stores. [See Section 4.2.1]
- The highest awareness reported among young people was for corner shops/newsagents. Among adults and young people, there was very low awareness of vapes being sold in a chemist/pharmacy, dessert/candy/slushie shops and barbers/hairdressers. [See Section 4.2.1]
- Participants reported seeing vapes for sale in a broad range of retail outlets, some of which do not sell tobacco and nicotine replacement therapies and may have long opening hours or rapid delivery. [See Section 4.2.1]
- Some types of shop were viewed by adults as inappropriate outlets for vapes (e.g. dessert/candy/slushie shops and hairdressers/barbers) because they do not sell items perceived as similar (i.e. tobacco) and they do not routinely ask customers to verify age. [See Section 4.4.3]
- There was no evidence within the focus groups' sample of participants purchasing vapes in a chemist or pharmacy. Only a minority stated that they had come across this. Adults were mostly unaware, surprised, or concerned about chemists or pharmacies selling vapes. Many were worried about the unknown future risks of vaping and felt that selling vapes in these places was sending out a mixed message that vaping was 'healthy'. Negative views on chemists and pharmacies selling vapes were closely associated with participants' perceptions of harm. [See Section 4.3.9]
- In the survey, young people were more likely than adults to notice vapes displayed in a shop window [See Section 4.2.2], and more likely to have positive views about window displays of vapes. [See Section 4.2.3]

## Where and how people get vapes

### Adults

- Adults' main source of vapes varied depending on the main type of device used and vaping and/or smoking behaviour. [See Section 4.3.8]
- Among adults who had vaped in the past 12 months, vapes were most commonly purchased from corner shops/newsagents, followed by supermarkets, specialist vape shops, and grocery/convenience stores. The main online source was websites/apps for specialist vape stores. [See Section 4.3.6]
- Adults who currently vaped (but did not smoke) were the ones most likely to use specialist vape retailers online (27%). [See Section 4.3.8]
- Those living in the most deprived areas were the group most likely to use corner shops/newsagents (23% in IMD 1 versus 10% in IMD 2). [See Section 4.3.8]

### Young people

- Under the legal age of sale, seven percent of *all* young people surveyed had attempted to purchase vapes from a shop in the past 12 months. Four percent of *all* young people surveyed said they had succeeded in buying vapes from a shop in the past 12 months. [See Section 4.3.10]
- Among young people who had vaped in the past 12 months, 34% said they had bought vapes themselves.[See Section 4.3.4]
- Like adults, young people who purchased their own vapes mainly bought them from corner shops/newsagents. A small proportion [7%] of young people who had vaped in the past 12 months mainly purchased vapes online, with the most common source being websites/apps for specialist vape stores. [See Section 4.3.7]
- Young people from the most deprived areas (IMD quintiles 1 – 3) were more likely than those from the least deprived areas (IMD quintiles 4 and 5) to have attempted to purchase vapes. No difference in deprivation level was found for successful purchase attempts.[See Section 4.3.10]
- The survey findings indicate a substantial level of proxy purchasing, with 59% of 11-17-year-olds who had vaped in the past 12 months being given them by someone they know. Among young people aged 11-17 years who had vaped in the past 12 months, 28% had bought them from someone they know and 23% had asked someone to buy vapes for them. [See Section 4.3.4]
- Proxy purchasing was also evident when young people grouped together to buy vapes: 18% of those who had vaped in the past 12 months had grouped together with others and got someone in the group to go into a shop to buy vapes for them, whilst 10% had grouped together with others and asked someone else e.g. a passer-by, to go into a shop and buy vapes for them. [See Section 4.3.4]
- Young people taking part in the focus group discussions described visual cues, such as someone's age and how they were dressed, that were used to assess the likelihood of someone carrying out the request. [See Section 4.3.5]
- Young people also spoke of some parents supplying vapes such as reusable devices and e-liquid, either because they did not mind their young person vaping, or because they were concerned about potential harm from disposable devices. [See Section 4.3.5]

## Affordability

- While the majority (55%) of all adults who had vaped in the past 12 months said that it was very or quite easy for them to afford vapes, others (11%) found them difficult to afford.[See Section 4.3.2]
- Adult focus group participants highlighted that the availability of price offers, promotions and loyalty schemes made vaping more affordable.[See Section 4.3.3]
- Just under half (46%) of 11-to-17-year-olds who had vaped in the last 12 months reported that it was very or quite easy to afford to buy vapes. However, more than a fifth (22%) indicated that it was very or quite difficult for them to afford vapes. Among young people, perceived affordability of vapes did not differ by level of deprivation. In the focus groups, many described that price was a key concern among people their age. [See Section 4.3.2]
- Young people had strategies to make vaping more affordable, such as buying devices which offered better value for money, taking advantage of price promotions, or sharing vapes with friends. [Section 4.3.3]
- Those that reported vaping more frequently said that despite the expense, they still bought vapes as it was something that they wanted. Vapes were often purchased using money given to them by parents or earned through casual employment. [Section 4.3.3]

## Factors that affect accessibility

### Adults

- The survey found that the most important features of the retail environment for purchasing vapes were (in order of importance): being able to see the range of vapes/vaping products available; price; an easy process for buying/ordering; being able to see the price clearly before buying; a hassle-free service; and a convenient location. [See Section 4.3.12]
- The focus group discussions highlighted that some retail marketing practices were working against accessibility for adults. Brightly coloured and large window displays and posters communicated to adults that vaping was being targeted towards children and young people. [See Section 4.2.4]
- Some adults who vaped noted benefits of shop displays and posters. These could helpfully signal that the shop sold vapes, highlight price promotions, and indicate the range of products and flavours available. Others however, said that they were immune to window displays and posters, and did not find them useful.[See Section 4.2.4]
- Other barriers to access were evident in some participants' accounts of specialist vape shops. Some people were positive about helpful and knowledgeable staff, the availability of cheaper and higher quality products, and access to loyalty schemes, promotional offers and discounts. Other participants felt that going into a specialist vape shop was daunting, that they were judged on their choice of device, or that they would be pushed into buying additional or more expensive products. [See Section 4.3.9]

### Young people

- There was some lack of knowledge on the minimum age of sale (to people 18+) of nicotine-containing vapes. In the survey, only 44% of all adults, and just over half (55%) of all young people, correctly responded that it was 18 years and over. [See Section 4.4.5]
- Among the young people who had tried buying vapes from a shop, only 58% reported having been asked for proof of age at some time. [See Section 4.3.10]

- Informal sources such as older friends made it easy for young people to access vapes. [See Section 4.3.5]
- Both the survey and focus group findings showed that young people believed it was easier buying vapes through corner shops/newsagents than specialist vape shops and supermarkets. In the focus groups, young people who vaped reported it was easy to know which retailers would sell to people underage. Knowledge on where to purchase vapes was shared among peers. [See Section 4.3.9]
- Retail marketing practices, particularly shop window displays and posters, facilitated accessibility to young people by sending a message that the product was for them. In the focus groups, young people highlighted that brightly coloured window displays and posters were eye-catching and enticing. [See Section 4.2.4]
- A shop that looked less 'professional', not part of a franchise and that had brightly coloured external signage promoting vapes also communicated to young people that they may be able to purchase vapes there. [See Section 4.3.9]
- The most important features of the retail environment for young people purchasing vapes were (in order of importance): having an easy process for buying or ordering; price; being able to see the price clearly before purchasing; a range of flavours; and hassle-free service. [See Section 4.3.12]

# Views on policy options

### Retail environment

*Number and types of shops selling vapes*

- Many adult focus group participants believed that the number and/or types of shops selling vapes could be reduced without affecting accessibility. Adults were generally supportive of the idea of reducing the number of vape retailers. This was closely linked to strong disapproval of retailers selling vapes to young people under the legal age of sale. While certain retail outlets were deemed important sources of vapes for adults, others were thought unnecessary, for example, dessert/candy/slushie shops and hairdressers/barbers. [See Section 4.4.3]
- In the survey, adults were asked for their opinion about which, if any, retail outlets should be allowed to sell vapes. There was good endorsement among adults currently vaping and/or smoking for the sale of vapes in specialist vape shops (67%) and supermarkets (65%). Just over half the adults who vaped and/or smoked also believed that vapes should be sold in grocery/convenience stores (55%) and corner shops/newsagents (52%). Less than one in five adults who vape and/or smoke believed vapes should be sold via delivery services or from mobile phone/tech repair shops and dessert/candy/slushie shops, among others. [See Section 4.4.1]
- Narratives indicated that greater awareness of vapes being sold in chemists and pharmacies may help potential users to view vaping, and the relative safety of products, more positively. Although it is important to note that in the focus groups, participants struggled with the concept of the chemist/pharmacy as a source of vapes. [See Section 4.3.9]

*Positioning in store*

- Placing vapes behind the counter and next to tobacco communicated an age-restricted product to young people [See Section 4.2.5]. Among adults who vaped and/or smoked, this was the expected and appropriate place for vapes as an age-restricted product in

the retail environment. While having vapes placed behind the counter makes it potentially more difficult for young people to access them, most adults who smoke and/or vape did not believe this would be problematic for them and were generally in favour of behind-counter storage. [See Section 4.4.7]

# Conclusion

The retail environment for vapes enhances their accessibility for both adults and young people, as they are available across a diverse range of outlets: specialist vape stores, supermarkets, convenience stores, and non-traditional locations such as candy shops and mobile phone stores. Other factors such as online purchasing options and rapid delivery services make vape products readily accessible for adults. However, some barriers still impact the accessibility of vapes for adults. Specialised vape shops create discomfort for some adults, who report feeling judged or pressured to buy more expensive products. Additionally, some adults consider shops with brightly coloured and large window displays as targeted towards young people, potentially reducing their willingness to purchase from these outlets.

Findings suggest that vapes are relatively easy for young people to access. Under the legal age of sale, 59% of young people who had attempted to purchase vapes from a shop in the past 12 months succeeded at least once. However, informal sources - such as friends, proxy purchasing, and family members - account for the majority of underage access. Retail and advertising practices further make vapes more visually appealing to young people. Brightly coloured displays and posters, often found in store windows, send a signal to young people that vapes may be ‘for them’, further enhancing perceptions of accessibility.

# Policy implications

*This summary was developed by Cancer Research UK's prevention policy experts based on the research findings from this study.*

To tackle youth vaping, the UK Government is introducing a range of legislation – including powers within the Tobacco and Vapes Bill to reduce the appeal of products, a new duty on vaping liquid, and a ban on disposable vapes. However, as smoking remains the biggest cause of cancer and death in the UK[i] [ii], and there are still six million adults in the UK who smoke, there is an important balance to be struck with these pieces of legislation: to reduce youth uptake of vapes while ensuring that vapes – an effective cessation tool - remain available to adults who smoke and want to quit.

Many of the findings within this report are directly relevant to establishing an appropriate balance between these two aims; and can be used by policymakers to help inform the specifics of the forthcoming regulation and powers. The findings also indicate wide support for new regulations.

To facilitate that process, it is helpful to consider what the findings of this report imply within five key policy areas:

1. Vape displays, packaging and flavours; and marketing of vapes on shop exteriors
2. Type of vaping products people buy
3. Price and affordability of vapes
4. Awareness of legal age of sale of vapes
5. Retail availability

# Factors that affect the appeal of vapes

### Placement and visibility in shops (packaging and displays)

- If the UK Government changes the appearance of vape packaging through the powers in the Tobacco and Vapes Bill (such as removing the imagery and bright colouring), as well as placing vapes behind the counter but keeping them on display, this could help reduce appeal and access to young people but maintain the visual prompt for adults who smoke and want to quit using vapes.

### Promotion and visibility outside of shops (posters and window displays)

- Any government action to reduce the appeal of vapes to young people should consider the role of marketing on the exterior of shops, including posters, and displays that can be seen from outside of shops.

### Flavours

- It is important that any policy restricting flavours strikes a balance between dissuading uptake in young people and maintaining appeal to those who smoke and could quit tobacco with vapes. For example, changing the way vape flavours are described, rather than restricting the flavours themselves, could help.


# Type of vaping products

- By bringing the disposable vapes ban into force (due in England, Scotland, Wales and Northern Ireland, June 2025), a popular smoking cessation tool will come off the market. As such, it will be important that the UK Government mitigates against people relapsing into smoking or being deterred from quitting smoking, by ensuring rechargeable products remain affordable and accessible to adults who smoke and want to quit.

## Price and affordability

- It is necessary to strike a balance between making vapes less affordable to young people, while ensuring they are available and affordable to those who smoke and want to quit.
- Socioeconomic inequalities should be a key consideration in any tax increases or vaping policy changes. It will be important to consider this within, and monitor the impact of, the UK Government's new duty on vaping liquids.
- The difference between the price of vapes and tobacco – with vapes priced lower than tobacco – can act as an incentive for people who smoke to quit using vapes. It also helps to send the correct message that vapes are less harmful than tobacco.

## Awareness and enforcement of the legal age of sale of vapes

- Action must be taken to increase the awareness and visibility of the legal age of sale for vapes; government mass media campaigns could help with this. This should also be made clear in shops, for example by placing posters at the point of sale.
- The Tobacco and Vapes Bill could help to prevent illegal sales by introducing new fixed penalties for retailers that sell vapes to underage people; it will ban the sale of non-nicotine vapes to under-18s; and it will enable the Secretary of State (with consultation) to create a licensing scheme for tobacco, vape, and nicotine product retailers.
- All these measures will need to be underpinned by sufficient funding and capacity for enforcement.

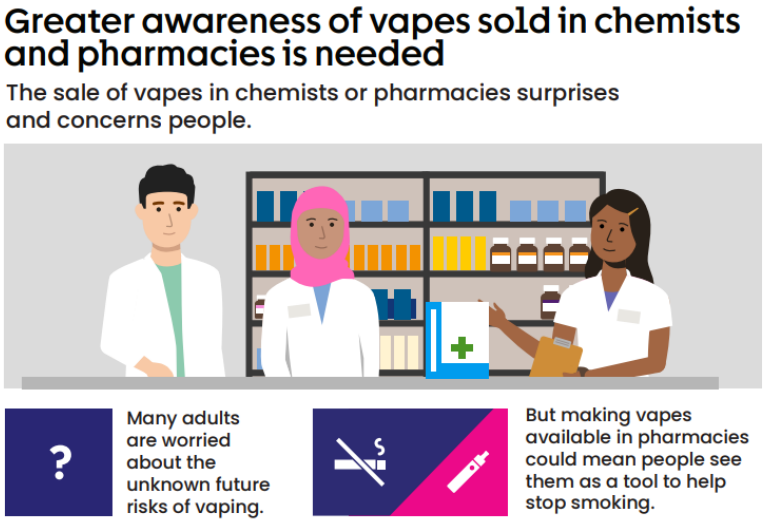
## Retail availability

### Quantity and density

- Findings imply support for the power within the Tobacco and Vapes Bill to create a licensing scheme which could include conditions and provisions to limit the number of licensed premises. As the biggest killer in the UK, tackling tobacco should remain the key priority. It is essential that anywhere tobacco is sold, vapes are also available.

### Type and proximity

- Any interventions should consider the different retail preferences for adults who smoke. If action is taken, there should be a careful balance between reducing the visibility of vapes, and access for young people, without fully closing off access for adults.
- The findings indicate there is not only a lack of awareness that pharmacies sell vapes, but that some people also did not believe they should be sold there as they viewed them as a harmful product. Misperceptions of relative harm of smoking versus vaping need to be countered, so that people (particularly those who smoke) are aware vapes are an effective smoking cessation tool.



# List of acronyms

ASH Action on Smoking and Health
CCTV closed-circuit television
CRUK Cancer Research UK
GB Great Britain
GUEP University of Stirling General University Ethics Panel
ID identification card/documentation
IMD Index of Multiple Deprivation
ISMH Institute for Social Marketing and Health
NHS National Health Service
NRT nicotine replacement therapy/ies
PPI Patient and Public Involvement
RQ research questions
SD standard deviation
SES socioeconomic status
UK United Kingdom of Great Britain and Northern Ireland
US-style United States-style
VAYPA Vaping Access among Young People & Adults survey
WP work package

# 1. Introduction

## 1.1 Background to the study

Tobacco is the biggest cause of cancer and premature death in the UK.[1,2] Current cigarette smoking prevalence among adults in England is 11.6%, and more prevalent among less advantaged social grades.[3] There is increasing evidence suggesting that vapes[i] with nicotine are effective for smoking cessation[4] and, in the short and medium term, vaping poses a small fraction of the risks of smoking, although more evidence is needed to assess longer term risk.[5] In Great Britain (GB), 3.9% of people aged 16 years and over occasionally vape and 5.9% vape daily.[3] Of those who have never smoked tobacco, 2.8% of people aged 16 years and over in GB vape occasionally or daily.[3] Vape use is higher (between 13.9% and 15.0%) among adults of less advantaged social grades (C2, D and E) in England than among more advantaged adults (AB (7.6%) and C1 (11.5%) social grades), and adults in the former group have seen the largest increase in vape use since 2021.[6] Use of vapes in people who smoked in the past-year is now similar across social grades in England.[7] The Khan review recommended increasing their accessibility by offering all people who smoke, vapes as a quitting tool and providing free pack exchanges in deprived communities.[8]

Substantial concerns have been raised about the uptake of vaping by people who have never smoked, principally young people.[8] Despite vapes being an age-restricted product, vape experimentation (trying once or twice) among 11–17-year-olds increased from 7.7% in 2022 to 11.6% in 2023, and reduced to 9.5% in 2024.[9] While there was an increase in 11–17-year-olds regularly vaping between 2021 and 2022, no significant increase was observed between 2022 and 2024; at present 7.2% currently vape.[9] Socioeconomic disparities have been reported in Scotland and Wales, where secondary school-aged pupils living in the most deprived areas or with low family affluence were more likely to regularly vape than those in the most affluent families or areas.[10,11]

## 1.2 The retail environment

Vapes are accessible from a broader range of retail outlets than tobacco and nicotine replacement therapies, some with long opening hours or rapid delivery. In addition to specialised vape stores (including online), they are available in supermarkets (stores and online), co-operatives, off-licences, forecourts, convenience store chains, market stalls, pharmacies, online marketplaces, by subscription and via delivery apps. Many retail outlets that have not traditionally sold age-restricted products such as boutiques, mobile phone shops[12] and US-style candy stores, are also selling vapes. Vending machines with age-verification technology are being trialled in hospitality, retail and NHS locations in England.[13] Recently, the UK vape market and the retail environment have changed considerably. Compared with the previous year, in 2023 purchases of vapes from supermarkets (stores and online), co-operatives, off-licences, forecourts and convenience store chains combined doubled (an increase of 108%); an additional 155.2 million vapes were sold compared to in 2022.[14] Disposable vapes made up most of that increase.

Selling vapes in these diverse settings is one element of a marketing strategy used by vape manufacturers and retailers. Other strategic elements in the retail environment communicate

[i] We use the terms “vapes” and “vaping” throughout the report to cover the products (vaping devices, e-cigarettes, e-liquids, e-shisha, pods etc) and their use.

vapes' accessibility to potential customers by positioning them at the point-of-sale (at the checkout), often in large displays and/or with bespoke shelving. For any consumer goods, prime instore locations can reinforce their acceptability and normalcy, and point-of-sale positioning can facilitate both preplanned and unplanned purchases. These elements work in retail alongside product packaging, instore advertising and promotions.[15]

# 1.3 Current vape regulations in the UK

Across the UK, a minimum age of sale for nicotine-containing vapes is in place, including online, making it illegal to sell vapes containing nicotine to anyone under 18 years, or to buy, or attempt to buy, them on behalf of anyone under 18 years (a proxy purchase offence). These regulations commenced in England and Wales in October 2015 (The Nicotine Inhaling Products (Age of Sale and Proxy Purchasing) Regulations 2015), in Scotland in April 2017 (Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016) and in Northern Ireland in 2022 (The Nicotine Inhaling Products (Age of Sale and Proxy Purchasing) Regulations (Northern Ireland) 2021). In Scotland and Northern Ireland, vapes sales by vending machine were prohibited from April and June 2017, respectively. In addition, in Scotland, since April 2017, it is an offence for retailers of vapes not to operate an age verification if the customer appears to be under 25 years. It is also an offence in Scotland for vape retailers not to register their business with the Scottish Government's Register of Tobacco and Nicotine Vapour Product Retailers, introduced to aid enforcement of age restriction laws.[16]

Currently in the UK, it is not illegal for companies to give free sample vapes to under-18-year-olds, and it is not illegal for someone of any age to buy non-nicotine vapes. However, the Tobacco and Vapes Bill, if passed and implemented, would close this loophole, and would ban the sale of both nicotine and non-nicotine vapes to under-18s.

More recently, as part of the 2023 UK Government consultation, submitted evidence on effective action to strengthen regulatory compliance on underage vape sales and non-compliant products, particularly for small and independent retailers, was analysed.[17] However, the dissolution of Parliament in May 2024 halted the resulting Tobacco and Vapes Bill after the House of Commons Committee stage.[18] In July, the King's Speech included the new Government's intention to impose limits on the sale and marketing of vapes[19] and their use by children was debated in the House of Lords in September.[20] The UK professional membership organisation for people working in Trading Standards has also called for new requirements on vape retailers, such as a vape retail registration scheme and changes to deterrents aimed at retailers.[21]

# 1.4 Recent research and evidence gaps

In England, the typical source of adult vape purchases has switched recently, from mostly specialist vape shops to non-specialist shops. In 2023, just under half of vape users were reported to purchase their products from a non-specialist shop (46%), while others purchased theirs from a specialist store (25%), online (including online specialist stores; 22%) or from another source (7%).[22] Other recent survey data found that adults who vaped, and purchased their vapes (they were not given them from other sources), were most likely to buy them online (36%).[23] Other locations included from a newsagent, corner shop or off-licence (18%), from a supermarket (11%) or from some other type of shop (19%). A few bought them from forecourt shops, street markets or a machine (5%). Early qualitative research in England with adults who vaped, suggested that the visibility and accessibility (including online) of 'cigalike' vapes '*opened their eyes to the possibility*' of vaping, as they were readily available from newsagents, supermarkets and general stores.[24] More recent research has highlighted some attitudes of customers towards specialist vape stores, and the pros and cons of accessing their vapes that

way, such as receiving trustworthy guidance and being easy to compare prices, versus overwhelming product ranges and feeling uncomfortable or unwelcome in the store.[25,26]

Despite it being illegal to buy or attempt to buy for, or to sell nicotine-containing vapes to, anyone under the age of 18, under-18s most commonly reported purchasing vapes from a newsagent, corner shop or off-licence (26%) in 2023. Fewer purchased vapes from garage forecourts (9%), supermarkets (7.2%), street markets (5.8%), machines (2.4%), or from some other type of shop (15%).[23] In 2024, the usual source of purchase for vapes for under-18s who currently vape was to buy them from a shop or informal source (48% and 27% respectively) or buy them online (13%), although over half were given them by somebody (54%; multiple 'usual sources' were permitted).[9] A small proportion of those who had tried vaping and had ever smoked tobacco selected 'I am trying to quit smoking' (5.9%) or 'I use them instead of smoking' (5.7%) as the main reason for using a vape.[9] In a recent qualitative study on perceptions of disposable vapes among 14- and 15-year-olds in Scotland, ease of access by their age group, principally from corner shops, and online, was emphasised.[27] This appears to have moved on from a previous study among the same age group in 2017 from across GB, which suggested that very few obtained their vapes from retailers.[28] Most were obtained via informal routes (peers or adults), and they reported that obtaining vapes was easier than obtaining tobacco cigarettes.

There is limited UK research into the accessibility of vapes for young people and adults across the UK, particularly in relation to the different UK nations, and deprivation level. There is also a lack of research exploring the retail environment of vapes, particularly non-specialist vape stores. It is important to consider the experiences and perceptions of access of young people and adults, people who have never smoked, people who smoke, and people who vape, to develop balanced considerations for policy.

# 2. Aims and objectives

The study was led by the Institute for Social Marketing and Health (ISMH) at the University of Stirling. The study was commissioned by Cancer Research UK to explore how accessible vapes[ii] are to young people and adults, the factors that increase accessibility under the legal age of sale, and how this varies by area and level of deprivation.

The study objectives were:

1) To explore the accessibility of vapes to young people and adults across the UK, and particularly in areas of deprivation
2) To develop a deeper understanding of the factors that enable the purchasing of vapes by young people (under the legal age of sale)
3) To identify areas of opportunity for regulation to provide recommendations for better enforcement of age of sale regulations whilst maintaining accessibility for adults who smoke.

To meet these objectives, the study had six research questions (RQ):

RQ1: In what kind of shops or on which websites do young people and adults buy vapes?
RQ2: What factors increase accessibility under the legal age of sale?
RQ3: Is there an association between accessibility and areas of deprivation?
RQ4: How can the legal age of sale of vapes be better enforced whilst maintaining accessibility for adults who smoke?
RQ5: What aspects of the retail environment facilitate accessibility?
RQ6: What are young people's and adults' views and experiences of proxy purchasing?

[ii] We use the terms "vapes" and "vaping" throughout the report to cover the products (vaping devices, e-cigarettes, e-liquids, e-shisha, pods etc) and their use.

# 3. Methods

We used an explanatory mixed method design, with two work packages, to address our objectives and research questions. Work package 1 (WP1), **Accessibility Surveys with Young People and Adults**, comprised two surveys with the general public to explore views on the accessibility of vapes[iii] from the perspective of both young people (aged 11 to 17 years) and adults aged 18 and over. WP1 addressed RQ1, RQ2, RQ3, RQ5 and RQ6, and provided partial insight to RQ4. In work package 2 (WP2), **Focus Groups with Young People and Adults**, we explored, in greater depth, some of the findings from the WP1 survey, and views on potential policy options, among young people who vape, adults who vape, adults who do not vape, adults who smoke, adults who have never smoked, and adults who used to smoke. WP2 addressed research questions RQ1, RQ2, RQ5 and RQ6 and provided partial insight to RQ4.

## 3.1 Work package 1: Accessibility surveys with young people and adults

### 3.1.1 Survey design

We conducted two UK-wide online surveys, one with young people aged 11 to 17 years and one with adults aged 18 and over, to gather the views and experiences of members of the public regarding the accessibility of vapes. This enabled a broad perspective from a cross-section of the population on current accessibility and included the views of a wide range of people including existing consumers (i.e. people who vape), potential consumers (i.e. people who may vape in the future), people who currently smoke, people who used to smoke and people who are susceptible to vaping. Ethical approval for WP1 of the study was received from the University of Stirling General University Ethics Panel (GUEP 2023 16012 11319). WP1 was led by AMM.

### 3.1.2 Sample and recruitment

YouGov, a market research company, were commissioned to host the surveys and recruit a sample, intended to be representative of young people and adults in the UK, from their existing UK panel. For the adult sample, YouGov targeted panel members aged 18 years and over and approached them directly by email with an invitation to take part in the study. For respondents under 16 years, YouGov targeted panel members known to have a child of the appropriate age and invited the young person via their parent. Respondents aged 16 to 17 years were approached either directly, if an existing panel member, or via their parent.

Data were collected during the period of 9th to 28th May 2024. A sample of 2,185 was achieved in the adult survey aged 18 and over. A sample of 2,372 11- to 17-year-olds was achieved in the young people's survey. As the research brief required datasets from each of the four UK nations, these totals include boosted samples for adults and young people in Scotland, Wales and Northern Ireland.

[iii] We use the terms "vapes" and "vaping" throughout the report to cover the products (vaping devices, e-cigarettes, e-liquids, e-shisha, pods etc) and their use.

## Sample size

A base target of 3,000 survey responses across the UK (1,500 adult, 1,500 young people) was sought. In addition, to ensure sufficient sample size to draw comparisons across the four nations, boosted samples within each of Wales, Scotland and Northern Ireland were sought. The boosted sampling aimed to bring the final sample in each nation to a minimum of 300 adults and 300 young people. The sample boosting succeeded in achieving a minimum of 300 adults and 300 young people in Wales (n=307 adults, n=412 young people) and Scotland (n=367 young people, n=301 adults). In Northern Ireland, boosting was successful in achieving the minimum desired adult sample but, due to the small population, difficulties were experienced in achieving the minimum number of young people (n=304 adults, n=277 young people). The remaining sample was distributed across the Scotland and Wales boosted sample.

Power for the proposed sample size was estimated for a comparison of the proportion of ever vapers who purchased from a given store type. That is, comparing the proportion of adults versus young people purchasing from a given source. Assuming conservatively that 15% of young people have ever vaped and 20% of adults, this would give n=230 and n=300. For a difference in proportions purchasing from a given source of 10% versus 20% we would have 90% power at an alpha level of 5%.

During the data cleaning process, a total of n=20 respondents were removed from the final adult data and n=67 respondents from the final young people data, due to either missing demographic data or for failing quality checks. After data cleaning process, the resulting final samples were 2,185 adults and 2,372 young people. Of those cleaned from the young people's data, n=22 responses were removed due to missing demographic data and the remainder were removed due to incomplete data or for failing quality checks following manual checking of open-ended data. This resulted in a final sample size of 2,372 for the young people sample.

## Weighting

Weighting adjusts the contribution of individual respondents to aggregated figures and is used to make surveyed populations more representative of a typically larger population by forcing it to mimic the distribution of that larger population's significant characteristics, or its size. Survey responses were weighted to ensure the descriptive statistics represented the national profile of all adults across the UK aged 18 and over by age, gender, social grade, education level and region. Survey responses were also weighted to ensure the descriptive statistics represented the national profile of young people aged 11 to 17 years across the UK by gender, age, and region.

## Sample characteristics

The unweighted and weighted sample characteristics, for the adult and young people samples, are shown in Appendix 1.

In the adult sample, the age ranged from 18 to 87 years with a mean age of 48.5 (SD=17.7). The sample was evenly distributed between males and females, and 57% were from social grade ABC1 (middle class) households. Over a third (36%) of adults lived in areas classed within the two most deprived quintiles (IMD 1 and 2). Prevalence of ever vaping within the adult sample was 29% while prevalence of current vaping was 13%. This is in line with other recent surveys on adult current vaping: the ASH Smokefree GB Survey recorded 11% in early 2024;[29] and the Smoking Toolkit Study data for England, Scotland and Wales showed between 10 and 14% of the adult population in 2024.[22,30,31] Prevalence of ever smoking among adults in the sample was 42% and prevalence of current smoking was 13%. These data are similar to other recent surveys on adult current smoking: the Smoking Toolkit Study data showed prevalence for current smoking of any tobacco product for England, Scotland and Wales as between 13 and 15% of the adult population in 2024;[32-34] and the most recent UK Adult Population Survey

at the time of our survey recorded 13% current smoking in 2022.[35]

In the young people sample, the age ranged from 11 to 17 years with a mean age of 13.9 (SD=2.0). The sample was approximately evenly distributed between males (51%) and females (49%), and 72% were estimated to be from social grade ABC1 (middle class) households. Over a third (34%) of the young people lived in areas classed within the two most deprived quintiles (IMD 1 and 2). Prevalence of ever vaping within the young people sample was 20% while prevalence of current vaping was 7%. This was similar to the ASH Smokefree GB Youth Survey which recorded 18% ever vaping and 7% current vaping prevalence among 11- to 17-year-olds in Spring 2024.[9] Prevalence of ever smoking among young people in the sample was 13% and prevalence of current smoking was 4%. Again, this was similar to the ASH Survey from Spring 2024,[9] which recorded 5% current smoking prevalence among this age group**.**

## 3.1.3 PPI and survey development

The survey measures were initially informed by Patient and Public Involvement (PPI) development work involving consultation with a small number of young people and adults in three discussion groups. The discussion groups, facilitated by two experienced researchers, provided an opportunity for lay members to provide guidance on the issues that they considered important, relay their experiences concerning accessibility of vapes and provide guidance on the language to be used in the questionnaires. Images of a range of different shops were used to facilitate discussion around the types of shops where vapes may be sourced from. This activity not only informed the sources listed in the survey, but also the terminology used within the questionnaire when referring to, and distinguishing between, different types of shops.

Draft questions were developed following the discussion groups. A series of 12 individual cognitive interviews were then conducted with young people and adults to test the draft questions to ensure relevance, comprehension, and for the young people, age-appropriateness, of the measures.

## 3.1.4 Data collection

The survey questions employed were a combination of: questions that have been used extensively for assessing smoking and vaping behaviour in our own and others' research and bespoke questions tailored to the aims of this study. Using questions that are already widely used in this research area enhances the comparability of our findings with national surveys and other research. Novel questions were carefully developed and rigorously tested through PPI and cognitive testing as described above.

Due to the rapidly evolving nature of the vaping market, questions and language have to be constantly reviewed to ensure they are consistent with the terminology being used by adults and young people to describe these products, capture ongoing development in product design and availability and capture salient characteristics of products that are important to users. To remove ambiguity and ensure that respondents are clear which devices we are referring to, the surveys included high quality pictures of a range of devices to clarify what we meant by 'vaping devices' such as 'rechargeable' and 'disposable' devices.

The format of questions intended to elicit opinions was designed to reduce bias by using semantic scales with opposing statements at each end of a five-point scale and ensured a balanced set of possible response options. The order of presentation of response options was randomised with a split sample, half viewing scales ordered in one direction and other half getting the opposite direction.

There was a need for filtering throughout the questionnaire as many of the questions were only

relevant to people who had vaped and bought or accessed vapes in the past 12 months. The questionnaire was developed to be relevant to the general public (young people and adults) as a whole, to gain a representative view concerning accessibility of vapes, but to also gain a more detailed insight into the experiences and views of those accessing and using vapes.

### 3.1.5 Measures

The final survey included measures on vaping and smoking behaviour, vapes retail marketing, vapes access and purchase behaviour, vaping norms, and vapes policy/policy support. Survey measures were filtered depending on the vaping and smoking status of respondents. Details on each of the measures are provided in Appendix 2.

### 3.1.6 Analysis

Descriptive statistics are presented for each of the surveys (adults and young people). Both surveys have been weighted to bring the samples in line with the UK population demographic characteristics and therefore enable the samples to reflect the UK population. Descriptive statistics for country level responses have been weighted using country level weights which bring the responses in line with sample characteristics of the individual country. Note that, due to weighting and rounding, percentages in the tables and figures shown may not always appear to accurately add up to the expected total.

Bivariate analysis and multivariate analysis have been used to examine potential differences in key variables. For vaping accessibility measures that were asked of the full sample, multivariate analysis, in the form of logistic regression, has been used to enable exploration of demographic variation after controlling for vaping and/or smoking behaviour. Given that vaping and/or smoking behaviour may be associated with demographic variation such as age, and the potential difference in engagement with products by those who are already using them, it is important to control for these behaviours in the analysis. Data from vaping status and smoking status was combined to derive a new variable to classify adults and young people into the following four categories:

- Dual using (vapes and smokes cigarettes)
- Vapes currently but not currently smoking (includes never or past smoking)
- Smokes currently but not currently vaping (includes never or past or tried vaping)
- Neither vapes nor smokes currently

This derived variable has been used in the logistic regressions to control for vaping/smoking status. The reference category used was *neither vape nor smoke currently* with each of the other groups compared against the responses of those who do not currently vape or smoke. The logistic regression analysis also controlled for gender, age, level of deprivation and country to enable any differences by each of these demographic characteristics to be identified while controlling for vaping/smoking status and the other demographic variables.

Due to the smaller numbers in some of the analyses categories for the young people sample the logistic regression analysis used a binary level vaping/smoking variable:

- Vape and/or smoke currently
- Neither vape nor smoke currently

Where the same questions/measures were asked of adults and young people logistic regression analysis was used to compare the responses between adults and young people while controlling for vaping/smoking status and other demographic characteristics.

Throughout this report, differences between adults and young people are noted where logistic

regression analysis, controlling for vaping/smoking status, gender, level of deprivation and country found differences which were significant to at least $p<0.05$. Within each of the adult and young people samples, differences by vaping/smoking status and differences by level of deprivation are noted where these were found to be significant (to at least $p<0.05$) using logistic regression which also controlled for age, gender and country.

All descriptive statistics for adults and young people along with breakdowns by vaping/smoking status and demographics are included in Supplementary Tables S1 (Adult Tables) and S2 (Young People Tables). Details of the logistic regression results are included in Supplementary Tables S3 (Adult Logistic Regressions), S4 (Young People Logistic Regressions), and S5 (Adults v Young People Logistic Regressions).

# 3.2 Work package 2: Focus groups with young people and adults

## 3.2.1 Design

Twelve focus groups were conducted with young people and adults in England and Scotland to explore, in-depth, some of the key findings from the WP1 surveys and views on potential policy options. We focused on these two nations given potential for divergence in regulation. Groups were conducted in June and July 2024 after the WP1 surveys fieldwork had been completed. The research team and CRUK met to discuss emerging quantitative findings and policy priorities. This helped inform the final sample composition and topic guides to be used in the groups. Ethical approval for WP2 of the study was received from the University of Stirling General University Ethics Panel (GUEP 2024 18227 13269). WP2 was led by AF.

## 3.2.2 Sample and recruitment

Using purposive sampling we explored vape accessibility issues with five key groups of interest who may be most impacted (positively or negatively) by any potential regulation:

- Young people aged 14 to 17 years who currently use vapes[iv]
- Adults who currently vape and who have quit smoking in the last 5 years
- Adults who currently vape and who have never smoked regularly
- Adults who currently vape and smoke (dual use)
- Adults who currently smoke and would like to quit in the next 12 months, and do not currently vape.

Four groups were conducted with young people who currently vape (n=27), defined as using vapes at least once a month. The young people sample was split by age, country, gender, and socioeconomic status (SES), to facilitate group dynamics and cohesion. We included both higher (ABC1) and lower (C2DE) social grade in the young people sample as the issue of underage access spans the social gradient (see Appendix 1 for the focus groups sample composition). Social grade of young people was based on the occupation of the chief income earner within the household.

[iv] Currently vapes defined as ‘use vapes as least once a month’.

Eight groups were conducted with adults (n=36). The adult sample was evenly split by country and gender, given possible differences in vaping behaviour between males and females. The adult sample focused on participants from lower SES (C2DE), given that people who smoke who are on a lower income are a particular target for maintaining vapes' availability as a quitting tool.[8] The age ranges within the adult sample were designed to maximise recruitment whist maintaining group cohesion. Current vaping was defined as having vaped in the past 12 months. Current smoking was defined as daily or occasional smoking of cigarettes or hand-rolled or other kinds of tobacco (i.e. pipe, cigar or shisha). 'Never regularly smoked' was defined as never having smoked for a year or more.

Participants were recruited through professional market recruiters. Using quota sampling, possible participants were identified from within their local community or from the recruiter's panel. Eligibility to participate was assessed via a structured recruitment questionnaire. Participants who met the recruitment criteria were invited to participate and provided with a participant information sheet. All participants gave written informed consent in advance of the focus groups. Parental consent was also obtained for those aged 14-15 years.

## 3.2.3 Data collection

The young people focus groups were conducted in person, in an informal local community venue. Two groups were conducted in England (Manchester) and two in Scotland (Glasgow), with 6 to 8 participants in each group (see Appendix 1). In-person groups were chosen as it was crucial that groups were conducted in a private space, where young people were able to speak freely without concern about others (e.g. parents) overhearing them.

An online methodology was chosen for the adult groups. An online approach enabled a larger number of potential participants from across England and Scotland to be reached during recruitment. Our experience of conducting online focus groups has shown that smaller groups of participants are optimal for group dynamics and a good flow of discussion between the moderators and participants. Each group had between 3 and 6 participants.

Semi-structured topic guides were developed for the young people and adult focus groups. Groups lasted between 75 and 90 minutes and each was moderated by two experienced members of the research team (AF, AMM, AM). The groups explored: vaping and smoking behaviour, harm perceptions, awareness and acceptability of where vapes can be purchased, perceptions of chemists/pharmacies selling vapes and specialist vape shops, perceptions of vapes being sold in proximity to tobacco, experiences of online sources and food delivery apps, perceptions of window posters and vape displays, price and affordability, and views on potential restrictions on the number and types of shops selling vapes. To stimulate discussion in the young people (in-person) focus groups, participants were shown printed visuals and showcards of store types and vape posters/signage and displays. In the online groups, participants were shown visuals on PowerPoint slides. The appropriateness and relevance of which images to use in the focus groups were confirmed through the WP1 PPI discussions.

## 3.2.4 Analysis

All interviews were audio-recorded with participants' permission and transcribed verbatim. Transcripts were checked for accuracy and screened to ensure all identifiable information was removed. De-identified data were imported into NVivo14 to facilitate robust, structured, thematic analysis. Analysis was both deductive (informed from the topic guide) and inductive (from participants' accounts). Key themes were initially identified through familiarisation with transcripts. AM, GL and AF independently reviewed a selection of transcripts and subsequently met to develop an initial coding framework, which was tested and further refined in follow-up

meetings. AM, GL and AF coded the transcripts. After coding, written summaries of the coded data were prepared, followed by more detailed analysis to explore any differences by age, gender, SES (for 14–17-year-olds), country, and vaping/smoking status. Findings were discussed and interpreted among the wider team, with particular focus on how the findings could be used to help explain and add depth to the survey findings, and their implications for policy. As such, the qualitative findings have been placed throughout the results to accompany the relevant quantitative findings.

Within the Results (Section 4), quotations from focus group participants are attributed to participants by age group, gender, country, social grade and vaping/smoking status in brackets.

# 4. Results

## 4.1 Vaping and smoking behaviour

Table 4.1 provides background context on the vaping and smoking characteristics of survey participants. Details of the questions used are provided in Appendix 2 and the derivation of the overall categories is included in Supplementary Tables S1 (Adult Tables) and S2 (Young People Tables).

**Table 4.1: Vaping and Smoking characteristics of ADULTS and YOUNG PEOPLE**

| | Adults | | Young People | |
|---|---|---|---|---|
| | % | (n) | % | (n) |
| **VAPING** | | | | |
| **Ever vaped** [1a] | **29%** | **(626)** | **20%** | **(475)** |
| **Currently vape** [1b] | **13%** | **(287)** | **7%** | **(171)** |
| **Regularly vape** (at least once a week) [1] | **8%** | **(185)** | **3%** | **(81)** |
| **Vaped in last 12 months** [1] | **20%** | **(437)** | **17%** | **(405)** |
| **Main type of vape used:** | | | | |
| A disposable vape (non-rechargeable) [2] | 52% | (221) | 72% | (286) |
| Rechargeable with replaceable pre-filled cartridges/pods [2] | 11% | (48) | 17% | (65) |
| Rechargeable with tank that gets filled with e-liquid [2] | 37% | (156) | 11% | (43) |
| **Social vaper** [3 c] | **12%** | **(54)** | **19%** | **(78)** |
| **Susceptibility[d] to vape among young people who have never vaped** [4] | **-** | **-** | **38%** | **(716)** |
| **SMOKING** | | | | |
| **Ever smoked** [5e] | **42%** | **(923)** | **13%** | **(315)** |
| **Currently smoke** [5f] | **13%** | **(277)** | **4%** | **(104)** |
| **Smoked in the last year** [5] | **15%** | **(338)** | **-** | **-** |
| **Regularly smoke** (i.e. at least one cigarette a week) [5] | **-** | **-** | **2%** | **(39)** |
| **VAPING AND/OR SMOKING** | | | | |
| **Vape and/or smoke** | **21%** | **(464)** | **9%** | **(210)** |
| Dual user (i.e. currently vapes and smokes) [5] | 5% | (100) | 3% | (62) |
| Vape currently - not currently smoking (includes never or past smoker) [5] | 9% | (186) | 5% | (107) |
| *Vape currently - never smoked* [5] | *2%* | *(44)* | *2%* | *(45)* |
| *Vape currently - used to smoke* [5] | *6%* | *(142)* | *3%* | *(62)* |
| Smoke currently - not currently vaping (includes never or past or tried vaping) [5] | 8% | (177) | 2% | (42) |
| *Smoke currently (never vaped)* [5] | *3%* | *(74)* | *<1%* | *(10)* |
| *Smoke currently (vaped in past or tried vaping)* [5] | *5%* | *(103)* | *1%* | *(32)* |
| Neither vape nor smoke currently [5] | 79% | (1720) | 91% | (2149) |

[1] *Base: All adults (weighted): N=2,185. Base: All young people (weighted): N=2,372*
[2] *Base: All adults who had vaped in the past 12 months (weighted): N=426, missing cases (n=11); Base: All young people who had vaped in the past 12 months (weighted): N=395, missing cases (n=10)*
[3] *Base: All adults who had vaped in the past 12 months (weighted): N=437; Base: All young people who had vaped in the past 12*

*months (weighted): N=405*
[4] *Base: All young people who have never vaped (weighted): N=1,886.*
[5] *Base: All adults (weighted): N=2,183, missing cases (n=2); Base: All young people (weighted): N=2,359, missing cases (n=13)*
[a] *Ever vaped – includes at least once a week, at least once a month, occasional, past use and having tried once or twice*
[b] *Currently vape – includes at least once a week, at least once a month, and occasional use*
[c] *Social vaper – those who only vaped with others in social contexts were classed as social vapers*
[d] *A measure of susceptibility to vape, defined as the absence of a firm decision not to vape,[36,37] was derived for young people who had never vaped. Susceptibility was adapted from established items of susceptibility to cigarettes[38]*
[e] *Ever smoked – for Adults includes past smoking, occasional and regular (see Supplementary Tables 1 for Adults ) for Young People includes having tried once or twice, having smoked in the past, occasional and regular (see Supplementary Tables 2 for Young People)*
[f] *Currently smoke – includes occasional and regular (see Supplementary Tables 1 for Adults and Supplementary Tables 2 for Young People)*
*A hyphen denotes answer not applicable. Due to weighting and rounding, %'s and (n's) may not always appear to accurately add to 100% or the expected total.*

### 4.1.1 Vaping and/or smoking behaviour among focus group participants

The focus groups sample included five key groups of interest which differed in their vaping and/or smoking behaviour. The sample of young people who vaped reported starting in secondary school because vaping was seen as 'cool' and/or they had felt social pressure to vape. Some young people reported trying smoking, but they had not liked the taste, stating that vaping was 'nicer'. Almost all the adult participants who used to smoke regularly and currently vaped had managed to quit smoking by switching to vaping and vaped daily. Most adult participants who currently vaped but had never regularly smoked had started vaping through trying disposable vapes in a social context. Some continued to vape socially while others had progressed to daily vaping. Most adult participants who were dual using reported vaping daily and vaping more than they smoked. Although vaping helped them to reduce the amount they smoked, some said they still preferred smoking and were unable to switch completely. Most adult participants who currently smoked but did not currently vape expressed their desire or intention to quit smoking in the future. Most had previously tried vaping to reduce their smoking but had not enjoyed it, finding it too harsh on their throat. Adults who smoked were more likely than other focus group participants to view vaping as harmful and reported concern about unknown and future health effects

## 4.2 Retail marketing

This section addresses:

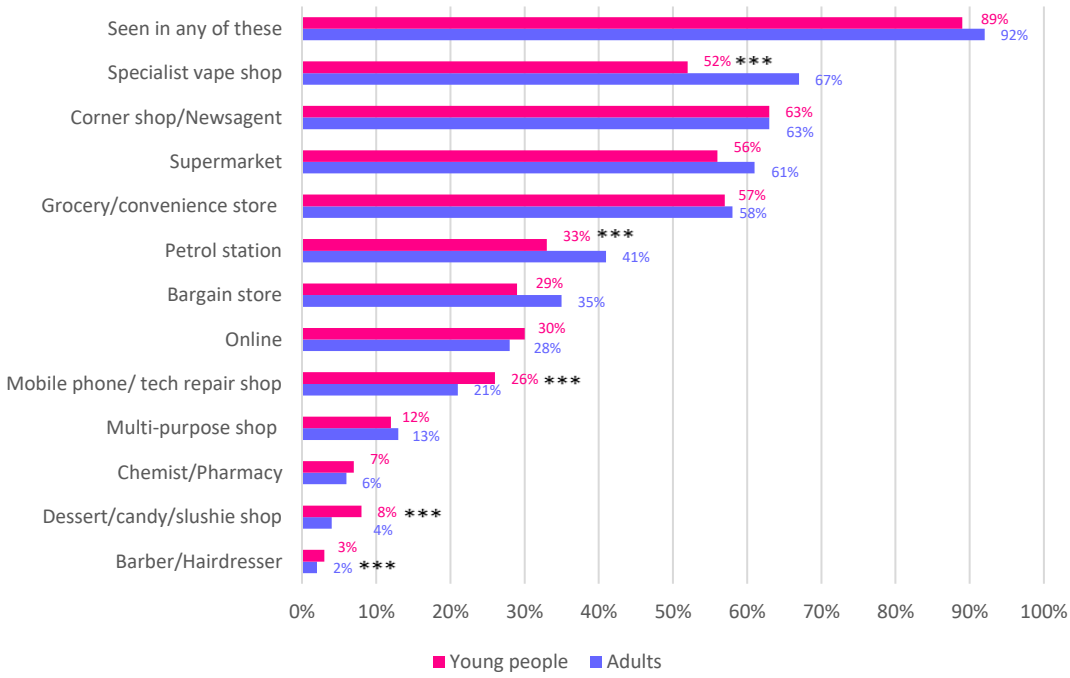
- awareness of where vapes are sold
- salience of vapes displayed in the windows of corner shops/newsagents
- views on vapes being displayed in shop windows (among those who have seen them displayed), including qualitative insights
- views on vapes being sold from behind a staffed counter with customers having to ask for the products, including qualitative insights.

Tables with breakdowns of responses by gender, age, level of deprivation, vaping/smoking status and country are available in Supplementary Tables S1 (Adult Tables) and S2 (Young People Tables). Details of logistic regression results are available in Supplementary Tables S3 (Adult Logistic Regressions), S4 (Young People Logistic Regressions) and Supplementary Tables S5 (Adults v Young People Logistic Regressions).

## 4.2.1 Awareness of where vapes are sold

Almost all adults (92%) and young people (89%) had seen vapes being sold in at least one of the outlet types listed (Figure 4.1) and both groups were aware of vapes being sold in a range of retail stores. The most prominent sources of awareness for both adults and young people were specialist vape shops, corner shops/newsagents, supermarkets and grocery/convenience stores (Figure 4.1). With awareness levels of 8% or less, lowest awareness, among both adults and young people, was for vapes being sold at dessert/candy/slushie shops, chemists/pharmacies and barbers/hairdressers.

Figure 4.1 In past 12 months, where have Adults and Young People seen vapes/vaping products being sold?




*Base: All adults (weighted): N=2,185; All young people (weighted): N=2,372*

*Statistically significant differences between adults and young people, based on logistic regression (controlling for gender, IMD quintile, vaping/smoking status and country) are denoted as follows: * p<0.05, ** p<0.01, *** p<0.001.*

## Adults v young people

While awareness levels were similar between adults and young people for many outlets, including corner shops/newsagents, grocery/convenience stores and online retailers, adults displayed higher awareness of specialist vape shops, and petrol stations. Young people displayed higher awareness of mobile phone/tech repair and dessert/candy/slushie shops selling vapes (Figure 4.1).

## Differences by vaping and/or smoking status

Logistic regression analysis indicated that among adults, awareness overall and for some of the individual retail sources, varied by vaping/smoking behaviour. Compared with those who did not vape or smoke, adults who currently vaped and/or smoked were more likely to report having seen vapes for sale.

*Compared with adults who currently neither vaped nor smoked:*

Adults who were dual users, those who currently vaped (but didn't smoke) and those who currently smoked (but didn't vape) were more likely to have seen vapes being sold in

- supermarkets,
- grocery/convenience stores
- and online.

Adults who were dual users and those who currently vaped (but didn't smoke) were more likely to have seen vapes being sold in

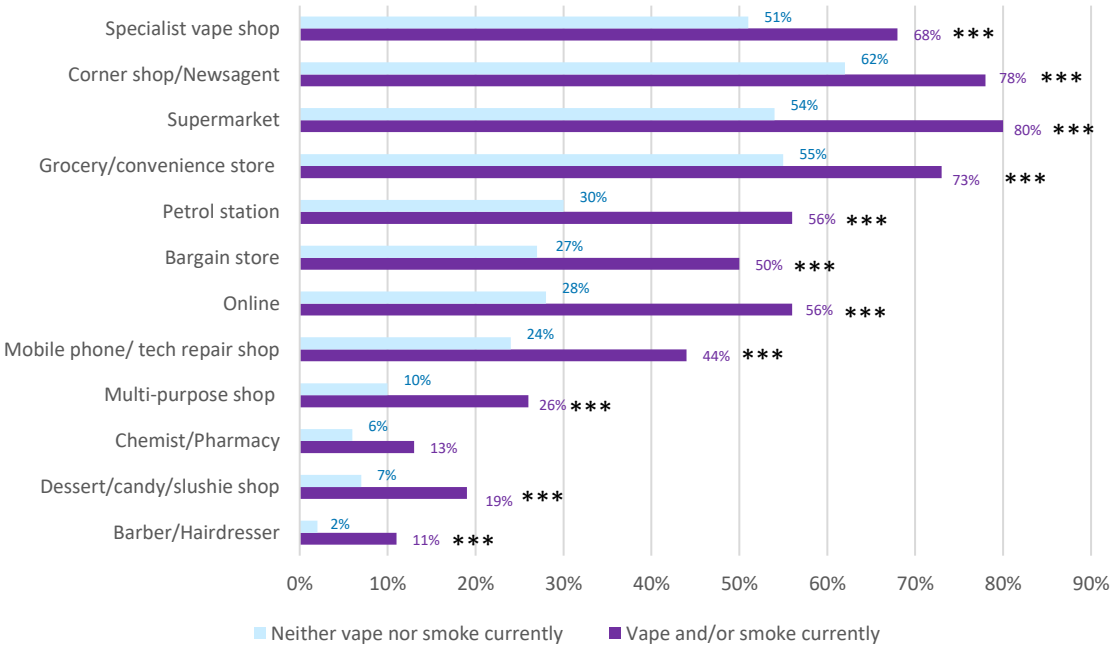
- corner shops,
- bargain stores
- and petrol stations.

Adults who currently vaped (but didn't smoke) were more likely to be aware of vapes being sold in

- multi-purpose shops,
- chemists/pharmacies
- and specialist vape shops.

Young people who currently vaped and/or smoked were more likely to report having seen vapes for sale and to have seen them at each of the individual retail sources compared to young people who currently neither vaped nor smoked (Figure 4.2). The exception was chemist/pharmacy which did not reach statistical significance.

Figure 4.2 In past 12 months, where have Young People seen vapes/vaping products being sold? - by vaping and smoking status




*Base: All young people (weighted): N=2,372*

*Statistically significant differences based on logistic regression (controlling for gender, age, IMD quintile and country) are denoted as follows: * p<0.05, ** p<0.01, *** p<0.001.*

## Differences by level of deprivation

For adults, after controlling for vaping and smoking status, no differences in awareness were found by level of deprivation (IMD quintile) for 11 of the 12 sources. Adults from IMD quintile 4 were less likely than those from more deprived areas (IMD 1,2,3) to be aware of vapes being sold in corner shops. For young people, after controlling for vaping and smoking status, awareness of vapes being sold in some of the store types varied by level of deprivation (IMD quintile) Those in the least deprived quintile (IMD 5) were less likely than those in IMD quintiles 1, 2, 3 and 4, to report seeing vapes being sold in supermarkets, multi-purpose stores and bargain stores. Those in IMD 2 were also less likely than those in the most deprived quintile (IMD 1) to be aware of vapes being sold in bargain stores.

# 4.2.2 Salience of vapes displayed in windows of corner shops/newsagents

Adults (50%) were less likely than young people (61%) to indicate having noticed vapes in the window of corner shops or newsagents in the previous 12 months. Among those who noticed them, adults (5%) were also less likely than young people (11%) to indicate that they often or very often pay close attention to these window displays.

## Differences by vaping and/or smoking status

Logistic regression analysis indicated some differences by vaping and/or smoking status, with adults and young people who currently vaped and/or smoked being more likely to notice and pay close attention.

Compared with adults who currently neither vaped nor smoked:

- adult dual users were more likely to have seen vapes displayed in the window (72% of dual users had seen vapes in a shop window compared with only 48% of adults who currently neither vaped nor smoked)
- (among adults who had noticed vapes displayed in windows) dual users and those who currently vaped (but did not smoke) were more likely to often or very often pay close attention to vapes displayed in the window (22% of dual users,14% of those who currently vaped (but did not smoke) compared with 3% of adults who currently neither vaped nor smoked).

Compared with young people who neither vaped nor smoked, young people who smoked and/or vaped were more likely to:

- have seen vapes displayed in a window (78% of young people who currently vaped and/or smoked had seen vapes in a shop window compared with 59% of those who neither vaped nor smoked).
- indicate that they often or very often pay close attention to vapes displayed in windows of corner shops or newsagents (42% of young people who currently vaped and/or smoked and who had noticed vapes displayed in windows, often or very often paid close attention compared with 7% of young people who currently neither vaped nor smoked but had noticed window displays).

#### Adults and young people who currently vape and/or smoke

Among young people and adults who currently vaped and/or smoked, adults were less likely than young people to notice vapes in a shop window, with 56% of adults who currently vaped and/or smoked noticing compared with 78% among young people who currently vaped and/or

smoked. Furthermore, among those who currently vaped and/or smoked and had noticed window displays of vapes, adults (14%) were less likely than young people (42%) to often or very often pay close attention to the displays.

**Salience among young people who have never vaped by susceptibility to vape**

Among young people who had never vaped (N=1,877), more than half (57%) had noticed vapes displayed in shop windows and among those who had noticed (N=1,073), 6% indicated that they often or very often paid close attention to the displays. Likelihood of noticing or paying close attention to the displays did not differ by susceptibility to vape.

## Differences by level of deprivation

Among adults, after controlling for vaping and smoking status, likelihood of noticing vapes displayed in store windows tended to decrease as level of deprivation decreased: adults in the most deprived areas were most likely to notice vapes displayed in store windows. For example, in the most deprived areas (IMD 1) 56% of adults had noticed displays, while in IMD 3, awareness was 47%. The proportion of adults who often or very often paid close attention to the window displays did not vary significantly by level of deprivation.

Among young people, likelihood of noticing and paying attention did not differ significantly by level of deprivation.

# 4.2.3 Views on vapes displayed in windows of corner shops/newsagents

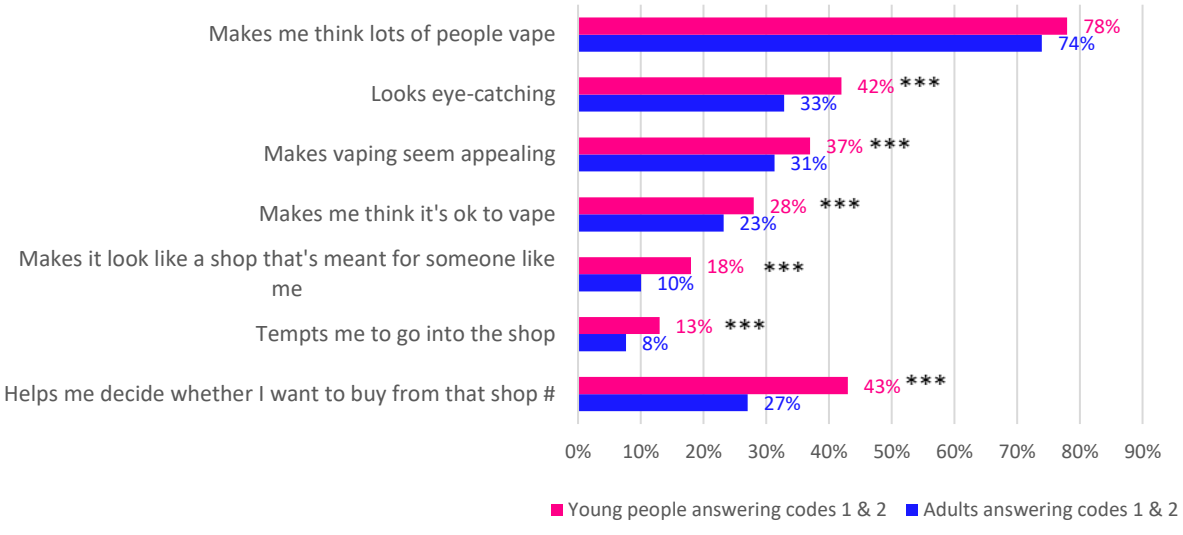
Adults and young people who indicated having seen vapes displayed in the windows of corner shops/newsagents were shown a series of semantic scales (a positive and negative statement at each end of a scale) and asked to indicate their views about such displays. Details of the full responses are given in Supplementary Tables S1 (Adult Tables) and S2 (Young People Tables). Figure 4.3 shows the proportion of adults and young people for whom window displays communicated positive messaging about vapes/vaping. For most adults (74%) and young people (78%) who had seen vapes displayed in shop windows, the displays made them think that lots of people vape. For a substantial proportion (at least 31%) the displays were considered to look eye-catching and to make vapes seem appealing while, to a lesser extent, the displays were considered to communicate that “it’s ok to vape”, provide cues that the shop is meant for people like them and tempt them to go into the shop. Among young people who had noticed window displays of vapes and who had vaped in the last 12 months, more than two-fifths (43%) indicated that the displays helped them decide whether they wanted to buy from that shop

## Adults v young people

Logistic regression analyses, controlling for demographics and vaping/smoking status indicated that, on all but one of the statements, adults were less likely than young people to draw positive messages about vapes/vaping from window displays.

The exception was for the statement about window displays making them think that lots of people vape, where adults and young people did not differ.

Figure 4.3 Adults' v Young People's views on vapes being displayed in windows of corner shops/newsagents

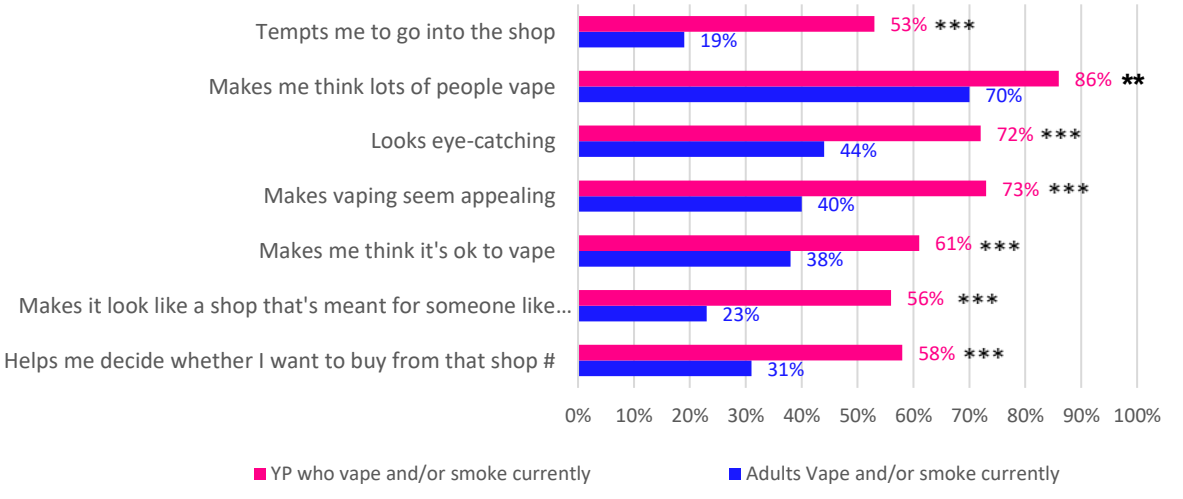



*Base: All adults and young people who have seen vapes/vaping products in windows of corner shops/newsagents (weighted): Adults - N=1,086, Young People N=1,451, # Base: All adults and young people who have seen vapes/vaping products in windows of corner shops/newsagents and have vaped in past 12 months(weighted): Adults - N=272, Young People - N=312. Statistically significant differences between adults and young people, based on logistic regression (controlling for gender, IMD quintile, vaping/smoking status and country) are denoted as follows: * p<0.05, ** p<0.01, *** p<0.001.*

### Adults and young people who currently vape and/or smoke

Among adults and young people who currently either vaped or smoked, adults were also less likely than young people, on all seven statements, to express positive views about window displays of vapes (Figure 4.4).

Figure 4.4 Vapers and/or smokers' views on vapes being displayed in windows of corner shops/newsagents: Adults v Young People




*Base: All adults and young people who have seen vapes/vaping products in windows of corner shops/newsagents and currently*

*vape and/or smoke (weighted): Adults - N=261, Young People – N=165 # Base: All adults and young people who have seen vapes/vaping products in windows of corner shops/newsagents and have vaped in past 12 months and currently vape and/or smoke (weighted): Adults - N=199, Young People – N=150.*
*Statistically significant differences between adults and young people, based on logistic regression (controlling for gender, IMD quintile and country) are denoted as follows: * p<0.05, ** p<0.01, *** p<0.001.*

## Differences by level of deprivation

Logistic regression analysis, controlling for vaping/smoking status, did not show any differences by level of deprivation in adults' or young people's views.

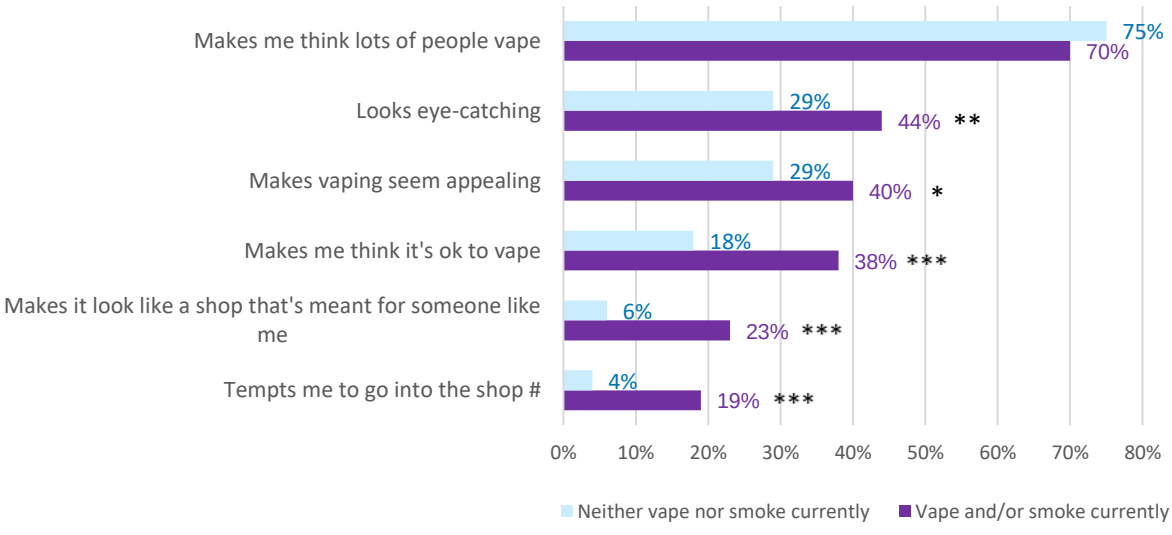
## Differences by vaping and/or smoking status

### Adults

Logistic regression analysis indicated reactions to vapes being displayed in windows varied by vaping behaviour. Figure 4.5 shows responses for adults who currently neither vaped nor smoked, alongside those of adults who currently vaped and/or smoked.

While both groups were similarly likely to indicate that having vapes displayed in the shop window gives the impression that lots of people vape, those who currently vaped and/or smoked were more likely than those who neither vaped nor smoked, to perceive them as eye-catching and appealing, think that it's ok to vape, feel like it's a shop for them and be tempted to go into the shop.

Figure 4.5 Adults' views on vapes being displayed in windows of corner shops/newsagents by vaping status




*Base: All adults who have seen vapes/vaping products in windows of corner shops/newsagents (weighted): N=1,086 # Base: All adults who have seen vapes/vaping products in windows of corner shops/newsagents and have vaped in past 12 months(weighted): N=273*

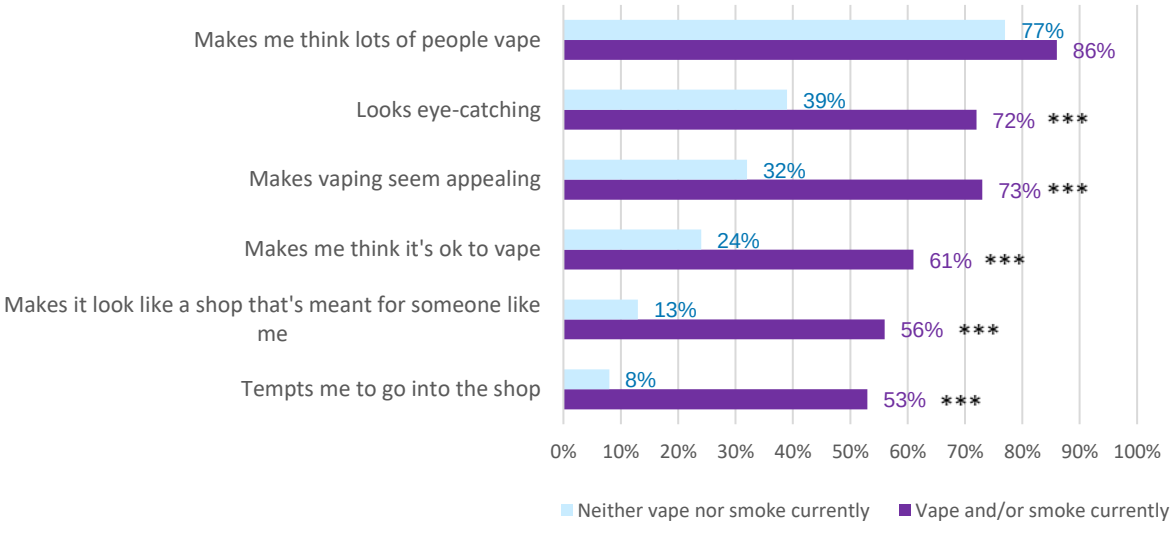
*Statistically significant differences based on logistic regression (controlling for gender, age, IMD quintile and country) are denoted as follows: * p<0.05, ** p<0.01, *** p<0.001.*

### Young people

Among young people, reactions to having vapes displayed in windows also varied by vaping behaviour, in a similar way to the adult sample. Figure 4.6 shows responses for young people who currently neither vaped nor smoked alongside those of young people who currently vaped and/or smoked. While both groups indicated that having vapes displayed in the shop window

gives the impression that lots of people vape, young people who currently vaped and/or smoked were more likely than young people who neither vaped nor smoked, to perceive them as eye-catching and appealing, think that it's ok to vape, feel like it's a shop for them and be tempted to go into the shop.

Figure 4.6 Young People's views on vapes being displayed in windows of corner shops/newsagents by vaping status



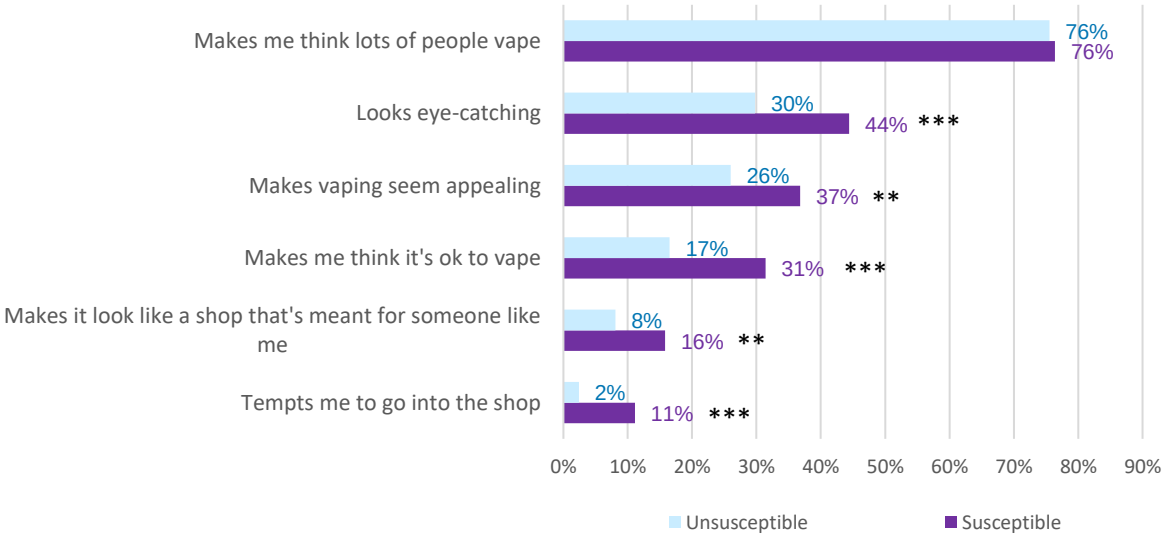

*Base: All young people who have seen vapes/vaping products in windows of corner shops/newsagents (weighted): N=1,451*

*Statistically significant differences based on logistic regression (controlling for gender, age, IMD quintile and country) are denoted as follows: * p<0.05, ** p<0.01, *** p<0.001.*

### Views among young people who have never vaped on vape displays in windows, by susceptibility to vape

Figure 4.7 shows that, among young people who had never vaped and had seen vaping displays in shop windows (N=1,085), responses to five of the six opinion statements about vapes in shop windows were positively associated with susceptibility to vape. Compared with young people classed as non-susceptible to vaping, those who were classed as susceptible to vaping were more likely to draw positive messages about vapes/vaping from window displays of vapes.

Figure 4.7 Views among Young People who have never vaped on vapes being displayed in windows of corner shops/newsagents: by susceptibility to vape




*Base: All young people who have never vaped and have seen vapes/vaping products in windows of corner shops/newsagents (weighted): N=1,085*

*Statistically significant differences based on logistic regression (controlling for gender, age, IMD quintile and country) are denoted as follows: * p<0.05, ** p<0.01, *** p<0.001.*

## 4.2.4 Qualitative insights into displays and posters in shop windows from people who vape and/or smoke

In the survey, among young people and adults who currently either vaped and/or smoked, adults **were less likely** than young people to i) notice vapes displayed in a shop window, ii) often or very often pay close attention to displays, and iii) express positive views about window displays of vapes.

In the focus groups, young people and adults discussed seeing both displays **and** posters of vapes in shop windows. Participants commented that these were common in corner shops/newsagents and sometimes in specialist vape stores. They did not associate window displays and posters with supermarkets: some participants believed that supermarkets strived to project a professional and credible image, and that vapes' promotion did not fit this. Displays and posters were described as having similar features and purpose. Both young people and adults recalled features of displays and posters with ease, such as bright colours, depictions of price, and the ranges of different products and flavours available.

Adult participants described the salience of vape displays, "*there are not just one or two in the window, there's boxes upon boxes of them*" (18-44F, Scot, C2DE, VapeNonSm), and posters. Some adults who vaped noted benefits of shop displays and posters. These could helpfully signal that the shop sold vapes, highlight price promotions, and indicate the range of products and flavours available. Others however, said that they were immune to window displays and posters, and did not find them useful. As they were experienced with vaping, and many reported having preplanned what to buy and where to buy them, they said that displays and posters did not inform them or influence their decisions: "*it doesn't inform me on anything, but I guess that's*

*because I'm clued up on it*" (18-44M, Eng, C2DE, VapeNonSm). Generally, most adult participants viewed the extent and design of displays and posters negatively, calling them "*un-policed*" (25+M, Eng, C2DE, Sm). The examples shown to participants in the focus groups, selected through PPI as being typical examples of displays and posters (see 'PPI and survey development' in Section 3.1.3), were met with disapproval and the belief that they appeared to make vaping seem cool, childlike, and risk-free. Adults consistently perceived that the purpose of window displays and posters was to entice young people to vape. This presented a conundrum to those who did find them useful.

> *Okay* [displays/posters tell me] *this shop sells this specific brand, this specific product. That's a good thing. But like others have stated it still is drawing in the young ones because everything is on display, and you wouldn't exactly do that with cigarettes. So, to me it's kind of like a Catch-22*. (35+M, Scot, C2DE, VapeExSm)

Some participants expressed concern that window displays and posters may be problematic for people who were trying to stop vaping.

> *I mean, they're helpful if you use the products and you're going for it and…you know, it's a good deal. But probably it's not very helpful for…if you…they're maybe stopping* [vaping] *or don't use it… it entices you to go in to get them*. (18-34M, Scot, C2DE, DualUse)

Some adults felt that the imagery projected by retail marketing had changed since they had started vaping.

> *… it's almost being pushed on you a little bit much... with it all in the window and like 'look at the rainbows' and 'isn't this great', I feel like it's a push and I don't, I'm not particularly keen on that… I feel like it's a trend now, people do it just because it looks good and, yes, like I know we all started* [vaping]*… it was never, at least when I started, it wasn't really glamorised as much*. (35+F, Eng, C2DE, DualUse)

This view was particularly apparent among those adults who had switched to vaping from smoking and those who currently smoked, who highlighted that current marketing, through window displays and posters, was not communicating harm reduction.

> *It's quite clear that this is not anything about improving people's health and helping stop anything. They're advertising it like, as we said, like sweets and they're trying to get kids in the doors. I mean this is, the idea that this has anything to do with health is just completely ludicrous.* (25+M, Eng, C2DE, Sm)

Adults who smoked who wanted to stop smoking but did not currently vape described how they did not identify with displays and posters as being targeted at them. Some of this group also described shop displays and posters as making vaping seem overwhelming: "*there's just too many choices, you don't know what you want"* (25+F, Scot, C2DE, Sm).

> *… they're obviously kind of aiming at younger people with all the bright colours, kind of, you know, resembling sweets and like flavours… and drinks and things. Yes, nothing adult about it at all… adults aren't kind of really drawn to those kind of garish kind of bright colours… They're not for people that smoke, they're trying to create a new generation of smokers, that smoke vapes. They're not for people that smoke to try and quit or to try and move over to other things. They're just literally trying to create a new wave of customer, and they've succeeded I would say*. (25+M, Eng, C2DE, Sm)

Young people commented that seeing displays and/or posters of vapes in shop windows was unavoidable. Their ubiquity, "*most of the time when you go out you will see at least one picture of a vape somewhere*" (14-16F, Eng, ABC1, Vapes), and imposing size were frequently commented upon, and young people reported that it was difficult to ignore displays and posters in shop windows. Some also recalled shops promoting vapes by having neon and flashing lights in their window.

> … *the windows are like the size of the wall. It's just filled and filled with pictures of vapes, just trying to get you to go in and buy a vape… Sometimes it's pictures, sometimes it's actual vapes you can see.* (14-15M, Scot, ABC1, Vapes)

> …*it's so in your face… you can't not pay attention to it… thinking about* [city]*, there is at least one on pretty much every street… it's definitely more frequent… you see it out of the corner of your eye flashing….* (16-17F, Scot, C2DE, Vapes)

Some young people described how seeing vapes in a shop window had tempted them to go inside the shop to have a further look at products.

> Participant 1: …*I walked by* [a shop window] *and there was like 'we sell American sweets'* [sign]*… and there was just all the photos of vapes on it and I was like they look, I don't know, it was just like cool. And then I just went in…*
> Participant 2: … *it's the same analogy of like putting a big red button in front of somebody, you want to press it, do you know what I mean? It's like right in front of your face, like it just kind of entices you to see what it's like*. (14-15M, Scot, ABC1, Vapes)

Others noted that the prominent bright colours, flavour descriptions, and imagery on posters they typically see, including on the visual stimuli shown to participants, were enticing for people their age and younger.

> Moderator: *Who do you think that's trying to talk to?*
> Participant 1: *Kids. Like, you know, younger people, 'cause it's quite colourful*.
> Participant 2: … *they'll just look at it and think it's, like, a sweet or something.*
> Participant 3: *Especially with the flavours and that as well.*
> (14-16F, Eng, ABC1, Vapes)

> *Yeah, they make it so colourful, and that, because obviously, that's going to make kids think more, like make a young kid think, 'oh I want that'. And that's why they do the flavours as well*. (14-16M, Eng, C2DE, Vapes)

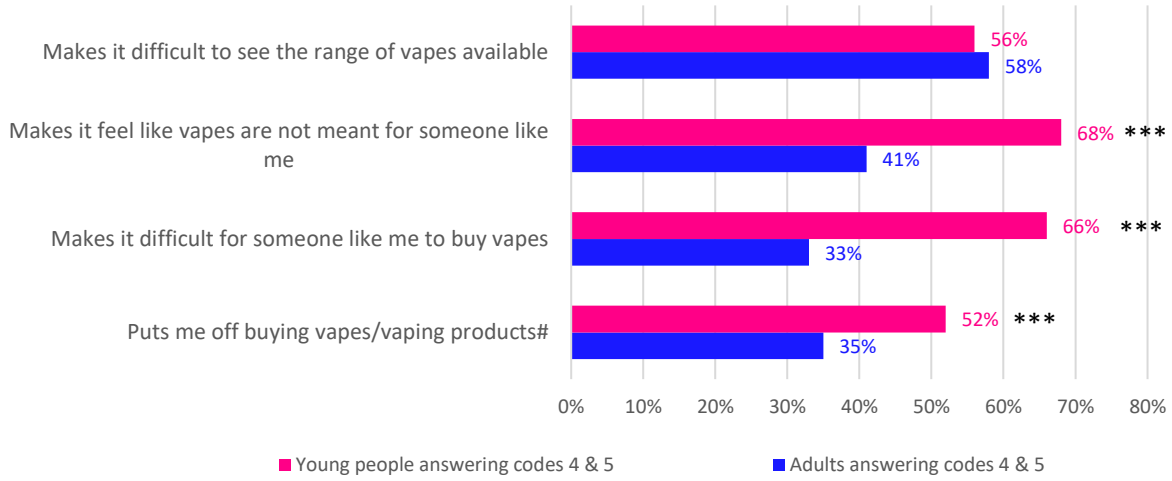
## 4.2.5 Views on vapes being sold from behind a staffed counter

The full sample were asked questions about their views on vapes being sold from behind a staffed counter and customers having to ask a member of staff for them. They were shown a series of semantic scales (a positive and negative statement at each end of a scale) and asked to provide the number (on a five-point scale) which best described their views. Details of the full responses are given in Supplementary Tables S1 (Adult Tables) and S2 (Young People Tables). Figure 4.8 shows the proportion of adults and young people for whom having vapes sold from behind a staffed counter communicated messaging consistent with controls being in place to restrict purchase.

Adults held a range of views (Figure 4.8) with the predominant responses being that having vapes sold from behind a counter and having to ask a member of staff for them: makes it feel like vapes are not meant for someone like them (41%); makes it difficult for someone like them to buy vapes (33%); makes it difficult to see the range of products available (58%); and, for those who had vaped in the past 12 months, that it puts them off buying vapes (35%). A proportion of adults (8% to 16%) were uncertain of their views on vapes being sold from behind the counter.

Overall, young people felt that having vapes sold from behind a counter and having to ask a member of staff for them: makes it feel like vapes are not meant for someone like them (68%); makes it difficult for someone like them to buy vapes (66%); makes it difficult to see the range of products available (56%); and, for those who had vaped in the past 12 months, that it puts them off buying vapes (52%) (Figure 4.8). Similar to adults, a proportion of young people (5% to 14%) were uncertain of their views on vapes being sold from behind the counter.

Figure 4.8 Views on vapes being sold behind the counter and customers having to ask a member of staff for them: Adults v Young People




*Base: All Adults (weighted): N=2,185, All Young People (weighted): N=2,372. # Base: All Adults who have vaped in past 12 months (weighted): N=437. # Base: All Young People who have vaped in past 12 months (weighted): N=405*
*Statistically significant differences between adults and young people, based on logistic regression (controlling for gender, IMD quintile, vaping/smoking status and country) are denoted as follows: * p<0.05, ** p<0.01, *** p<0.001.*

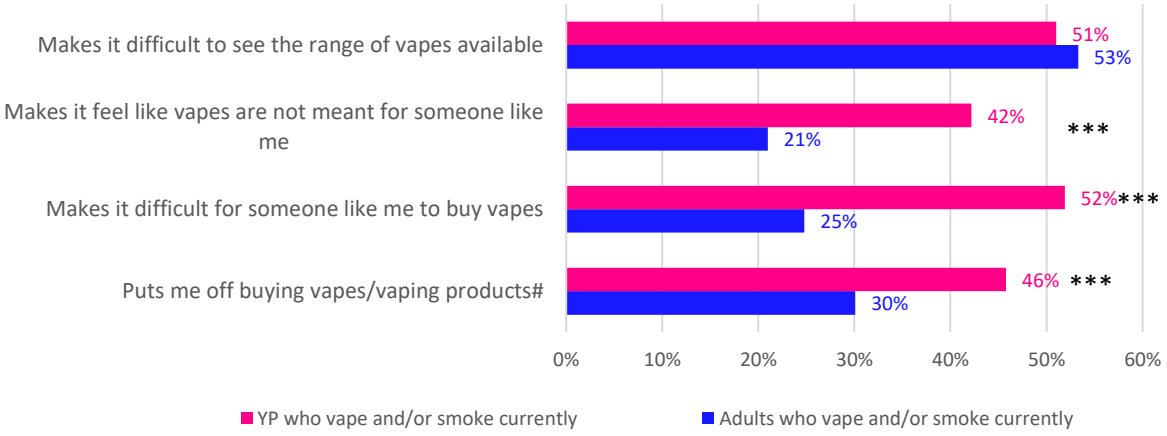
## Adults v young people

Logistic regression analysis, controlling for vaping/smoking status and demographics indicated that responses on three of the statements differed between adults and young people. Young people were more likely than adults to take the message that vapes are not meant for them and feel that having vapes behind the counter makes it difficult for them to purchase vapes. Among those who had vaped in the past 12 months young people were also more likely than adults to indicate that having them behind the counter puts them off buying vapes. Similar proportions of adults (58%) and young people (56%) thought that having vapes behind the counter makes it difficult to see the range.

### Adults and young people who currently vaped and/or smoked

Among young people and adults who currently either vaped or smoked, young people were again more likely than adults to indicate that having vapes behind the counter would make it feel that vapes are not meant for someone like them, make it difficult to buy vapes and put them off buying vapes (Figure 4.9).

Figure 4.9 Views (*among those who vape and/or smoke currently*) on vapes being sold behind the counter and customers having to ask a member of staff for them: Adults v Young People




*Base: All Adults who vape and/or smoke currently (weighted): N=463, All Young People (weighted): N=210. # Base: All Adults who vape and/or smoke currently and who have vaped in past 12 months (weighted): N=326. # Base: All Young People who vape and/or smoke currently and who have vaped in past 12 months (weighted): N=193.*
*Statistically significant differences between adults and young people, based on logistic regression (controlling for gender, IMD quintile, vaping/smoking status and country) are denoted as follows: * p<0.05, ** p<0.01, *** p<0.001.*

## Differences by vaping and/or smoking status

### Adults

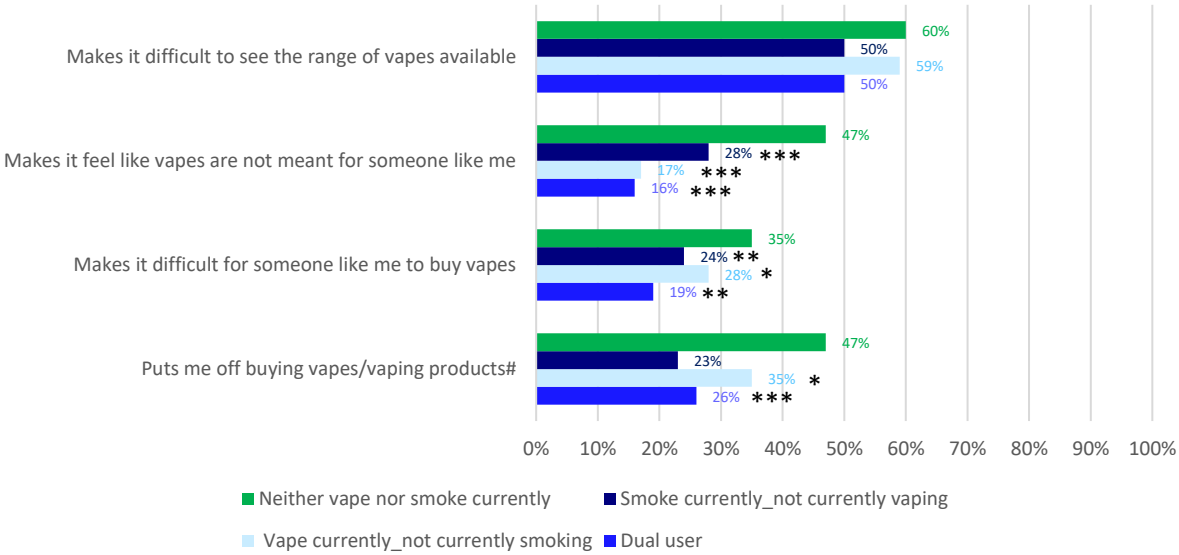
Figure 4.10 displays adults' views, by smoking and/or vaping status. Compared with adults who currently neither vaped nor smoked, those who were dual using, currently vaped (but didn't smoke) and currently smoked (but didn't vape) were each less likely to consider that having vapes sold from behind a counter made them think that:

- vapes are not meant for someone like them
- it makes it difficult for someone like them to buy vapes.

Adults who were dual using and those who vaped currently (but did not smoke) were less likely than adults who currently neither vaped nor smoked, to indicate that having vapes sold from behind the counter puts them off buying vapes.

There was no difference, by smoking and/or vaping status, in the proportion considering that having vapes sold from behind the counter makes it difficult to see the range available.

Figure 4.10 Adults' views on vapes being sold behind the counter and customers having to ask a member of staff for them by smoking/vaping status




*Base: All Adults (weighted): N=2,185, # Base: All Adults who have vaped in past 12 months (weighted): N=437*

*Statistically significant differences based on logistic regression (controlling for gender, age, IMD quintile and country) are denoted as follows: * p<0.05, ** p<0.01, *** p<0.001. Reference category = Neither vape nor smoke currently.*

### Young people

Compared with young people who currently neither vaped nor smoked, those who currently vaped and/or smoked were less likely to think that having vapes sold from behind the counter:

- makes it feel like vapes are not meant for someone like them
- makes it difficult for someone like them to buy vapes
- puts them off buying vapes.

### Views among young people who have never vaped on vapes being behind the counter, by susceptibility to vape

Among young people who had never vaped (N=1,877), responses to the statements about vapes being sold from behind the counter did not differ by susceptibility to vape.

## Differences by level of deprivation

Logistic regression analysis, controlling for vaping/smoking status, did not show any differences in adults' views by level of deprivation. However, compared with young people from IMD quintiles 1-4, young people from the least deprived areas (IMD quintile 5) were more likely to perceive that having vapes sold from behind the counter conveys a message that vapes are not meant for them and also that it makes it difficult for young people to buy vapes.

## 4.2.6 Qualitative insights on vapes being sold behind the counter, versus in the main part of the store to browse, from people who vape and/or smoke

In the survey, among young people and adults who currently either vaped and/or smoked, young people **were more likely** than adults to indicate that having vapes behind the counter would i) make it feel that vapes were not meant for someone like them, ii) make it difficult to buy vapes, and iii) put them off buying vapes.

In the focus groups, participants discussed their views on having vapes behind the counter, but additionally, compared this with having vapes placed in the main part of the store for customers to browse.

When asked about in-store placement of vapes, young people and adults described that they were usually placed at, or behind, the counter. Only in specialist vape shops did participants initially report that products were placed elsewhere, "*where you can kind of touch and handle them*" (25+M, Eng, C2DE, Sm).

> *… where I've seen a vape, it's behind the counter only, apart from a vape shop, where it's all over the shop. Right on my right and right on my left and they'll have some on the counter… But that is the only place I can think of where it's not behind the counter, because it's a specialist vape shop.* (18-44M, Eng, C2DE, VapeNonSm)

Having vapes placed behind the counter was consistently perceived as the expected and correct place for vapes as it communicated an age-restricted product: "*it's meant to be for 18s and over,* [that's] *probably why they keep them behind*" (14-15M, Scot, C2DE, ABC1).

> Participant 1: *That is where the age-protected items are. So like alcohol, cigarettes and so on and so forth. It feels like it's in the right area…*
> Participant 2: *Even as a kid, the stuff behind the counter, you register that as the grown-up stuff*.
> (18-44M, Eng, C2DE, VapeNonSm)

Some young people highlighted that this made vapes more difficult for them to access: "*quite opposite of it being on the shelves… it makes it harder to get"* (14-15M, Scot, ABC1, Vapes). A few adults, particularly those who liked to experiment with flavours, said that when they were placed too far behind the counter, this could make it difficult to see the different options.

> *Sometimes I don't know which one I want and there's a queue behind me and I'm going 'oh that one' and, you know, yes. I like to be able to look and see what, because you can't see what the flavour is or anything so it's sometimes that that I don't like, when they're far away behind the counter*. (35+F, Eng, C2DE, DualUse)

It was also noted that in some shops (e.g. supermarkets), products were placed further away from customers than in others (e.g. corner and vape shops). In such instances, it was important for customers to know what they wanted to buy before going into the shop, given the extra distance could make it challenging to see the labelling.

> *I've noticed a difference between the* [supermarkets] *and the corner shops and the vape shops… you can't really see any of the labelling, it's so far away behind the counter you can't actually see what vape you want or what flavours you want, you have to ask the person… and they get really annoyed with you… you have to know exactly what you want when you go into a* [supermarket]. (25+M, Eng, C2DE, Sm)

When some adult participants recalled that they had seen vapes within the main part of the store, with the exception of specialist vape shops, this was reported with surprise, particularly at the implied ease of access for children and possible theft.

> *Thinking about it, at my university* [shop]*, there is like a refillable section... it's bang in the middle of the store, where you check out. It actually is quite unnatural, and I don't think I would ever pick up a vape from the middle of the store. I don't know, it just feels really weird and unnatural.* (18-44M, Eng, C2DE, VapeNonSm)

Some young people commented that having vapes on shelves within the main part of the store facilitated their decision making: "… *you can see [them] and you're not like so under pressure like…when you're asking*" (16-17F, Scot, C2DE, Vapes). This enticed and prompted some to make a purchase:

> *Like if you're walking about, say you're just like getting your milk or something like that and you've walked round and there's a vape…* [you think] *'oh right I want to buy them'… Plus, it's on the clearance rack, you're thinking 'oh well I'll go over and see how much it is' just out of curiosity and then you pick it up and it's like 'oh it's only however many pounds, I might as well just buy it.'* (14-15M, Scot, ABC1, Vapes)

# 4.3 Access and purchase behaviour

This section addresses:

- types of vapes purchased in the past 12 months
- affordability of vapes, including qualitative insights all ways of obtaining vapes among those who have vaped in the past 12 months
  - qualitative insights from young people into proxy purchasing and informal sources
- purchasing of vapes among those who have vaped in the past 12 months
  - all in-person purchasing of vapes in the past 12 months
  - all online purchasing of vapes in the past 12 months
  - main source used to purchase vapes
  - qualitative insights into physical stores and online sources
- young people's attempts to purchase vapes
- perceptions of the importance of different aspects of the purchase process.

Tables with breakdowns of responses by gender, age, level of deprivation, vaping/smoking status and country are available in Supplementary Tables S1 (Adult Tables) and S2 (Young People Tables). Details of logistic regression results are available in Supplementary Tables S3 (Adult Logistic Regressions), S4 (Young People Logistic Regressions), and S5 (Adults v Young People Logistic Regressions).

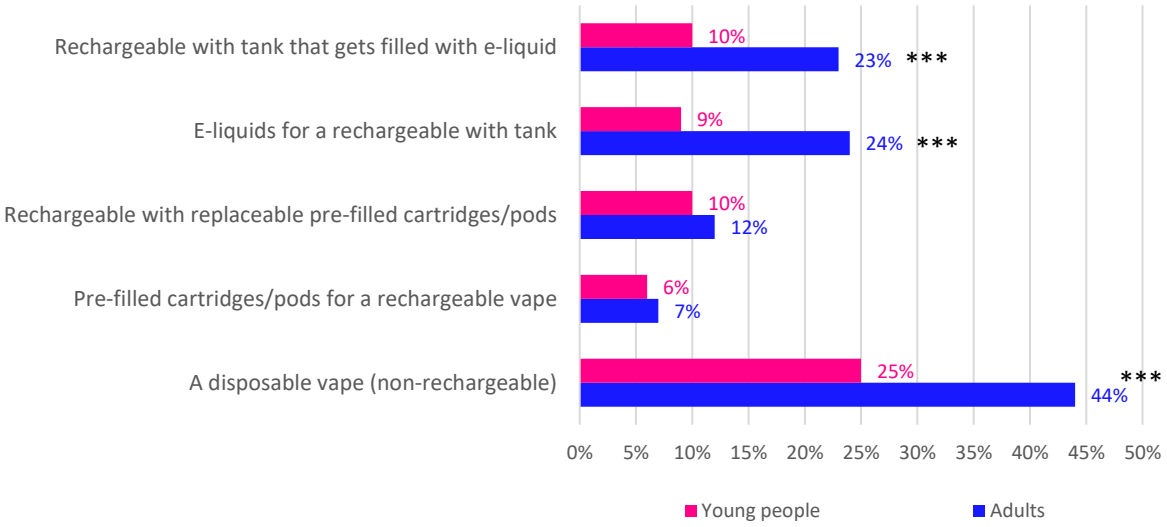
## 4.3.1 Type of vape(s) purchased in past 12 months

Figure 4.11 shows that, among adults who had vaped in the past 12 months (n=437), disposable vapes were the most popular product type, having been purchased by more than two-fifths (44%). More than a fifth had bought a rechargeable device with a tank (23%) and a similar

proportion had bought e-liquids (24%). Less popular purchases were rechargeable devices with replaceable pre-filled cartridges/pods (12%) and the pre-filled cartridges/pods for these (7%).

Among young people who had vaped in the past 12 months (n=405), disposable vapes were also the most popular product type having been purchased by a quarter (25%). One in ten had bought a rechargeable device with replaceable pre-filled cartridges/pods (10%), while a similar proportion had bought a rechargeable device with a tank (10%) and e-liquids (9%). Less popular purchases were the pre-filled cartridges/pods (6%).

Figure 4.11 Types of vapes/vaping products purchased by Adults and Young People in past 12 months




*Base: All adults who have vaped in past 12 months (weighted): N=437, Base: All young people who have vaped in past 12 months (weighted): N=405 Multiple responses were allowed on this question*

*Statistically significant differences based on logistic regression (controlling for gender, IMD quintile and country) are denoted as follows: * p<0.05, ** p<0.01, *** p<0.001.*

## Adults v young people

Among those who had vaped in the past 12 months, adults were more likely than young people to have bought disposable vapes, e-liquids and tank devices (Figure 4.11). However, there was no difference in the proportion of adults and young people buying rechargeable devices with replaceable pre-filled cartridges/pods or the pre-filled cartridges/pods.

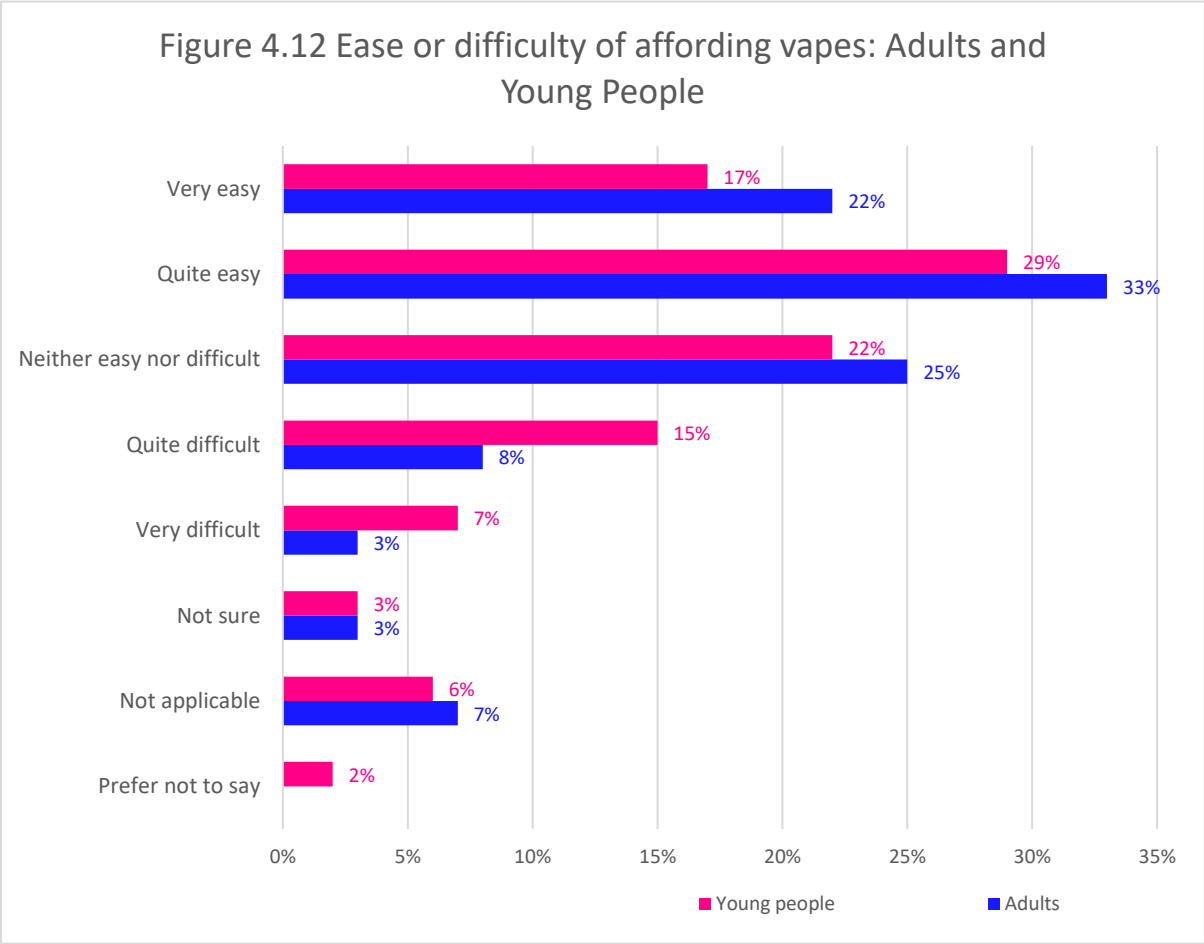
## Differences by level of deprivation

Logistic regression analysis, after controlling for vaping and/or smoking status did not find any differences in type of product purchased by level of deprivation for adults or young people.

## 4.3.2 Affordability of vapes

Figure 4.12 shows the comparison between adults' and young people's views on the ease or difficulty of affording vapes in the last 12 months.

Among adults who had vaped in the last 12 months (n=437), just over half (55%) indicated that it was very or quite easy for them to afford vapes/vaping products, while 11% found it very or quite difficult (Figure 4.12). Among young people who had vaped in the last 12 months (n=405), 46% indicated that it was very or quite easy to afford to buy vapes (Figure 4.12). However, more than a fifth (22%) indicated that it was very or quite difficult for them to afford these products.




*Base: All adults who have vaped in past 12 months (weighted): N=437, Base: All young people who have vaped in past 12 months (weighted): N=405*

### Adults v young people

Logistic regression analysis, after controlling for vaping and/or smoking status and other demographics, indicated that young people were more likely than adults to find it difficult to afford vapes.

### Differences by level of deprivation

Logistic regression analysis, after controlling for vaping and/or smoking status and other demographics, showed that there was no statistically significant difference by level of

deprivation in perceived affordability of vapes for adults or young people.

## 4.3.3 Qualitative insights into affordability from people who vape and/or smoke

### Views of adults who vape and/or smoke

Compared with the survey results, adults taking part in the focus groups were more mixed in how affordable they considered vaping. Rechargeable devices were believed to be cheaper overall, more cost-effective, and offer greater value than disposable vapes. Some had switched from disposable to rechargeable products with this in mind, although preference for disposables and their flavours meant some continued to choose disposables, despite their greater overall cost.

> Participant 1: *I'm on the disposables and it's costing me a fortune but I really enjoy the different flavours*…
> Participant 2: *I went through a period where I used the disposables and that was probably the most expensive time in my life... I'm now using one of the wee like refillable ones… that only costs me about £15 a week so it's a massive difference in terms of money...* (18-44F, Scot, C2DE, VapeNonSm)

Among participants who used rechargeable devices, purchase decisions were closely tied to price. Many spoke of the importance of promotions such as multibuy offers on e-liquids, loyalty schemes through specialist retailers where participants could redeem loyalty points against free products or discounts, and monthly subscription services, where it worked out cheaper to pay a set monthly price and have products delivered than purchase the equivalent through the physical store.

> *It's a big difference… it would be let's say five pounds for a packet I think with the subscription, where it's, like, seven/eight in the shop.* (18-34M, Scot, C2DE, DualUser)

Price was also important among some of those that purchased disposables. Multibuy offers from smaller retailers influenced the number of vapes purchased and participants would often buy several in a single transaction. Others who used disposables reported having a strict limit on how much they would pay for a disposable vape.

> *For a disposable… anything above seven pounds is probably a bit too much…. If I saw a vape at eight pounds I wouldn't even bother cos I know I'm getting ripped off and I know there is so much accessibility at other places, I'll probably just go two or three shops down and I'll be sold it two or three pounds cheaper.* (18-44M, Eng, C2DE, VapeNonSm)

Other participants noted that price had no impact on their purchase decisions. Vapes were viewed as a necessity, and participants stated they would still buy a vape from a shop that was more expensive, or spend the last of their money on vapes, because of how addicted they were.

> *I think because of how hooked I am on it I don't think the pricing would bother me. The pricing could crush me and I would still probably pay for it because I'm in that much of a choke hold with it.* (18-44F, Scot, C2DE, VapeNonSm)

## Views of young people who vape and/or smoke

Young people said that price was the main concern of people their age. Some described opting for products perceived to offer greater value for money, such as larger disposable devices, "*if you do it a lot… you buy one for like say £10 and it's 10,000 puffs… it's going to last you longer and benefit you more"* (14-15M, Scot, ABC1, Vapes). Most viewed vapes as expensive (with a few exceptions), and some described how advertisements outside shops highlighting price or multibuy deals, would influence purchase decisions.

> *I was in town last week, and it said, 'any two for a fiver'… So, I bought four, and that's cheap, it'll last me a bit.* (14-16M, Eng, C2DE, Vapes)

Those that reported vaping more frequently said that despite the expense, they still bought vapes as it was something that they wanted. Vapes were often purchased using money given to them by parents or earned through casual employment.

> Participant 1: *It's really expensive for me… I usually get ones that are £12 and they'll last me, like, a week…I don't get them, like, back to back, but it's around one a week… I do want to do it but it's still expensive. So it's, like, a win/lose situation….*
>
> Participant 2: *… the disposable ones are really expensive 'cause, like, the little ones that are 600 puffs in it or whatever, people go through them in two days maybe… and that's, like… six pounds…, six or seven pounds every, like, few days is a lot of money.*
>
> (14-16F, Eng, ABC1, Vapes)

Those that no longer purchased their own vapes, opting to share with friends instead, explained that they did not have money to spend on vapes or they felt there were better things to spend money on, "[it was] *a financial decision. There's a lot of other things I want to spend my money on"* (14-16M, Eng, C2DE, Vapes).

# 4.3.4 Ways of obtaining vapes among those who have vaped in past 12 months

## Adults

Among adults who had vaped in the past 12 months (n=437), over three-quarters (76%) had bought vapes (including asking others to buy them on their behalf) (Table 4.2). Almost a third of adults who had vaped in the past 12 months had been given vapes (30%). This tended to be from someone they knew (27%) but a minority also reported receiving them as a free sample from a shop (3%) or through a stop smoking service (1%). Very few indicated other sources, including taking them without permission (1%). The other responses given included borrowing or sharing someone else's vape, getting them online and their spouse buying them.

### Differences by vaping/smoking status

Having purchased vapes was more likely among adults who dual use (91%) and those who currently vaped (but did not smoke) (87%) compared with those who currently neither vaped nor smoked (56%).

Having been given vapes was less likely among adults who indicated dual use (24%) and those who currently vaped (but did not smoke) (23%) compared with those who currently neither vaped nor smoked (41%).

**Table 4.2: In the past 12 months, how, have ADULTS got hold of vapes/vaping products?**

| | Total *N=437* % | Total *N=437* (n) |
|---|---|---|
| **Bought (including asking others to buy for them)** | **76%** | **(334)** |
| Bought them myself (including from a shop, mobile van, market stall or online) | 72% | (314) |
| Shop | 56% | (245) |
| Online | 31% | (132) |
| Bought them from someone I know | 7% | (32) |
| Asked someone to buy them for me (including from a shop or online) | 6% | (28) |
| **Been given them** | **30%** | **(130)** |
| Been given them by someone I know | 27% | (118) |
| Been given them as part of a stop smoking service | 1% | (5) |
| Been given a free sample by a shop / company | 3% | (14) |
| **Acquired some other way** | **4%** | **(19)** |
| Taken them without permission | 1% | (3) |
| I've got them some other way | 4% | (16) |
| **Not sure** | **5%** | **(22)** |

*Base: All adults who have vaped in the past 12 months (weighted): N=437. Multiple responses were allowed on this question*

## Young people

Among young people who had vaped in the last 12 months (n=405), more than half (54%) had bought vapes, including by asking others to buy them for them (Table 4.3). Young people had a range of buying methods with around a third (34%) having purchased themselves, 28% having bought from someone they know and 23% asking someone to buy them on their behalf. The most common source for young people to acquire vapes was by being given them (60%) and young people indicated that this was mainly from someone they know (59%), including friends (51%). A very small minority (3%) said they had been given a free sample from a shop or company. A quarter had grouped together with others to acquire vapes, including situations where someone from the group would go into the shop to buy them (18%) and where someone in the group would ask another person (e.g. a passer-by) to go into the shop for them (10%). Eight percent had acquired vapes some other way with 5% indicating that they had taken them without permission and other responses making reference to trying a friend's vape and finding a vape.

### Differences by vaping/smoking status

Logistic regression, controlling for demographics, indicated that grouping together with others to buy vapes was more common in those who currently vaped and/or smoked (34%) compared with those who currently neither vaped nor smoked (15%). Similarly, young people were more likely to have purchased vapes themselves if they currently vaped and/or smoked (55%) (versus currently neither vaped nor smoked:14%).

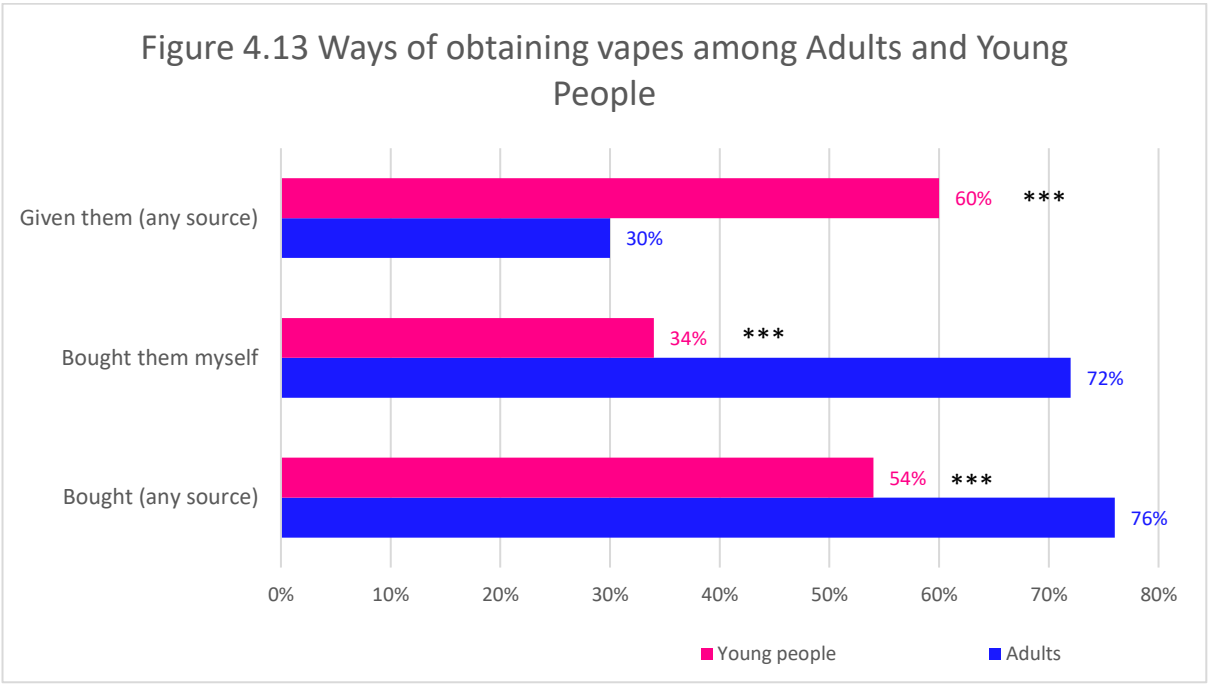
**Table 4.3: In the past 12 months, how have YOUNG PEOPLE got hold of vapes/vaping products?**

| | Total *N=405* | |
|---|---|---|
| | **%** | **(n)** |
| **Bought (including asking others to buy for them)** | **54%** | **(220)** |
| Bought them myself (including from a shop, mobile van, market stall or online) | 34% | (136) |
| Shop | 25% | (102) |
| Online | 16% | (65) |
| Bought them from someone I know | 28% | (112) |
| Asked someone to buy them for me (including from a shop or online) | 23% | (93) |
| **Been given them** | **60%** | **(243)** |
| Been given them by someone I know | 59% | (239) |
| Friend(s) | 51% | *(205)* |
| Brother(s) or Sister(s) | 6% | (23) |
| Mum / Stepmum or Dad / Stepdad | 5% | (20) |
| Cousin(s)/Aunt(s)/Uncle(s)/Grandparent(s) | 3% | (13) |
| Other adults | 4% | (16) |
| Other people of my age | 10% | (40) |
| Not Sure/Prefer not to say | 1% | (3) |
| Been given a free sample by a shop / company | 3% | (10) |
| **Grouped together with others** | **25%** | **(101)** |
| Grouped together with others and got someone in the group to go into a shop to buy them for us | 18% | (74) |
| Grouped together with others and asked someone else e.g. a passer-by, to go into a shop and buy them for us | 10% | (41) |
| **Acquired some other way** | **8%** | **(32)** |
| Taken them without permission | 5% | (19) |
| I've got them some other way | 3% | (13) |
| **Not sure/prefer not to say** | **4%** | **(16)** |

*Base: All young people who have vaped in the past 12 months (weighted): N=405. Multiple responses were allowed on this question.*

## Adults v young people

Figure 4.13 shows a comparison between adults and young people in their sources of vapes. While young people indicated an ability to buy vapes themselves, they were mostly given vapes. Many adults had also been given vapes, but the most common source of vapes for adults was through purchasing them. Adults were more likely than young people to have bought vapes and less likely than young people to have been given vapes.




*Base: All adults who have vaped in the past 12 months (weighted): N=437, Base: All young people who have vaped in the past 12 months (weighted): N=405. Multiple responses were allowed on this question.*

*Statistically significant differences based on logistic regression (controlling for gender, IMD quintile and country) are denoted as follows: * p<0.05, ** p<0.01, *** p<0.001.*

### Differences by level of deprivation

After controlling for current vaping and/or smoking status, the likelihood of adults or young people having purchased, having been given and for young people, having grouped together to buy vapes did not differ by level of deprivation.

## 4.3.5 Qualitative insights into proxy purchasing and informal sources of access from young people who vape and/or smoke

Some participants discussed asking older friends to purchase vapes for them when they were concerned about being asked for age verification, "*younger people… text older [friends]… if they are scared of getting ID'd*" (16-17F, Scot, C2DE). Others described approaching strangers outside a shop to ask them to purchase vapes for them, including how they identified the type of person they might have more success asking, such as a person older than them but not too dissimilar in age. Other cues, such as casual clothes and being within a group where someone was vaping, indicated that certain individuals may be more likely to fulfil the request.

Participant 1: *You stand outside a shop and wait for somebody to walk by and give them money and say 'can you go in for me and get me whatever'.*
Participant 2: *Get an older person*
Moderator: *What age of person would that be?...*
Participant 1: *Probably younger because they might have been in the same situation as you've been in before…*
Moderator: *And how do you make that decision on who to ask, who to approach?*
Participant 1: *It depends what they're wearing sometimes, if you're looking at them thinking oh, like if you're going to see like a man with a suit and tie and all that you're not going to go up and ask him 'gonna go in and buy us like a bottle or a vape' or something. But if you see somebody dressed kind of like casual, sporty clothes like you, kind of younger, like with his pals or something, probably got a vape.*
Moderator: *And how likely or unlikely are people to do that for you?*
Participant 1: *I would say more likely than not.*
Participant 2: *Sometimes in the heat of the moment they'll just say 'aye, I don't see why not*.'
(14-15M, Scot, ABC1)

Some young people preferred to share vapes with friends rather than purchasing their own, partly to control their use "*I'd rather share than buy my own and use it all the time*" (14-16F, Eng, ABC1). Others said they were given vapes by their own or friends' family members. Several participants described parents who were happy to supply vapes, "*some parents don't mind*" (14-16M, Eng, C2DE).

> *I just get them from my mate 'cause her mum buys them for her… her mum just doesn't care. Whenever she asks, she just gets her vapes*. (14-16F, Eng, ABC1)

One participant explained how her parents regularly supplied her with e-liquid for a rechargeable device as they had been concerned about possible health effects when they discovered she was vaping disposable products.

## 4.3.6 All in-person purchasing of vapes in past 12 months

Among adults who had vaped in the past 12 months (n=437), over half (56%) had purchased vapes from a shop (Table 4.4) with the main types of shops being supermarkets (27%), corner shops/newsagents (25%), grocery/convenience stores (24%), and specialist vape shops (20%).

Less common sources for adult purchases were within pubs/nightclubs (5%), market stalls (4%) and food takeaways (2%).

Among young people who had vaped in the past 12 months (n=405), a quarter (25%) had purchased them from a shop (Table 4.4) with corner shops/newsagents being the most common (19%) along with supermarkets (11%) and grocery/convenience stores (11%). Fewer than a tenth indicated having purchased from a market stall (7%), pub/nightclub (6%) and mobile van (5%).

**Table 4.4: All in-person purchasing sources among ADULTS and YOUNG PEOPLE who have vaped in the past 12 months**

| | Adults *N=437* | | Young People *N=405* | | |
|---|---|---|---|---|---|
| | % | (n) | % | (n) | p |
| **A shop** | **56%** | **(245)** | **25%** | **(102)** | *** |
| Supermarket | 27% | (117) | 11% | (43) | *** |
| Grocery / Convenience Store | 24% | (105) | 11% | (43) | ** |
| Corner Shop / Newsagent | 25% | (109) | 19% | (76) | |
| Bargain store (e.g. Poundland, Home Bargains) | 8% | (34) | 4% | (16) | |
| Mobile phone/tech repair shop # | 2% | (8) | 4% | (14) | |
| Multi-purpose shop (e.g. gifts/hardware) # | 1% | (5) | 4% | (15) | |
| Dessert/candy/slushie shop # | 1% | (4) | 1% | (4) | |
| Chemist / Pharmacy # | 1% | (6) | 1% | (6) | |
| Petrol station | 9% | (39) | 2% | (9) | ** |
| Specialist vape shop | 20% | (89) | 8% | (30) | *** |
| Somewhere else # | <1% | (1) | <1% | (1) | |
| Not Sure/Prefer not to say | - | - | <1% | (2) | |
| A market stall | 4% | (19) | 7% | (27) | * |
| A mobile van, e.g. ice cream/snack van # | 2% | (9) | 5% | (20) | |
| Food takeaway # | 2% | (7) | 3% | (14) | |
| Pub / nightclub | 5% | (23) | 6% | (25) | |
| Bingo Hall # | 1% | (4) | 3% | (10) | |
| Tanning Salon # | <1% | (1) | 3% | (12) | |
| Barber / Hairdresser # | <1% | (2) | 2% | (9) | |
| Somewhere else # | 1% | (5) | 1% | (5) | |
| Not sure/Prefer not to say | 7% | (29) | 3% | (12) | |

*Base: All adults who have vaped in the past 12 months (weighted): N=437. Base: All young people who have vaped in the past 12 months (weighted): N=405. Multiple responses were allowed on this question.*

*Statistically significant differences based on logistic regression (controlling for gender, IMD quintile and country) are denoted as follows: * p<0.05, ** p<0.01, *** p<0.001.*

*# Too few positive cases to run logistic regression.*

## Adults v young people

Among those who had vaped in the past 12 months, more than half the adults (56%) and a quarter of young people (25%) bought the vapes from a shop. Adults were more likely than young people to have bought vapes from supermarkets, grocery/convenience stores, specialist vape shops and petrol stations, while young people were more likely than adults to have bought vapes from a market stall.

## 4.3.7 All online purchasing of vapes in past 12 months

Adults and young people who had bought vapes themselves in the past 12 months (adults n=314, young people n=136) were asked about online purchasing of vapes. For consistency across measures, results are presented as a percentage of all who had vaped in the past 12 months and therefore includes those who had vaped but not necessarily purchased vapes in the past 12 months.

### Adults v young people

Among those who had vaped in the past 12 months, both adults and young people had used online sources to order vapes, with websites/apps for specialist vape shops being the most popular among both groups. Adults were more likely than young people to have ordered through websites/apps for specialist vape shops and less likely than young people to have ordered through grocery/takeaway delivery services.

### Adults

Among adults who had vaped in the past 12 months (n=437), 30% had ordered vapes online in the past 12 months (Table 4.5). Websites/apps for specialist vape shops were the most popular online sources, used by almost a quarter (23%) while general websites (such as Amazon) were used by a tenth (10%). Supermarket websites/apps (3%), grocery/takeaway delivery services (such as Snappy Shopper) (3%) and social media (1%) were less common sources.

**Table 4.5: In the past 12 months, what online sources have ADULTS and YOUNG PEOPLE used to order vapes/vaping products?**

| | **Adults** ***N=437*** | | **Young People** ***N=405*** | | |
|---|---|---|---|---|---|
| | **%** | **(n)** | **%** | **(n)** | |
| Online | 30% | (132) | 16% | (65) | |
| Website/app for a specialist vape shop | 23% | (102) | 13% | (51) | ** |
| Supermarket website/app | 3% | (14) | 7% | (28) | |
| Grocery/takeaway delivery services (e.g. Snappy Shopper, Uber Eats, Deliveroo etc) | 3% | (12) | 6% | (25) | * |
| General website/app (e.g. Amazon, Ebay etc) | 10% | (44) | 5% | (22) | |
| Social media (e.g. TikTok, Snapchat etc) [#] | 1% | (3) | 3% | (13) | |
| Other | - | - | - | - | |
| Not sure | <1% | (2) | - | - | |

*Base: All adults who have vaped in the past 12 months (weighted): N=437. Base: All young people who have vaped in the past 12 months (weighted): N=405. Multiple responses were allowed on this question.*

*Statistically significant differences based on logistic regression (controlling for gender, IMD quintile and country) are denoted as follows: * p<0.05, ** p<0.01, *** p<0.001.*

[#] *Too few positive cases to run logistic regression.*

## Young people

Among young people who had vaped in the past 12 months (n=405), 16% had ordered vapes online in the past 12 months (Table 4.5).

Websites or apps for specialist vape shops were the most popular online sources, used by over a tenth (13%). This was followed by supermarket websites/apps (7%), grocery/takeaway delivery services (such as Snappy Shopper) (6%) and general websites (such as Amazon) (5%). A small proportion indicated having used social media (3%).

# 4.3.8 Main source used to purchase vapes in past 12 months

The results above have provided an overview of **all** the sources that adults and young people reported obtaining vapes from over the past 12 months. Survey respondents were able to indicate multiple sources, all of which have been reported above. This section looks at the **main** sources that adults and young people used to **purchase vapes themselves.**

Those who reported multiple sources for purchasing were asked to indicate the source they used most often and that was taken to be their main source. For those who only indicated one source, that source was taken to be their main source.

## Adults v young people

Among those who had vaped in the past 12 months, nearly three in ten adults (29%) and more than two-thirds of young people (68%) had not purchased vapes in that time (Table 4.6). For both adults (44%) and young people (18%), shops were their main source for purchase, with corner shops/newsagents the most popular for both groups. Adults were more likely than young people to purchase in supermarkets, grocery/convenience stores, specialist vape shops and online.

## Adults

Adults who had vaped in the past 12 months indicated that they mainly purchased from land-based sources, with 44% mainly purchasing from shops (Table 4.6). Almost a fifth (19%) purchased mainly online and a further 6% equally online and in-person.

The key types of shops purchased from were corner shops/newsagents (13%), supermarkets (11%), specialist vape shops (9%) and grocery/convenience stores (6%). The key online source was websites/apps for specialist vape stores (14%) while a small proportion (4%) ordered from general websites/apps. There was very limited indication that supermarket websites/apps (<1%) and grocery/takeaway delivery services (<1%) were main sources and social media did not feature as a main source of vapes among adults.

While all these adults had vaped in the past 12 months, almost three in ten (29%) had not purchased vapes themselves (either in-person or online) in the past 12 months.

**Table 4.6: Main purchasing source of vapes for ADULTS and YOUNG PEOPLE in the past 12 months?**

| | Adults | | Young People | | |
|---|---|---|---|---|---|
| | *N=428* | | *N=397* | | |
| | % | (n) | % | (n) | |
| **Online** | **19%** | **(83)** | **7%** | **(26)** | ******* |
| Website/app for a specialist vape shop | 14% | (61) | 4% | (16) | *** |
| Supermarket website/app [#] | <1% | (2) | <1% | (2) | |
| Grocery/takeaway delivery services (e.g. Snappy Shopper, Uber Eats, Deliveroo etc) [#] | <1% | (2) | 1% | (2) | |
| General website/app (e.g. Amazon, Ebay etc) [#] | 4% | (17) | 1% | (4) | |
| Social media (e.g. TikTok, Snapchat etc) | - | - | <1% | (2) | |
| Other | - | - | - | - | |
| Not sure of online source | <1% | (1) | - | - | |
| **A shop** | **44%** | **(191)** | **18%** | **(73)** | ******* |
| Supermarket | 11% | (45) | 2% | (8) | *** |
| Grocery / Convenience Store | 6% | (25) | 2% | (7) | * |
| Corner Shop / Newsagent | 13% | (57) | 10% | (41) | |
| Bargain store (e.g. Poundland, Home Bargains) [#] | 3% | (14) | <1% | (1) | |
| Mobile phone/tech repair shop | - | - | <1% | (2) | |
| Multi-purpose shop (e.g. gifts/hardware) | <1% | (1) | - | - | |
| Dessert/candy/slushie shop | - | - | - | - | |
| Chemist / Pharmacy | - | - | - | - | |
| Petrol station [#] | 2% | (7) | 1% | (3) | |
| Specialist vape shop | 9% | (39) | 3% | (10) | |
| Somewhere else | <1% | (1) | - | - | |
| Not sure of shop type [#] | <1% | (2) | <1% | (2) | |
| **Other land-based** | **2%** | **(8)** | **1%** | **(5)** | |
| A market stall | <1% | (1) | - | - | |
| A mobile van, e.g. ice cream/snack van | <1% | (2) | - | - | |
| Food takeaway | - | - | - | - | |
| Pub / nightclub [#] | 1% | (4) | <1% | (1) | |
| Bingo Hall | - | - | - | - | |
| Tanning Salon | - | - | - | - | |
| Barber / Hairdresser | - | - | - | - | |
| Somewhere else [#] | 1% | (2) | <1% | (2) | |
| Not sure | - | - | - | - | |
| **Equally online and land-based purchasing** | **6%** | **(24)** | **6%** | **(24)** | |
| **Not purchased themself (in-person or online) - in past 12 months** | **29%** | **(123)** | **68%** | **(269)** | ******* |

*Base: All adults who have vaped in the past 12 months (weighted): N=437. Valid cases n=428, missing = 9.*
*Base: All young people who have vaped in the past 12 months (weighted): N=405. Valid cases n=397, missing = 8.*

[#] *Too few positive cases to run logistic regression.*

*Statistically significant differences based on logistic regression (controlling for gender, IMD quintile, v and country) are denoted as follows: * p<0.05, ** p<0.01, *** p<0.001.*

## Young people

Young people who had vaped in the past 12 months also indicated that they mainly purchased from land-based sources, with almost a fifth (18%) mainly purchasing from shops (Table 4.6). This tended to be corner shops/newsagents (10%) while a small proportion bought mainly from specialist vape shops (3%), supermarkets (2%) and grocery/convenience stores (2%).

For 7% of young people who had vaped in the past 12 months, their main source for purchasing was online retailers. A similar proportion indicated using both land-based and online equally (6%).

The key online source for young people was websites/apps for specialist vape stores (4%) while a very small proportion ordered from grocery/takeaway delivery services (1%) and general websites/apps (1%). There was limited indication that supermarket websites/apps (<1%) and social media (<1%) were main sources used by young people.

While these young people had vaped in the past 12 months, most (68%) had not purchased vapes in that time.

## Differences by vaping/smoking status

Adults who were dual using were the group most likely to purchase from a shop overall (58%) and particularly from a supermarket (24%). One in ten (10%) of adults dual using purchased from a specialist vape shop. Adults who currently vaped (but did not smoke) were the ones most likely to use specialist vape retailers online (27%).

## Differences by level of deprivation

Adults living in the most deprived areas (IMD quintile 1) were the group most likely to use corner shops/newsagents (23%), with logistic regression indicating that those in IMD quintile 2 were less likely to use corner shops/newsagents (10%). Beyond IMD 2, there was no further reduction in prevalence of use in the less deprived areas (i.e. those from IMD 3, 4 and 5 were no less likely to use corner shops compared with IMD 1 and 2 combined).

## Differences by main type of vapes used by adults

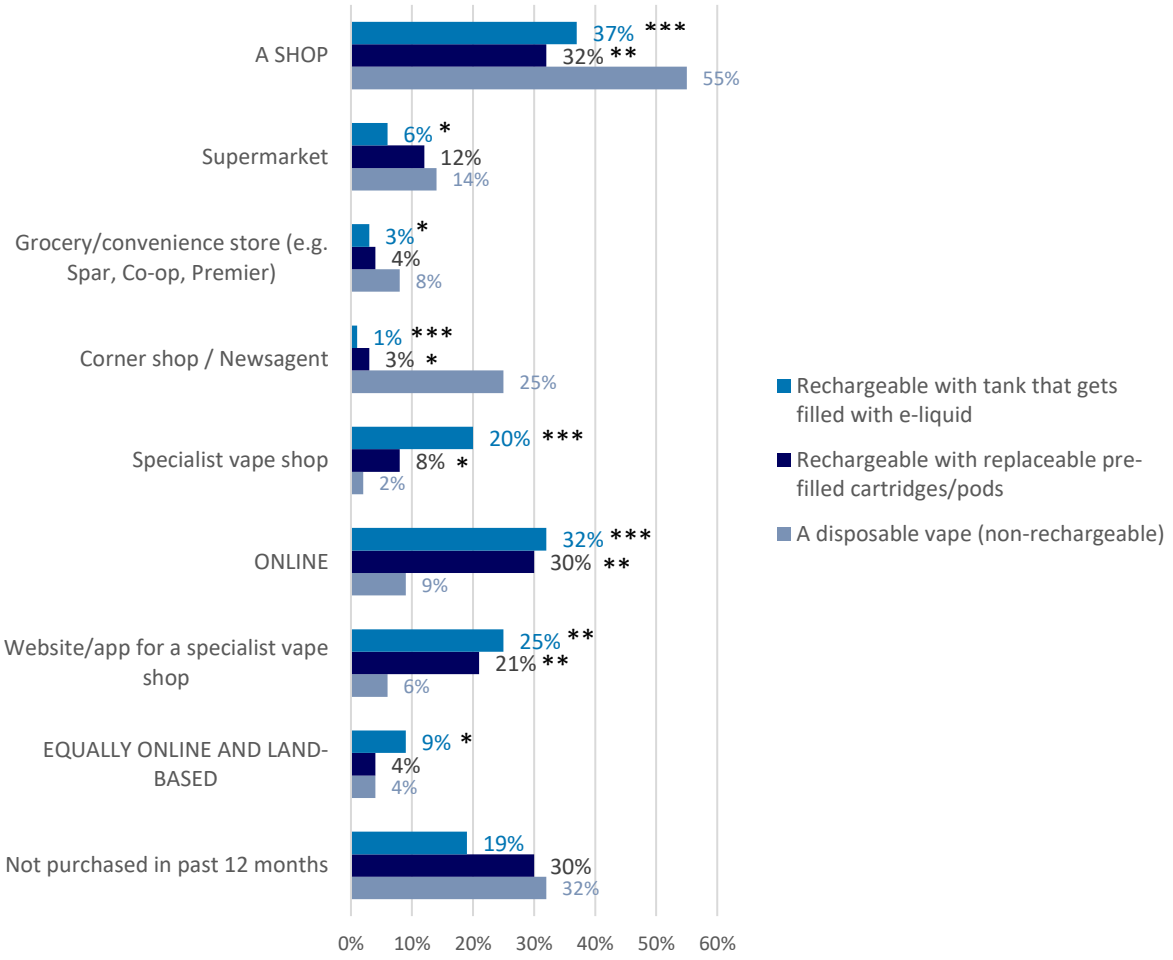
Figure 4.14 shows the main sources adults used to purchase vapes by the main type of vape that they used. Logistic regression analysis, controlling for vaping/smoking status and demographics, was used to analyse differences in main sources by the main type of vapes adults used. Compared with adults who mainly used disposable devices, those who mainly used tank devices were less likely to predominantly purchase from shops overall (37% versus 55%) and from supermarkets (6% versus 14%), grocery/convenience stores (3% versus 8%) and corner shops/newsagents (1% versus 25%). However, those using tank devices were more likely to buy from a specialist vape shop (20% versus 2%), online retailers (any) (32% versus 9%) and specialist vape retailers online (25% versus 6%). They were also more likely than those using disposable devices to purchase equally from online and land-based sources (9% versus 4%). While those who mainly used tank devices predominantly purchased from shops (37%), particularly specialist vape shops (20%), this was closely followed by online sources (32%), particularly specialist vape online retailers (25%).

Logistic regression analysis indicated that adults whose main device was a rechargeable device which takes pre-filled cartridges/pods (n=46) were also less likely than the users of disposables

to purchase from shops overall, and from corner shops, but more likely to purchase from specialist vape shops, from online retailers overall and particularly from specialist vape retailers online.

Those adults who mainly used disposable devices predominantly purchased from shops (55%) with corner shops (25%) being the most popular source followed by supermarkets (14%) and grocery/convenience stores (8%). Only 2% purchased mainly from specialist vape shops. Almost a third (32%) of those using disposable vapes had not purchased vapes in the past 12 months.

Figure 4.14 Main purchasing source of vapes among Adults by main vape type used




*Base: All adults who have vaped in the past 12 months (weighted): N=437. Valid cases n=428, missing = 9..*
*Statistically significant differences based on logistic regression (controlling for gender, IMD quintile, vaping/smoking status and country) are denoted as follows: * p<0.05, ** p<0.01, *** p<0.001.*

# 4.3.9 Qualitative insights into in-person and online purchasing of vapes among people who vape and/or smoke

In the focus groups, adults and young people provided more in-depth insight into where they purchased vapes, whether in physical stores or online, reasons for their choices, and perceptions around different sources of access.

## Views of adults who vape and/or smoke

### Supermarkets

Participants expected vapes to be sold in supermarkets and believed that the products sold would be from legitimate, registered suppliers, "*I would expect them to only sell brands that were registered and genuine*" (25+M, Eng, C2DE, Sm). The general perception was that supermarkets were more likely to stock a limited range of devices and flavours, compared to the wider variety available in most corner shops. For some, this impacted on their decision to purchase vapes from a supermarket, "*they've got 2-3 flavours of ELF bars or…that kind of thing… I would never buy one from there*" (18-44F, Scot, C2DE, VapeNonSm).

> *The only ones I've seen in major supermarkets and stuff like that are the ones that are not necessarily the nice ones, the ones with good flavours and stuff.* (18-44M, Eng, C2DE, VapeNonSm)

### Corner shops/newsagents

Several participants described corner shops/newsagents as a likely place of purchase due to high expectation vapes would be sold there, "*I can't remember the last time I went to a corner shop and they've not had any vapes*" (18-44F, Scot, C2DE, VapeNonSm). For participants who preferred using disposables, a corner shop/newsagent was their usual place of purchase. Purchase behaviour was based on convenience, choosing the shop closest to them, and only when required as opposed to buying in advance.

> *I think whenever I have gone and got one it's been like a corner shop… if we're on route to go to like an event or wherever it is we're going and I know that's where I'm going to be that's when I'll pick them up. I won't have one to hand ready, I'll get them as and when I want them.* (35+F, Eng, C2DE, DualUser)

Some reported being on friendly terms with their local shopkeeper, and they could request specific flavours, obtain offers and discounts and ask for recommendations or provide feedback on previous purchases.

### Specialist vape shops

There were mixed responses on the appeal of specialist vape shops for purchasing vapes. Different types of specialist vape shops were thought to appeal to and attract different customers. Branded shops (such as tobacco company-owned vape brands) were believed to be more expensive with a more limited product range. Some other specialist vape shops were more commonly associated with a wider range of products, flavours, and a younger customer.

> *The* [branded shop] *is appealing to like a certain audience I think and it screams expensive… you'd be able to get a sort of specific speciality product in there whereas most of the time people would go to the* [other shop] *because they've got all these crazy flavours you can pick…I feel like a person under 18 would definitely try and go in the* [other shop] *and try and get served, whereas they would avoid* [branded shop]. (18-34F, Eng, C2DE, VapeExSm)

Some participants said they had been put off visiting specialist vape shops because a previous experience had been intimidating or uncomfortable. Some had found the range and volume of products to be overwhelming and felt rushed when trying to choose. Those unfamiliar with rechargeable devices had found products available in specialist shops complicated. Sales pitches of staff were reported as coercive, with product claims believed to be exaggerated and transactions taking longer to complete as they tried to push new or additional products on to customers, "*I was in one before, and it was a bit uncomfortable… the guy was giving it a bit of a hard sell*" (25+F, Scot, C2DE, Sm).

> *The vape shop is the most horrific experience every time I go in. Like it's just uncomfortable and people talking about vaping gives me the creeps… I'm in there sort of 10-15 minutes being told about this new flavour and I'm hook, line and sinker.* (18-44F, Scot, C2DE, VapeNonSm)

Participants who mainly used disposable vapes claimed these products were more expensive when purchased from a specialist shop, with one participant stating that they sometimes felt they were being judged for buying this type of product.

> *It is a bit more daunting. You feel like you are being judged by the staff. Someone like me, who only has disposable vapes, which may be seen as quite casual and normal and there isn't much technicality to it. I go in there – there's all these big vapes with all these different pods and the coil ones. I can see why people would find it daunting*. (18-44M, Eng, C2DE, VapeNonSm)

Some participants who smoked also explained why going into a specialist vape shop was 'daunting'.

> *I think it can be daunting going into any specialist shop if you don't really know much about the product so, as someone who's not really vaped, going into a shop, I don't know any of the brands or any of this kind of stuff and I'd be going in there and there's a million different things. The guy trying to talk to me, trying to sell me everything, I think I'd end up just walking straight back out*. (25+M, Eng, C2DE, Sm)

Other participants were comfortable using specialist vape shops, this being their preferred source of vapes. These mostly included older male participants who used rechargeable devices, however some younger males who vaped and females who dual-used and who preferred disposable devices also frequently bought vapes from specialist shops. They found staff helpful and knowledgeable, believed products were cheaper and higher quality, and appreciated loyalty schemes and promotional offers and discounts.

> *"The guys all know what they're talking about there, they vape all the time and they know what products are coming in"* (18-34M, Scot, C2DE, DualUse).

Trust in the retailer was also a feature of purchasing in specialist vape shops.

> *I think the main reason I go to a specialist shop… is more for the quality of the product, for safety standards because see when you go in like corner shops and you see they've got whole glass displays of all these things the first question that springs to my mind is where did they get them from? So how safe are they? You can get loads of imports from anywhere.* (35+M, Scot, C2DE, VapeExSm)

**Chemist/pharmacy**

There was no evidence within the focus groups' sample of participants purchasing vapes in a chemist or pharmacy. The prevailing response to being asked for their views on vapes for sale in chemists and pharmacies was surprise and concern. Most participants could not recall seeing vapes for sale there. Only a minority stated that they had come across this: "*I've seen them in pharmacies which blew my mind...* "(18-44F, Scot, C2DE, VapeNonSm).

> *I wouldn't expect that in a chemist, I would expect tablets, or patches… basically going away from the smoking part of smoking*. (18-34F, Eng, C2DE, VapeExSm)

Many participants felt that chemists and pharmacies selling vapes was contradictory, sending out a mixed message that vaping was 'healthy' in a place where most people would go to seek products for medical help, prescriptions and/or treatment. Negative views on chemists and pharmacies selling vapes were closely associated with participants' perceptions of harm. Generally, across the focus groups, participants were concerned about unknown future risks of vaping and the chemist was seen as an inappropriate place for vapes, "*they're…to be, kind of, promoting things that are helpful for you as opposed to something that could hurt you*" (18-34M, Scot, C2DE, DualUse).

> Participant 1: *You expect healthy things or things to make you better from the chemist…*
> Participant 2: *None of us are under the illusion what we do is healthy.*
> Participant 3: *The only thing in there that I would expect to be related to anything is packets* [NRT] *that would stop you from doing it. I think it would be a little bit hypocritical of them to start stocking* [vapes]*.*
> (35+F, Eng, C2DE, DualUse)

Narratives indicated, however, that selling vapes in chemists and pharmacies may positively influence people's perceptions of products, "*it makes it sound as though it's healthy, which is the wrong thing…*" (25+F, Scot, C2DE, Sm). Some felt that vapes sold this way would be more trustworthy and better regulated. One participant who smoked said he would feel more comfortable buying a vaping product from a chemist or pharmacy than from another retailer.

> *Having them in the chemist or pharmacy would maybe mean that you are more likely to have access to brands that aren't from the black market, they're not made in China, they may be more likely to come from trustworthy brands where the ingredients are monitored… if I was going to use it to transition from smoking, I probably would feel more comfortable buying something that's maybe bought more in a chemist than a different kind of retailer. I think I would trust it more*. (25+M, Eng, C2DE, Sm)

Others thought the idea of selling/buying vapes in a pharmacy or chemist was more in-line with their original purpose of smoking cessation tool.

> *Maybe if there was someone trying to quit smoking,* [pharmacies] *could potentially offer… I mean I know that the jury is still out about whether or not vapes are a bad as cigarettes and stuff like that. I know that originally when they first started coming about, it was to wean people off cigarettes, so I guess in theory it could be for that.* (18-44M, Eng, C2DE, VapeNonSm)

### Other types of outlets

There was some discussion around other types of outlets selling vapes. Being able to purchase vapes in a petrol station at the same time as getting fuel was perceived as convenient. There was an expectation that petrol stations would sell vapes as they also sold tobacco. However, there was general agreement among participants that it was unacceptable to sell vapes in some other types of outlets. Dessert/candy/slushie shops were believed to target children and young people "[the] *candy shop is definitely not the right place to have them*" (18-34F, Eng, C2DE, VapeExSm). Many adults said they would never consider going into a dessert or candy shop to purchase vapes.

> *I can't imagine that I would think, I'm going to go to the dessert shop for my vape. It just wouldn't compute.* (18-44M, Eng, C2DE, VapeNonSm).

Similarly, participants felt there was no need for vapes to be sold in hairdressers/barbers Retailers such as these, that sold vapes, were believed to be capitalising on a 'trend' or 'gimmick'.

> *They know they can make money off the people that are coming in because it fits that aesthetic… but it doesn't it doesn't belong there… I think that's a bit sly.* (35+F, Eng, C2DE, DualUse)

### Online sources

Adults who had bought vapes online had obtained them through specialist vape shop websites and grocery delivery apps. Grocery delivery services were described as very quick to deliver "*like twenty minutes if that*" (18-44M, Eng, C2DE, VapeNonSm), and convenient for situations where access was limited, for example while at work or when other shops were closed. Vapes bought through grocery delivery services were generally viewed as more expensive, and some said they would only purchase this way when there was a price offer.

> *They generally are more expensive. I don't do it often. If anything, it's more been like* '*oh my vape has just died' and me and my friends are having afters at my house and the corner shop is shut because it's 1am, so we can just pop on this delivery thing.* (18-44M, Eng, C2DE, VapeNonSm)

> *I've used* [delivery app] *when it's been desperate times at work before… I went on the app to order vapes but I ordered a couple of things so it didn't look so embarrassing… I wasn't able to get down to the town to go to a corner shop which I would normally do, so it was really convenient.* (18-44F, Scot, C2DE, VapeNonSm)

Some participants, mostly those who used rechargeable devices, preferred to purchase products through specialist vape shop websites. Ordering vapes through specialist websites was viewed as quick, convenient, and more cost-effective than from physical stores. Participants said vapes, pods and e-liquids were often sold at cheaper prices or as part of a

promotional price offer. Some said they chose to access vapes this way as their preferred product or flavour was more likely to be available than in a physical store, although stores were visited if they needed products before they were due to be delivered or to make use of promotional offers received through direct marketing.

> *I tend to shop online for mine. Just because if you're into say a particular flavour or something you can bulk buy, get discounts, build points all of this kind of thing. You don't really have to worry about if you're working or whatever, getting there between 9 and 6 and all of this kind of thing. So you know, the postman does the majority of the work for you.* (35+M, Scot, C2DE, VapeExSm)

One participant explained how she switched to online purchasing to reduce the anxiety associated with an in-person purchase.

> *At first when I first started going to the vapes, it was* [specialist vape shop] *that I … first started going to. I actually used to leave feeling like…I don't know how to explain it… I'm always usually quite an anxious person anyway but I mean like I would be sweating because of anxiety and I don't know why... if I can avoid social interaction I will do it in shop scenarios, so hence why I get it online now.* (18-44F, Scot, C2DE, VapeNonSm)

Some participants explained that they had stopped accessing vapes online and had shifted to in-person purchase. This was due to perceived changes in the vapes market such as increased availability, closer proximity of physical stores, cheaper prices, and not wanting to incur delivery charges.

> *I have* [bought online] *before. I wouldn't tend to now… Any shop you get them… it's very easy… Before, I was using it a lot more, so…just for cost… it was working out quite a bit cheaper* [online] *but now… it really is, like, a few pounds for one so…* (18-34M, Scot, C2DE, DualUse)

## Views of young people who vape and/or smoke

### Corner shops/newsagents

Young people who purchased vapes themselves in a retail setting had a clear preference for corner shops and newsagents due to the perceived large number of this type of shop selling vapes and likelihood of being served without being asked for age verification. Access via corner shops was described as 'easy' compared, for example, with supermarkets or franchised stores, where they perceived greater security and age-verification processes. They believed supermarkets and franchised stores had more to lose if caught selling to people underage.

> Moderator: *Ok, so tell me a wee bit about which shops might be easy* [to purchase from] *and which ones it might not be easy.*
> Participant 1: *If you go into like* [supermarket] *or something, like a big well-known franchise… and you go in and ask for a vape they're obviously going to ID you. But if you go to some like dodgy corner shop….*
> Participant 2: *Like say it's a family run business, they need the money more than a big company…*
> Participant 3: *Aye, they don't really bother in there.*
> (14-15M, Scot, ABC1, Vapes)

Participants believed that retailers who sold to young people did not 'care', that they were motivated by generating income, "*if they're making good money out of it, they don't care*" (14-16M, Eng, C2DE, Vapes). Knowledge of which corner shops would sell to people underage was obtained through previous visits and shared by word of mouth, "*everyone knows where sells…*

*so many people go and get served*" (14-16F, Eng, ABC1, Vapes).

> *It just kind of comes from people trying their luck and then passing it on, like 'oh they don't ID in there' and then it kind of just spreads about.* (16-17F, Scot, C2DE, Vapes)

Sometimes, young people accessed vapes in corner shops and newsagents near schools, "*shops near the schools… two minutes away… they'll just sell it to you, there'll be 20 kids there a day*" (14-16M, Eng, C2DE, Vapes). Other participants described how it was easier to access vapes in the city centre than locally, "*if you go into like the city centre, they are literally everywhere. Like you don't even need to go looking for it…"* (16-17F, Scot, C2DE, Vapes). Young people described taking cues from the shop exterior. A less 'professional' and orderly looking exterior communicated greater possibility of underage access.

> *Just the display they have in the window and then obviously because it's less professional than the other shops, I just feel like 9 times out of 10 people probably think they will* [sell vapes to people underage]*.* (16-17F, Scot, C2DE, Vapes)

Young people provided details of their experiences of purchasing vapes from corner shops where the retailer knew they were underage. Participants said they were more likely to be sold vapes if they were the only customer in the shop at the time.

> *A guy is more likely to serve you if it's not more people in the shop… if there is, then customers might start asking questions or report it.* (14-15M, Scot, ABC1, Vapes)

Young people also reported more specific retailer behaviours. These included: shopkeepers storing vapes for sale to young people separate from the main display, for example, under the counter; asking for cash payment; disguising vapes with sweets or leaving vapes by the door for young people to take when exiting the shop; removing the vape from its external packaging before handing to the young person; instructing them not to open or use the vape until they were some distance away from the shop; turning off CCTV during the transaction; and making the young person go behind the counter to take the product themselves.

> Participant 1: *They want you to pay in cash.*
> Moderator: *Why do you think that is?*
> Participant 2: *Card history. They don't want to get caught.*
> Moderator: *Okay, so do they say that to you, or do you just know?*
> Participant 1*: Yeah, one guy said, 'don't use your card, pay in cash.'*
> Participant 3: *The shop I used to go to made you go behind the counter and take it yourself…they've been caught a ton of times, and they have cameras… you'd pay, and then they just say, 'take it'…So, if they got caught, they'd say you were stealing it."*
> (14-16M, Eng, C2DE, Vapes)

Participant 1: *When I used to buy disposables… I'd go up to them and say, 'can I please have…', and they'd be like, 'wait until there's no one in the shop.' And then, like, they'd ask me to give them money, they put a sweet…sweets there… put the vape, like…I don't know how to explain it, and then they'd be like, 'don't get it out. Don't get it out until you're, like, far away.'*
Participant 2*: Yeah,…a lot of the time they say, like, 'don't take it out outside the shop' …*
Participant 3: *The place where I used to go, he used to leave it on the side near the door and you'd just have to put it in your pocket when you walk out… if there's, like, cameras and stuff.*
Participant 2: *Some of them might take it out of the packaging, so you've not got, like, all the packaging to put on the floor, like, to be seen with…*
Moderator: *Why do you think they do that?*
Participant 4: *Don't want to get caught selling it to under 18s…*
Participant 3: *There's a* [shop]*… sometimes I go with my friend, and they just have, like, a big bin bag of vapes they sell to underage people… they've got loads of vapes on display. But they've got, like, a bag for probably vapes they're not…kind of like, claiming to be selling.*
(14-16F, Eng, ABC1, Vapes)

**Specialist vape shops**

While most young people believed they were unlikely to be sold vapes in a specialist vape shop due to stricter age verification, others said they had purchased vapes this way. The specialist vape shop setting could offer a better experience for those more experienced with vaping.

> *I prefer going to the specialised one… that's where I've always got mine from. Like, when I used to get disposables… and they do pods and stuff for my e-cig… I used to go in… with some of my friends and they used to all sit there and it was, kind of, like, more chilled out.* (14-16F, Eng, ABC1, Vapes)

Specialist vape shops, however, were not seen as all the same. Similar to corner shops, some specialist vape shops signalled to young people the possibility of access, particularly those with large, bright, colourful displays. Young people were less likely to consider being served in a 'branded' specialist vape shop.

> *I feel like the vape shops kind of depend because I feel like there's like the different types, like I feel like see like the* [name of shop]*… I feel like younger people are more likely to go in somewhere like that than like the* [branded vape shop]. (16-17F, Scot, C2DE, Vapes)

**Online sources**

Some participants said they, or their friends, had ordered vapes from online specialist vape retailers. They described falsifying their own details to make purchases or using someone else's identification, "[my friend] *used his dad's ID to order it…* (14-16F, Eng, ABC1, Vapes).

> *If you've to put in your birthday, you just lie about it, and some of them don't even ask you…. You put in your address, name, and it just comes*. (14-16M, Eng, C2DE, Vapes)

There was some awareness and experience of using grocery or food takeaway delivery apps (i.e. Deliveroo, Uber Eats, Snappy Shopper] to obtain vapes. Knowledge of being able to access vapes this way was passed through friends and older people they knew. Some felt that you would need age identification at the point of delivery to use these services and had not tried.

Others said they had successfully purchased vapes this way or they had taken delivery of vapes ordered by others. These services were described as easy, convenient, and quick delivery, "*you just order it, and they don't ID you… like, ordering food*" (14-16M, Eng, C2DE, Vapes).

> [Grocery delivery service] *it's just a service that you can order whatever you want in a shop and they'll deliver it to you. There's been a couple of occasions where my sister has done that and she's got vapes and I've answered the door and the guy's just gave me it without asking any questions.* (14-15M, Scot, ABC1, Vapes)

Across social media platforms, young people were more aware of vapes available via Snapchat rather than, for example, Instagram or TikTok, although a small number reported to have seen vapes for sale on these platforms too. However, for Snapchat, some participants could clearly describe the processes involved as they, or someone they knew, had purchased vapes this way. Snapchat was described as an alternative means of accessing vapes when shops which had previously sold vapes to those underage no longer did so. Participants gave details on how messages appeared and how contact and purchases were made, including from people known and not known to them. Vapes accessed this way were sometimes cheaper and young people did not need to provide age verification. Payment was made either by cash, PayPal, or bank transfer.

> Participant 1*: People sell them on Snapchat… They just, like, put stories up and then they put the price underneath them, and they're just, 'message me and I'll just send it…'*
> Moderator: *Okay. So is it people you know that would put the story up?*
> Participant 1: *Mostly, yeah.*
> Participant 2: *I don't know, sometimes they just get added by people, call it* [name] *or something. One of my mates who I used to get on the bus with, she used to always buy them off people she didn't know….*
> Participant 3*: Pretty common. I think that's what most people do.*
> Participant 4*: A lot of people in my school have, like, a guy.*
> Participant 5: *'Cause… you don't have to have ID or anything….*
> Participant 6*: There's quite a few girls in my year…I don't know if they still do it… but there was a shop that everyone from my school went to and it stopped serving. So then everyone added this guy and he had a van full of vapes and he'd come to your house and drop them off… but they won't give them their actual address, they do it down the road and then, like, meet them down the road so they didn't know where they lived.*
> (14-16F, Eng, ABC1, Vapes)

> Participant 1: *It's a bit dodgy, if you, like, meet someone that you don't know through it. But because it's my mates, I get it, like, quicker, or I'll just get it cheaper… I'll go and collect it. But I've always just gone with cash… they'll usually say, 'meet me somewhere'.*
> Moderator: *And how do you feel doing that, do you worry about that, or not really?*
> Participant 1*: Not really. Because if it's like, like a mutual* [friend], *then you don't really have anything to worry about, do you? But it's just a bit, if I don't know them, and you go to meet somewhere that I've never really been before, then I'd just rather not.*
> (14-16M, Eng, C2DE, Vapes)

## 4.3.10 Young people's attempts to purchase vapes

Young people (aged 11 to 17 years) who had never vaped or who had vaped but not bought vapes from a shop in the past 12 months were asked whether, in the past 12 months, they had tried to buy vapes in a shop, including buying them for someone else. Those who answered yes were classed as having tried to purchase, as were the young people who had indicated having successfully bought vapes in a shop.

Seven percent (n=172) of all young people had attempted to purchase vapes from a shop in the past 12 months. Four percent (n=104) of all young people, had been successful in being able to purchase vapes. This equates to 59% of young people who have attempted to purchase vapes, being successful in their attempts on at least one occasion.

### Young people's attempts to purchase vapes being refused

Among those young people who had attempted to purchase (n=172), almost half (47%) said they had been refused sale at some time.

### Young people being asked for proof of age when attempting to purchase vapes

Among the young people who had tried or succeeded in buying vapes from a shop (n=172), more than half (58%) had been asked for proof of age at some time, a third (33%) indicated that they had not been asked for proof of age at any time and the remaining 9% were unsure or did not specify.

### Differences by level of deprivation

After controlling for vaping and/or smoking status and other demographics, the likelihood of having attempted to purchase vapes differed by level of deprivation. Young people from the least deprived areas (IMD quintile 4 and 5) were less likely than those from more deprived areas (IMD quintile 1, 2 and 3) to have attempted to purchase. For example, 3% of young people from the least deprived areas (IMD quintile 5) had attempted to purchase vapes compared with 12% from the most deprived areas (IMD quintile 1).

## 4.3.11 Young people's perceptions of ease or difficulty of buying vapes from different shops

Young people were asked how easy or difficult they thought it would be to purchase vapes. Details of the full responses are given in Supplementary Tables 2 (Young People Tables). Only around a fifth (21%) of young people thought it would be easy for someone their age to purchase vapes from a supermarket. Half (50%) thought it would be easy to purchase vapes from a corner shop or newsagent and a third (33%) thought it would be easy to purchase from a specialist vape shop.

Young people were most likely to consider the supermarket to be difficult to purchase vapes from (43%) whereas only 19% thought it would be difficult from a corner shop or newsagent.

### Differences by vaping and/or smoking status

Compared with young people who neither vaped nor smoked, those who currently vaped and/or

smoked were less likely to consider corner shops to be difficult to buy vapes from.

### Differences by level of deprivation

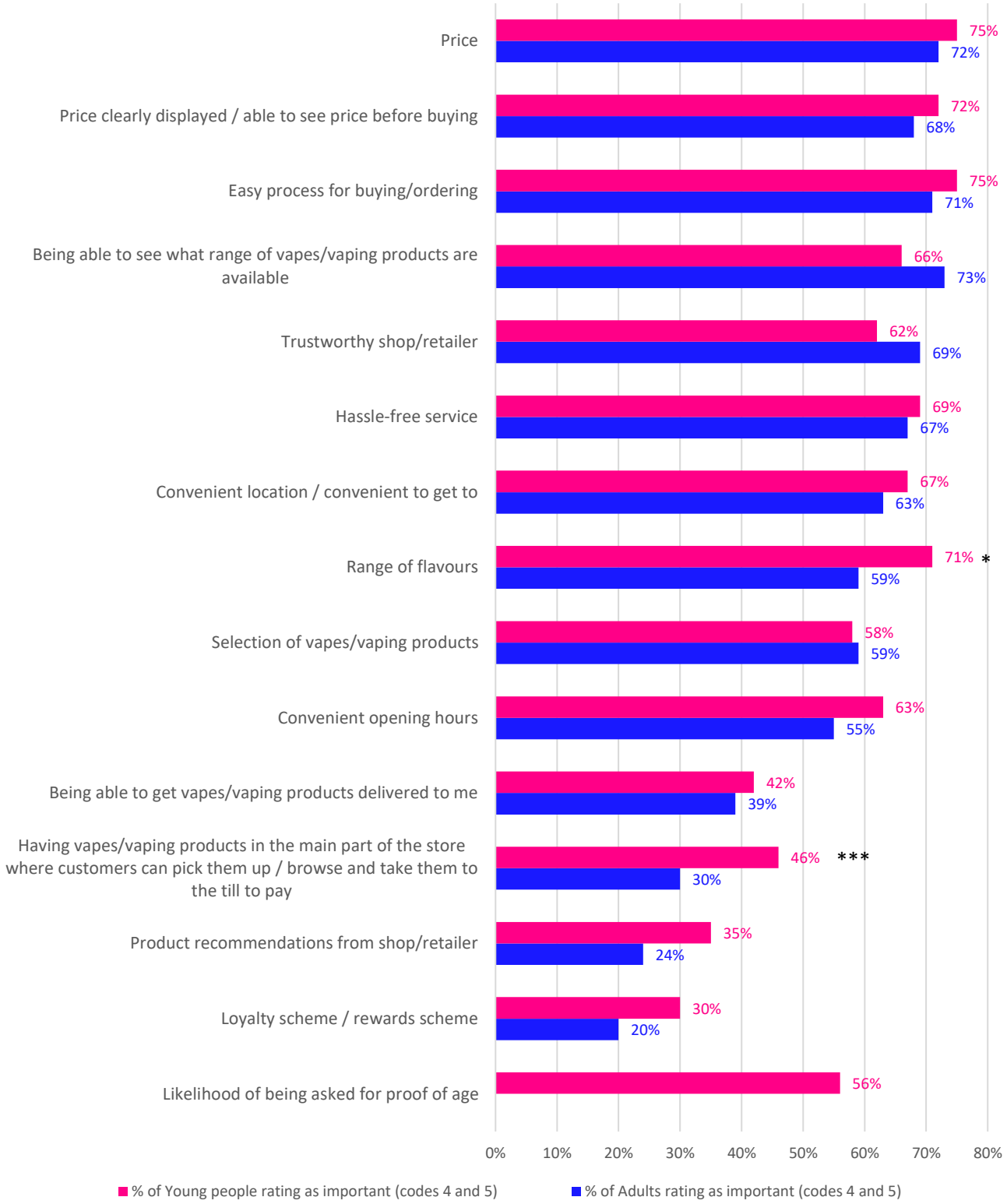
Perceptions of supermarkets and corner shops being difficult to buy vapes from did not differ by level of deprivation. However, young people from the least deprived areas were less likely to consider specialist vape shops to be difficult to buy from. Young people from IMD 4 were less likely than those from IMD 1-3 to think it would be difficult for them to buy from a specialist vape shop and similarly young people from IMD 5 were less likely than those from IMD 1-4 to perceive it to be difficult.

## 4.3.12 The perceptions of people who vape on the importance of different aspects of the purchase process

Among adults who had purchased vapes themselves in the past 12 months (n=314), the aspects of the purchasing process that they were most likely to rate as important were: being able to see what range of vapes are available (73%); price (72%); easy process for buying/ordering (71%); trustworthy shop/retailer (69%); being able to see the price clearly before buying (68%); hassle-free service (67%) and convenient location/ easy to get to (63%) (Figure 4.15).

For young people who had bought vapes themselves (n=136), price was also a very important aspect of the purchase process, with 75% of the sample rating price as important and a similar proportion (72%) considering it important to be able to see the price clearly before purchasing (Figure 4.15). However, for young people, having an easy process for buying or ordering was the aspect most likely to be rated important (75%). Range of flavours (71%), convenient location (67%), convenient hours (63%), and hassle-free service (69%) were considered important among most young people. For over half (56%) an important consideration was also whether they would likely be asked for proof of age.

## Figure 4.15 What aspects are important to Adults and Young People when choosing where to buy vapes/vaping products




*Base: All Adults who, in past 12 months, have bought vapes/vaping products themselves (weighted): N=314, All Young People who, in past 12 months, have bought vapes/vaping products themselves (weighted): N=136.*

*Statistically significant differences based on logistic regression (controlling for gender, IMD quintile, vaping/smoking status and country) are denoted as follows: * p<0.05, ** p<0.01, *** p<0.001.*

## Adults v young people

Many of the aspects important to adults were also important to young people. Young people (71%) were more likely than adults (59%) to consider the range of flavours to be important. Having the products in the main part of the store was also more likely to be considered important by young people (46%).

## Differences by vaping and/or smoking status

While asked of all adults who had purchased vapes themselves in the past 12 months some differences were observed between those classed as currently vaping (adults who dual use and adults who vape but do not smoke) compared with those who had purchased but currently were neither vaping nor smoking. Adults who were dual using and those who currently vaped (but did not smoke) were more likely than those who currently neither vaped nor smoked, to consider many of these aspects to be important: price; having the price clearly displayed; having an easy process for purchasing; being able to see the range of vapes; a trustworthy retailer; hassle-free service; the selection of products; convenient opening hours and being able to get vapes delivered. Adults who were dual using were also more likely (than those who currently neither vaped nor smoked) to consider convenient location to be important.

## Differences by level of deprivation

Among adults there was little variation by level of deprivation. However, compared with adults from more deprived areas (IMD 1-4), adults from the least deprived areas (IMD 5) were less likely to place importance on loyalty/reward schemes. Importance of seeing the range of vapes was also associated with being from a more deprived area. Adults from the least deprived area (IMD 5) were less likely than those from more deprived areas (IMD 1-4), as were adults from IMD 3 (compared with the most deprived IMD 1-2) to place importance on seeing the range of vapes.

# 4.4 Perceptions around the supply and sale of vapes

This section addresses:

- outlets
  - views on which shops should be allowed to sell vapes
  - views on the number of places selling vapes
  - qualitative insights from people who vape and/or smoke on reducing the type and/or number of outlets selling vapes
- views on the positioning of vapes
- age restrictions for the sale of vapes
  - knowledge of age restrictions
- policy options
  - adults' support or opposition towards possible policies on access to vapes
  - qualitative insights into policy support from people who vape and/or smoke

Tables with breakdowns of responses by gender, age, level of deprivation, vaping/smoking status and country are available in Supplementary Tables S1 (Adult Tables) and S2 (Young People Tables). Details of logistic regression results are available in Supplementary Tables S3 (Adult Logistic Regressions), S4 (Young People Logistic Regressions), and S5 (Adults v Young People Logistic Regressions).

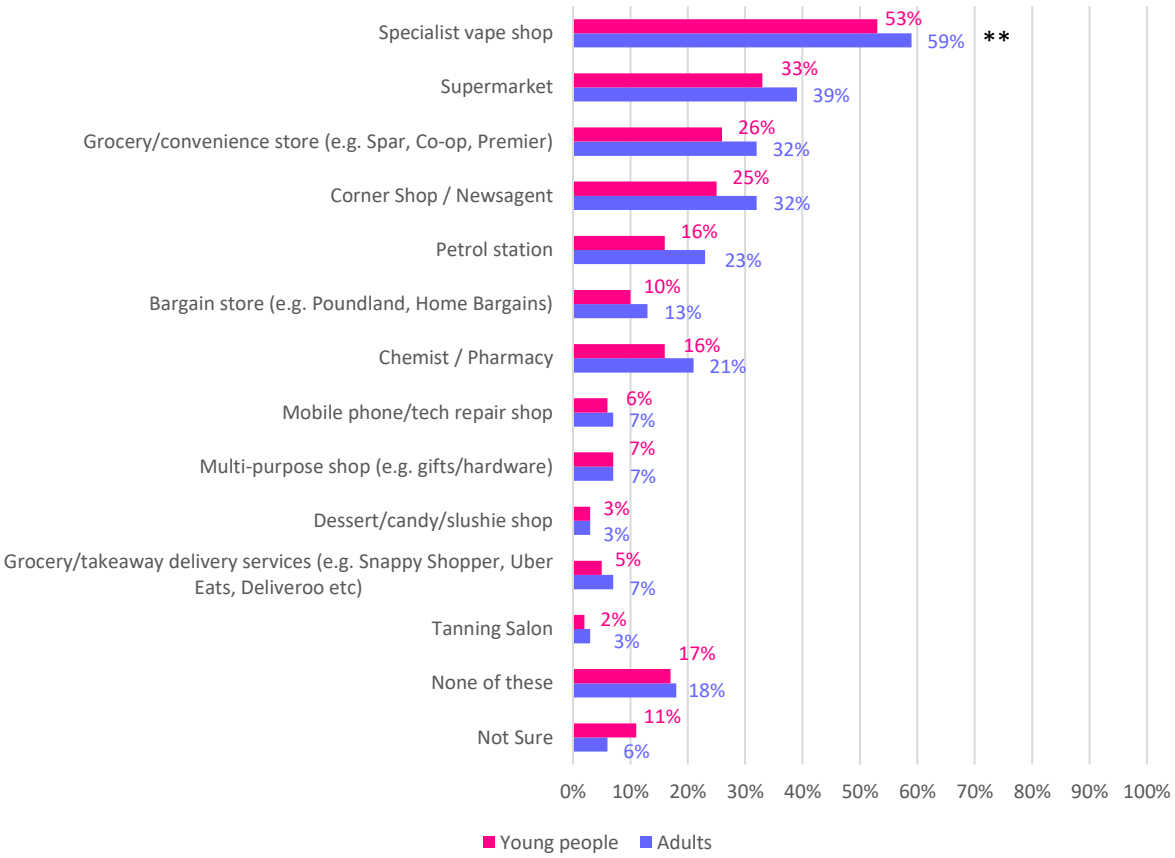
## 4.4.1 Views on which shops should be allowed to sell vapes

All adults (n=2,185) and young people (n=2,372) were asked to give their views on which shops should be allowed to sell vapes.

Most adults (59%) thought specialist vape shops should be allowed to sell vapes (Figure 4.16). Between a fifth and two-fifths thought that supermarkets (39%), grocery/convenience stores (32%), corner shops/newsagents (32%), petrol stations (23%) and chemists/pharmacies (21%) should be allowed to sell them. Few (7% or less) indicated that mobile phone/tech repair shops, multi-purpose shops, grocery/takeaway delivery services, dessert/candy/slushie shops and tanning salons should be allowed to sell them. Almost a fifth of adults indicated that none of the shops should be allowed to sell vapes.

The pattern of results was similar for the young people with 53% indicating that specialist vape stores should be allowed to sell vapes, 33% thinking supermarkets should be allowed, 26% grocery/convenience stores and 25% corner shops/newsagents. Adults were more likely than young people to think specialist vape stores should be allowed to sell vapes.

## Figure 4.16 Adults' and Young People's views on which shops should be allowed to sell vapes



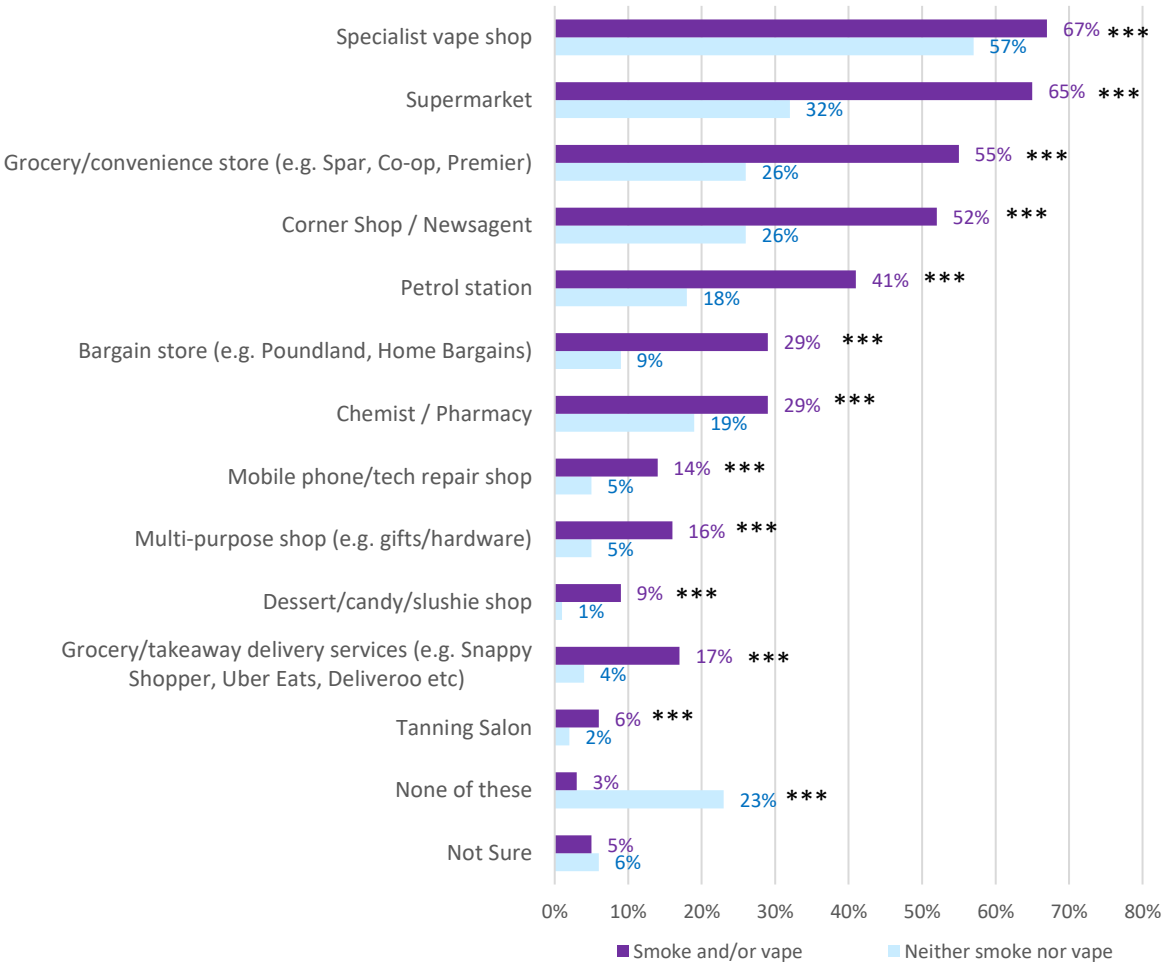

*Base: All adults (weighted): N=2,185; All young people (weighted): N=2,372*

*Statistically significant differences based on logistic regression (controlling for gender, IMD quintile, vaping/smoking status and country) are denoted as follows: * p<0.05, ** p<0.01, *** p<0.001.*

## Differences by vaping and/or smoking status

Adults who neither vaped nor smoked were less likely than those who vaped and/or smoked to endorse the sale of vapes in the shops listed (Figure 4.17). For example, among adults who neither vaped nor smoked, 23% thought that none of the shops should be allowed to sell vapes. This compares with 3% among adults who vaped and/or smoked.

Figure 4.17 Adults' views on which shops should be allowed to sell vapes - by vaping and/or smoking status




*Base: All adults (weighted): N=2,185*
*Statistically significant differences based on logistic regression (controlling for gender, IMD quintile and country) are denoted as follows: * p<0.05, ** p<0.01, *** p<0.001.*

## 4.4.2 Views on the number of places selling vapes

Adults and young people were asked to give their views on the number of places selling vapes. Three-quarters (75%) of the full adult sample (n=2,185), felt that there were too many shops selling vapes. The same proportion of the young people sample (n=2,372) considered that the number of places selling vapes was too high, with three-quarters (75%) thinking that there were currently too many places selling vapes.

### Differences by vaping and/or smoking status

In both adults and young people, those who vaped and/or smoked were less likely to consider that there were too many places selling vapes. While the vast majority (80%) of adults who currently neither vaped nor smoked thought there were too many places selling vapes, fewer than half (46%) of adults who dual-used and 63% of adults who currently vaped (but did not smoke) considered there to be too many shops selling vapes. Most young people (77%) who currently neither vaped nor smoked thought too many places sold vapes compared to 57% among those who currently vaped and/or smoked. Even among those who vaped and/or smoked, more than half thought there were too many places selling vapes.

### Differences by level of deprivation

In adults there was no difference by IMD in the proportion of people who thought there were too many places selling vapes. In the young people, those in IMD 4 were more likely than those in the most deprived quintiles IMD 1-3 to consider there to be too many. Among those in IMD 1 (the most deprived areas) 70% thought there were too many places selling vapes and this was 77% for those in IMD 4.

## 4.4.3 Qualitative insights from people who vape and/or smoke on reducing the type and/or number of outlets selling vapes

Similar to the survey respondents, most focus group participants, across ages, vaping and smoking behaviour, thought too many shops sold vapes. They believed this was driven by demand and revenue generated by vape sales, "*I think it's a bit much now yes, they're everywhere*". (35+F, Eng, C2DE, DualUse)

> *I think too much personally… like every shop is trying to sell vapes because they want to make money, and every shop has just started selling them… every corner shop, even like sweet shops, slushy shops and all that you see them there. They're everywhere*. (16-17F, Scot, C2DE, Vapes)

Most supported the idea of reducing the number and/or types of shops selling vapes. Participants believed this would make them less accessible to young people while maintaining availability for adults, and lead to improvements in the enforcement of age of sale restrictions, "*they could police it better… it might help*" (18-34M, Scot, C2DE, DualUse). Some types of shop were viewed as inappropriate outlets for vapes (e.g. dessert/candy/slushie shops and hairdressers/barbers), because they do not sell items perceived as similar (i.e. tobacco) and/or they do not routinely ask customers to verify age. Some felt that outlets should be licenced, "*if it's a specialist vape shop, it should be licenced*" (25+F, Scot, C2DE, Sm). While participants believed that vapes could be taken out of some types of outlets without impacting them, it was considered important to keep vapes in others.

> *If you were to take them out of the places that you would normally get them… where you would normally get your cigarettes, where you would normally get your beer or whatever it is you're going to get on a Saturday night… don't do that. That's where you go for those things. Whereas putting it into places where it's got no business being in, like hairdressers or chemists or* [tech brand] *stores, whatever it is, as soon as you do that it becomes, like you associate it with that sort of like, that lifestyle, hipster, that's sort of like 'oh it's cool to do it'… that goes from 'it's here if you want it' to 'you should do this, look how cool this is'*. (35+F, Eng, C2DE, DualUse)

Those who had switched to vaping from smoking believed that reducing the number of shops selling vapes would not make them return to smoking. It was felt to be a reasonable measure to protect children and young people.

> *I don't think* [reducing the number of outlets selling vapes] *would have any negative impacts on me. I've got quite a few schools near where I live. It's all over the place, I mean it's the same you've got shops the same as like back in my day that would sell people underage drink and stuff like that, that's still going on with the vaping*. (35+M, Scot, C2DE, VapeExSm)

Should availability be reduced, participants believed vapes would remain accessible, including through online sources, which offered quick delivery, "*there's always online shopping… where you can get it the next day*" (35+M, Scot, C2DE, VapeExSm).

> *I don't think that would impact me at all to be honest and I actually don't even think people would be fazed if the amount of vape shops dropped by half because there would still be half available and they would still be accessed*. (18-34F, Eng, C2DE, VapeExSm)

Even amongst participants who believed restricting the number of shops selling vapes could be somewhat inconvenient to them or others if it meant they had further to travel to purchase vapes, they believed that such regulation could reduce accessibility to young people and were therefore supportive of reducing the number of shops from this perspective. Others felt there could be an environmental advantage to reducing accessibility, as it may encourage people to switch from disposable to rechargeable devices.

> *I feel like the amount of people using it would just decrease and then also they're very bad for the environment, the amount of…I can't even imagine the number of disposables out there. If they were harder to get people would just stop getting them, if they were addicted to the nicotine they'd get a device, a rechargeable, a refillable device and that would be that. I feel like it actually should be a thing*. (18-34F, Eng, C2DE, VapExSm)

Some participants, across young people and adult groups, expressed concern that if the number and/or types of shops selling vapes were reduced, the illicit market would increase "*shops will start doing it under the table*" (14-16F, Eng, ABC1) and vapes could be harmful, "*more unsafe if they're getting it from, like, random, sketchy people*" (35+F, Eng, C2DE, DualUse). A few young people were concerned that some people would replace vaping with other behaviours such as smoking cannabis, or other emerging nicotine products.

Some adults who vaped or dual-used felt that targeting the retail availability of vapes rather than other addictive products was unfair and unjustified, and somewhat in conflict with messaging around vapes for smoking cessation, "*they haven't reduced the number of places that cigarettes are sold, or alcohol is sold, so why kind of pinpoint it to vaping*?" (18-44F, Scot, C2DE, VapeNonSm).

*I think it would be unfair… what would be the reason to do that? If they are offering it as an alternative to smoking…what's the need to cut down on who can sell it and who can't sell it?... It's just if there's demand, people are going to buy it. There's no need for the government to step in…* (18-34M, Scot, C2DE, DualUser)

## 4.4.4 Views on the positioning of vapes

All adults (n=2,185) and young people (n=2,372) were asked to give their views on the positioning of vapes in stores.

Most adults (88%) considered it unacceptable for vapes to be placed next to sweets or chocolate in stores and a similar proportion thought it was unacceptable to have them next to soft drinks (86%). In contrast, a majority (72%) thought it was acceptable for vapes to be placed next to tobacco products.

Around two thirds (69%) of adults said they thought it unacceptable to have vapes on shelves for customers to pick up themselves.

The proportion of young people with these views was very similar to adults. Most young people (86%) thought it was unacceptable for vapes to be sold next to sweets or chocolate. The same was the case for soft drinks (81%). Conversely, three-quarters of young people thought it was acceptable to place vapes for sale next to tobacco.

Two-thirds (66%) of young people said they thought it unacceptable to have vapes on shelves for customers to pick up themselves.

### Differences by vaping and/or smoking status

Adults who were dual using and those who currently vaped (but did not smoke) were more likely, compared to adults who neither vaped nor smoked, to consider it acceptable for vapes to be positioned next to tobacco products. They were less likely, compared to adults who neither vaped nor smoked, to consider it acceptable for vapes to be positioned beside sweets, chocolates or soft drinks.

Young people who vaped and/or smoked were more likely than those who neither vaped nor smoked to consider it acceptable to position vapes beside sweets, chocolates or soft drinks.

Adults and young people who currently vaped and/or smoked were less likely than those who neither vaped nor smoked to consider it unacceptable to place vapes on shelves for customers to pick up themselves. For example, 48% of adults who currently vaped and/or smoked considered this unacceptable versus 74% of adults who neither vaped nor smoked.

### Differences by level of deprivation

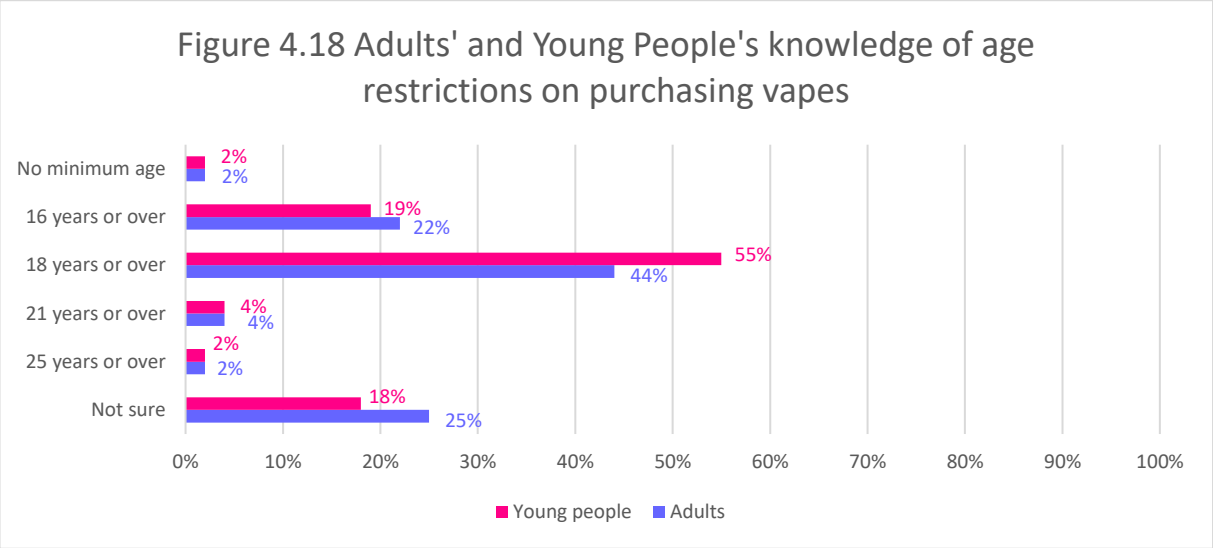
In adults and young people, there was no difference by IMD in the proportion who considered it acceptable to position vapes next to tobacco products, sweets or chocolate, or soft drinks. In adults there was no difference by IMD in the proportion who considered it unacceptable to place vapes on shelves. Young people from IMD 4 were more likely than those from more deprived areas (IMD 1 to 3) to consider this unacceptable.

## 4.4.5 Knowledge of age restrictions for sale of vapes

Adults and young people were asked about their knowledge of age restrictions in the UK for sale of vapes that contain nicotine.

There was some uncertainty among both adults and young people regarding the minimum age in the UK for people to legally buy vapes that contain nicotine. Just over two-fifths of adults (44%) correctly responded that it was 18 years and over (Figure 4.18). Young people were more likely than adults to know the legal age with more than half (55%) aware that the legal age is 18 years and over.

A quarter (25%) of adults were unsure and almost one-fifth (18%) of young people were unsure. Furthermore, almost one in four adults (24%) and at least a fifth of young people (21%) believed that it was legal for under 18's to purchase vapes that contain nicotine.




*Base: All adults (weighted): N=2,185; All young people (weighted): N=2,372*

## Differences by vaping and/or smoking status

Adults who vaped and/or smoked were more likely to correctly identify the age restriction compared to adults who neither vaped nor smoked. For example, 66% of adults who currently vaped (but did not smoke) gave the correct age whereas only 40% of adults who neither vaped nor smoked could correctly identify the legal age as 18 years or older.

Similarly, young people who vaped and/or smoked were more likely to correctly identify the age restriction compared to young people who neither vaped nor smoked. To illustrate, two thirds (69%) of young people who currently vaped (but did not smoke) gave the correct age while slightly more than half (54%) of those who neither vaped nor smoked correctly identified the legal age as 18 years or older.

## Differences by level of deprivation

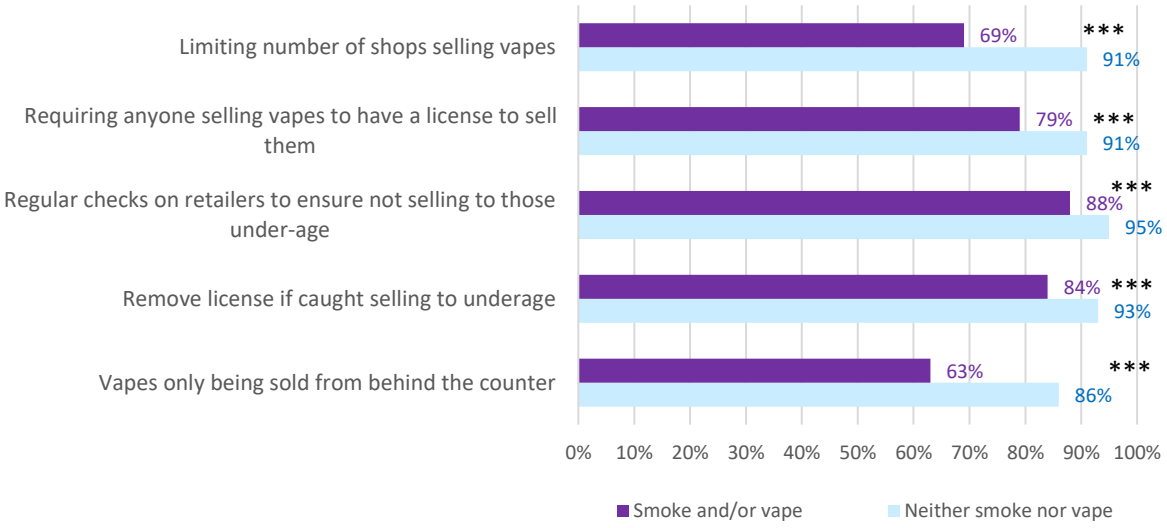
For both adults and young people, there were no differences by level of deprivation in the proportion able to correctly identify the legal age of sale for vapes containing nicotine.

## 4.4.6 Adults' support or opposition towards possible policies on access to vapes

To assess the extent of support for a range of possible policies, adults were asked: *How much do you support, or oppose, the following…?* They were asked to respond in relation to the statements shown in Figure 4.19. Response categories were: strongly support; tend to support; no opinion either way; tend to oppose; strongly oppose; not sure.

There was clear support, among the full adult sample (n=2,185), for measures to reduce vaping with the majority (81%) strongly or tending to support putting a limit on the number of shops allowed to sell vapes in a particular area. The most supported policy was regular checks on retailers to make sure they were not selling vapes to those under-age which had very high (94%) support. Both the policy of removing the licence from any retailer who sells vapes to those under-age (91%), and a policy requiring anyone who sells vapes to have a licence to do so (89%) had support from around nine in ten adults.

Figure 4.19 Adults' support for various policy ideas - by vaping and/or smoking status




*Base: All adults (weighted): N=2,185*
*Statistically significant differences based on logistic regression (controlling for gender, IMD quintile and country) are denoted as follows: * p<0.05, ** p<0.01, *** p<0.001.*

### Differences by vaping and/or smoking status

While most adults who currently vaped and/or smoked indicated support for each of the policies, support was higher among those adults who neither vaped nor smoked (Figure 4.19).

### Differences by level of deprivation

Support for each of the policies did not differ by level of deprivation.

## 4.4.7 Qualitative insights into policy support from people who vape and/or smoke

In the survey, almost half of adults who vaped/and or smoked considered it unacceptable to place vapes on shelves for customers to pick up themselves, and around four in five considered it acceptable to position vapes next to tobacco products. Among adults who vaped and/or smoked, there was high support for measures to reduce vaping such as putting a limit on the number of shops allowed to sell vapes in a particular area, requiring anyone who sells vapes to have a licence to do so, regular checks on retailers to make sure they are not selling vapes to those under-age, and removing the licence from any retailer who sells vapes to those under-age.

In the focus groups, adults and young people discussed regulation more broadly. Narratives highlighted their views on perceived current regulation, placing vapes behind counters including hidden from sight and next to tobacco, and vape pricing.

### Views on current regulation

Across the focus groups, participants believed vapes were insufficiently regulated, particularly regarding their appeal and sale to children and young people. Regulation around point-of-sale age verification was deemed poor or limited. Young people easily reported the types of outlets where they were unlikely to be asked for age identification and those they would avoid due to increased likelihood of being asked for proof of age. Young people perceived that different types of retailers were subject to different outcomes if caught selling to under 18s.

> *If a big franchise gets caught selling vapes to kids that are underage…they'd get sued.* [A family-run business] *they'll probably just get into trouble by the police … they don't get prosecuted straightaway, they get a warning*. (14-15M, Scot, ABC1, Vapes)

Adults believed that regulation of marketing, including advertising, promotion, packaging and the design of products that appeal to children was poor: "*it's not necessarily a good thing that it's so advertised… making them look all fancy*" (18-34M, Scot, C2DE, DualUse). Some young people felt that there was a trend for retailers to capitalise from vape sales and that this was encouraging young people to try vaping, rather than peer pressure, *"it's honestly just like, capitalising off what's trending*" (14-16M, Eng, C2DE, Vapes). Others felt that the extent of vape marketing, combined with a perceived lack of education and/or provision of suitable information about vaping-related harms/safety, presented challenges in making informed decisions about vaping.

> *I do vape, but I'm also fully aware of the health implications and if someone was starting to vape I'd probably tell them not to do it, even though that sounds quite hypocritical. I can see it from a neutral point of view. This* [advertising] *is really dangerous, especially towards a younger generation or someone who is not really educated on vapes*. (18-44M, Eng, C2DE, VapeNonSm)

Some adults and young people felt there was insufficient action to prevent access to illicit vaping products that do not adhere to ingredient or nicotine content regulations:

> *The ones that some of the shops are selling, they're not even verified… there could be absolutely anything in them.* (25+F, Scot, C2DE, Sm).

> *There's always ways to get them, like vapes can't have more than two millilitres of liquid in them, so that's 600 puffs. I've had one that's had 15,000, you can get whatever you want, they're illegal.* (14-16M, Eng, C2DE, Vapes)

## Views on the placement of vapes behind counters, including a display ban and next to tobacco

Many participants reported that most shops already stored vapes behind counters. However, since some shops placed them within the store, participants, mainly adults, were generally favourable towards enforcement of behind-counter storage, with some going further to suggest closed cabinets, in line with tobacco, as preferrable to reduce appeal and accessibility to children and young people. Some believed that storing behind counters would reduce unnecessary temptation to buy vapes, signal that vapes are for adults, and increase likelihood of young people being age verified. Others believed that vape packaging was so colourful and appealing to young people that it should be hidden.

> *Probably good if it was to end up the same as certainly cigarettes were and it's all covered, you don't see it…you wouldn't be…or probably wouldn't be as enticed to go and buy it. But the fact that it is just so easily accessible, they're sitting right in front you, take your pick from hundreds that are just right there and available in basically every shop. So probably be better if it was the same as cigarettes and it's covered, and you can't actually see it*. (18-34M, Scot, C2DE, DualUse)

> *Like, we can mute down cereal for kids, because we don't want to encourage them to eat cereal, but we can't do that with vape packets, where they're dead colourful, attractive, and alluring, and you know, obviously, they want people to pick their product… So, why are these things that are so readily available to especially the youth, like why is that? I'd love to generally just know*. (25+F, Scot, C2DE, Sm)

Reducing temptation for theft and preventing vapes being positioned next to items perceived to have appeal to children and young people, such as sweets, was also important for participants.

> *Personally, I think it's* [behind the counter] *where it should be. It's a nicotine product but that's where it should be compared to some stores… it's another reason it attracts kids… I've seen displays of vapes, especially like your fruit flavoured ones, your bright ones displayed right next to sweetie stands, crisp stands, juice stands. When they're displayed there, it's attracting a younger generation so they should just be behind the till next to the cigarettes, next to the alcohol*. (35+M, Scot, C2DE, VapeExSm)

Behind-counter storage, including placing vapes next to tobacco, was not perceived as problematic for participants who vaped, including those who had never smoked regularly, those who were dual-using, and those who had switched from smoking. Most said that as they were used to asking for vapes from behind a counter, and they were confident in their purchasing choices and decisions, they would not feel tempted to buy cigarettes instead. "*if you go in with a mind that you're getting a vape, you get a vape...*" (35+F, Eng, C2DE, DualUse)

> *I go in and they're next to the cigarettes and I've never had the urge to buy a pack of cigarettes over the vape…. it's a nicotine product so that's where it should be*. (35+M, Scot, C2DE, VapeExSm)

> *I see why someone might say 'oh that puts me off* [buying vapes]*', because it's almost categorising the thing as cigarettes… but someone like myself who doesn't smoke cigarettes and I don't ever want to do that either, I personally see them as two separate things*. (18-44M, Eng, C2DE, VapeNonSm)

Similarly, some young people thought that having vapes next to tobacco may prompt people to choose vapes as an alternative to smoking.

> *I guess it could be like kind of good because I mean vapes although they're not the best they are better than smoking so like if people are going to buy cigarettes and maybe*

*they see vapes and they might switch*. (16-17F, Scot, C2DE, Vapes)

Some participants who smoked, said that vapes' proximity to tobacco could draw them towards vaping, if price differences between vaping and smoking were clearly communicated.

> *If you were going to* [supermarket] *to buy cigarettes, and then you see the vapes, 'oh they're cheaper, I'll maybe try that'… I don't think it's a bad thing… just keep them all in the one place, you know, because it's all smoking, tobacco linked, or whatever, or nicotine linked.* (25+F, Scot, C2DE, Sm)

Other participants who smoked, however, said that this would not tempt them towards vaping, having already experimented with vaping and decided it wasn't for them. Many participants commented on the salience of vapes at the point-of-sale compared with tobacco.

> *I was surprised, because you know, they're* [cigarettes] *behind doors, or shelves in supermarkets now, but they had a huge, both sides of the tobacco thing was all vapes. All different colours, all lovely and bright…* (25+F, Scot, C2DE, Sm)

However, placement next to tobacco was consistently believed to be the appropriate place, "*it's something that you're still inhaling… makes sense they'd be next to each other"* (35+F, Eng, C2DE, DualUse).

> *It makes sense to keep them next to the tobacco considering people have, up until recently, seen them as like a replacement for tobacco if that makes sense*? (25+M, Eng, C2DE, Sm)

While participants were generally in favour of regulation for behind-counter storage, some perceived practical challenges within the retail setting such as lack of space behind the counter, and for a display ban, the inconvenience of opening and closing shutters. Additionally, some said that being unable to easily view flavour and device options may be frustrating, although others thought this would be overcome.

> *I don't think it would make much of a difference apart from you might feel like you're holding up people behind you. You can look from a distance, they're all on display, you can just hold back a little bit and see 'oh do they have the one I want?' Yeah, whereas if you go up to the front, you ask them to lift the thing up, there are people behind you, you're thinking 'what do I want?'…it will be a little bit of an inconvenience but nothing major whatsoever.* (18-34F, Eng, C2DE, VapeExSm)

Those who said they enjoyed browsing products, noted that it could potentially prompt a change in their purchasing habits, from instore to online.

> Participant 1: [Having vapes behind shutters] *would put me off trying to buy it. Then I'd have to say, 'I don't know which one I want, can you open it?' Then I'd feel all eyes are on me while I'm having to rush and make a decision. I'd then tend to look online where I could just look at my leisure.*
>
> Participant 2: *That is actually quite true to be fair. A lot of the time when I go to a vape shop, especially if it's somewhere I don't go to super-often, I obviously want to stand there and browse and see if they have any flavours that I like. If they don't, are there other ones that I'd want to do?... if it was behind a thing, I think that might be a little bit of a deterrent, because I wouldn't want to hold the queue up by having to stand there and look*. (18-44M, Eng, C2DE, VapeNonSm)

## Views on increased pricing

Some focus group participants reported that they had seen a recent decrease in the price of vapes, believed to be due, in part, to retailers offering deals to reduce stock in anticipation of a disposables ban, or that generally vapes had become 'cheaper' over time. However, the overall expectation across young people and adults was that the price of vapes would increase in the future, as was seen with tobacco, "*it's going to go the same way as cigarettes… cigarettes are generally very cheap until the government get involved and tax them*" (18-34M, Scot, C2DE, DualUse).

> *I wouldn't be surprised if they were going to start increasing in price… I feel like I have seen them getting cheaper and cheaper, so I can't imagine them getting any cheaper, but I don't know how much they would want to increase it because I feel that part of the reason that more people are getting into it is also because of how cheap it is too*. (18-44M, Eng, C2DE, VapeNonSm)

Adults believed that low prices made vapes too accessible for children and young people. Some perceived that the purpose of a potential price increase would be to discourage people from vaping. Others felt that taxing vapes was a way for government to make money, especially since fewer people were buying cigarettes and generating less revenue from taxes, than in the past.

> *It's a revenue because they're not getting the people quitting smoking, the government aren't getting revenue for that, so they'll look at other avenues of getting some of that revenue back*. (35+M, Scot, C2DE, VapeExSm)

Overall, a price increase was thought to be 'bad' for people who currently vape but better for 'society' in general, "*it's good for the general society but maybe bad for me personally, who's buying them"* (18-34M, Scot, C2DE, DualUse). Many participants who vaped felt that a price increase was inevitable, and that they would simply have to accept it or decide to alter their use of vapes, "*there's nothing you can really do about it, you just have to deal with it"* (14-15M, Scot, ABC1, Vapes).

The extent of price increases, alongside vaping addiction, was considered important for how it would impact purchase and use. Some believed that increasing prices would reduce affordability and subsequent use. Young people, those on low incomes and those most addicted to vaping were thought most likely to be affected. Some participants felt that these groups would probably look to use cheaper alternatives, such as other types of nicotine products, rather than stopping vaping altogether. Other participants said that personally they would aim to stop vaping if prices increased, although this would likely be limited by addiction.

> *If* [prices] *did go up it would encourage me to stop sooner because it's just more money for the same thing at the end of the day… I can remember buying cigarettes and it was 75 pence for 20 and then you thought 'well as soon as this goes up to a pound that's me, I'm going to chuck it', but you don't because you're an addict to the drug. It's the same with the vape*. (35+M, Scot, C2DE, VapeExSm)

> *…it probably would deter me* [from vaping] *a bit. My vapes when I was buying them from the corner shop were a fiver each and if I was spending a tenner each, that would probably put me off… I think an increase in price would definitely have a decrease in how much I purchase them*. (18-44M, Eng, C2DE, VapeNonSm)

Participants discussed possible strategies they would employ in the event of future price increases. These included switching to alternative, more cost-effective, vaping devices and products, and plans to 'stock up' on devices ahead of planned price increase.

Participant 1: *I'd heard that the price of vapes were increasing…Me and my friend made a joke of 'oh gosh we're going to have to stock up before the prices increase…'* [but] *obviously it would save me a lot of money and I could just switch to my* [rechargeable] *device fully.*

Participant 2: *I'd second guess buying disposables, I would think 'do I really need it when I've got my refillable one?'…*

Participant 3: *I'm sure I'd just find something else to be honest with you, I mean like if you look at it we've had cigarettes, then we've had vapes and then we've got all these people with the snuff whatever.*

(18-34F, Eng, C2DE, VapeExSm)

Some participants who smoked believed vapes should be taxed in line with cigarettes. These participants believed vapes may be as harmful as cigarettes, and that whilst other measures were not in place to reduce the appeal of vapes to children, price increases were seen as a good policy option to deter youth purchasing. Other participants, primarily those who vaped who had switched from smoking, perceived a disconnect between the message that vaping is better for health than smoking and can be a cessation tool, and the idea of increased pricing.

> *I would not be too happy about it to be honest with you because we'd be asking 'why?' We know why, because they need to get the money fae somewhere that they're no' getting from cigarettes. They're actively encouraging people to quit smoking and then probably going to then tax you for using something that helps you quit smoking*. (35+M, Scot, C2DE, VapeExSm)

# 5. Discussion

This UK-wide study aimed to explore how accessible vapes are to young people and adults, the factors that increase accessibility under the legal age of sale, and how this varies by level of deprivation. This section first provides a summary of the main findings in line with the six research questions (RQ), followed by the strengths and limitations of the study.

## 5.1 Summary of key findings

### RQ1: In what kind of shops or on which websites do young people and adults buy vapes?

Among adults who had vaped in the past 12 months, purchase was mainly from physical stores rather than online. Vapes were most commonly purchased from corner shops/newsagents, followed by supermarkets, specialist vape shops, and grocery/convenience stores. This follows the general increasing trend for adults in England to purchase vapes from non-specialist rather than specialist vape shops.[22] The main online source was websites/apps for specialist vape stores. A small proportion ordered from general websites/apps. There was very limited purchase via supermarket websites/apps and grocery/takeaway delivery services. Social media did not feature as a main source of vapes among adults. Adults' main source of vapes varied depending on main type of device used and vaping and/or smoking behaviour.

Young people who had vaped in the past 12 months and purchased their own vapes, also mainly purchased vapes from physical stores, most commonly corner shops/newsagents. Less common sources were specialist vape shops, supermarkets and grocery/convenience stores. This reflects similar patterns for in-person purchase found among young people aged 11-17 years across Great Britan.[23] For the small proportion of young people who purchased vapes online, the most common source was websites/apps for specialist vape stores. A very small proportion ordered from grocery/takeaway delivery services and general websites/apps. There was very limited indication that supermarket websites/apps and social media were main sources used by young people. Although few young people reported accessing vapes via social media in the survey, the focus groups highlighted young people's knowledge around the potential for access this way, and is similar to another recent qualitative study with an older age group (young people aged 16-20 years), where a few had purchased vapes on social media.[39]

### RQ2: What factors increase accessibility under the legal age of sale?

The survey findings suggest it was easy for young people to access vapes, particularly through informal sources. Ease of access to vapes among young people in the UK has been similarly highlighted in other studies.[27,39] Fifty-nine percent of young people aged 11 to17 years who had vaped in the past 12 months had been given them by someone they know. Access in the retail environment was also evident (see RQ1 above). There was some lack of knowledge on the minimum age for people to legally buy nicotine-containing vapes. In the survey, only 44% of all adults, and just over half (55%) of all young people, correctly responded that it was 18 years and over. Among the young people who had tried or succeeded in buying vapes from a shop, just over half (58%) had been asked for proof of age at some time.

Both the survey and focus groups findings showed that young people believed it was easier buying vapes through corner shops/newsagents than specialist vape shops and supermarkets.

While other studies have reported underage purchase in corner shops,[23,39] the insight into purchase decision-making and transaction processes reported by the young people in the focus groups is, to our knowledge, particularly novel. Young people that vaped reported it was easy to know which retailers would sell to people underage. Knowledge on where to purchase vapes was shared among peers. The shop itself, for example, a shop that looked less 'professional', not part of a franchise and that had brightly coloured external signage promoting vapes, communicated to young people that they may be able to purchase vapes there. Young people believed retailers were more likely to sell them vapes if they were the only customer in the shop. Young people also reported specific retailer behaviours, which were employed to facilitate sale to people underage without them being caught.

Retail marketing practices, particularly shop window displays and posters, also facilitated accessibility to young people by sending a message that the product was for them. In the survey, young people were more likely than adults to notice vapes displayed in a shop window, often or very often pay close attention to displays, and express positive views about window displays of vapes. In the focus groups, young people highlighted that brightly coloured window displays and posters were eye-catching and enticing. This extends previous research which has focused on the visibility and 'ubiquitous' nature of in-store point-of-sale vapes displays in cities in England,[40] by highlighting the importance of the shop window as a vehicle for communicating the normalisation of vaping to young people.

Price was indicative of accessibility among some young people but not others. Just under half (46%) of 11 to17 year olds who had vaped in the last 12 months reported that it was very or quite easy to afford to buy vapes. However, more than a fifth (22%) indicated that it was very or quite difficult for them to afford vapes. In the focus groups, many described that price was a key concern among people their age, as has been found in other qualitative studies where it has been linked with influencing use among young people.[27,39] Young people had strategies to make vaping more affordable, such as buying devices which offered better value-for-money, taking advantage of price promotions, or sharing vapes with friends.

## RQ3: Is there an association between accessibility and areas of deprivation?

The survey looked at the prevalence of vaping and smoking among adults and young people by area of deprivation using IMD quintiles (IMD quintile 1 = most deprived, IMD quintile 5 = least deprived). The survey found only limited differences in terms of accessibility measures. The survey of young people found that those from the most deprived areas (IMD quintiles 1-3) were more likely than those from the least deprived areas (IMD quintiles 4 and 5) to have attempted to purchase vapes. For example, 12% of young people from IMD quintile 1 had attempted to purchase vapes compared with 3% of young people in the least deprived quintile. Adults living in the most deprived areas were the group most likely to use corner shops for the purchase of their vapes, with 23% doing so. There were no differences by level of deprivation in the perceived affordability of vapes among adults or young people. Adults' support for policy measures did not differ by level of deprivation.

## RQ4: How can the legal age of sale of vapes be better enforced whilst maintaining accessibility for adults who smoke?

While we did not specifically explore understanding of age-of-sale rules among retailers, among the adult general population there is much uncertainty about the minimum legal age. It is possible that lack of understanding makes the supply of vapes to young people more likely, both within and outside a retail context, for example, through informal sources. Different rules around

nicotine and non-nicotine containing vapes may also exacerbate uncertainty around what can legally be sold to young people.

The focus group narratives highlighted that both young people and adults believed that some retail marketing practices, such as shop window displays and posters, were targeted at and communicating with young people rather than adults who vape and/or smoke. Vapes placed behind the counter and next to tobacco communicated an age-restricted product to young people. Among adults who vaped and/or smoked, this was the expected and appropriate place for vapes in the retail environment. While having vapes placed behind the counter makes it potentially more difficult for young people to access them, most adults who vaped and/or smoked did not believe this would be problematic for them. Adults who vaped were generally in favour of behind-counter storage, with some suggesting that a display ban would be preferable, to protect young people. Previous research evaluating the UK tobacco point-of-sale ban found that the ban decreased tobacco products' appeal and denormalised smoking among adolescents across the UK.[41] Other studies have demonstrated that for vapes, their availability in retailers, and how they are positioned and displayed in-store, are key to increasing appeal among young people.[9,42]

In the focus groups, adults expressed concern over the sale of vapes to young people under the age-of-sale. Some types of shop were viewed as inappropriate outlets for vapes because they do not sell items perceived as similar (i.e. tobacco) and they do not routinely ask customers to verify age. In the survey, adults were asked for their opinion about which, if any, retail outlets should be allowed to sell vapes. There was good endorsement among people who currently vaped and/or smoked for the sale of vapes in specialist vape shops and supermarkets. A previous qualitative study with adults in England who had used vapes in a quit attempt highlighted the positive role specialist vape shop staff can have in supporting customers' quit attempts.[43] Although, similar to our focus groups finding, some found the specialist vape shop environment intimidating (see RQ5 below). Just over half the adults who vaped and/or smoked also believed that vapes should be sold in grocery/convenience stores and corner shops/newsagents. Less than one in five adults who vape and/or smoke believed vapes should be sold via grocery/takeaway delivery services or from mobile phone/tech repair shops and dessert/candy/slushie shops, among others.

## RQ5: What aspects of the retail environment facilitate accessibility?

For adults, the survey found that the most important features of the retail environment for purchasing vapes were (in order of importance): being able to see the range of vapes/vaping products available; price; an easy process for buying/ordering; trustworthy shop/retailer, being able to see the price clearly before buying; a hassle-free service; and a convenient location. The focus groups highlighted that some adults who vape enjoyed browsing products and flavours, while others tended to choose the same device and/or flavour and always knew what they wanted to buy before entering the shop. While the majority (55%) of all adults who had vaped in the past 12 months said that it was very or quite easy for them to afford vapes, others found it difficult to afford. A fifth (20%) of adults living in the most deprived areas indicated that vapes were difficult to afford. Focus group participants highlighted that the availability of price offers, promotions and loyalty schemes made vaping more affordable. Survey questions around these features of the vapes retail environment were developed specifically for this study and to our knowledge have not been researched elsewhere.

Many adult focus group participants believed that the number and/or types of shops selling vapes could be reduced without affecting accessibility. Adults were generally supportive of the idea of reducing the number of vape retailers. This was closely linked to strong disapproval of retailers selling vapes to young people under the legal age of sale. While previous research has

found associations between tobacco outlet density with young people smoking,[44] further evidence in needed on whether the number of vape retailers in the UK, particularly in proximity to schools, is associated with young people vaping.[45,46] While certain retail outlets were deemed important sources of vapes for adults, others were thought unnecessary, for example, dessert/candy/slushie shops and hairdressers/barbers.

The focus group discussions highlighted that some retail marketing practices were working against accessibility for adults. Brightly coloured and large window displays and posters communicated to adults that vaping was being targeted towards children and young people. This was a perceived change in the vaping market and moved the product image away from its intended purpose as a smoking cessation tool in the minds of some people who may benefit from switching to vaping, such as people who smoke who want to stop smoking, and those dual-using. Participants highlighted that clearly communicating the lower cost of vaping compared with the high cost of smoking at the point-of-sale, was important to attract people who smoke away from tobacco and towards vaping. Narratives also indicated that greater awareness of vapes being sold in chemists and pharmacies may help potential users to view vaping, and the relative safety of products, more positively. Although it is important to note that in the focus groups, participants struggled with the concept of the chemist/pharmacy as a source of vapes, as this did not align with their views around potential health risks of vaping. Other barriers to access were evident in some participants' accounts of specialist vape shops. While some were positive about helpful and knowledgeable staff, the availability of cheaper and higher quality products, and access to loyalty schemes, promotional offers and discounts, others felt that going into a specialist vape shop was daunting, they were judged on their choice of device, or they would be pushed into buying additional or more expensive products.

For young people who bought vapes themselves, the survey found that the most important features of the retail environment for purchasing vapes were (in order of importance): having an easy process for buying or ordering; price; being able to see the price clearly before purchasing; range of flavours; and hassle-free service. Further discussion on aspects of the retail environment which facilitate accessibility for young people are presented under RQ2.

## RQ6: What are young people's and adults' views and experiences of proxy purchasing?

Across the UK, it is an offence for a person aged 18 or over to knowingly buy or attempt to buy a nicotine-containing vaping product on behalf of a person under the age of 18 (proxy purchasing). The survey findings indicate a substantial level of proxy purchasing. While a substantial level of proxy purchasing has been indicated in other surveys with young people,[9] this study provides greater insight into these processes. Among young people aged 11 to 17 years who had vaped in the past 12 months, 28% had bought them from someone they know and 23% had asked someone to buy vapes for them. Proxy purchasing was also evident when young people grouped together to buy vapes. Eighteen percent of those who had vaped in the past 12 months had grouped together with others and got someone in the group to go into a shop to buy vapes for them. Ten percent had grouped together with others and asked someone else e.g. a passer-by, to go into a shop and buy vapes for them.

Young people taking part in the focus group discussions described their strategies for asking passers-by to purchase vapes for them. Visual cues such as someone's age and how they were dressed enabled young people to assess the likelihood of someone carrying out the request. Young people spoke of some parents supplying vapes such as reusable devices and e-liquid, either because they didn't mind their young person vaping, or because they were concerned about potential for harm from disposable devices.

## 5.2 Study strengths and limitations

For WP1, the survey element of the study, limitations include that while a large sample was successfully recruited, it is not a true probability sample. However, sampling weights were derived so that the weighted descriptive statistics reported are representative of the UK population. The logistic regression analyses also present associations that have been adjusted for a range of sociodemographic factors. While the sample is large it is a limitation that it was not sufficiently large to enable the analyses to look separately at those who currently vape and have never smoked and those who currently vape and have smoked in the past. The survey design involved PPI input and cognitive testing of novel questions. This process increases our confidence in the robustness of the findings. However, despite this process there was evidence of some interpersonal variation in how the terminology around store types was interpreted by respondents. The PPI input strengthened the language employed for these sections, but it was not possible to fully eliminate uncertainty about what constituted a grocery/convenience store for example, relative to a corner shop/newsagent. This study relies on self-report data which may be subject to social desirability and recall bias. Recruitment of young people below the age of 16 was through a parent on the YouGov panel. For these young people, surveys are likely to have been completed in the home and we cannot guarantee that young people had the privacy to disclose their real opinions and experiences.

The strengths of WP1 include that it is a large UK wide sample of both adults and young people and has boosted samples in Northern Ireland, Scotland and Wales. There is also much consistency of measures between the adult and young people surveys to enable direct comparison of responses between these two groups. There was thorough PPI and development work to ensure the questions were comprehensible and relevant to respondents and the survey responses reflect what we want to know. In addition, the survey contains questions that allow us to break down results by different smoking and vaping characteristics and different types of devices.

For WP2, the focus group study, there was a relatively small group of individuals participating. Their views may not be representative of the wider population, although generalisability is not the intention of qualitative studies. It is possible that some participants may have given socially desirable responses during the discussions; however, the researchers were careful to use open and balanced questioning which minimises this possibility. To facilitate recruitment, some of the adult age groupings were broader than we would have liked (e.g. 18-44; 25+), however, this was necessary to reach the different groups of interest and did not appear to hinder discussions. In the young people groups it was not always possible to determine whether they were purchasing nicotine or non-nicotine containing vapes, however, discussions mostly implied they were purchasing vapes with nicotine. A key strength of WP2 was purposively recruiting the sample according to key demographics, particularly for the different vaping and/or smoking behaviour groups. Shared experiences facilitated group dynamics and participants freely expressed and discussed their thoughts and experiences. Conducting the young people focus groups in-person in a confidential and private setting was key to their open and honest discussions.

A final strength of the study is how the quantitative and qualitative sections complement each other. The quantitative and qualitative data was analysed closely together, adding robustness and depth to the findings. The results from the survey show the experience of a large group of people and the qualitative findings provide additional meaning and context for the findings emerging from the quantitative analysis.

# 6. Policy implications

*Written by Kerry Pearson in Cancer Research UK's Prevention Policy Team*

To tackle youth vaping, there are a range of measures being introduced across the UK, including measures in the Tobacco and Vapes Bill, a new duty on vaping liquid, and a ban on disposable vapes. However, as smoking remains the biggest cause of cancer and death in the UK[i] [ii], there is an important balance to be struck with these pieces of legislation: to reduce youth uptake of vapes while ensuring that vapes remain available to adults who smoke and want to quit.

Many of the findings within this report are directly relevant to establishing an appropriate balance between these two aims; and can be used by policymakers to help inform the specifics of the forthcoming regulation and powers. The findings also indicate wide support for the upcoming regulations.

To facilitate that process, it is helpful to consider what the findings of this report imply within five key policy areas:

1. Factors that affect the appeal of vapes
    - Placement and visibility *inside* shops (packaging and displays)
    - Promotion and visibility outside shops (posters and window displays)
    - Flavours
2. Type of products on sale
3. Awareness of legal age of sale of vapes
4. Price and affordability of vapes
5. Retail availability

## 1. Factors that affect the appeal of vapes

Findings within the report show that vapes are appealing, but not necessarily to the right audience. This can partly be attributed to their **packaging, display and flavour**.

### Vape placement and visibility inside shops (packaging and displays)

In the UK, there are currently no regulations on the display of vapes in shops – which means they can be sold in very prominent locations and in shops appealing to children. The UK Government's Tobacco and Vapes Bill would give powers to the Secretary of State to make changes to this.

Within this report, it was widely felt that selling vapes next to products (like confectionery and soft drinks) that appeal to children is unacceptable, and that as vapes are an age-restricted product, they should be behind the counter. Placing vapes behind the counter had more of an impact on young people than adults, as the former were more likely to think that the products were not meant for them.

Given this, placing vapes behind the counter could be a helpful way to send the message to young people that these products are not intended for them, reducing the likelihood of them trying to buy vapes. Some people also suggested that having vapes next to tobacco may prompt people to choose vapes as an alternative to tobacco, especially if the price differences were displayed.

However, the report also indicated that adults who smoke value an 'easy process' when buying vapes; part of this was being able to see the full range of products. Thus, placing vapes behind the counter or completely concealing them could be a barrier to access. For those who already find the in-person purchasing process stressful or feel intimidated in specialist shops, having to

ask to see products could put them off further.

**If changes are made to the packaging and appearance of vapes - including through powers acquired from the Tobacco and Vapes Bill - then placing vapes behind the counter, but keeping them on display, could be a good compromise**. This would keep the visual prompt for adults who smoke and want to try a less harmful alternative. At the same time, it would help send the message to young people that they are age-restricted products that are not meant for them.

### Vape promotion and visibility outside shops (posters and window displays)

It is clear that posters and window displays are not appealing to the audience that they should be (adults who smoke) but are appealing to the audience they should not be (children). Young people surveyed in this report were able to recall vape posters with bright colours and a range of products and flavours; adults felt that posters did not focus on harm reduction or cessation, and they did not identify with them.

**Any government action to reduce the appeal of vapes to young people should consider the role of marketing on the exterior of shops, or promotional displays visible from the outside of shops.**

### Flavours

Findings within this report revealed that flavours were an important factor in the appeal of vapes to young people, and it follows that more needs to be done to ensure flavours are not used to appeal to young people.

However, given that adult participants also find it helpful to see the flavours and a range of products available, **it is important that any policy restricting flavours strikes a balance between dissuading uptake in young people and maintaining appeal to those who smoke and could switch to vapes. For example, changing the way vape flavours are described, rather than restricting the flavours, could help.**

## 2. Type of products on sale

The appeal of vapes is also related to the type of products available and which people choose to buy, such as disposable vapes.

The UK Government is banning disposables (from 1 June 2025), to help reduce environmental harm and youth vaping.[iii] But findings of this report imply that there could be unintended consequences of this ban; disposables were the most popular product type among adults who vape.

To mitigate against people relapsing into smoking or being deterred from quitting smoking, **rechargeable products should remain affordable and accessible to adults who smoke and want to quit.**

## 3. Awareness and enforcement of the legal age of sale of vapes

There is low public awareness that it is illegal to sell nicotine vape products to people under-18 in the UK. This report did not explore the understanding of age of sale laws among retailers, so it is not clear if this poor knowledge is replicated in this group. However, given that young people in this report are not struggling to access vapes, and that retailers reportedly have strategies to avoid getting caught selling to children, this suggests that some retailers are aware of the law

but still sell to young people. However, we cannot be certain from this research if retailers were selling non-nicotine vapes to under-age people (which currently is not illegal).

**Action must be taken to increase the awareness and visibility of the legal age of sale for vapes; government mass media campaigns could help with this. It should also be made clear in shops where products are sold.**

**The Tobacco and Vapes Bill could help solve some of these issues. It would help prevent illegal sales by introducing new fixed penalties for retailers that sell vapes to underage people; it will ban the sale of non-nicotine vapes to under-18s; it will enable the Secretary of State to create a licensing scheme for tobacco, vape, and nicotine product retailers.** There may be conditions attached to the scheme, and licenses could be revoked for retailers that sell to underage people. **All these measures will need to be underpinned by sufficient funding and capacity for enforcement.**

## 4. Price and affordability

This report highlights how price and affordability (of both vapes and tobacco) play a key role in the accessibility and appeal of vapes.

For young people, the price of vapes is an important factor in their decision to buy vapes, and many young people currently view these products as affordable. We can therefore assume that a policy increasing the price of vapes is likely to make vaping less appealing to young people and potentially reduce their rates of vaping (particularly initiation as they might not be able to afford to 'try' a vape).

However, price was also an important factor in adults' decision to buy**. It is necessary to strike a balance between making vapes less affordable to young people; while ensuring they are available and affordable to those who smoke and want to quit.**

With a fifth of adults living in the most deprived areas indicating that vapes were difficult to afford, **socioeconomic inequalities should be a key consideration in any tax increases or vaping policy changes. It will be important to consider this within, and monitor the impact of, the UK Government's new duty on vaping liquids.** There is a risk otherwise that increasing the price of vapes too much could push people back to tobacco or deter people from buying a vape to quit smoking. This could worsen health inequalities.[iv]

Adults within this study who had previously smoked believed that vapes were still more affordable than tobacco. **That difference between the price of vapes and tobacco can act as incentive for people who smoke to quit and try a far less harmful, and more affordable alternative. It seems advantageous for smoking cessation efforts for the Government to maintain this price differential.**

It is therefore important that going forward, if the UK Government increases the price of vapes to prevent young people from accessing them, they must maintain the price differential for tobacco to ensure vapes remain more affordable than tobacco. This could help strike the balance between preventing appeal of vapes to young people, while maintaining the incentive for adults who smoke to quit.

## 5. Retail availability

The retail environment is an important factor in the accessibility of vapes. This includes the **quantity** (how many shops sell vapes), the **density** (how close vape shops are together), the **proximity** (how close vape shops are to places that young people are), and the **type** of retailer that sells vapes.

The findings of this report show that there is currently relatively easy retail access of vapes for

young people.

### Quantity and density

Adults surveyed within the report were in favour of a policy to reduce the number and type of retailers selling vapes, believing this could potentially help to limit access to vapes for young people. These findings imply support for the **power within the Tobacco and Vapes Bill to create a licensing scheme which could include conditions and provisions to limit the number of licensed premises. As the biggest killer in the UK, tobacco should remain the key priority within this scheme. It is essential that anywhere tobacco is sold, vapes are also available.**

### Type and proximity

When assessing the desired quantity of retailers selling vapes (and tobacco), it is important to consider the *type* of stores that can sell these products. For example, reducing the number of retailers that sell youth-friendly (and non-age-restricted) products and that are located near schools could help reduce youth access.

However, the report reveals that there is an overlap in the type of shops that adults and young people buy vapes from. There is a risk that reducing the number of vape retailers, (with the intended effect of reducing youth access), could have a negative impact on people who smoke and want to quit but would have limited access to and choice of vape retailers.

Not all retail outlets are popular with people who buy vapes; and vape buyers have different preferences. There is a risk that if vape sales were limited to only supermarkets, specialist vape shops, and chemists, for example, this could limit some adults who smoke from buying vapes. **Any interventions should consider the different retail preferences for adults who smoke. If action is taken, there should be a careful balance between reducing the visibility of vapes, and access for young people, without fully closing off access for adults.**

The findings indicate that there is a lack of awareness that pharmacies sell vapes. They also show that some people believe vapes should not be sold in pharmacies as they viewed them as a harmful product. **This suggests that misperceptions of relative harm of smoking versus vaping need to be countered, so that people are aware vapes are an effective smoking cessation tool.**

**CRUK's wider position on vapes**

Evidence so far shows that legal vapes are far less harmful than smoking and can help people quit smoking.[v] [vi] [vii] Vapes provide a valuable opportunity to help people who smoke to stop, which can reduce their risk of cancer and other tobacco-related diseases. We know that they are a popular tool for people in all socioeconomic groups and should continue to be available to people who use them to quit smoking.[viii] [ix]

But vapes are a relatively new product, their long-term impacts are unknown, and they cannot be considered risk-free. They shouldn't be used by young people and those who have never smoked.

CRUK supports action being taken by the UK Government (in the Tobacco and Vapes Bill) to reduce the likelihood of vapes falling into the hands of children. But

it is important that through clamping down on youth vaping, the Government does not also create unnecessary barriers for those who smoke and want to quit. This balance will require holistic policies.

Legislation should be careful to not worsen harm misperceptions for vaping. Restrictions should not send the message that vapes are as or more harmful than tobacco, as this could deter people who smoke from quitting with a vape.

# Appendices

## Appendix 1 Sample tables

**Table A1: WP1 Adults and young people surveys sample characteristics**

| | Adult Survey | | | | Young People Survey | | | |
|---|---|---|---|---|---|---|---|---|
| | Unweighted | | Weighted | | Unweighted | | Weighted | |
| | % | n | % | n | % | n | % | n |
| **All** | **100** | **2185** | **100** | **2185** | **100** | **2372** | **100** | **2372** |
| **Age** | | | | | | | | |
| 11-15 | - | - | - | - | 74% | 1749 | 73% | 1732 |
| 16-17 | - | - | - | - | 26% | 623 | 27% | 640 |
| 18-24 | 11% | 235 | 11% | 240 | - | - | - | - |
| 25-34 | 17% | 373 | 17% | 369 | - | - | - | - |
| 35-44 | 17% | 380 | 18% | 384 | - | - | - | - |
| 45-54 | 14% | 305 | 14% | 314 | - | - | - | - |
| 55-64 | 16% | 343 | 16% | 340 | - | - | - | - |
| 65+ | 25% | 549 | 25% | 536 | - | - | - | - |
| Mean age (SD) | 48.5 | 17.7 | 48.3 | 17.7 | 14.1 | 1.89 | 13.9 | 2.0 |
| **Gender** | | | | | | | | |
| Male | 49% | 1070 | 50% | 1082 | 50% | 1196 | 51% | 1210 |
| Female | 51% | 1115 | 50% | 1103 | 50% | 1176 | 49% | 1162 |
| **Country [a]** | | | | | | | | |
| England | 58% | 1273 | 84% | 1835 | 55% | 1316 | 84% | 1992 |
| Wales | 14% | 307 | 5% | 109 | 17% | 412 | 5% | 119 |
| Scotland | 14% | 301 | 8% | 175 | 15% | 367 | 8% | 190 |
| Northern Ireland | 14% | 304 | 3% | 66 | 12% | 277 | 3% | 71 |
| **Social Grade** | | | | | | | | |
| AB | 28% | 610 | 28% | 612 | 49 | 1172 | 50% | 1185 |
| C1 | 29% | 636 | 29% | 634 | 22 | 518 | 22% | 510 |
| C2 | 21% | 456 | 21% | 459 | 15 | 365 | 15% | 351 |
| DE | 22% | 483 | 22% | 481 | 13 | 313 | 14% | 324 |
| **Area Level Deprivation (IMD quintiles) [b]** | | | | | | | | |
| Most Deprived - 1 | 18% | 391 | 18% | 386 | 16 | 372 | 17% | 399 |
| 2 | 19% | 409 | 19% | 413 | 18 | 428 | 18% | 418 |
| 3 | 20% | 426 | 20% | 431 | 18 | 432 | 18% | 428 |
| 4 | 21% | 469 | 23% | 502 | 21 | 486 | 22% | 512 |
| Least Deprived - 5 | 22% | 488 | 21% | 451 | 28 | 652 | 26% | 614 |
| **Vaping Status** | | | | | | | | |
| Never Vaped | 71% | 1557 | 71% | 1559 | 79% | 1877 | 80% | 1897 |
| Ever Vaped | 29% | 628 | 29% | 626 | 21% | 495 | 20% | 475 |
| Currently Vape | 13% | 287 | 13% | 287 | 8% | 184 | 7% | 171 |
| **Smoking Status [c]** | | | | | | | | |
| Never Smoked | 58% | 1262 | 58% | 1260 | 87% | 2043 | 87% | 2044 |
| Ever Smoked | 42% | 922 | 42% | 923 | 13% | 315 | 13% | 315 |
| Currently Smoke | 12% | 267 | 13% | 277 | 4% | 101 | 4% | 104 |

[a] Samples in Wales, Scotland and Northern Ireland were boosted – weighting adjusts to population distribution within the UK; [b] missing cases (n=2, Adults; n=2, Young People); [c] missing cases (n=2, Adults; n=14, Young People

**Table A2: Focus groups sample composition**

| Group | n | Country | Age | Gender | Social Grade* | Vaping Status |
|---|---|---|---|---|---|---|
| **Young people (in-person)** | | | | | | |
| 1 | 8 | England | 14-16 | Female | ABC1 | Currently vapes** |
| 2 | 7 | England | 14-16 | Male | C2DE | Currently vapes |
| 3 | 6 | Scotland | 14-15 | Male | ABC1 | Currently vapes |
| 4 | 6 | Scotland | 16-17 | Female | C2DE | Currently vapes |
| **N =** | **27** | | | | | |
| **Adults (online)** | | | | | | |
| 5 | 3 | England | 18-34 | Female | C2DE | Adults who currently vape and have quit smoking in the last 5 years |
| 6 | 3 | England | 18-44 | Male | C2DE | Adults who currently vape and have never smoked regularly |
| 7 | 5 | England | 35+ | Female | C2DE | Adults who currently vape and smoke (dual using) |
| 8 | 6 | England | 25+ | Male | C2DE | Adults who currently smoke who would like to quit in the next 12 months, and do not currently vape |
| 9 | 5 | Scotland | 35+ | Male | C2DE | Adults who currently vape and have quit smoking in the last 5 years |
| 10 | 5 | Scotland | 18-44 | Female | C2DE | Adults who currently vape and have never smoked regularly |
| 11 | 3 | Scotland | 18-34 | Male | C2DE | Adults who currently vape and smoke (dual using) |
| 12 | 6 | Scotland | 25+ | Female | C2DE | Adults who currently smoke who would like to quit in the next 12 months, and do not currently vape |
| **N =** | **36** | | | | | |

*Standard classifications used: AB (Higher & intermediate managerial, administrative, professional occupations); C1 (Supervisory, clerical & junior managerial, administrative, professional occupations); C2 (Skilled manual workers); D (Semi-skilled and unskilled manual workers); E (State pensioners, casual and lowest grade workers, unemployed with state benefits only). **Currently vapes defined as 'use vapes as least once a month'.

# Appendix 2 Survey questions and responses

## Questions on vaping and smoking behaviour (report Section 4.1)

### Vaping status

To ensure consistent and unambiguous respondent understanding of vapes among adults and young people, a short explanation was given at the beginning of the questionnaire. To ensure survey respondents took the time to read this explanation they were asked to indicate if they had ever heard of vapes. All respondents were then given a further short description along with a visual image, to clearly convey what was meant by vapes (Figure A2.1).

**Figure A2.1: Description of vapes**


Vaping status in adults and young people was established using the following question:

"*Which of these best describes whether or not you have ever used or tried vapes?"* Six response options were given from which they could select one *(1) I have never used vapes; (2) I have only ever tried vapes once or twice; (3) I have used vapes in the past, but I never use them now; (4) I occasionally use vapes (less than once a month); (5) I use vapes at least once a month; (6) I use vapes at least once a week*.

Responses to the above question were used to establish whether survey respondents had never vaped, ever vaped, currently vaped, and regularly vaped. Those who answered 1 to the above question were classed as 'never vaped' while those who answered responses 2, 3, 4, 5 or 6 were classed as 'ever vaped'. Those classed as 'currently vape' answered responses 4, 5 or 6. Regular (monthly) people who vape answered responses 5 or 6 while regular (weekly)

people who vape answered response 6.

**Vaped in the past 12 months**

Adults and young people who had ever vaped were asked: *"When did you last try or use a vape, even if it was just a puff or two?" There were eight response options from which they could select one. (1) Today; (2) Yesterday; (3) In the last week; (4) In the last 4 weeks/month; (5) In the last 6 months; (6) In the last 12 months; (7) More than 12 months ago; (8) Not sure*.

**Main type of vape used**

Adults and young people who had vaped in the past 12 months were asked: *"Thinking about the vapes you have used in the PAST 12 MONTHS, which of the following best describes the type(s) of vape(s) you have used in the PAST 12 MONTHS?" Respondents could select multiple options from (1) A disposable vape; (2) Rechargeable with replaceable pre-filled cartridges/pods; (3) Rechargeable with tank that gets filled with e-liquid.* The options included an image to illustrate what these products look like. Additionally, response categories of "*None of the above*" and "*Not applicable*" were offered.

Respondents who had used multiple vape types were also asked: "Which of the following best describes the type of vape you have used MOST OFTEN in the PAST 12 MONTHS? Respondents could select one option from *(1) A disposable vape; (2) Rechargeable with replaceable pre-filled cartridges/pods; (3) Rechargeable with tank that gets filled with e-liquid; (4) Not sure; (5) Not applicable.*

**Social vaping**

The social context of vaping was assessed using two questions. The first asked adults and young people who had vaped in the past 12 months about situations in which they had vaped: "*In which, if any, of the following situations have you vaped in the PAST 12 MONTHS?*" Five response categories were given from which they could select multiple responses: *(1) At home (including garden/outside); (2) At school/college/university (including outside); (3) At work (including outside); (4) Travelling to and from places by car or public transport; (5) At parties / nights out / social occasions etc (including outside)*. Additionally, response categories of "*None of the above*" and "*Not sure*" were offered. The second question asked: "*Thinking about the past 12 months, which of the following best describes whether you've been vaping on your own or with others?*" with four response categories: (1) *Mainly vaping with others; (2) Equal mix of sometimes alone and sometimes with others; (3) Mainly vaping alone*; and (4) "*Not sure*".

Those who indicated only vaping at *parties / nights out / social occasions etc (including outside)* and *mainly vaping with others* were classed as 'social vapers'.

**Susceptibility to vape**

A measure of susceptibility to vape, defined as the absence of a firm decision not to vape, was derived for young people who had never vaped. Susceptibility was measured across three items. The first two items were *"If one of your friends offered you a vape, would you use it?" and "Do you think you will try or use a vape at any time during the next year?"* The response option for these questions were *(1) Definitely not; (2) Probably not; (3) Probably yes; (4) Definitely yes; (5) Not sure.* The third question was *"Which of these best describes whether or not you think you will be using vapes when you are 18 years old?"* for which the response options were *(1) When I'm 18, I definitely will not be using vapes (2) When I'm 18, I probably will not be using vapes (3) When I'm 18, I probably will be using vapes (4) When I'm 18, I definitely will be using vapes; (5) Not sure.* People who never vaped were classed as non-susceptible if they responded "definitely not" across all three items and classed as "susceptible" if their response was anything other than "definitely not" to any of the three items.

### Smoking status

Adults and young people were introduced to the topic of combustible cigarette smoking with the text "Now we would like to ask some questions about cigarette smoking. By cigarette smoking we mean traditional cigarettes that you light with a flame and that burn tobacco, including the ones that people can buy in packs and the ones they can roll themselves (roll-ups / hand-rolled cigarettes)." Adults were then asked "*Which of the following best applies to you?"*. The response options were*: (1) I smoke cigarettes (including hand-rolled) every day; (2) I smoke cigarettes (including hand-rolled), but not every day; (3) I do not smoke cigarettes at all, but I do smoke tobacco of some kind (e.g. Pipe, cigar or shisha); (4) I have stopped smoking completely in the last year; (5) I stopped smoking completely more than a year ago; (6) I have never been a smoker (i.e. smoked for a year or more).*

Young people were also asked *"Which of the following best describes you?"* but with different response options. Young people could choose one of *(1) I have never smoked; (2) I have only ever smoked once; (3) I used to smoke sometimes, but I never smoke cigarettes now; (4) I sometimes smoke cigarettes now, but I don't smoke as many as one a week; (5) I usually smoke between one and six cigarettes a week; (6) I usually smoke more than six cigarettes a week.*

### Vaping and/or smoking behaviour combined

Measures of vaping status and smoking status were combined to classify young people and adults into four groups: dual using (those who currently smoked and vaped); those who currently vaped but did not currently smoke (though may have smoked or tried smoking in the past); those who currently smoked but did not currently vape (though may have vaped or tried vaping in the past); those who neither currently smoked nor vaped.

## Questions on retail marketing (report Section 4.2)

### Awareness of where vapes are sold

To assess awareness of places selling vapes, adults and young people were asked "*Thinking about the PAST 12 MONTHS, where, if at all, have you seen vapes/vaping products being sold*?". A list of 13 options was presented and respondents could select all that applied to them: *(1) Specialist vape shop; (2) Corner shop/Newsagent; (3) Supermarket; (4) Grocery/convenience store; (5) Petrol station; (6) Bargain store; (7) Online* (including website/app/social media)*; (8) Mobile phone/tech repair shop; (9) Multi-purpose shop; (10) Chemist/Pharmacy; (11) Dessert/candy/slushie shop; (12) Barber/Hairdresser.* A further option of *"None of the above"* was also provided.

### Salience of vapes displayed in windows of corner shops/newsagents

To assess the salience of vapes displayed in windows or corner shops/newsagents, adults and young people who had seen vapes/vaping products in windows of corner shops/newsagents were asked: "*How often, if at all, do you pay close attention to vapes/vaping products displayed in windows of Corner shops/Newsagents*?" The response options were: *(1) Never; (2) Rarely; (3) Sometimes; (4) Often: (5) Very often; (6) Not sure*.

### Views on vapes displayed in windows of corner shops/newsagents

Adults and young people who indicated having seen vapes displayed in the windows of corner shops/newsagents were shown a series of semantic scales (a positive and negative statement at each end of a scale) and asked to provide the number (on a five-point scale) which best

described their views . The statements included items relating to whether seeing vapes displayed in the window of a corner shop. Adults and young people where asked "*Please give the number that best describes what you think about the way vapes/vaping products are displayed in windows of Corner shops / Newsagents. Seeing vapes/vaping products displayed in the window of a corner shop/newsagent…."* They could choose a number between 1 ~ 5 or "*Not sure*" for each of the following semantic scales:

- *Tempts me to go into the shop* (1) / *Puts me off going into the shop* (5)
- *Makes me think that lots of people vape* (1) / *Makes me think that hardly anyone vapes* (5)
- *Makes vaping seem appealing* (1) / *Makes vaping seem unappealing* (5)
- *Looks eye-catching* (1) / *Does not look eye-catching* (5)
- *Makes me think that it's ok to vape* (1) / *Doesn't make me think it's ok to vape* (5)
- and, for those who had vaped in the past 12 months: *Helps me decide whether I want to buy vapes/vaping products from that shop* (1) / *Does not help me decide whether I want to buy vapes/vaping products from that shop* (5)

Survey respondents could answer on a five-point scale with an answer of code 1 or 2 indicating that the statement on the left-hand side best described how they felt, an answer of code 4 or 5 indicating that the statement on the right-hand side best described how they felt or code 3 for a neutral response, indicating that they did not feel strongly either way. In addition, there was a 'not sure' option if respondents could not decide.

Half the sample were randomly allocated to see the more positive statement (positioning vapes/vaping as appealing) on the left-hand side while the other half saw these more positive statements on the right-hand side. Data was reverse coded, where necessary, at analysis stage to have the positive statements on the left-hand side (Codes 1 & 2).

**Views on vapes being sold from behind a staffed counter**

The full adult and young people sample were asked about their views on vapes being sold from behind a staffed counter and customers having to ask a member of staff for them. They were shown a series of semantic scales (a positive and negative statement at each end of a scale) and asked to provide the number (on a five-point scale) which best described their views. Adults and you people were shown the following text *"In some shops, vapes are only sold behind the counter and customers have to ask a member of staff for them. We'd like to find out what you think about this. Please give the number that best describes what you think. Having vapes sold behind the counter and customers having to ask a member of staff for them*…." The response options were numbers 1-5 or "*Not sure*".

The statements included items relating to whether seeing vapes displayed in the window of a corner shop:

- *Makes it feel like vapes/vaping products are meant for someone like me (1) / Makes it feel like vapes/vaping products are not meant for someone like me (5)*
- *Makes it easy for someone like me to buy vapes/vaping products (1) / Makes it difficult for someone like me to buy vapes/vaping products (5)*
- *Makes it easy to see the range of vapes/vaping products available (1) / Makes it difficult to see the range of vapes/vaping products available (5)*
- *and, for those who had vaped in the past 12 months: Tempts me to buy vapes/vaping products (1) / Puts me off buying vapes/vaping products (5).*

Survey respondents could answer on a five-point scale with an answer of code 1 or 2 indicating that the statement on the left-hand side best described how they felt, an answer of code 4 or 5 indicating that the statement on the right-hand side best described how they felt or code 3 for a neutral response, indicating that they did not feel strongly either way. In addition, there was a 'not sure' option if respondents could not decide.

Half the sample were randomly allocated to see the more positive statement on the left-hand side while the other half saw these more positive statements on the right-hand side. Data was reverse coded, where necessary, at analysis stage to have the positive statements on the left-hand side (Codes 1 & 2).

# Questions on access and purchase behaviour (report Section 4.3)

### Type of vape(s) purchased in last 12 months

Adults and young people who had bought vapes in the past 12 months were shown an image of different vapes (Figure A2.2) and, along with a description of the product types, were asked "*Which, if any, of the following have you bought in the past 12 months?*". They were able to give multiple responses if they had used more than one.

**Figure A2.2 Images and descriptions of vapes**

| | |
|---|---|
| A disposable vape (non-rechargeable) |  |
| Pre-filled cartridges/pods for a rechargeable vape |  |
| Rechargeable with replaceable pre-filled cartridges/pods |  |
| E-liquids for a rechargeable with tank |  |
| Rechargeable with tank that gets filled with e-liquid |  |

### Affordability

Adults and young people who had vaped in the last 12 months were asked *"How easy or difficult is it for you to afford vapes/vaping products currently?"* A list of 6 response options were provided: (1) *Very easy; (2) Quite easy; (3) Neither easy nor difficult; (4) Quite difficult; (5) Very difficult (6) Not sure.*

### Ways of obtaining vapes among those who have vaped in last 12 months

Adults and young people who reported using vapes in the last 12 months were asked "*How have you got hold of vapes/vaping products over the past 12 months?".* A list of 7 options were presented to adults: *(1) Bought them myself (including from a shop, mobile van, market stall or online); (2) Bought them from someone I know; (3) Been given them by someone I know; (4) Asked someone to buy them for me (including from a shop or online): (5) Been given them as part of a stop smoking service; (6) Been given a free sample by a shop / company; (7) Taken them without permission: (8) I've got them some other way*. Young people were given a slightly different set of response options tailored to sources that would reflect young people's experiences. Young people were given 8 options. Young people were given all the same options as adults apart from option *(5) Been given them as part of a stop smoking service.* Young people were given the following extra options: *(1) Grouped together with others and got someone in the group to go into a shop to buy them for us and (2) Grouped together with others and asked someone else e.g. a passer-by, to go into a shop and buy them for us.*

Survey respondents were able to choose all that applied to them and had an option to respond 'Not sure'. Young people were also offered the option 'Prefer not to say' in case they did not want to divulge the information.

### All and main in-person purchasing source(s) of vapes in last 12 months

Adults and young people who had bought vapes themselves were asked "*In the past 12 months have you bought vapes/vaping products in or at any of the following?* ". Survey respondents were able to select more than one response and eight response options were listed: *(1) A shop; (2) A market stall; (3) A mobile van, e.g. ice cream/snack van; (4) Food takeaway; (5) Pub / nightclub; (6) Bingo Hall ; (7) Tanning Salon; (8) Barber / Hairdresser*, Respondents could also indicate 'other' sources and a 'Not sure' response was also available.

Those who indicated purchasing from more than one non-online source were also asked *"and, in the past 12 months, from which of these have you bought vapes/vaping products MOST OFTEN?".* The list of sources which they had indicated purchasing from was repeated to enable them to indicate their main source.

Additionally, adults and young people who indicated having bought vapes from shops were asked: "*What type(s) of shop(s) have you bought vapes/vaping products from, in the past 12 months?*". Survey respondents were able to select more than one response and eight response options were listed: *"(1) Supermarket Grocery/convenience store (e.g. Spar, Co-op, Premier); (2) Corner shop / Newsagent Bargain store (e.g. Poundland, Home Bargains); (3) Mobile phone/tech repair shop; (4) Multi-purpose shop (e.g. gifts/hardware); (5) Dessert/candy/slushie shop; (6) Chemist / Pharmacy; (7) Petrol station; (8) Specialist vape shop".* Respondents could also indicate 'other' sources. An option to answer 'Not sure' was also given.

For consistency across measures, results are presented as a percentage of all who had vaped in the past 12 months and therefore includes those who had vaped but not necessarily purchased vapes in the past 12 months.

### All and main online purchasing source(s) of vapes in last 12 months

Adults and young people who had bought vapes in the past 12 months were asked "*In the past 12 months, have you ordered vapes online or via an app (e.g. websites / apps for specialist vape shops, supermarkets, Amazon, or delivery services such as Snappy Shopper, Uber Eats, Deliveroo or via social media).*" Those who answered 'yes' were subsequently asked: "*Which of the following best describes the type of **online sources** that you have used to order vapes/vaping products in the past 12 months?*". Survey respondents were able to select more than one response and five response options were listed: *"(1) Website/app for a specialist vape shop; (2) Supermarket website/app; (3) Grocery/takeaway delivery services (e.g. Snappy Shopper, Uber Eats, Deliveroo etc); (4) General website/app (e.g. Amazon, Ebay etc); (5) Social media (e.g. TikTok, Snapchat etc)"*. Respondents could also indicate 'other' sources and a 'Not sure' response was also available.

Those who indicated use of more than one website/app were also asked *"and, in the past 12 months, which of these have you used MOST OFTEN to order vapes/vaping products?".* The list of online sources which they had indicated using was repeated to enable them to easily indicate their main online source.

For consistency across measures, results are presented as a percentage of all who had vaped in the past 12 months and therefore includes those who had vaped but not necessarily purchased vapes in the past 12 months.

### Young people's attempts to purchase vapes

Young people who had never vaped or who had vaped but not bought vapes from a shop in the past 12 months were asked "*In the past 12 months, have you tried to buy vapes/vaping products in a shop? This includes buying vapes/vaping products for someone else".* The response options were *(1) Yes; (2) No; and (3) Not sure*. Those who answered yes were classed as having tried to purchase, as were the young people who had indicated having successfully bought vapes in a shop.

### Young people's attempts to purchase vapes being refused

Young people who had attempted to purchase were asked *"At <u>any</u> time, when you have gone into a shop to try to buy vapes/vaping products, has the shopkeeper refused to sell them to you?"* The response options were *(1) Yes; (2) No; (3) Not sure; (4) Not applicable*.

### Young people being asked for proof of age when attempting to purchase vapes

Among the young people who had tried or succeeded in buying vapes from a shop (they were asked *"In the past 12 months, have you ever been asked to show proof of age when trying to buy vapes/vaping products from a shop?"* The response options were *(1) Yes (2) No (3) Not sure (4) Not applicable*.

### Young people's perceptions of ease or difficulty of buying vapes from different shops

Young people were asked "*How easy or difficult do you think it is for someone your age to **get hold of** vapes/vaping products…"* from the following types of store *(1) from a supermarket? (2) from a corner shop / newsagent<u>? and (3)</u> from a specialist vape shop?.* Responses were given on a numeric 1-5 rating scale from *(1) Very easy to (5) Very difficu*lt with an option for *Not sure*.

### The perceptions of people who vape on the importance of different aspects of the purchase process

Adults and young people who had bought vapes themselves were asked to rate their views on the importance or otherwise of different aspects related to the purchasing process. They were asked: *When you are choosing where to buy vapes/vaping products from, how important, if at all, are each of the following to you?".* Adults were given 14 different criteria to rate: *(1) Price; (2) Price clearly displayed/able to see price before buying; (3) Easy process for buying/ordering; (4) Being able to see what range of vapes/vaping products are available; (5) Trustworthy shop/retailer; (6) Hassle-free service; (7) Convenience location/convenient to get to; (8) Range of flavours; (9) Selection of vapes/vaping products; (10) Convenient opening hours; (11) Being able to get vapes/vaping products delivered to me; (12) Having vapes/vaping products in the main part of the store where customers can pick them up/browse and take them to the till to pay; (13) Product recommendations from shop/retailer; (14) Loyalty scheme /rewards scheme*. Young people were given 15 criteria to rate. This included the same criteria as adults and one additional criterion: *(15) Likelihood of being asked for proof of age.* Responses were given on a numeric 1-5 rating scale from *(1) Not at all important to (5) Very important* with an option for *Not sure*.

## Questions on perceptions of the sale and supply of vapes (report Section 4.4)

### Views on which shops should be allowed to sell vapes

All adults and young people were asked to give their views on which shops should be allowed to sell vapes. They were asked: *In your opinion, which, if any, of the following places should be allowed to sell vapes/vaping products?* A list of 12 possible sources was given and respondents could select all that applied to them: *(1) Supermarket; (2) Grocery/convenience store (e.g. Spar, Co-op, Premier); (3) Corner Shop / Newsagent; (4) Bargain store (e.g. Poundland, Home Bargains); (5) Mobile phone/tech repair shop; (6) Multi-purpose shop (e.g. gifts/hardware); (7) Dessert/candy/slushie shop; (8) Chemist / Pharmacy; (9) Petrol station; (10) Grocery/takeaway delivery services (e.g. Snappy Shopper, Uber Eats, Deliveroo etc); (11) Tanning Salon; (12) Specialist vape shop.* Further options of '*None of these*' and '*Not sure*' were also provided.

### Views on number of places selling vapes

Adults and young people were asked *"What do you think about the number of places selling vapes?" The response options were (1) Far too many; (2) Too many; (3) About right; (4) Too few; (5) Far too few; (6) Not sure.*

### Views on positioning of vapes

Adults and young people were asked "*How acceptable or unacceptable do you think it is for shops to have vapes/vaping products placed……."* In the following four locations *(1) near to sweets/chocolate? (2) near to soft drinks? (3) near to tobacco products (e.g. cigarettes/rolling tobacco)? (4) on shelves for customers to pick up themselves?* Responses were given on a numeric 1-5 rating scale from *(1) Very acceptable to (5) Very unacceptable* with an option for *Not sure*.

### Knowledge of age restrictions for sale of vapes

Adults and young people were asked about their knowledge of age restrictions for sale of vapes as follows: **"***As far as you know, is there a minimum age in the UK for people to legally buy vapes/vaping products that contain nicotine, and if so what is it?"* They were given 6 response options: *(1) No minimum age; (2) 16 years or over; (3) 18 years or over; (4) 21 years or over; (5) 25 years or over;* (6) *Not sure*.

### Views on appropriate age restrictions for sale of vapes

Adults and young people were also asked about their views on what the age restrictions for sale of vapes should be: "*What do you think the minimum age should be for people to legally buy nicotine containing vapes/vaping products in the UK?"* They were given 6 response options: *(1) No minimum age; (2) 16 years or over; (3) 18 years or over: (4) 21 years or over; (5) 25 years or over; (6) 'Not sure'*.

### Adults' support or opposition towards possible policies on access to vapes

To assess extent or support for a range of possible policies, adults were asked: **"***How much do you support, or oppose, the following…?"* They were asked to respond to 5 statements: *(1) Putting a limit on the number of shops allowed to sell vapes/vaping products in a particular area; (2) Requiring anyone selling vapes/vaping products to have a license to do so; (3) Regular checks on retailers to ensure they are not selling vapes/vaping products to those underage; (4) Removing the license from any retailer who sells vapes/vaping products to those underage; (5) Vapes/vaping products only being kept behind a counter and customers having to ask a member of staff for them*. Response categories were: *(1) Strongly support; (2) Tend to support; (3) No opinion either way; (4) Tend to oppose; (5) Strongly oppose; (6) Not sure.*

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# CRUK values

Our values help guide our behaviour and culture in an ever-changing world, building on the best of what we do today and what we aspire to be in the future. They unite and inspire us to achieve our ambitious plans and our mission of beating cancer, together.

Our values are: