

# National Tobacco and E-Cigarette and Youth Vaping - Campaign Developmental Research

Full report

May 2024

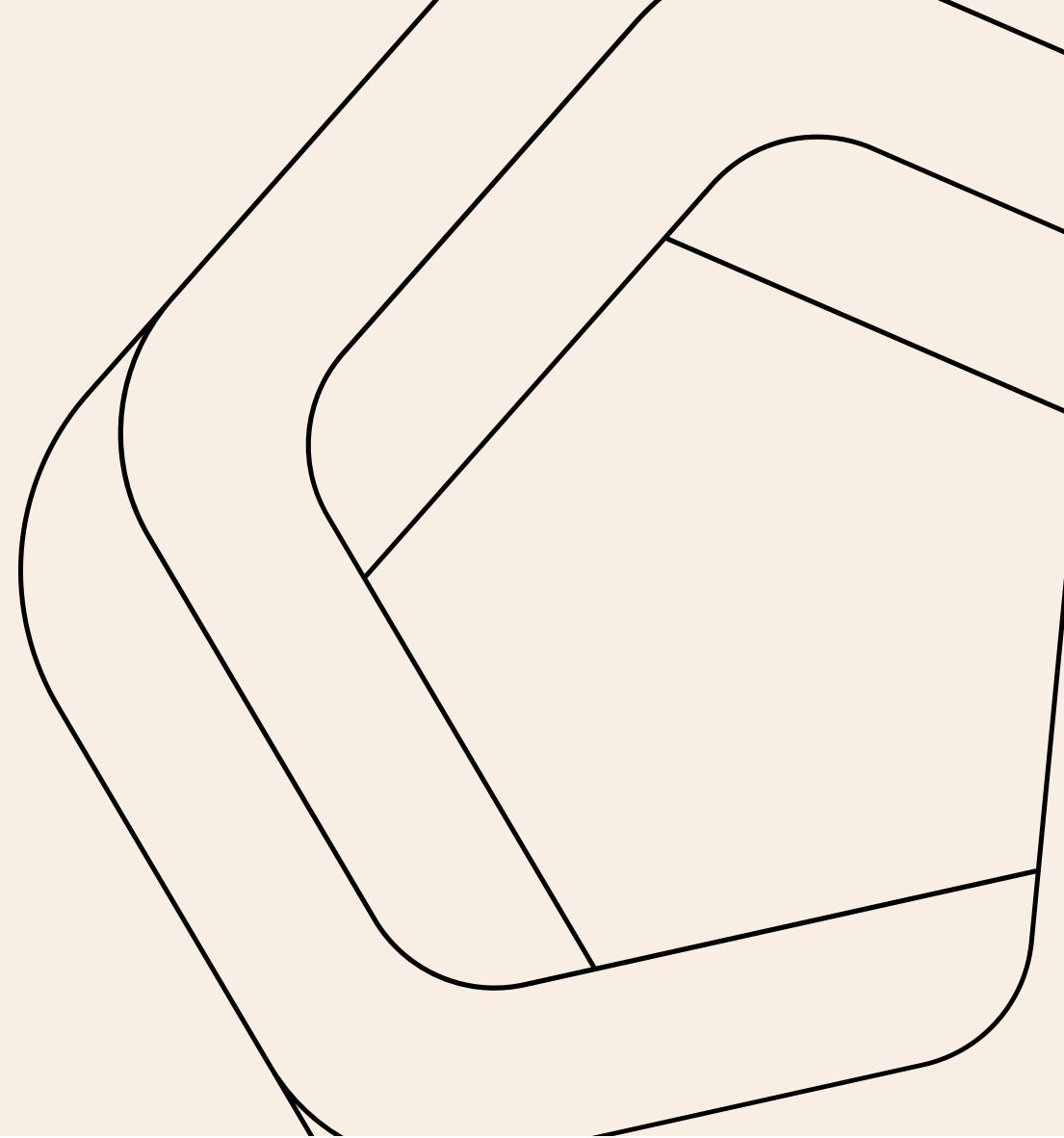


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# 1.0 Background and methodology



# Background and objectives of the research

This report presents the findings of in-depth and quantitative research undertaken across December 2023 to March 2024 to understand the knowledge, perceptions and current motivators for using tobacco and e-cigarettes (vapes) as well as barriers to preventing use and intentions to quit use including information needs and preferences. The purpose of this research was to inform the development of a government communications campaign. This included gathering information in relation to new and potential reforms to provide broader context to campaign development and delivery.

This research was commissioned by the Department of Health and Aged Care (Health). It aims to provide in-depth insights into key population groups' smoking and vaping habits and behaviours, particularly in relation to the use of vapes by youth (aged 14 to 24 years) and the use of vapes and cigarettes by adults (aged 25 to 50 years).

This report has been prepared in accordance with ISO 20252 standards.

Note: References in this report to vapes/vaping is intended to refer to the use of e-cigarettes. References to 'smoking' will generally be in relation to tobacco/cigarettes, unless otherwise noted.



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# Research methodology

There were three exploratory phases of data collection directed at deeply understanding both youth and adult audiences to inform the development of a government communications campaign. This included gathering information in relation to new and potential reforms to provide broader context to campaign development and delivery.



# Phase 1a: Qualitative methodology – Youth

## Purpose and key lines of enquiry

The purpose of this research was to inform the development of a government communications campaign. This included gathering information in relation to new and potential reforms to provide broader context to campaign development and delivery. This specific phase was conducted to provide in-depth insights into key youth and parent/carer audiences' smoking and vaping habits and behaviours, to then formulate the discriminating factors required to determine how we reduce smoking and vaping prevalence among priority and at-risk populations by increasing quit attempts. The research focused on understanding how awareness and knowledge impacts behaviour, what motivates and impedes commitment to quit and how to focus people on quitting behaviour.

## Methodology

The first phase of youth qualitative research included **15 sessions or 134 hours of conversations with 67 young people aged 14-17 years and parents/carers of young people** which spanned focus groups and mini groups.

The sessions were stratified by segments to ensure a mix of attitudes and behaviours in relation to tobacco and e-cigarette usage. A mix of metro, regional and remote locations, as well as a mix of socioeconomic status and gender was ensured across sessions. Specific sessions were run with First Nations participants.

The groups were 120 minutes in length. In line with standard practice, an incentive was provided as a 'thank you' for participation.

Sessions ran between 4-16 December 2023.

## Qualitative Sessions – Youth component - 15 sessions (note below groups are not all mutually exclusive)

Smoking / vaping behaviour	Exclusive e-cigarette / vapes	4 sessions
	Dualist	6 sessions
	Any tobacco use	1 session
	Never smoked, but within 'at risk' peer group	1 session
Risk / population groups	First Nations sessions	1 session
Parent / carer	Smoked before	1 session
	Never smoked before	1 session

# Phase 1a: Qualitative methodology – Adults

## Purpose and key lines of enquiry

The purpose of this research was to inform the development of a government communications campaign. This included gathering information in relation to new and potential reforms to provide broader context to campaign development and delivery. This specific phase was conducted to provide in-depth insights into key adult audiences' smoking and vaping habits and behaviours, to then formulate the discriminating factors required to determine how we reduce smoking and vaping prevalence among priority and at-risk populations by increasing quit attempts. The research focused on understanding how awareness and knowledge impacts behaviour, what motivates and impedes commitment to quit and how to focus people on quitting behaviour.

## Methodology

The first phase of adult qualitative research included **15 sessions or 146 hours of conversations with 73 adult** who **smoke, vape or are a dualist**, which spanned focus groups and mini groups.

The sessions were stratified by segments to ensure a mix of attitudes and behaviours in relation to tobacco and e-cigarette usage. A mix of metro, regional and remote locations, as well as age groups was ensured across all session. Specific sessions were run with First Nations, culturally diverse and LGBTQIA+ participants.

The groups were 120 minutes in length. In line with standard practice, an incentive was provided as a 'thank you' for participation.

Sessions ran between 4-16 December 2023.

## Qualitative Sessions – Adults - 15 sessions (note below groups are not all mutually exclusive)

Smoking / vaping behaviour	Exclusively cigarettes	5 sessions
	Exclusively e-cigarette / vapes	6 sessions
	Dualist	4 sessions
Smoking status / stage	Recent switcher	3 sessions
	Recent uptaker	1 sessions
	Contemplators / preparers / action-taking / hopeful / primed	5 sessions
	Pre-contemplators / disengaged	3 sessions
	Relapsed smokers	6 sessions
	Occasional smokers / current smokers (non-daily)	1 session
Risk / population groups	First Nations sessions	4 sessions
	Culturally and linguistically diverse sessions (Mandarin speakers)	1 session
	LGBTQIA+ sessions	2 sessions



# Phase 1b: Qualitative methodology – Youth

## Purpose and key lines of enquiry

The purpose of this research was to inform the development of a government communications campaign. This included gathering information in relation to new and potential reforms to provide broader context to campaign development and delivery. This specific phase was conducted to provide in-depth insights into key youth and parent/carer audiences' smoking and vaping habits and behaviours, to then formulate the discriminating factors required to determine how we reduce smoking and vaping prevalence among priority and at-risk populations by increasing quit attempts. The research focused on understanding how awareness and knowledge impacts behaviour, what motivates and impedes commitment to quit and how to focus people on quitting behaviour.

## Methodology

The second phase of youth qualitative research included **29 sessions or 284 hours of conversations with 142 young people aged 14-17 years, 18-24 years and parents/carers of young people** which spanned focus groups and mini groups.

The sessions were stratified by segments to ensure a mix of attitudes and behaviours in relation to tobacco and e-cigarette usage. A mix of metro, regional and remote locations, as well as a mix of socioeconomic status and gender was ensured across sessions. Specific sessions were run with First Nations and culturally and linguistically diverse participants.

The groups were 120 minutes in length. In line with standard practice, an incentive was provided as a 'thank you' for participation.

Sessions ran between 20-30 January 2023.

## Qualitative Sessions – Youth component - 29 sessions

(note below groups are not all mutually exclusive)

Smoking / vaping behaviour	Exclusive e-cigarette / vapes	11 sessions
	Cigarettes	3 sessions
	Any tobacco use	6 session
	Never smoked, but within 'at risk' peer group	1 session
Risk / population groups	Culturally and linguistically diverse sessions	1 session
	First Nations sessions	2 session
Parent / carer	Smoked before	2 session
	Never smoked before	2 sessions
Generational chain sessions	Youth aged 14-17	2 sessions
	Older siblings aged 18-24	2 sessions
	Parents / carers / influencers	2 sessions



# Phase 1b: Qualitative methodology – Adults

## Purpose and key lines of enquiry

The purpose of this research was to inform the development of a government communications campaign. This included gathering information in relation to new and potential reforms to provide broader context to campaign development and delivery. This specific phase was conducted to provide in-depth insights into key adult audiences' smoking and vaping habits and behaviours, to then formulate the discriminating factors required to determine how we reduce smoking and vaping prevalence among priority and at-risk populations with an aim of ultimately increasing quit attempts. In this phase of work, the research heavily focused on understanding how awareness and knowledge impacts behaviour, what motivates and impedes commitment to quit and how to focus people on quitting behaviour.

## Methodology

The second phase of adult qualitative research included **17 sessions or 160 hours of conversations with 80 adults** who **smoke, vape or are a dualists** which spanned focus groups and mini groups.

The sessions were stratified by segments to ensure a mix of attitudes and behaviours in relation to tobacco and e-cigarette usage. A mix of metro, regional and remote locations, as well as age groups was ensured across all session. Specific sessions were run with First Nations and culturally diverse participants.

The groups were 120 minutes in length. In line with standard practice, an incentive was provided as a 'thank you' for participation.

Sessions ran between 16-22 January 2023.

**Qualitative Sessions –  
Adults - 17 sessions**  
(note below groups are not all  
mutually exclusive)

Smoking / vaping behaviour	<b>Exclusively cigarettes</b>	5 sessions
	<b>Exclusively e-cigarette / vapes</b>	8 sessions
	<b>Dualist</b>	4 sessions
Smoking status / stage	<b>Contemplators / preparers / action-taking / hopeful / primed</b>	3 sessions
	<b>Pre-contemplators / disengaged</b>	7 sessions
	<b>Relapsed smokers</b>	4 sessions
	<b>Occasional smokers / current smokers (non-daily)</b>	3 sessions
Risk / population groups	<b>First Nations sessions*</b>	1 sessions
	<b>Culturally and linguistically diverse sessions (in language)*</b>	3 sessions

# Quantitative methodology

## Approach

Interviews were conducted online, using the Lightspeed Research panel.

Fieldwork took place between 1<sup>st</sup> and 20<sup>th</sup> of March 2024 (inclusive).

Average interview length was 20 minutes.

The questionnaire was structured so for the most part respondents only answered about either smoking or vaping. If a respondent was a dualist (both smoked and vaped), they were assigned to either the smoking or vaping condition based on their stated preference for either, if they held no preference, they were assigned based on least full quotas.

## Sample

In total, we conducted n=2,021 interviews with Australians aged 14 to 50 who either currently smoke and/or vape, or are a recent quitters. A sample of this size has a maximum margin of error of +/-2.2%.

Of the total sample, n=1,434 were aged 25 to 50, leaving n=587 who qualified as youth (14 to 24 years). Of the youth sample, n=424 qualified as youth who vape specifically. A relatively small number of youth dualists completed the smoking survey as a result of having a more dominant smoking preference. For a full breakdown of the sample structure see the Appendix.

	n=	Maximum MOE
Adults (25 to 50)	1,434	+/-2.6%
Youth (14 to 24)	587	+/-4.0%

To qualify, participants needed to smoke and/or vape at least weekly. To qualify as a recent quitter participants needed to have quit in the last six months, and no longer be smoking/vaping.

To ensure sufficient sample for robust subgroup analysis, First Nations sample was boosted to n=205. Skews to the data introduced by this boost have been addressed through weighting the data.

## Analysis

Data has been weighted by age, gender and First Nation status according to: Department of Health and Aged Care data on the incidence of smoking and vaping among different age groups in 2022<sup>1</sup>, ABS National Health Survey data on the incidence of smoking and vaping among men and women in 2022<sup>2</sup>, and data from Cancer Council Victoria on the incidence of tobacco consumption among First Nations people<sup>3</sup>.

To analyse differences between key subgroups, tests of statistical significance have been conducted. All significance testing has been done at a 95% confidence interval using Q market research software. All subgroups below a sample size of n=30 have been excluded from significant testing. This means differences marked as significant have a 95% chance of being real, as opposed to a difference that may have arisen due to sampling. Significant differences are indicated using directional arrows: ▲▼

Subgroup analysis includes age, gender, region, CALD, First Nations, household income, living situation, sexuality, and university level. Differences have only been reported where they are thought to be relevant and informative to the research.

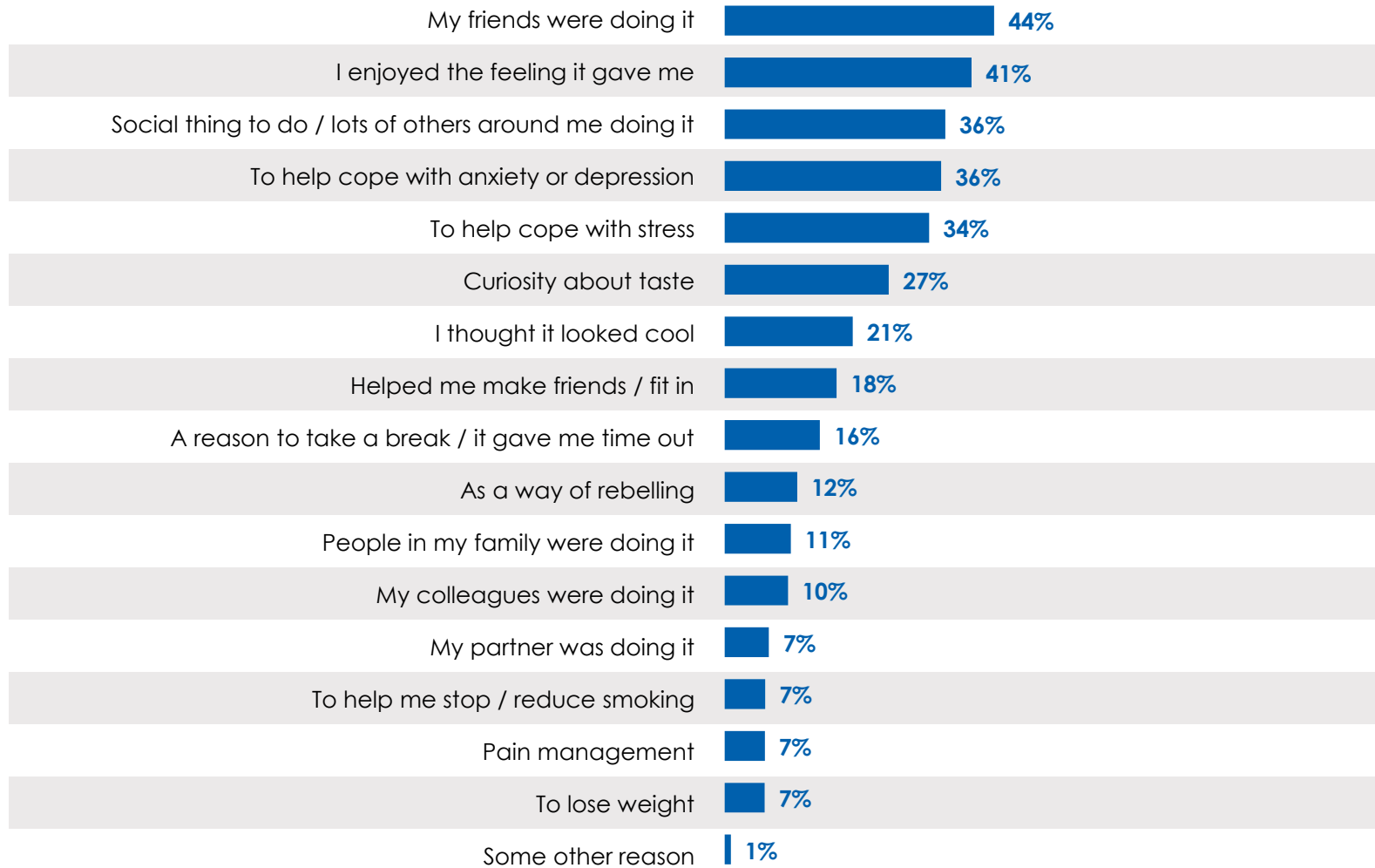
Percentages of 3% or less have been suppressed in stacked bar charts for legibility.

## 2.0 Youth who vape

## 2.1 Motivations to start (and keep) vaping

# Reasons first started to vape or smoke

Q Thinking back, why did you first start to smoke and/or vape?



Quantitatively, youth who vape say they started smoking and/or vaping for three main reasons:

- 1) Their peers were doing it (44%) / a social thing / to fit in (36%);
- 2) They enjoyed the feeling (41%);
- 3) Because of perceptions of how vaping improves their mental wellbeing (i.e. to cope with stress (34%), and anxiety or depression) (36%).

“

I understand why you're doing it, **you're either doing it for social or mental health.**

(female, vapes, 14-17)

**It's a stimulant close to caffeine so it makes you happy, gives you energy** through your day-to-day life.

(female, vapes, 14-17)

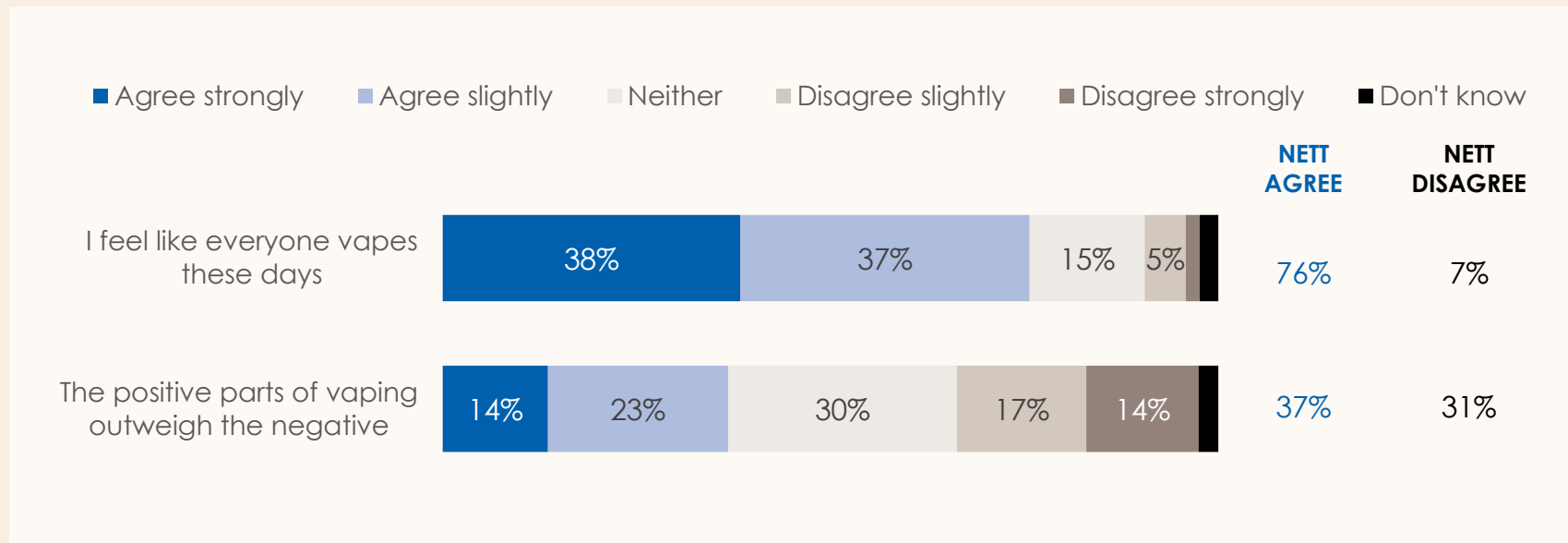
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# Self-identity and belonging

For youth who vape, the promise of social connection and community is sustained by the belief that they are partaking in an activity where they feel part of a large and in fact, overwhelming norm - 76% of youth who vape believe this to be the case, agreeing with the statement: 'I feel like everyone vapes these days'.

Our qualitative research also suggested that this high degree of belief in social norming is a dominant mindset: it revealed youth who vape talk to others about which vape they are using, what flavour it is, where they get it from. As distinct to cigarettes/tobacco, a vape potentially acts as an accessory and an experience and can be a conversation starter. In this way, it helps them to fit in and feel part of the group. The social aspect of vaping normalises it and makes it a predominantly positive experience; with more youth who vape agreeing than disagreeing with the statement 'the positive parts of vaping outweigh the negative' (37% versus 31%).

Q To what extent do you agree or disagree...



“

Vaping is a **social thing** and I mostly do it when my friends over the weekend, they are a lot older than me, it's **something I use to join in with the group.**  
(male, vapes, 14-17)

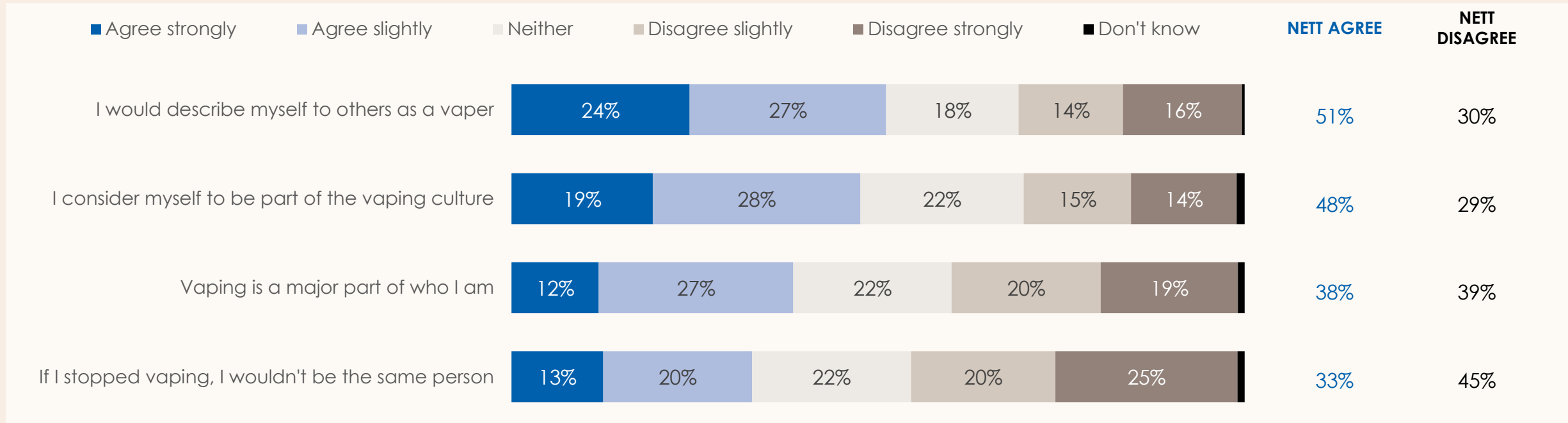
I'm very happy vaping and maybe that's coz **that is my way of meeting new people.**  
(female, vapes, 14-17)

”

# Self-identity and belonging

**Q** To what extent do you agree or disagree with the following statements...

Because it is a way of relating to their peers, vaping can become linked to a young person's identity, although how this is expressed or 'felt' is complex. Half of all youth who vape would describe themselves to others as a vaper (51%) and would consider themselves to be part of the vaping culture (48%). Thirty-eight percent are willing to say vaping is a major part of who they are, and for 33% vaping is so wrapped up in their own sense of self that they believe they would no longer be the same person if they quit. However, it is important to note that 30% of all young people would not accept the label of being a 'vaper'. Younger youth who vape (14- to 17-year-olds) are more likely to feel like they belong to the vaping culture, compared to 18- to 24-year-olds, suggesting for them, vaping is even more strongly tied to a sense of belonging (65% agreement among 14- to 17-year-olds versus 43% agreement among 18- to 24-year-olds).





# Self identity and belonging

Because of the importance of vaping to self-identity and belonging, the social costs of quitting feel acute and are particularly amplified among youth. Qualitative insights suggest that the core reasons for this include:

1. **Disunity:** a worry that they will be ostracised and disconnected from their social group.
2. **Judgement:** feeling judged by other young people for not vaping, and going against the perceived norm.
3. **Detriment:** a degradation or loss of social standing, becoming less popular.
4. **Loss of 'me' / 'my personality':** a life that is boring, sad or depressing because of reduced social connection, as well as – to a lesser degree - reduced 'thrill' of the vape experience.
5. **A perverse choice:** difficult to explain the choice to quit to peers in the perceived absence of believable (immediate and long-term) health benefits.
6. **A feeling of abnormality with peers:** quitting is considered an isolated journey, which makes it feel like it would be more difficult.

“

I feel like it definitely depends on the type of people you surround yourself with, if you have moralistic friends who are encouraging you for the best, they would definitely be rooting for you and they would probably not be vaping themselves, **if you hang around a crowd where everyone is vaping then they wouldn't be in favour of you bettering yourself, they would be taking the piss out of you.**

(male, vapes, 14-17)

I know **I've definitely been that friend trying to convince my other mates not to quit.** It sounds horrible but you don't want them to stop because then what do you do?

(male, vapes, 18-24)

**I think if I quit, I would be the first one to so I wouldn't even think about telling my mates because I'll probably just go back to it** and I don't want them to turn around and say told you so.

(male, vapes, 14-17)

”

# Reasons for continuing to vape or smoke

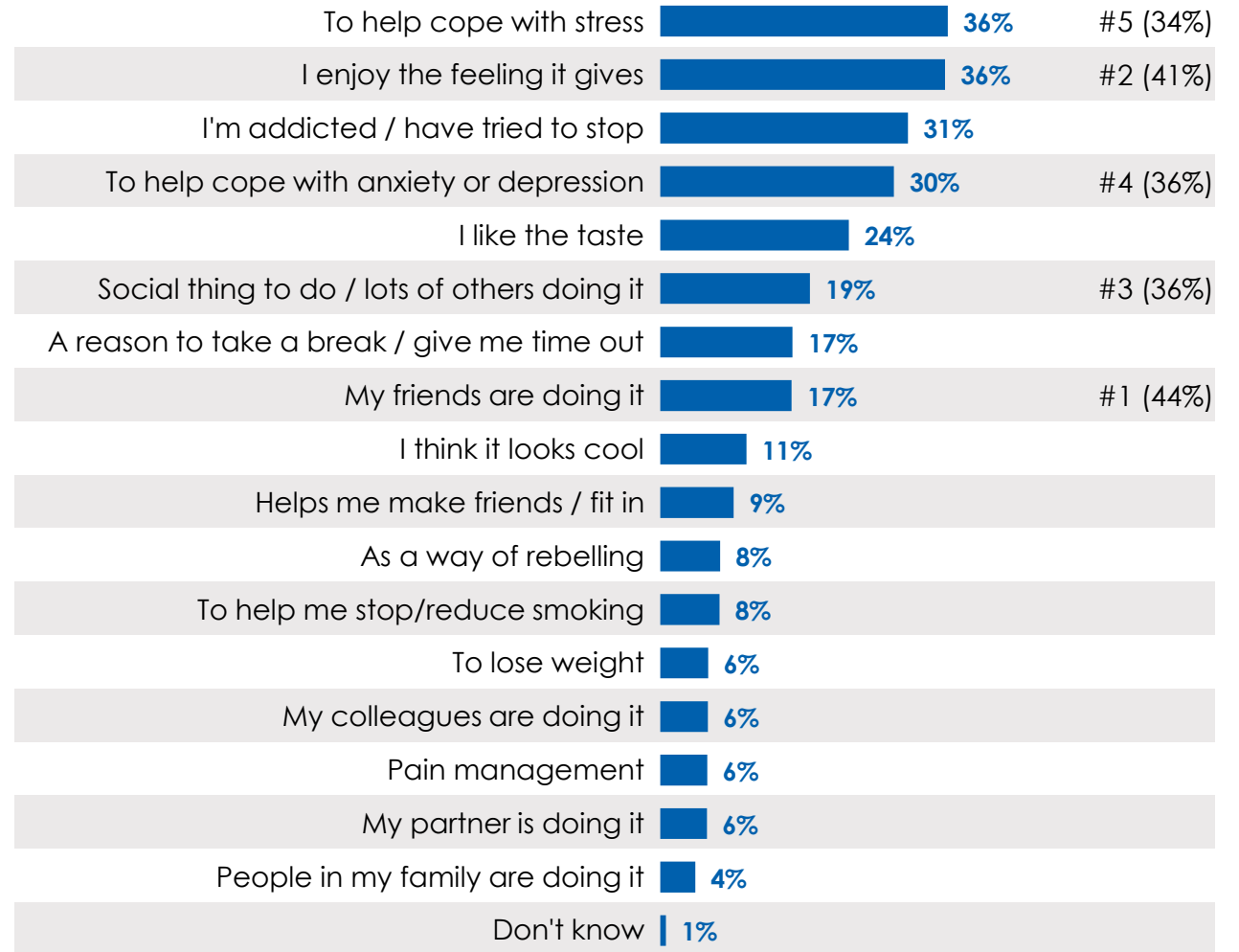
Q And for what reasons are you still smoking or vaping now?

The stated reasons for starting and continuing to smoke / vape are, unsurprisingly, quite different. As seen on the previous slides, the habit formation is clearly largely perceived as a social thing to do for many. However, eventually it can become more of a crutch – a tool for perceived stress relief and mental health management. This is evidenced by ‘my friends are doing it’ going from the top reason for starting, to the 7<sup>th</sup> reason for continuing, replaced by ‘to help cope with stress’ (36%). Furthermore, just under one in three (31%) highlight addiction as a key reason for continuing to smoke or vape.

The qualitative research found that youth who vape often have heard other people (including adults) talk about how cigarettes/vapes offer them stress-relief. This has resulted in a strong, normative belief among youth who vape that vaping is positive for their mental health. While this may be a post-rationalisation of the behaviour, it is widely stated as a beneficial reason to keep vaping: a way to cope with difficult stressors in their lives. For some, it is about ‘throwing caution to the wind’ and being free-spirited / not-restricted and a welcome relief from the everyday and stressors of the last few years

“ I get mad very easily, but with it, I don't. I've been to therapy for my emotions and it doesn't help like the vape does.  
 (female, dualist, 14-17) ”

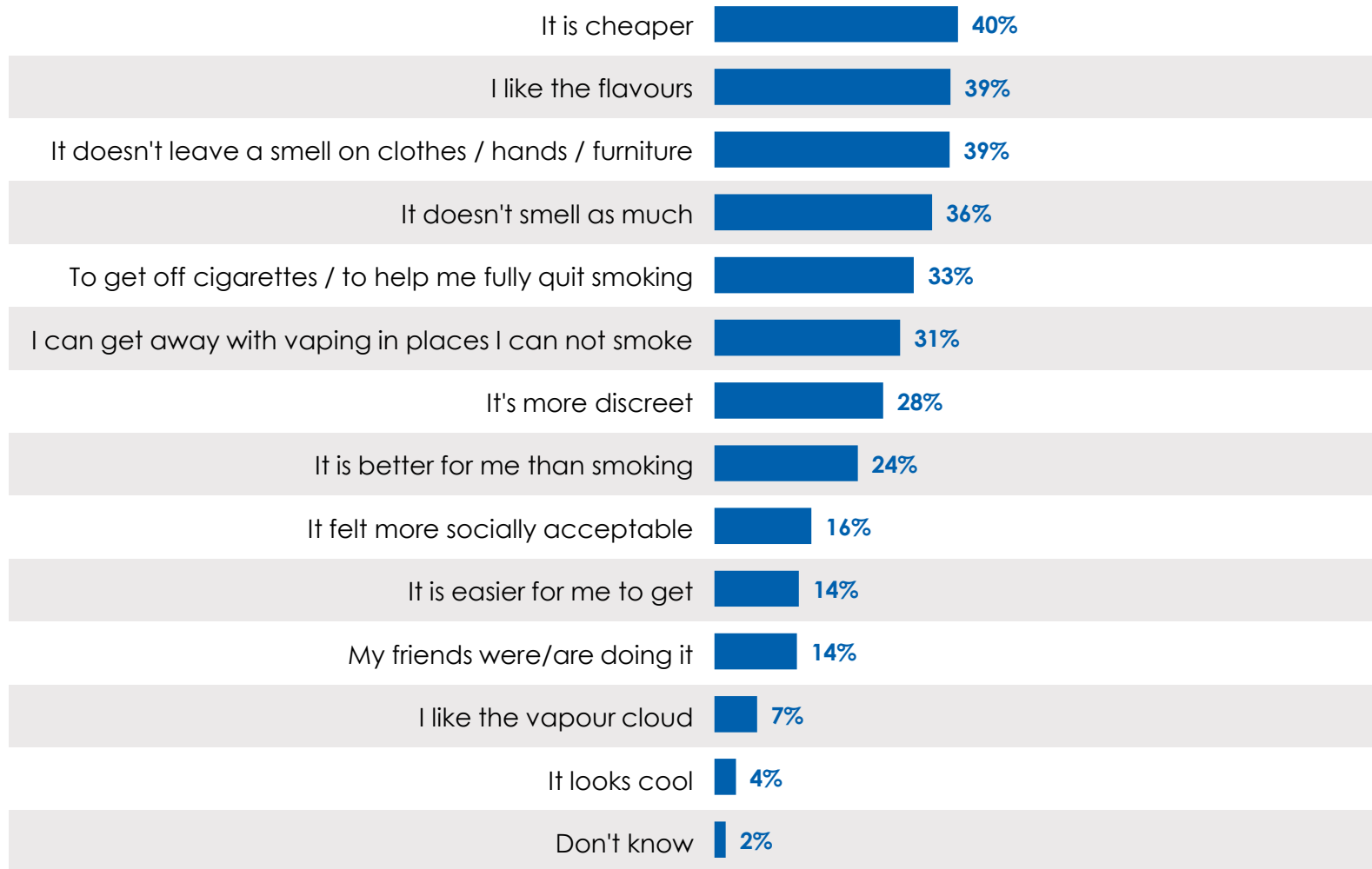
TOP 5 REASONS FOR STARTING



\*Note: addiction has been excluded from the ranking analysis, as it was not an available option for reasons first started  
 Source: B8 - And for what reasons are you still smoking or vaping now?  
 Base: All youth who vape and dualists (n=424)

# Reasons for switching to vapes/vaping

Q Why did you decide to switch to e-cigarettes or vapes?



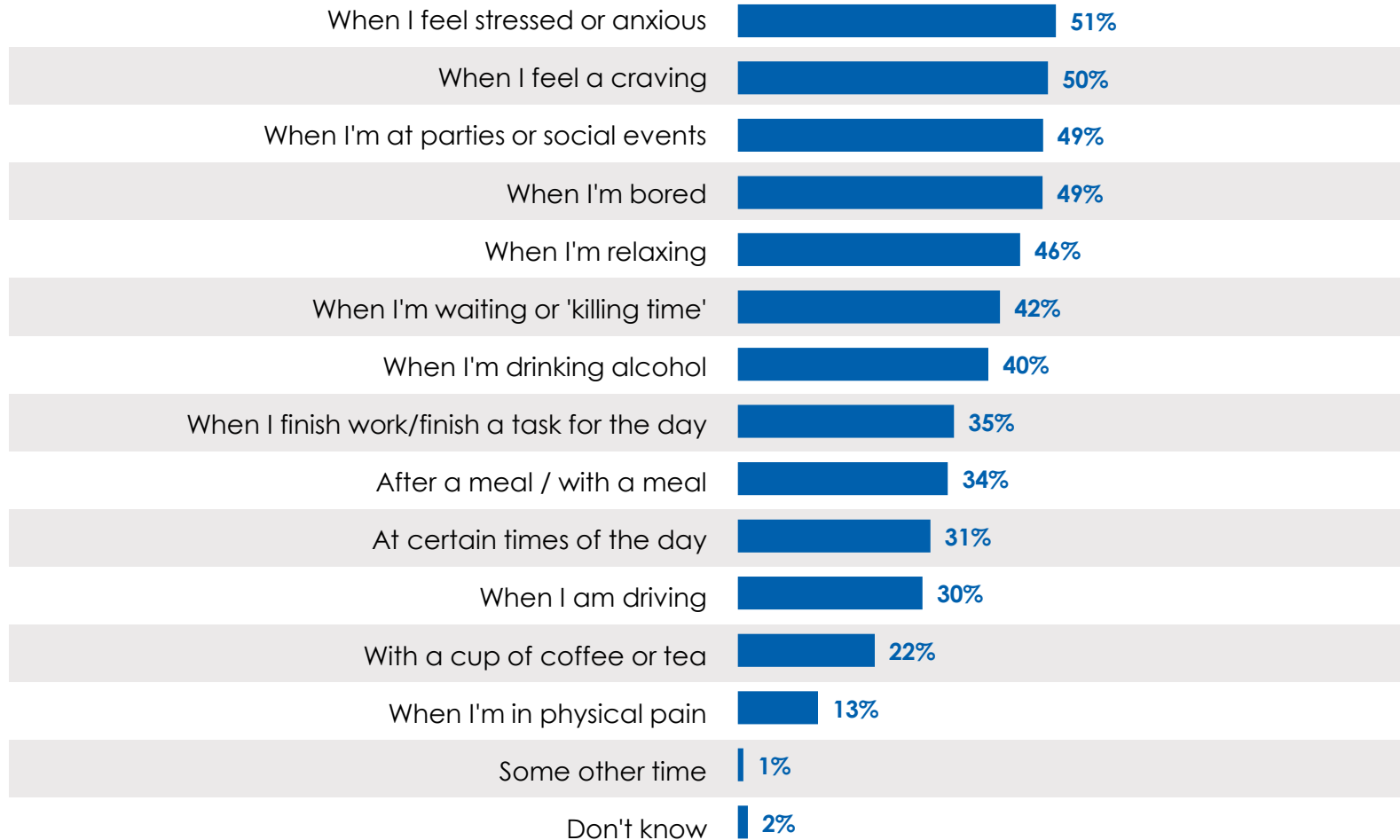
39% of the youth who vape sample started off smoking cigarettes and tobacco exclusively. We asked them why they made the decision to switch to e-cigarettes or vapes. The top reasons were that vaping was:

1. A cheaper option (40%);
2. Had nicer or preferred flavours (39%); and
3. Did not smell as much (39%).

Interestingly, one third (33%) say they were using it as a cessation tool to help them quit smoking, while nearly a third (31%) value the relative ability to vape in places where they feel they could not smoke.

# Habits and contextual cues that sustain youth vaping

Q When do you tend to reach for a vape?



Reflecting the reasons youth who vape continue to vape, the most commonly claimed vaping triggers are stress and anxiety (51%), and cravings (50%).

This is followed closely by parties and social events (49%), and when they are bored (49%), relaxing (46%) or killing time (42%).

This aligns with earlier qualitative insights, which suggest a highly social bias towards vaping (i.e. the use is seen to be strongly anchored to social settings and cues).

# Habit and addiction

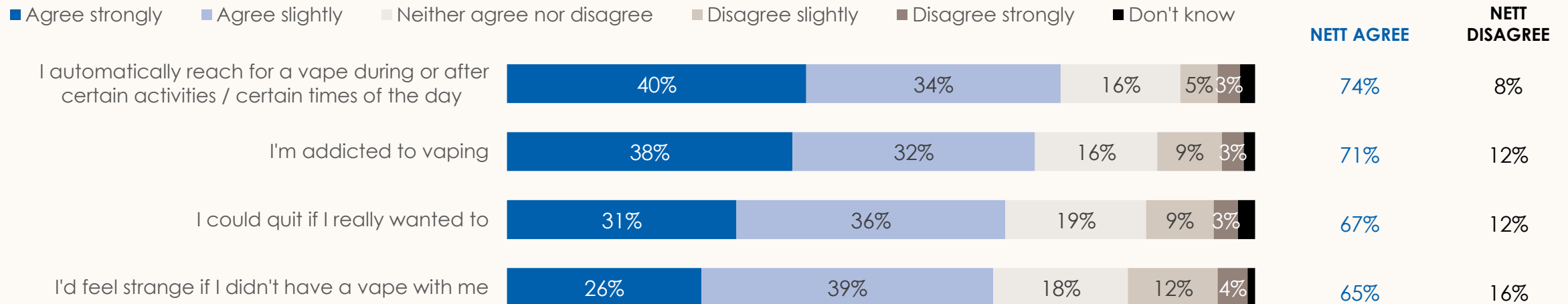
“

... I am not going [to] vape forever, but maybe when I am 25 I'll stop... Or probably when I get a girlfriend or maybe when I have a kid, I would stop then but for now I just like it and I can get it so easily.  
(male, vapes, 18-24)

”

Three quarters (74%) of youth who vape say they 'automatically' reach for a vape during or after certain activities, or at certain times of the day, and two thirds (65%) say they would feel strange if they didn't have their vape with them. In the relative privacy of an anonymous survey, 71% of youth who vape agree they are addicted to vaping. This is in contrast to what was observed during qualitative sessions (focus groups), where comparatively few youth who vape were willing to admit or talk about their addiction in front of their peers.

The qualitative research found messages that suggest there is a 'problem' with addiction / dependency are rejected by youth who vape - most default to the view that they only vape for social reasons or on weekends. The relative 'newness' of the habit (both personally and among others around them) also impacts their view of the issue – they may be addicted *right now*, but they are not *deeply* addicted, and it is not for the long term (I have not even been doing this very long...I'm not like one of those much older adults who smokes that I sometimes see who cannot quit). Indeed, the majority (67%) of youth who vape feel that they can potentially 'stop' vaping for days, weeks or months at a time (if they need to or want to) – this allows them to mentally discount their level of addiction.



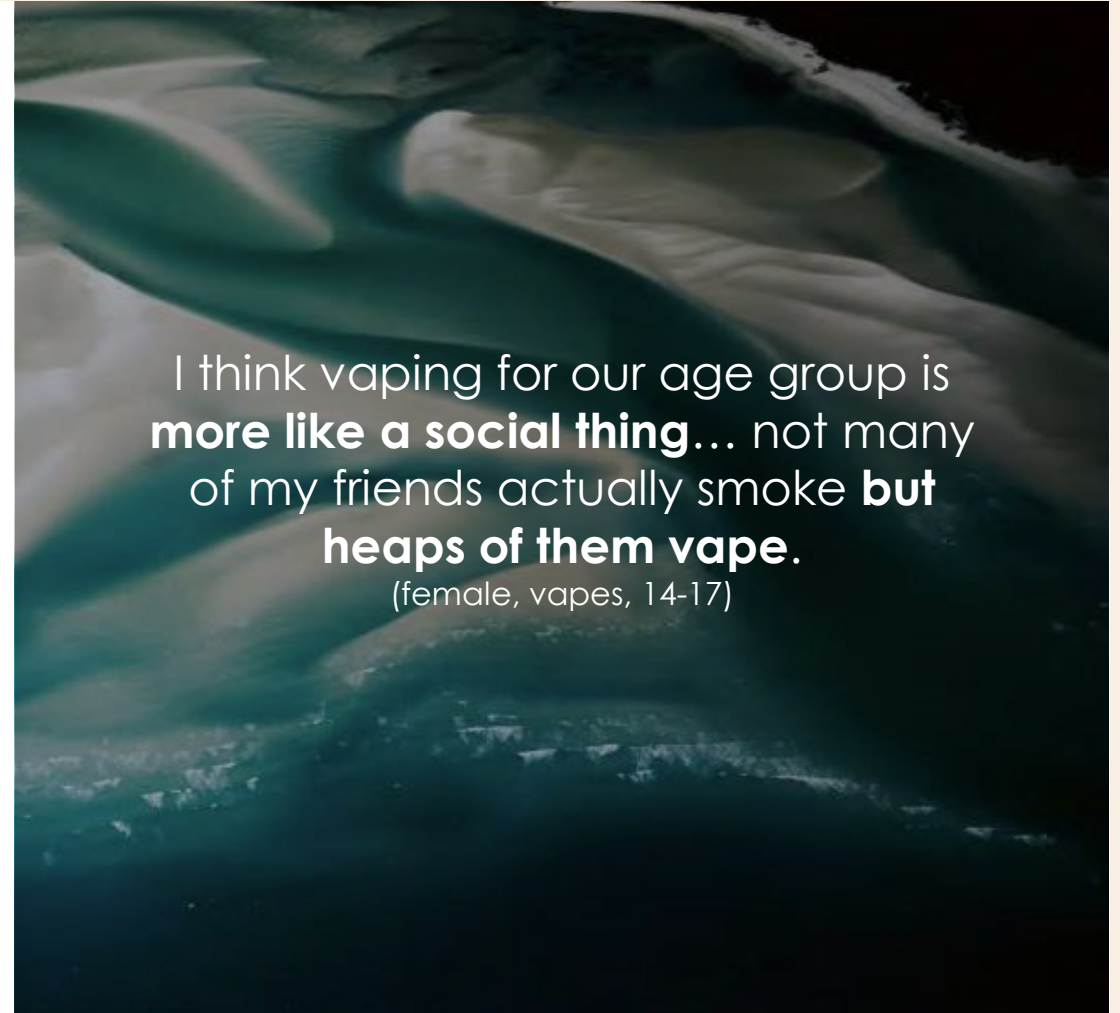
Source: FBI - Below are a number of statements which other people have made in relation to vaping. To what extent do you agree or disagree... C1B - To what extent do you agree or disagree with the following statements... Base: All youth who vape who qualified for the vaping condition (n=353)

# Implication for communication

**Vaping has become highly normalised among those who vape**, with three quarters of youth who vape believing/perceiving that 'everyone is doing it' (76%). In keeping with this, most often youth who vape started vaping because their friends are doing it (44%) – thus verifying the need to **directly address and challenge the perceived 'social' benefits / social attachment to vaping**.

While seventy-one percent of youth who vape acknowledge they are addicted to vaping, this is offset by a feeling of the behaviour being highly temporal – any sense of addiction is not necessarily viewed as a 'problem'. Many feel they are addicted, but their addiction is not for the long term – with 67% believing they could stop at any time 'if they really wanted to' – they just do not want to right now. This allows them to discount their addiction, and along with the social attachment to vaping, **means that overtly framing an addiction or negative/health harms message is unlikely to change behaviour**. There is also significant cognitive dissonance around admitting to others that vaping has become a problem or addiction (**as underlined by relatively few youth who vape being able to admit a sense of addiction in front of their peers during focus group discussions, versus the quantitative results**).

**How we speak to or 'label' the experience is also important** – only half of young people (51%) who vape would describe themselves as a vaper or consider themselves part of the vaping culture (48%), and there is much weaker identification with vaping driving 'self identity'. This sensitivity around identification **highlights the need for separate vaping and smoking cessation campaigns** which acknowledge the differences in 'mindset' and product level differences that are perceived by the target audience.



I think vaping for our age group is **more like a social thing...** not many of my friends actually smoke **but heaps of them vape.**

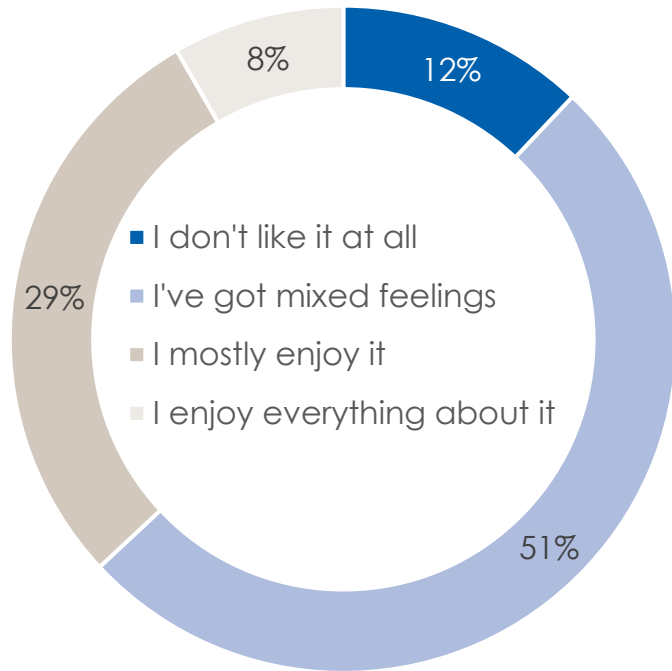
(female, vapes, 14-17)

## 2.2 Perceptions of vaping

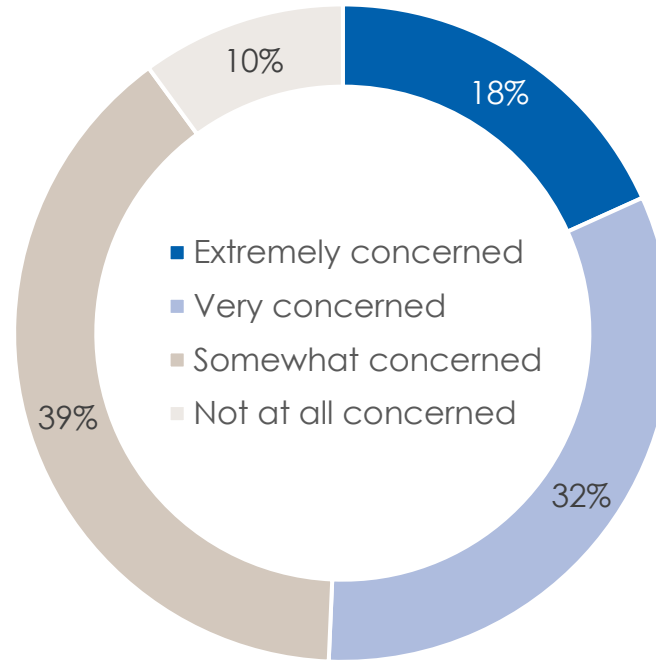


# Feelings and concerns about own vaping

**Q.** How do you personally feel about your vaping?



**Q.** How concerned, if at all, are you about the potential health risks associated with vaping?

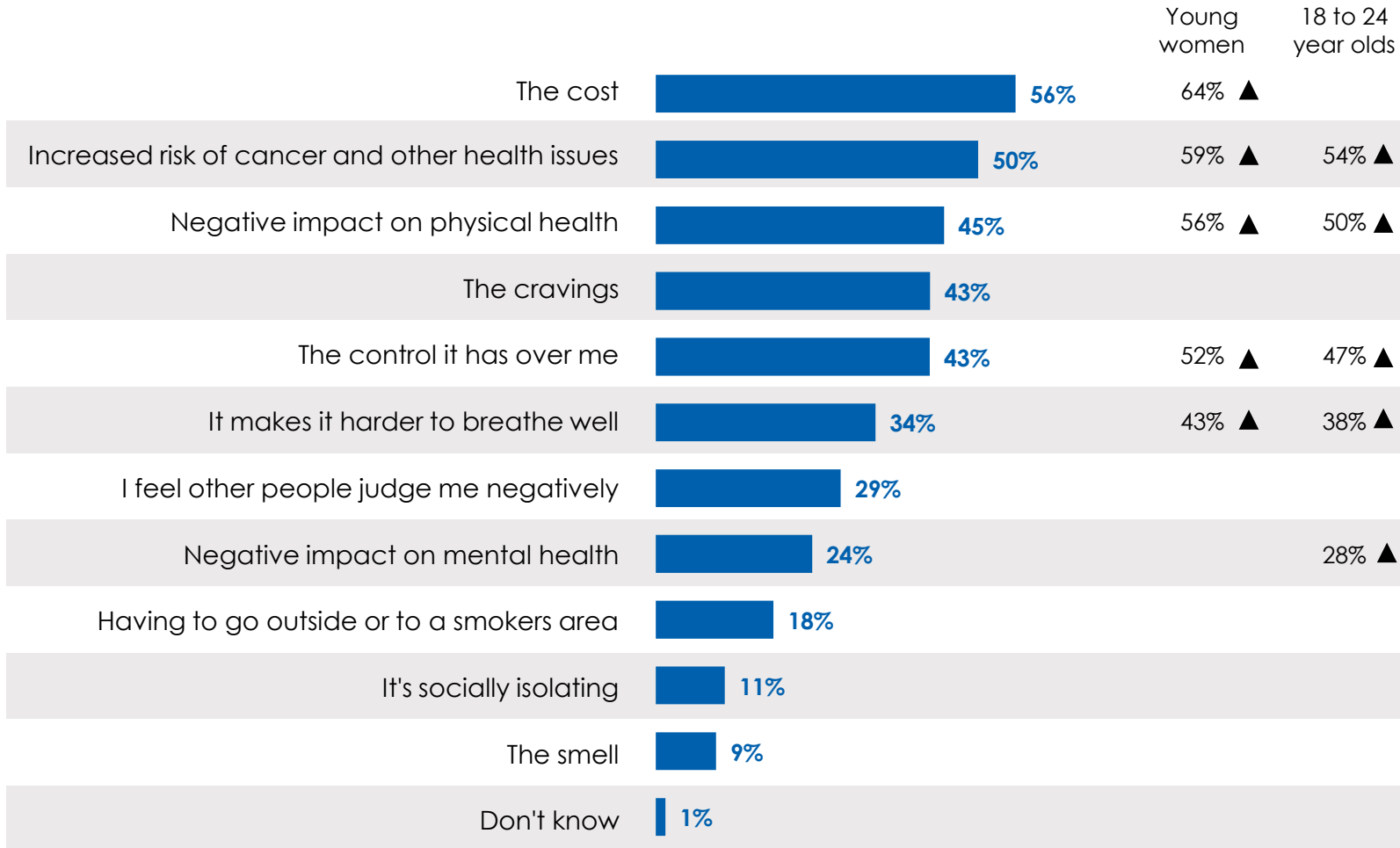


Twelve percent of youth who vape dislike their vaping, and a further 51% have mixed feelings about it. However, this does leave a sizeable proportion who claim they mostly or entirely enjoy their vaping (37%).

Youth aged 18-to-24 who vape are more likely to say they do not like at least some aspects of their vaping compared to younger youth who vape aged 14-to-17 (67% versus 63%) and are also more likely to feel concerned about potential health risks associated with vaping (55% versus 51%). This is likely related to the fact that youth who vape aged 18 to 24 tend to be somewhat more forward-looking than their school aged counterparts (47% of 14- to 17-year-olds agree 'they are not the kind of person who thinks about the future or what might happen' compared to 43% of 18- to 24-year-olds).

# Dislikes about vaping

Q What don't you like about your vaping?



Despite being widely recognised as a cheaper alternative to smoking, 56% percent of youth who vape who do not like at least some aspect of their vaping (92%) say they dislike how much it costs. Half say they dislike the increased risk of serious health issues such as cancer (50%), and 45% say they dislike the impact vaping has on their physical health.

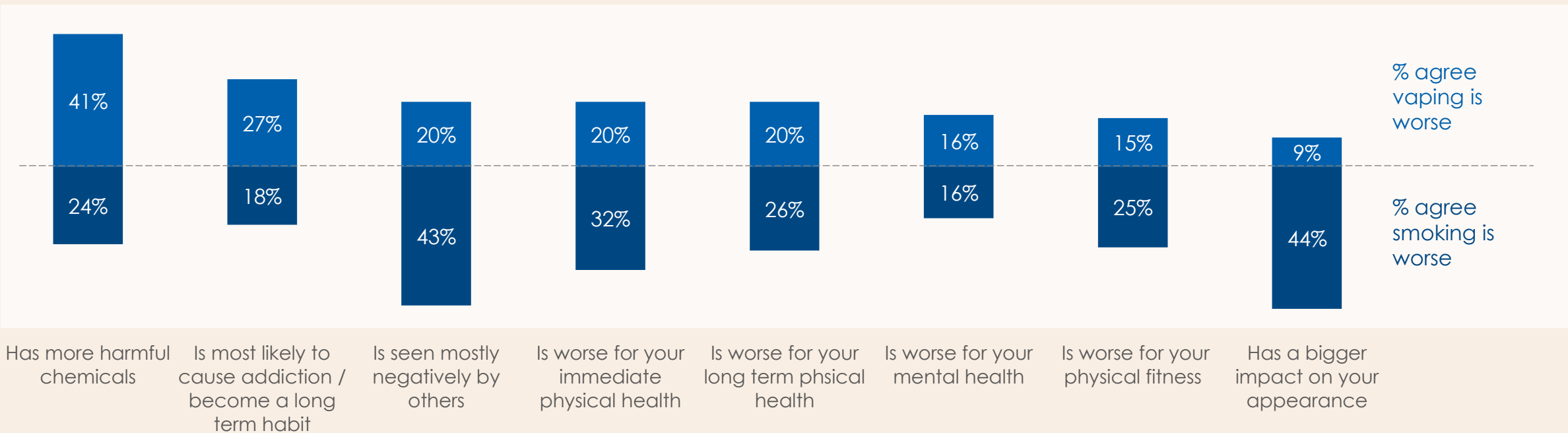
Young women and 18-to-24-year-olds are more likely be concerned about the potential negative health-related outcomes from vaping.

These concerns are among younger youth who vape who have developed at least some degree of concern or dislike about their behaviour, but are not necessarily causative (i.e. telling other youth who vape about costs or health harms will not necessarily move to them to a place where they also begin to dislike their vaping or vapes).

# Perception of smoking versus vaping

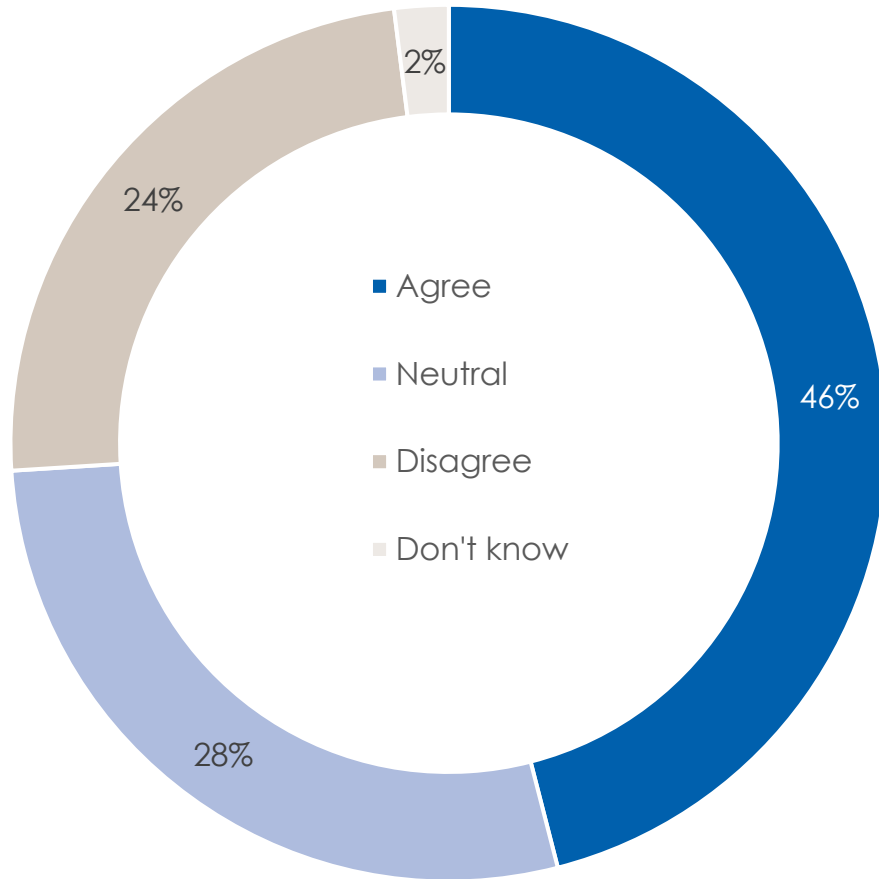
The survey asked youth who vape whether they thought smoking, or vaping was worse on the factors in the chart below. Youth who vape believe smoking is worse than vaping across all factors, except for 'has more harmful chemicals,' and 'is more likely to cause addiction' – both of which youth do not perceive to be particularly problematic. This comparative bias (the ability to 'trade off' the known or 'established' risks of cigarette smoking versus vapes/e-cigarettes) was also a clear trend across all qualitative discussions with young people, which acts as a clear barrier to landing behaviourally powerful messaging that changes how vapes/vaping is perceived.

**Q** Thinking about cigarettes and vapes, which do you think ...



# Perception of smoking versus vaping

**Q** Vaping is healthier / a better choice than smoking



One of the most powerful cognitive biases is a tendency to base subsequent decisions / choices / behaviours on the first piece of information encountered or believed (the “anchor”). This is not an exclusive tendency among young people (other youth who vape / smoke have similar starting points), however, it is clear that youth who vape have heard and deeply internalised a range of ‘official’ and ‘unofficial’ messages that act as their ‘firsts’, in relation to the comparative benefits of vaping (versus smoking)

Fundamentally, these ‘firsts’ act as the anchors for their beliefs, and their processing of all subsequent knowledge.

**In this case, there is a powerful duality to the anchoring bias for vapes/cigarettes: it rests on the ‘accepted belief’ that smoking is known to be much more harmful, and vaping is clean(er), safe(r), and with few(er) health risks.** Indeed, 46% of youth who vape believe this to be the case, with a further 28% who are neutral.

Source: FB1 - Below are a number of statements which other people have made in relation to vaping. To what extent do you agree or disagree... - Vaping is healthier / a better choice than smoking  
 Base: All youth who vape who qualified for the vaping condition (n=353)

# Perception of vapes as the healthy choice

Forty-one percent of youth who vape believe that the risks of vaping have been greatly over-exaggerated. Qualitative research revealed that they question how vapes can be 'that bad' (or as bad as cigarettes) when:

- Vapes do not have the same graphic health warnings / plain packaging as cigarettes.
- Vapes have been positioned in advertising as (or can be seen as) a quitting aid, and you can get them through prescription (positioning them as safe(r) / medical).
- Some people have been vaping for years and are still fine.
- Vapes have not been heavily taxed in the same way as cigarettes.
- Everyone is potentially exposed to toxic chemicals on a daily basis, no matter whether they vape or not.
- There also exists a perceived absence of long-term medical studies on vaping (38% agree there is none).

All the above leads youth who vape to readily discount 'rational' messages about harms and health impacts. It also suggests that trying to position vapes in the same category as cigarettes (i.e. as having equivalent harms/risks) has very little prospect of changing mindsets.



In Australia lots of people do chromies or nangs and illegal substances which aren't legal, as opposed to vaping - **so I think the government wouldn't provide something to use which isn't safe in a moderate amount.**

(female, vapes, 14-17)

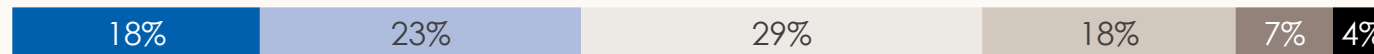
Vapes are packaged and marketed towards a younger audience, they have bright colours and stuff **whereas the cigarettes have those graphic images on the boxes...which tells me one must be safer than the other.**

(male, vapes, 14-17)



■ Agree strongly  
 ■ Agree slightly  
 ■ Neither agree nor disagree  
 ■ Disagree slightly  
 ■ Disagree strongly  
 ■ Don't know

The risks of vaping have been greatly over exaggerated



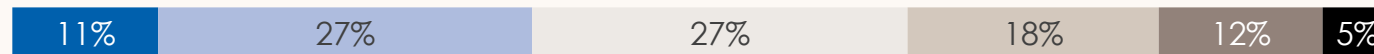
**NETT AGREE**

41%

**NETT DISAGREE**

25%

There's no long term evidence that vaping is that bad for you



38%

30%

# Perception of vapes as the healthy choice

Given the timing of this research program, which spanned the period shortly before the introduction of new vaping regulations, and into the early months of 2024, there is clearly growing awareness among youth who vape that 'something has changed / must be changing' in terms of how society views vaping. However, this group still considers the current reasons given (i.e. toxic chemicals, potential long-term health detriments, short-term health impacts) as largely unbelievable – none make them want to consider if / why their initial anchors around the comparative benefits of vaping are flawed.

- **Toxic vape chemicals causing harm might be true, but ONLY IF:** you're 'unlucky' or 'stupid' with your vape.
  - And telling young people that vapes have harmful chemicals in them that are used for other negative things, **is not convincing messaging as it opens the deflection that everything has chemicals in it that are used for other things** – what makes vapes different to vegetables grown using pesticides?
- **Short term health impacts might be true, but ONLY IF:** you have pre-existing health conditions, are unhealthy to begin with, or if you are 'stupid' with your vape. There's an overwhelming perception that negative short-term health impacts (teens in Intensive Care Units, popcorn lung) are just "urban horror stories", "freak occurrences" – they have low personal proximity and low impact.

“

Because if it was real [chemical harms], it makes no sense in the first place. **Why would they [vape manufacturer] just randomly put rat killer, engine killer, all that, put it in a vape for me to smoke it?** I don't think anyone would be that stupid to go and do that.  
(female, vapes, 14-17)

**Popcorn lung mostly caused by THC products that are black market**, I'm not worried about that, there is nothing burning so no tar or charcoal.  
(female, vapes, 14-17)

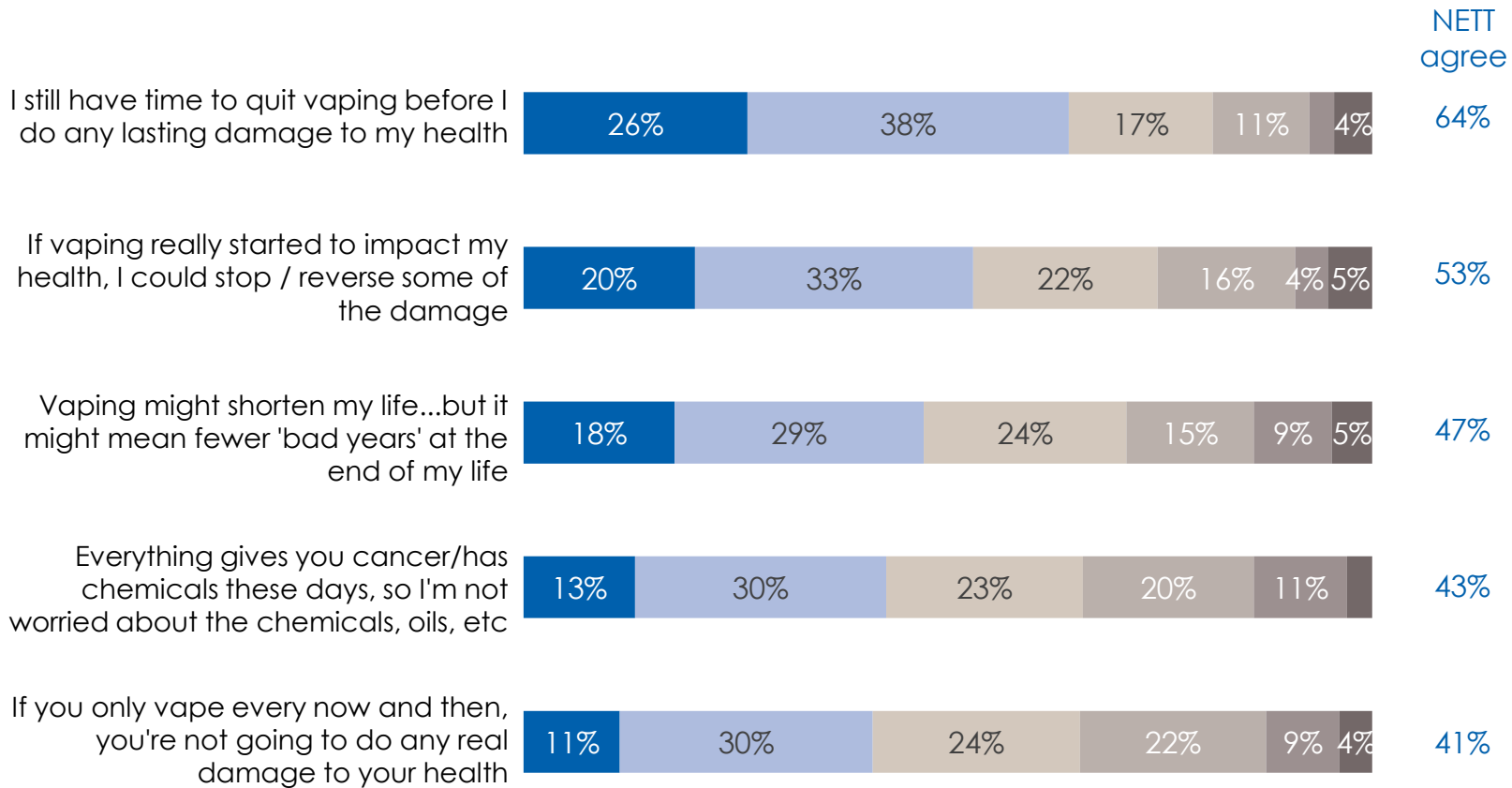
**Personally, I'd say vaping is nearly 100% only good but mostly because I have not experienced any long-term consequences**, they all talk about lung failure and that, so for me there's no reason, **I've never had a bad experience, I have no shortness of breath or anything.**  
(male, dualist, 14-17)

”

# Other 'loopholes' around vaping and health

**Q** To what extent do you agree or disagree...

■ Agree strongly  
 ■ Agree slightly  
 ■ Neither  
 ■ Disagree slightly  
 ■ Disagree strongly  
 ■ Don't know



While there is clearly some latent/rational concern about the potential longer-term health harms of vaping, these appear to exist more at a 'abstract' or theoretical level – in qualitative discussions, there was little genuine belief or concern about long term-harms. Youth who vape often see health claims as 'unproven / unfounded / scare-tactics' – with even known cases/effects such as popcorn lung, being dismissed as 'urban horror stories'.

This sense of 'unreality' and distance from health harms appears to be driven by a mental loophole...even if health harms were proven 'in the future' – two thirds of young people believe that they still have time to quit before they do any lasting damage to their health (64%), and half think they could stop and reverse any damage already potentially done to their health (53%).



# Implication for communication

For 37% of youth who vape, vaping is something they enjoy, an additional 51% feel largely ambivalent about their behaviour, leaving only 12% who actively dislike it. At the same time, although 50% of youth who vape say they feel very or extremely concerned about the potential health risks associated with vaping, many are able to write off these concerns through telling themselves that it is healthier / better for them than smoking (46% agree), and that the risks have been overexaggerated (41% agree) or are unknown (38% agree there has been no long-term medical studies on vaping). **These beliefs allow youth who vape to readily discount rational messages about harms and impacts.**

We also observe that the tendency to downplay the extent of addiction acts as a 'loophole' that allows for health harm messages to be dismissed or minimised. Many youth who vape also believe that they have 'youth on their side', with potential serious health consequences being something they can avoid/avert if they stop at some point in the future. Indeed, 64% of youth who vape believe that they still have time to quit before they do any lasting damage to their health, and 53% think they could stop and reverse any damage already potentially done to their health. **Communication, therefore should avoid anchoring to health or other deficits that are readily dismissed.**



Until they come back in like **50 years**  
and can prove **100%** that vaping kills  
you, I'm not going to think of it like  
**cigarettes.**

(male who vapes, 18-24)

## 2.3 Quitting

# Commitment model

Well-established behavioural theory<sup>1</sup> points to the significance of 'commitment' to perform or undertake a specific behaviour as being a powerful way to determine the likelihood of action. The more strongly an individual is committed to an action, the more likely they will be to undertake that action.

Our measurement of commitment includes multiple domains, inclusive of:

- **Dissonance:** how much discomfort someone feels with their current behaviour
- **External influence:** the automatic appraisal of circumstance and attitudes, perceptions of social norms, etc around quitting
- **Ambivalence:** the extent to which someone is attitudinally conflicted about whether or not to quit
- **Involvement:** how personally important or relevant the issue feels

Multivariate analysis of these domains allocates respondents into six different categories of commitment intensity – from those that are 'advocates' to those that are highly unwilling to accept the need for their participation ('denial'). For ease of interpretation, the most (advocates and attainers) and least committed segments (difficults and deniers) have been clustered together.



# Commitment model

Youth who vape can be segmented into one of four groups to show their level of commitment to quitting vaping.

Followers represent nearly half of all youth who vape (44%), making it the largest commitment segment by some distance. This segment is characterised by how strongly influenced they are by those around them (i.e social norming)

The next largest segment is the difficult deniers (27%), who do not see vaping as a problem to be taken very seriously.

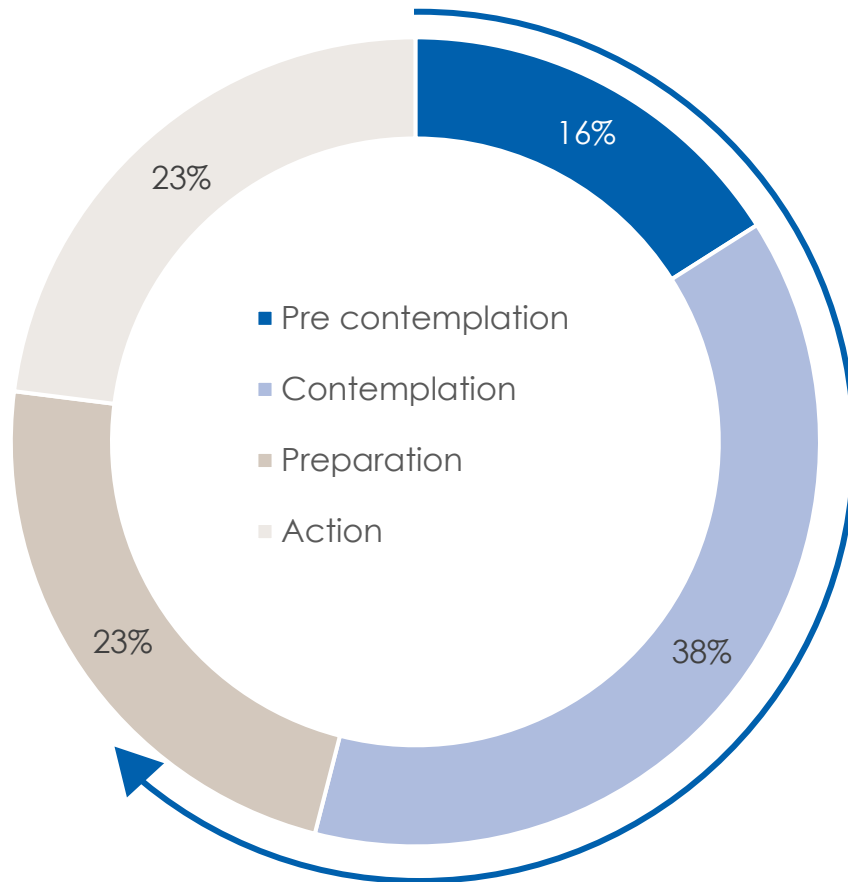
Only 8% fall into the attainer segment and are seen to be seriously committed to quitting.



<p><b>ATTAINERS &amp; ADVOCATES</b> 8%</p>	<p>Committed to the idea of quitting</p>
<p><b>FLUCTUATING</b> 22%</p>	<p>Strongly conflicted about quitting. While they may not 'actively' want to continue to smoke / vape, their unconscious attitudes serve as barriers</p>
<p><b>FOLLOWERS</b> 44%</p>	<p>A desire to do the 'right' behaviour, but strongly influenced by those around them – the 'loudest voice' and their perception of 'social norm' (are unlikely to shift without a sense that others around them are also changing their behaviours)</p>
<p><b>DIFFICULT DENIERS, 27%</b></p>	<p>The most negative in their behaviours and attitudes. They are knowingly exhibiting the undesirable behaviour and are actively resistant to quit messaging.</p>

# Stages of change framework

Prochaska and DiClemente's Stages of Change Model suggests that changing a person's health behaviours involves moving through five cognitive stages. The stages are: precontemplation, contemplation, preparation, action and maintenance. Maintenance is not included here because youth who vape only includes those who are still vaping.



Sixty-one percent of youth who vape are intending to quit at some point (contemplation / preparation), and a further 23% are currently trying to do so (action phase).

Only 16% are not considering quitting vaping at all (are in the precontemplation phase). 14- to 17-year-olds are more likely to be in this pre-contemplation stage than 18- to 24-year-olds (34% versus 11%).

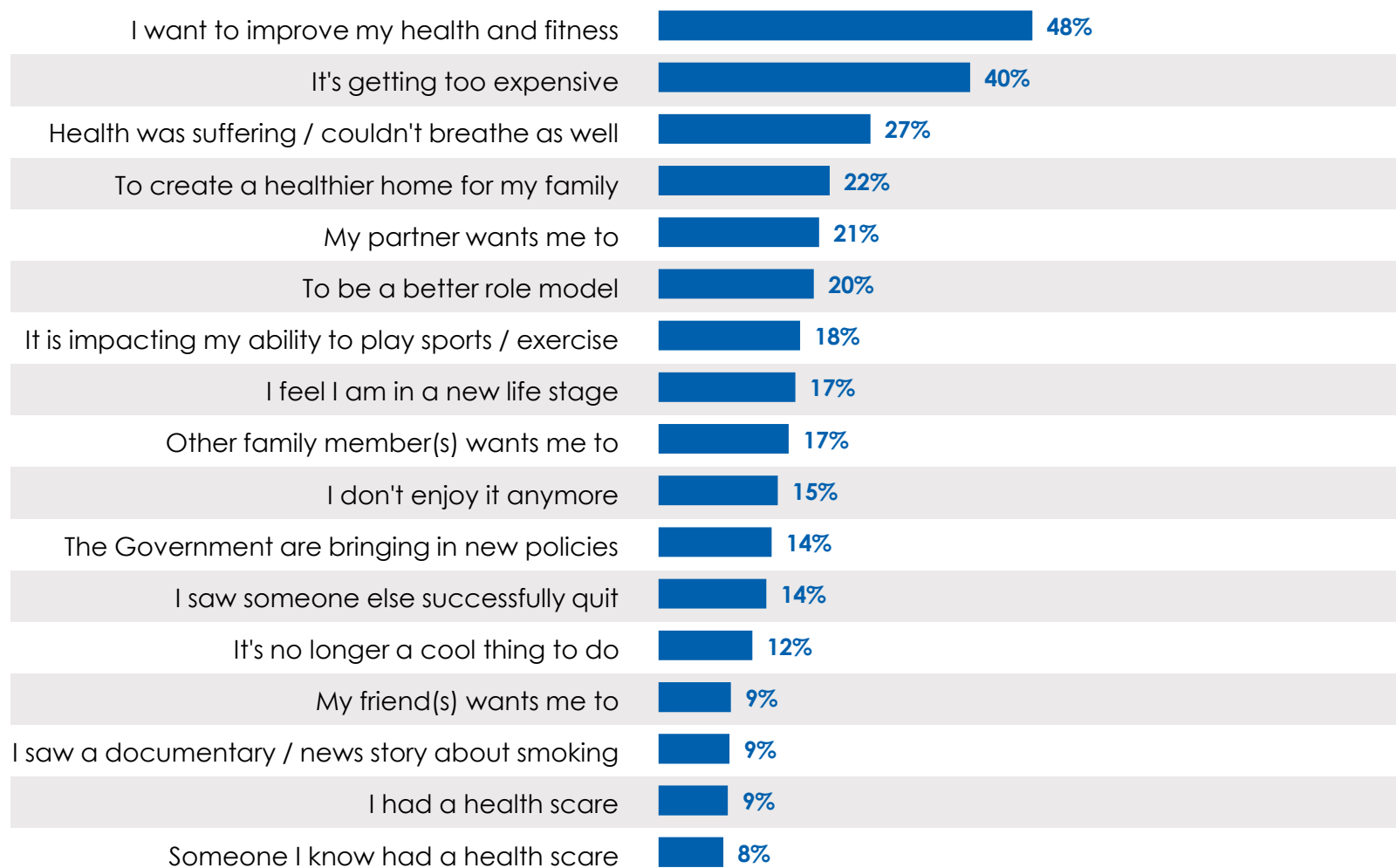
\*Extrapolation has been calculated using ABS Census figures, and vaping incidence rates reported by the Department of Health: [current-vaping-and-smoking-in-the-australian-population-aged-14-years-or-older-february-2018-to-march-2023.pdf](https://www.health.gov.au/resources/publications/current-vaping-and-smoking-in-the-australian-population-aged-14-years-or-older-february-2018-to-march-2023.pdf) (health.gov.au)

Source: DB1 - Are you ...?

Base: All youth who vape who qualified for the vaping condition (n=353)

# Why youth who vape are considering quitting

**Q** For what reasons are you trying to quit / thinking about quitting vaping?

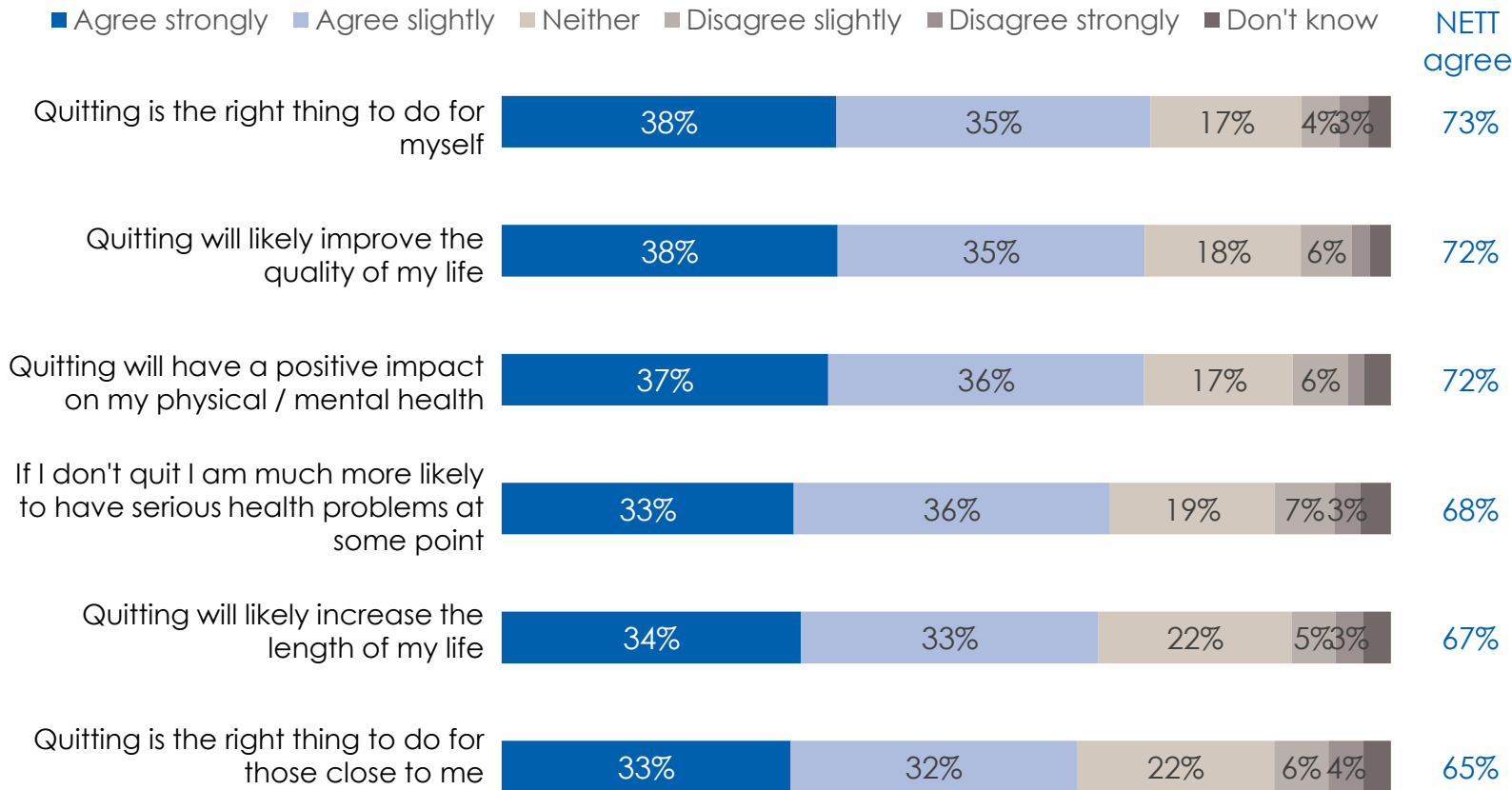


Half (48%) of youth who vape who are actively trying to quit or considering quitting say it is because they would like to improve their overall health and fitness. This may seem at odds with the findings reported in the previous section, which highlight the downplaying of serious long-term health impacts. However, the qualitative research revealed that youth often view health and fitness as a short-term thing and think about it mostly in relation to sports performance.

The second most common reason youth who vape are contemplating quitting is the cost, with 40% indicating that it is getting too expensive for them. Given the timing of our research, this may relate to a number of factors (it may reflect general cost of living impacts, which we hypothesise would be most keenly felt by younger people, but may also be in the face of control strategies around disposable vape imports that are potentially now starting to impact on supply and hence price).

# Perceived impact of quitting on health and quality of life

**Q** To what extent do you agree or disagree...

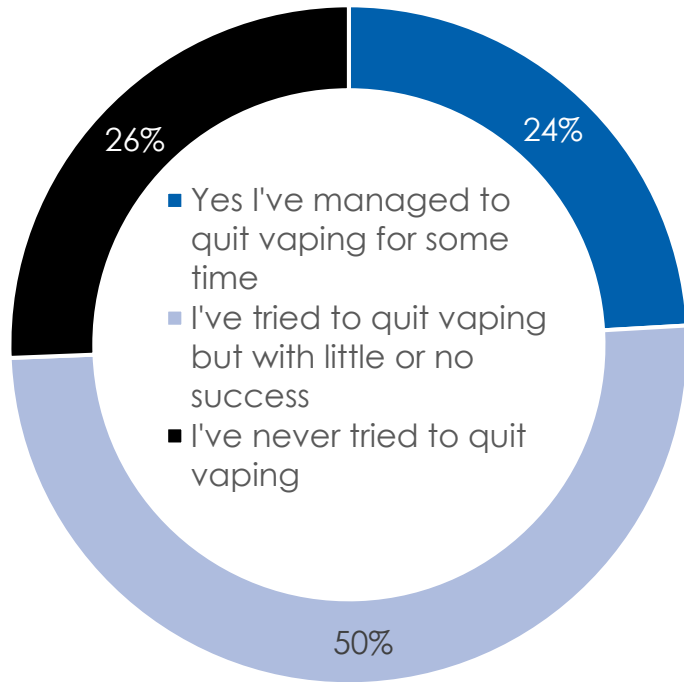


The majority of youth who vape feel quitting is the right thing to do for themselves (73%) and those around them (65%), and recognise that it will likely improve their health outcomes and overall quality of life. However, as mentioned previously, many youth who vape believe they will quit before they cause any lasting damage – reducing any motivational potential.

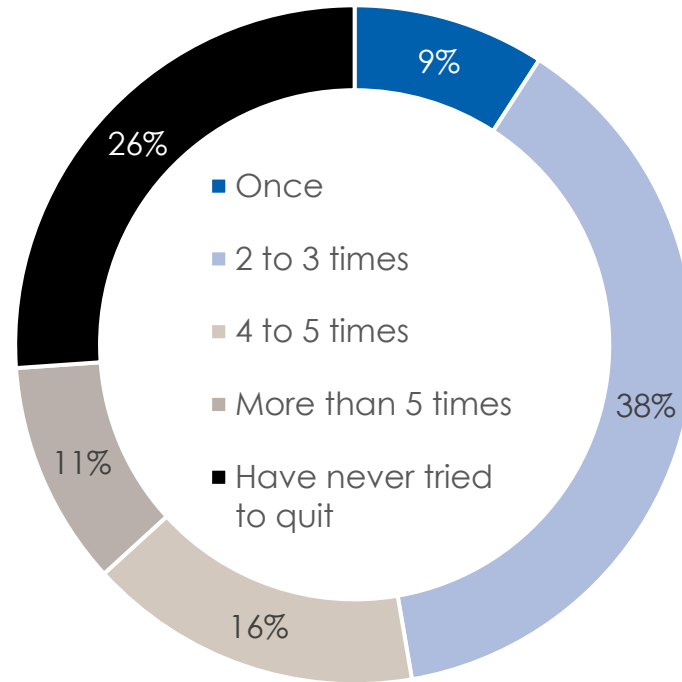


# Previous quit attempts

**Q.** Have you quit vaping at any point?



**Q.** How many times have you tried to quit vaping in the past?



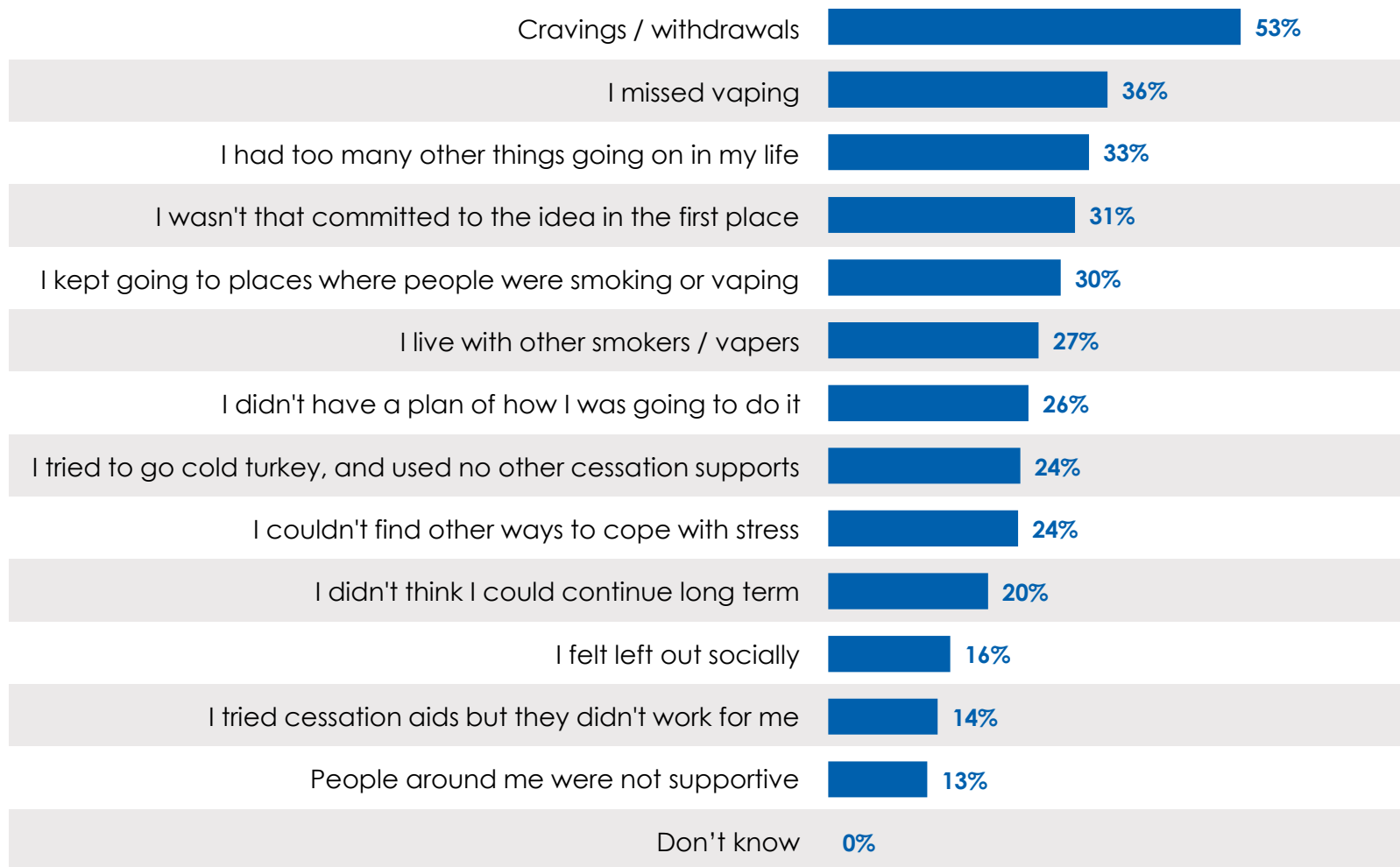
Three quarters (74%) of youth who vape have attempted to quit vaping before. Those aged 18-to-24 are more likely than average to have tried to quit previously (79%), likely linked to the fact that this slightly older group have been vaping for longer.

Those that have tried to quit have often tried multiple times.

Qualitatively, our discussions with youth who vape tended to suggest that many may go for periods of time without vaping (which in the context of this survey, may have been considered by respondents to constitute a 'quit attempt').

# Reasons why a quit attempt failed

**Q** Thinking about the most recent time you tried to quit vaping, why do you think you didn't manage to quit fully?



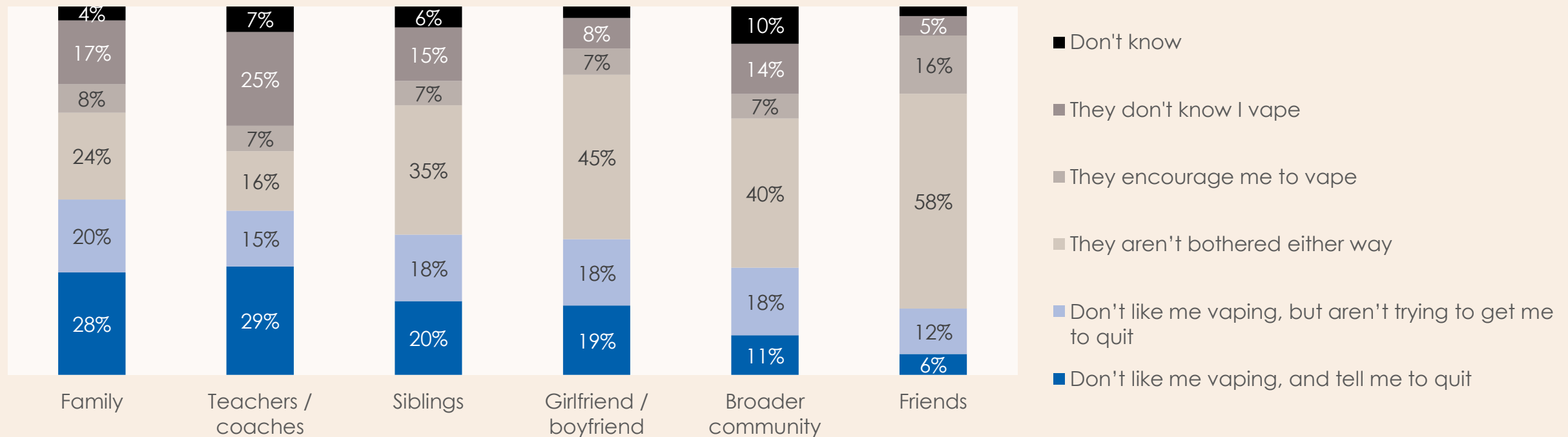
Half of those that tried and failed to quit say that it was because of their cravings / withdrawals (thus inferring a high degree of addiction) (53%). Other more common reasons include:

- simply missing vaping (36%), which again may reflect its addictive or habitual qualities,
- having too many other things going on in life (33%),
- a lack of commitment on their part (31%),
- and continuing to go to places where people were smoking and vaping (30%), which again, reinforces the social layers that sit around youth vaping.

# Social influences

**Q** What do the following groups of people think of your vaping?

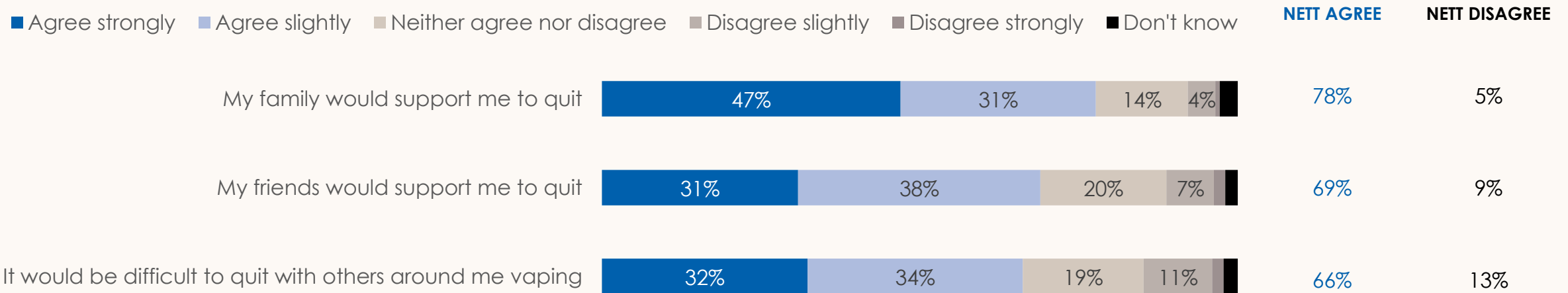
We asked youth who vape what different groups of people in their life think of their vaping. Family and teachers / coaches are the two groups most likely to have said they do not like the vaping (48% and 44% respectively); and they are also the two groups youth who vape are hiding their vaping from the most (17% and 25% respectively). In contrast, friends are least likely to have indicated they do not like the vaping, and most likely to know about the vaping (92%) and encourage it (16%).



# Social support for quitting

**Q** To what extent do you agree or disagree...

Most youth who vape believe both their family (78%) and friends (69%) would support them to quit vaping if they wanted to do so. Although they are somewhat more likely to think their family will support them than their friends. The majority of youth who vape (66%) agree it would be difficult to quit if others around them were still vaping – reinforcing the importance of driving a sense of 'collective' quitting and disrupting the high perceived social norming around youth vaping.



# The role of parents/carers/influencers

“

It's like the **government allowing heroin and then being surprised when it's a problem**. Everyone would know this would happen. Teachers and parents don't need this sh\*t. it didn't need to be in the country.

(parent of youth who vapes)

I would think that my smoking contributed, could be peer pressure, **I would find it hard to justify our conversations as I would come across as a hypocrite**.

(parent of youth who vapes who smokes/has smoked)

How it came into everyone's lives so quickly and it's not regulated, nobody probably thought it was going to be this big. It was probably a lot easier to get to as well before they started doing regulations on it, **I think governments are at fault for that, they should have been quicker to act** we shouldn't have had this all brought over from another country.

(parent of youth who vapes)

”

The qualitative research revealed that the **role of parents** to influence young people to stop smoking and vaping is complex and one that is not universally felt to belong to them...

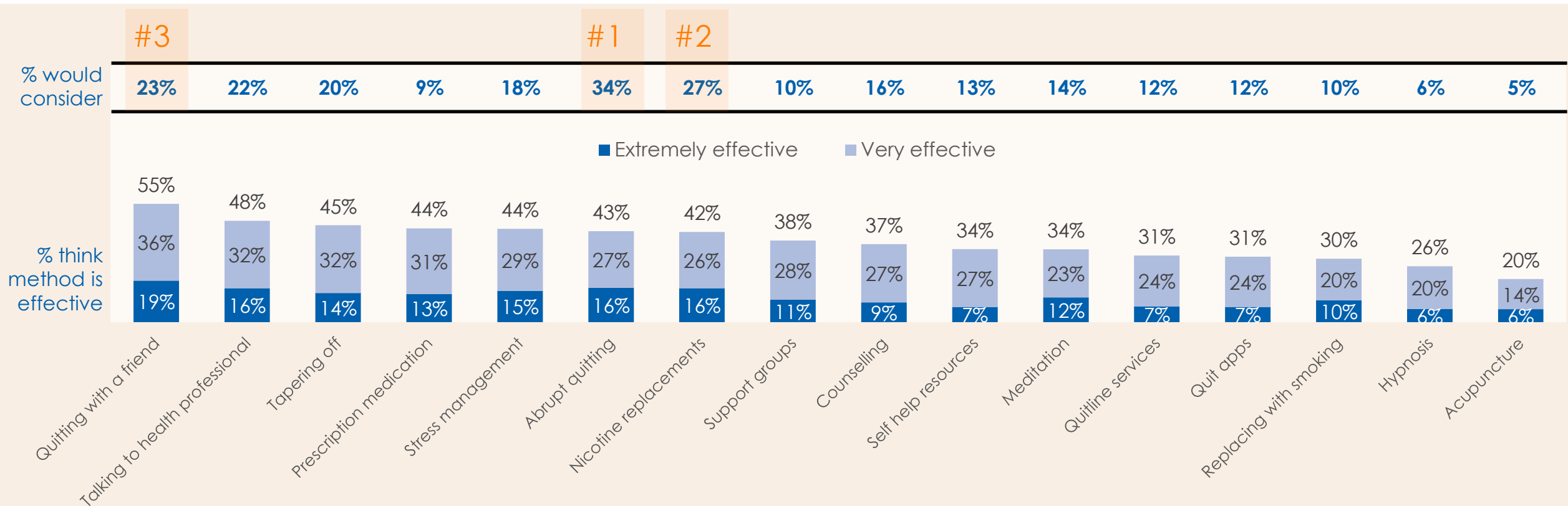
- There is a **high degree of community concern** about youth vaping generally, and particularly among parents of those aged 14-to-17-year-olds.
- **Adults who themselves smoke/vape face complex feelings** talking about the issue with their kids. They worry that they are being hypocritical and express frustration about how to make their kids understand why never to start the habit, even when they currently still do it.
- Many parents feel that, **as a society, we have let youth vaping get away from us**. There is a mix of defeatism and anger, which suppresses their desire to engage.
- Any **call to action for parents must not make them feel like this is their problem to solve alone**. They feel they have no control over the issue, and are experiencing frustration, and potentially even shame, if their child starts to vape.
- Any messaging targeted towards parents of young people who vape should **avoid punitive discussions around vaping, and instead focus on support for cessation**.

# Method efficacy

**Q** Which might you seriously consider doing if you tried to quit vaping?  
How effective do you think these are to help people quit vaping?

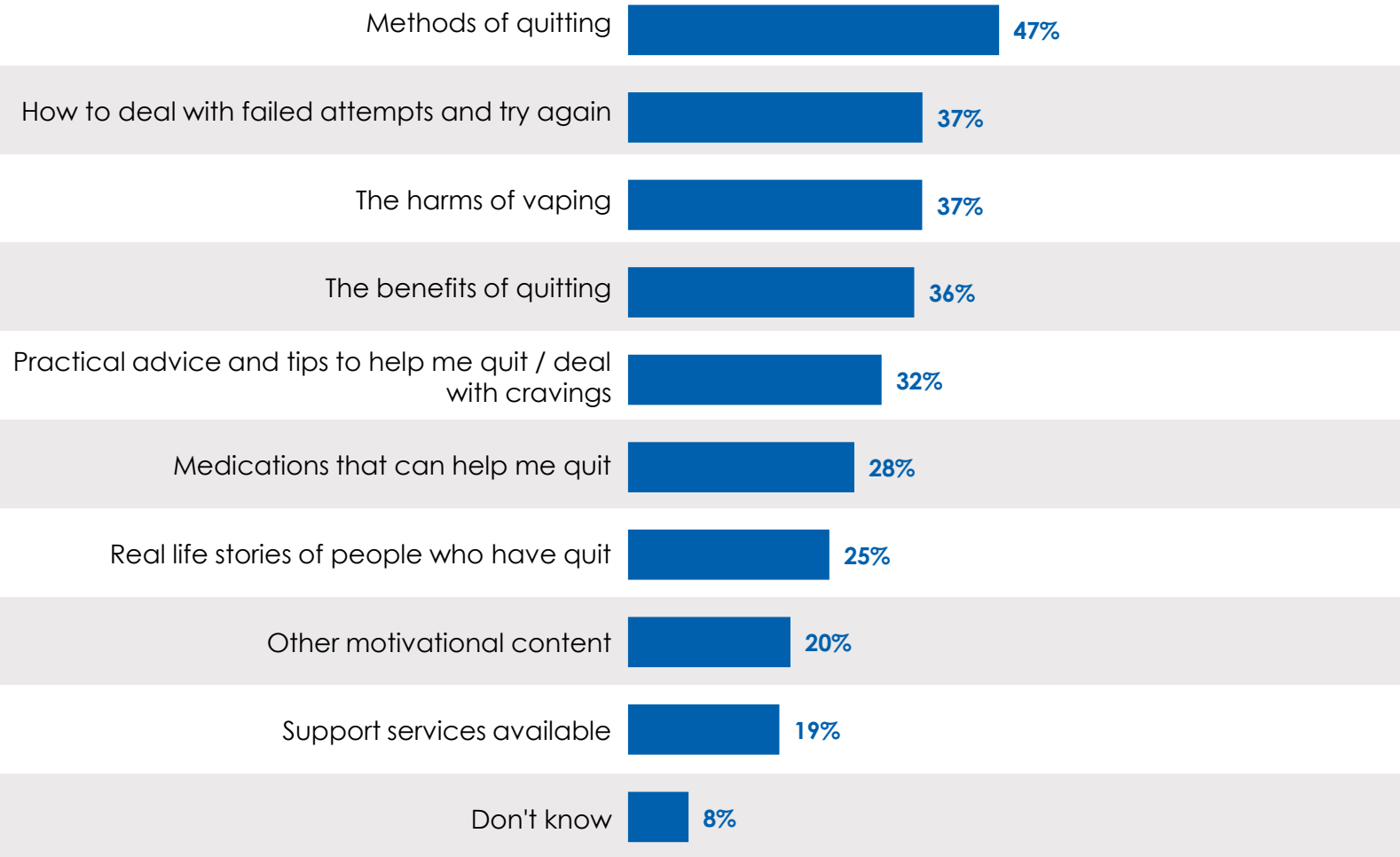
Quitting with a friend (55%) and talking to a health professional (48%) are seen as the most effective cessation tools. Quitline services, quit apps, etc are perceived to be less effective options. The qualitative research found that it was common for youth who vape to feel there are no services out there that would understand the issues of people their age, who feel they/vaping are 'different' - leading to automatic rejection of the benefits of using existing tobacco cessation services / Quitline / etc. Further, any framing or language around 'quit' (e.g. Quitline) may not meet the need state of youth who vape who wish to reduce (rather than quit).

Interestingly, the methods perceived as more effective are not necessarily what people have used or intend to use; with abrupt quitting ('cold turkey') being the most popular method (34%), followed by nicotine replacements (27%).



# Information preferences

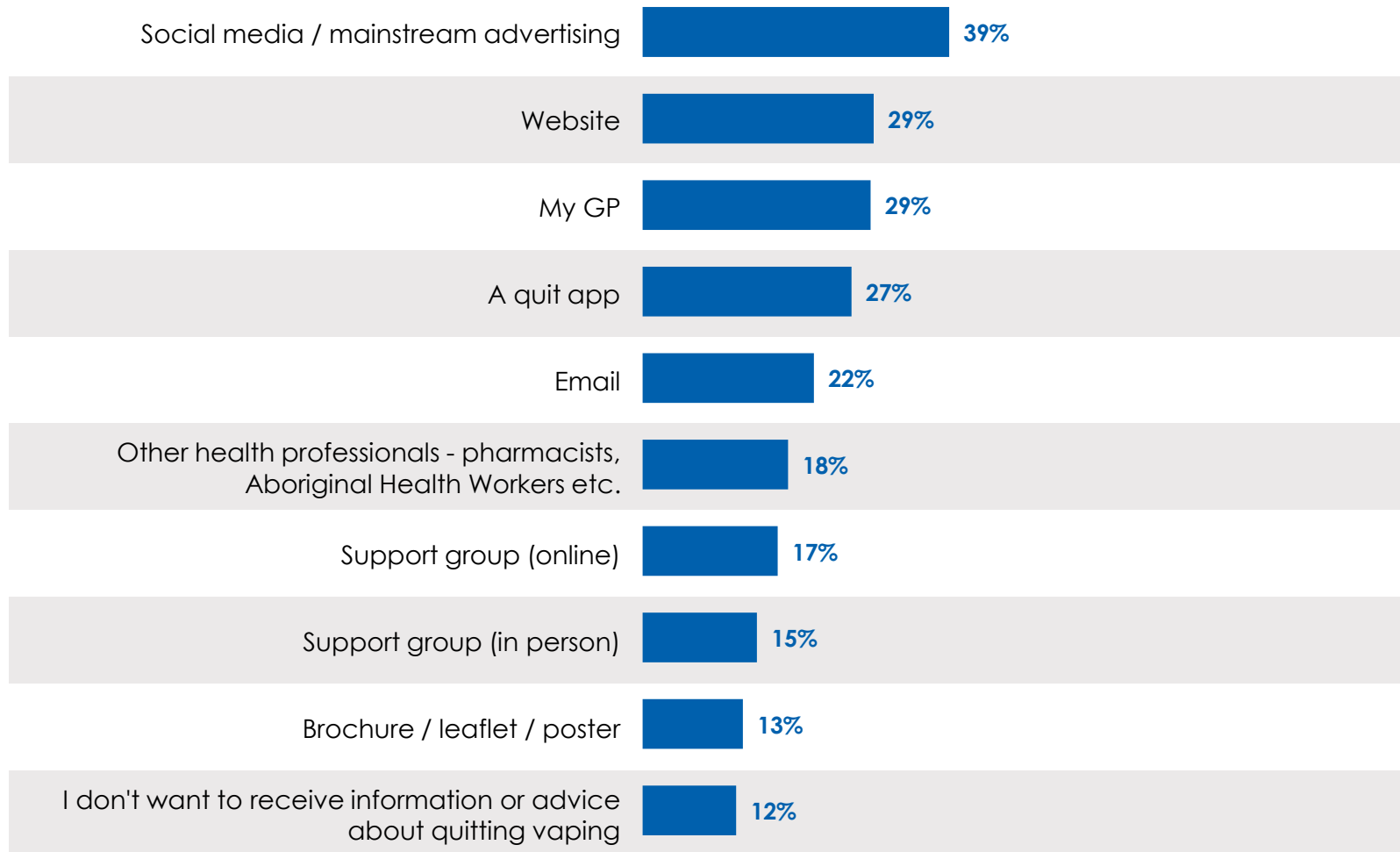
**Q** When it comes to quitting vaping, what kind of information would you like to know more about?



Half (47%) of youth who vape would like more information on methods of quitting. More than a third would also like to know more about how to deal with failed attempts (37%), the harms of vaping (37%), and the benefits of quitting (36%).

# Information preferences

Q How would you like to receive information and advice about quitting vaping?



Thirty-nine percent of youth who vape have a preference for receiving information about quitting vaping through social media and mainstream advertising.

Interestingly 27% would like to receive information through a quit app. While this finding is seemingly at odds with other evidence (i.e that quit apps are perceived to be one of the least effective cessation tools), our qualitative evidence suggests that this is because youth who vape do not believe there is an effective / tailored app or support service out there.

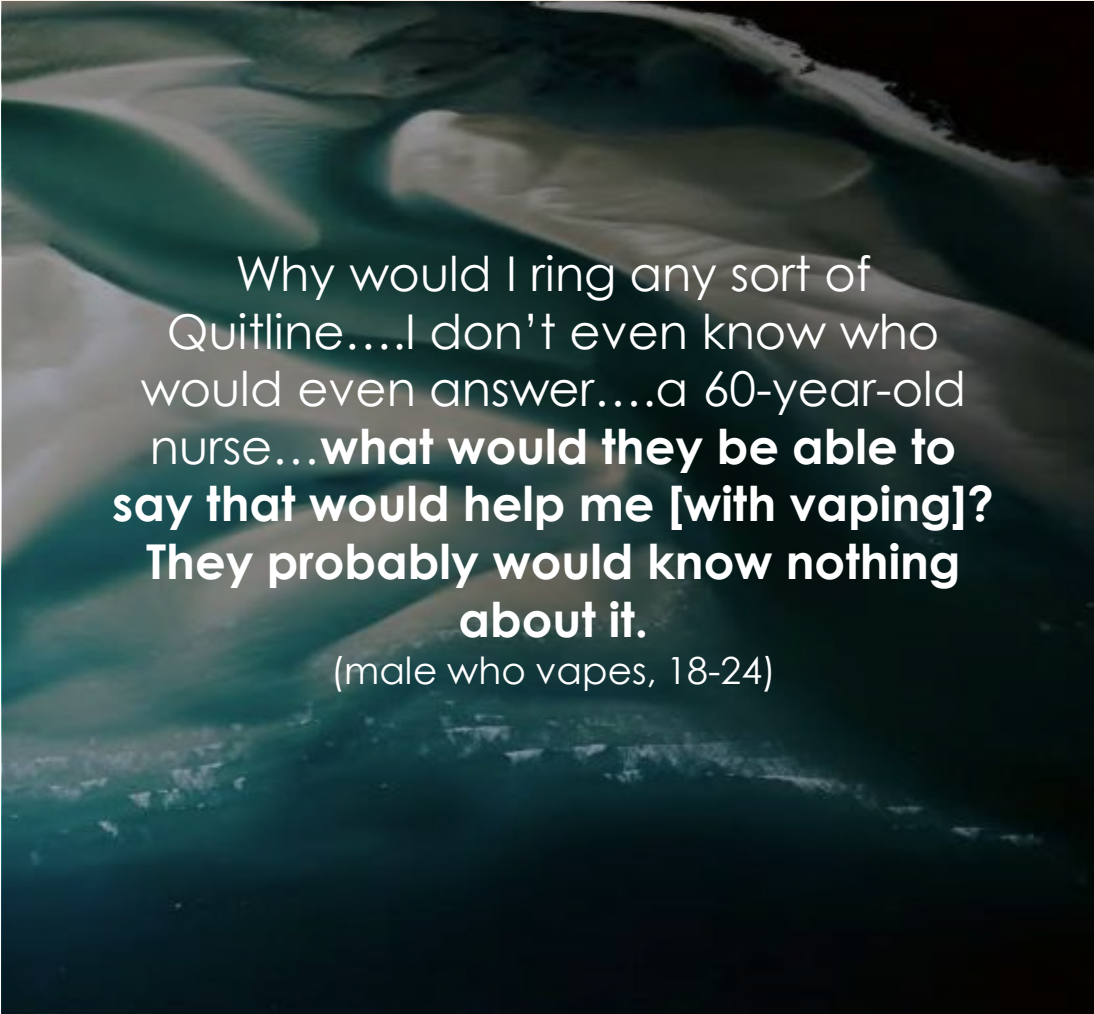


# Implication for communication

**A majority of youth who vape (74%) have made prior quit attempts**, with just under two-thirds (65%) having made multiple attempts. This is supported by our commitment modelling, which also suggests that relatively high proportions of young people may have at least some desire to quit their vaping (with only 27% falling in the difficult and denier segments). Unsurprisingly, there appears to be a gap between the often latent desire to quit (which can be masked by social norms and other habitual cues) and a lack of knowledge of how to succeed in quit attempts.

Pertinently, **the two highest rated information needs around quitting were in relation to 'how to' do it – 47% and dealing with failure – 37%**. This was also supported by our qualitative discussions, where there was often little sense of established repertoires or confidence to actually sustain quit attempts. There may be a role for public relations or other below the line activities to focus on empathetically delivering these messages (i.e. how to quit, and the potential need to deal with regression of perceived 'failed' attempts). **We would also suggest leveraging the 'quit with a friend' angle (both as a practical tool, and to address the sociability biases that often keep young people attached to vaping)**

**To address the perception gap / dismissal around the role of existing help services**, we note that there is a need to address the default rejection of supports and services that many heuristically position as being just about smoking/tobacco. There is potential to reposition these services as relevant to vaping as people start on their quitting journey.



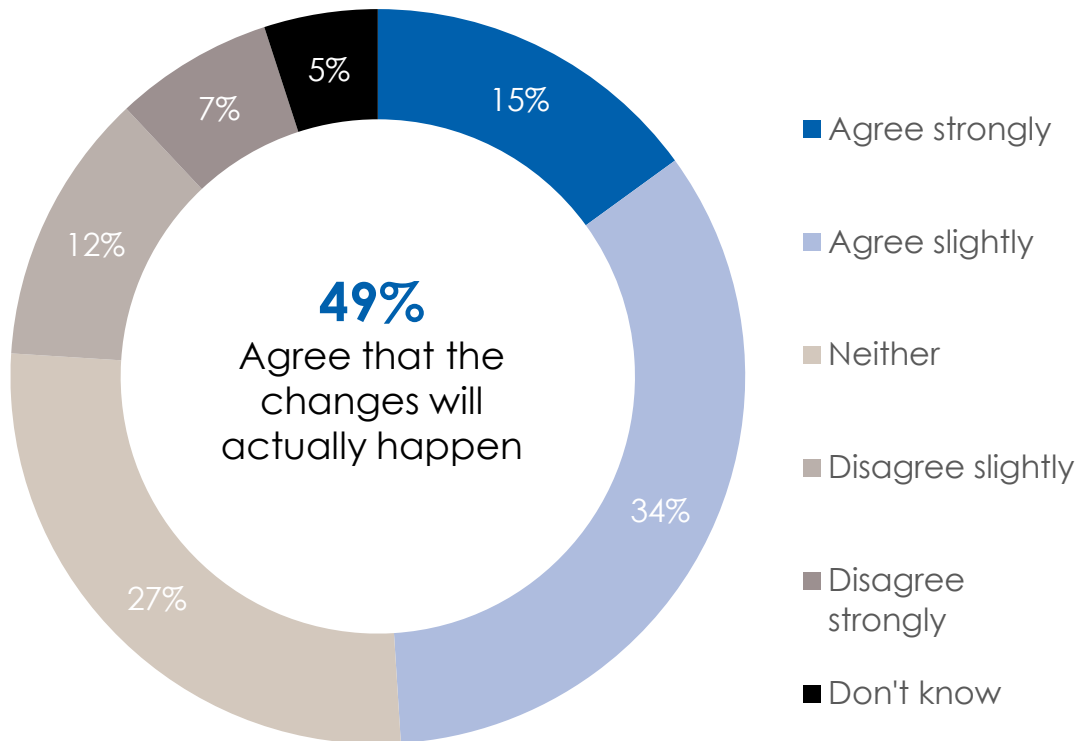
Why would I ring any sort of  
Quitline....I don't even know who  
would even answer....a 60-year-old  
nurse...**what would they be able to  
say that would help me [with vaping]?**  
**They probably would know nothing  
about it.**

(male who vapes, 18-24)

## 2.4 Potential impact of new vaping regulations

# Perceptions that proposed new regulations will ‘stick’

Q How much do you agree or disagree that the changes **will actually happen** ...



It is important to note that 76% of youth who vape use disposable vapes, which are at the centre of the proposed new regulations.

Half of youth who vape (49%) are convinced that the proposed new regulations will actually occur, however 19% are skeptical. At the time, the qualitative research indicated that youth who vape find it hard to believe that import bans will be enforced, and feel that they have seen messaging around 'vape bans' before (but have not actually felt any changes). They also question why a product perceived as (relatively) safe, normalised and harmless would be banned.

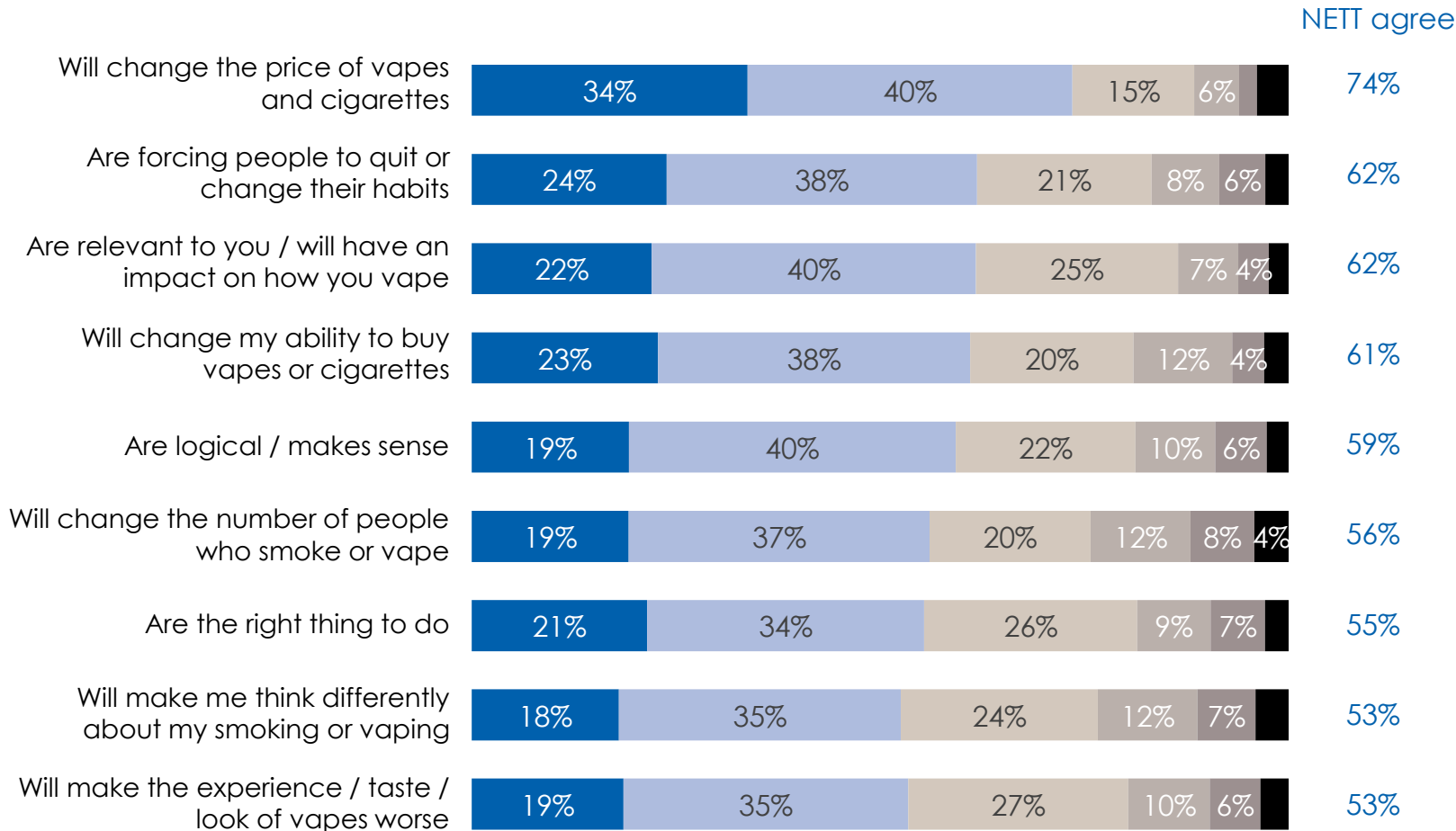
The qualitative research found that there is **important implicit communication in cigarettes still being legal**. Youth who vape do not understand why vapes would be 'banned' when cigarettes are not, and when cigarettes are 'known' to be worse for people's health.

“ It's not just vaping; **it should be cigarettes too if you are going to make it illegal...** but I guess there's so much tax in it they never will.  
(female, vapes, 18-24) ”

# Perception of policy changes

Q How much do you agree or disagree that the changes ...

■ Agree strongly ■ Agree slightly ■ Neither ■ Disagree slightly ■ Disagree strongly ■ Don't know



When exposed to proposed new regulations, six in ten (62%) feel the changes are forcing people to quit or change their habit. However, this does seem to have broad support – with 55% agreeing it is the right thing to do.

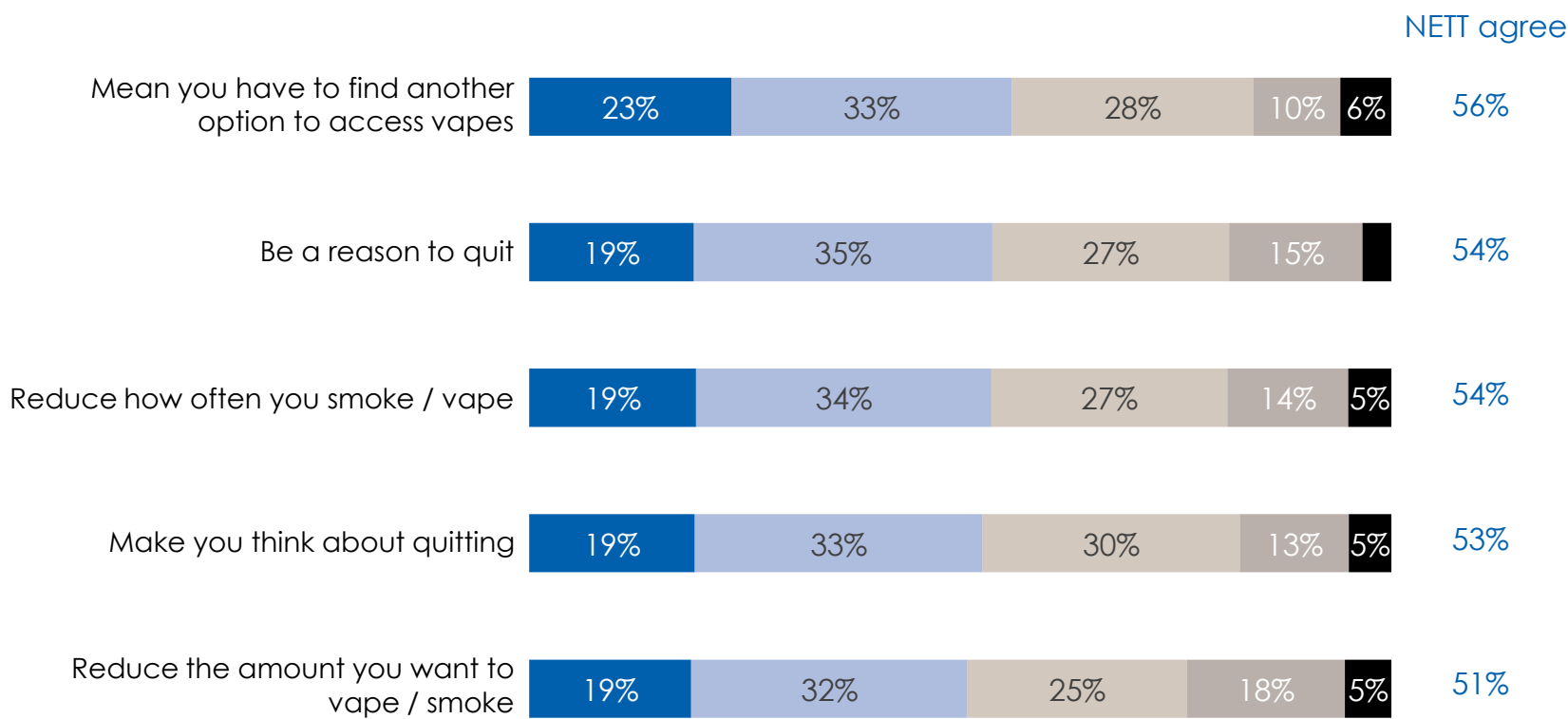
This reflects the qualitative research which found that youth who vape who are further along in the contemplation journey would in some cases see the proposed new regulations as an impetus or to support their quit attempt/s.

“ I would welcome it [if vaping became illegal]. It would honestly be the push I need to just stop.  
 (male, vapes, 18-24) ”

# Perceived impact of policy change on behaviour

Q How likely is it that these changes will ...?

■ Extremely likely   ■ Very likely   ■ Somewhat likely   ■ Not at all likely   ■ Don't know

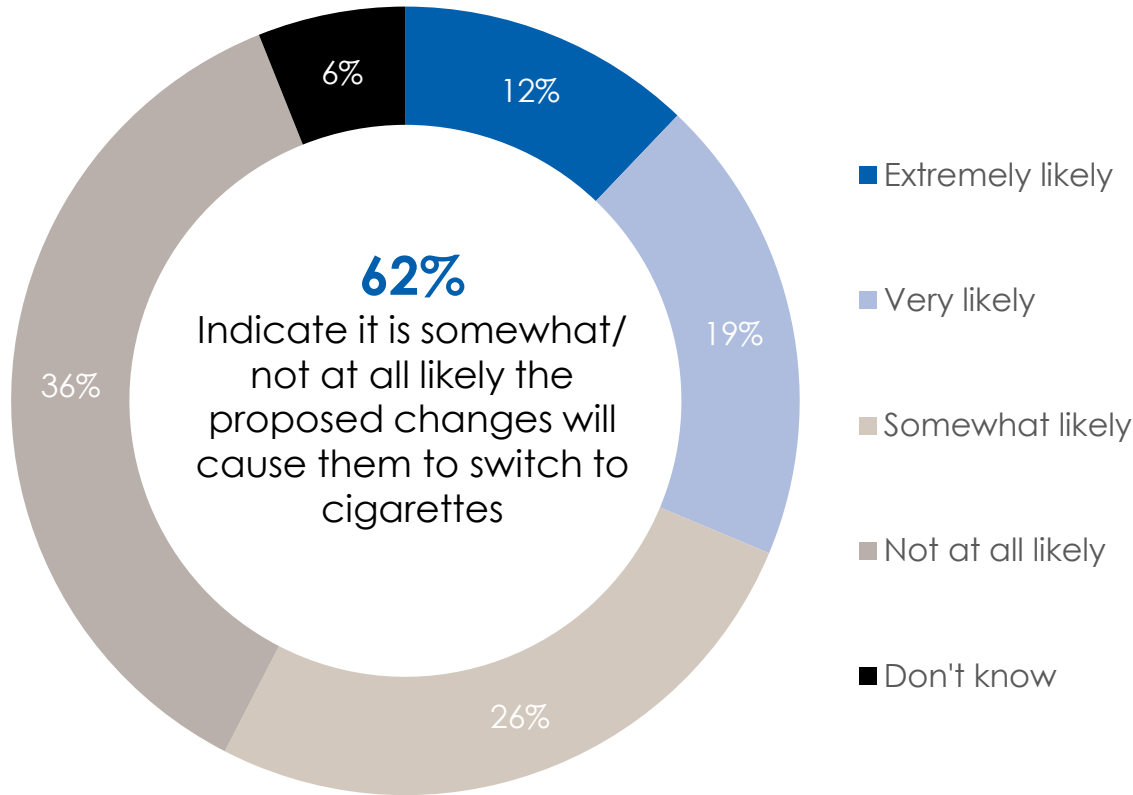


The survey also asked what impact they think the policy changes/proposed new regulations will have on their own behaviour. Slightly more than half think it is likely that the changes will:

- Mean they will have to find another option to get their vape (56%);
- Will be a reason to quit (54%), or at least consider quitting (53%);
- Will reduce how often they smoke / vape (54%), and the amount they smoke / vape (51%).

# Possible switching behaviours

Q How likely is it that these changes will cause you to switch to cigarettes...?



The majority of youth who exclusively vape, indicated that it is somewhat or not at all likely that the proposed changes will cause them to switch to cigarettes (62%).

While a substantial minority (31%) of youth who exclusively vape, indicate that it is likely that the proposed new regulations may cause them to switch to cigarettes – it should be kept in mind that intentions in an unknown, and not yet experienced, future state do not necessarily translate to behaviour.

This was reflected in the qualitative insights, which found that some youth who vape would substitute other behaviours that they feel would help them with feelings of stress or anxiety (marijuana, alcohol, other tobacco etc) if vapes become far less accessible and / or more expensive. However, these results should also be seen in the context that just under forty percent of the young people who completed the survey started off smoking cigarettes and tobacco exclusively.

“ I can feel how bad these things are but even then, **if you take it away, I would probably just end up smoking more weed.** (male, vapes, 18-24) ”

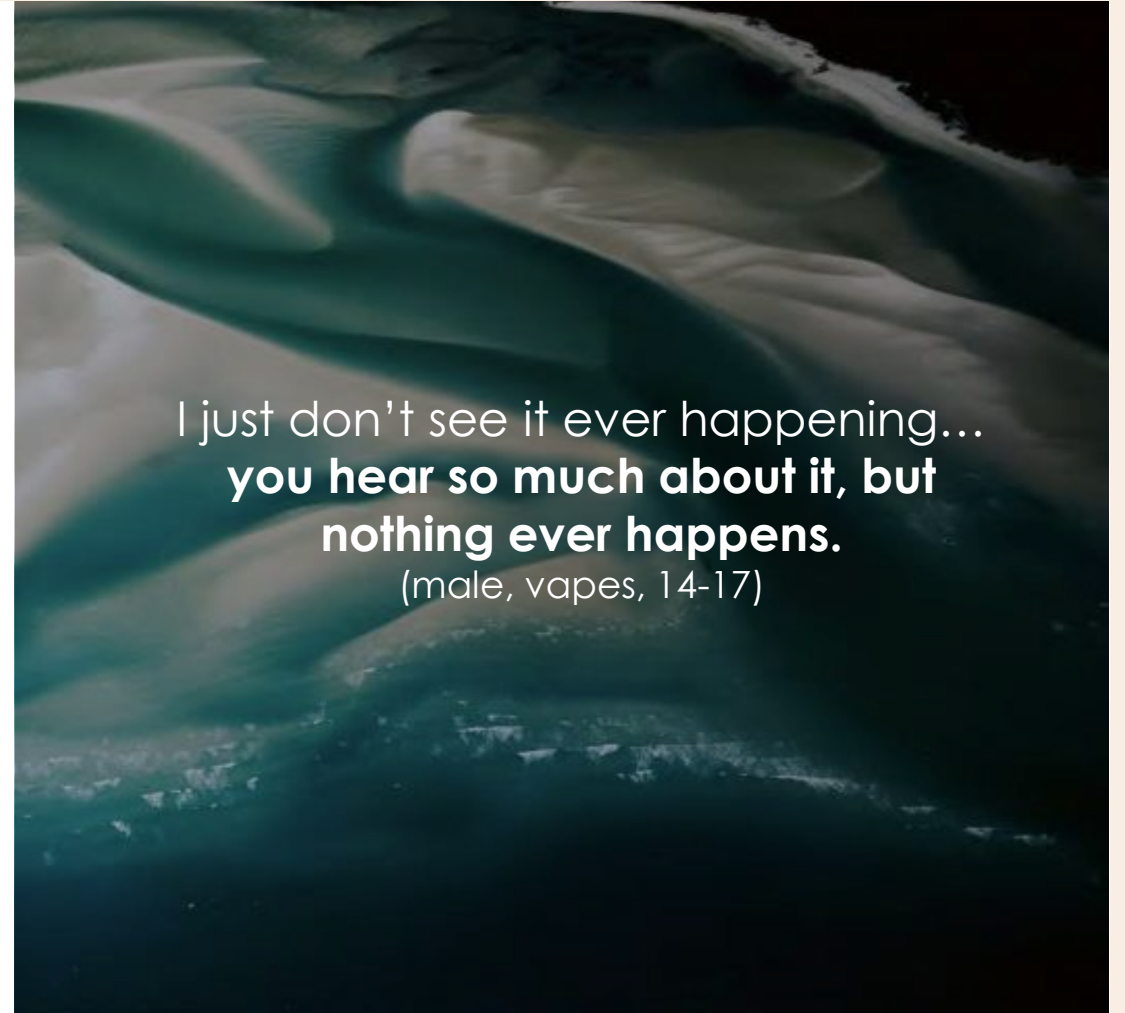


# Implication for communication

**The control levers around vaping and the proposed new regulations in train are beginning to be 'heard' and 'understood' by youth who vape (and will potentially be further felt in terms of supply and price impacts that continue to flow through, particularly around disposable vapes).** However, we believe they should not sit at the heart of any communication narrative.

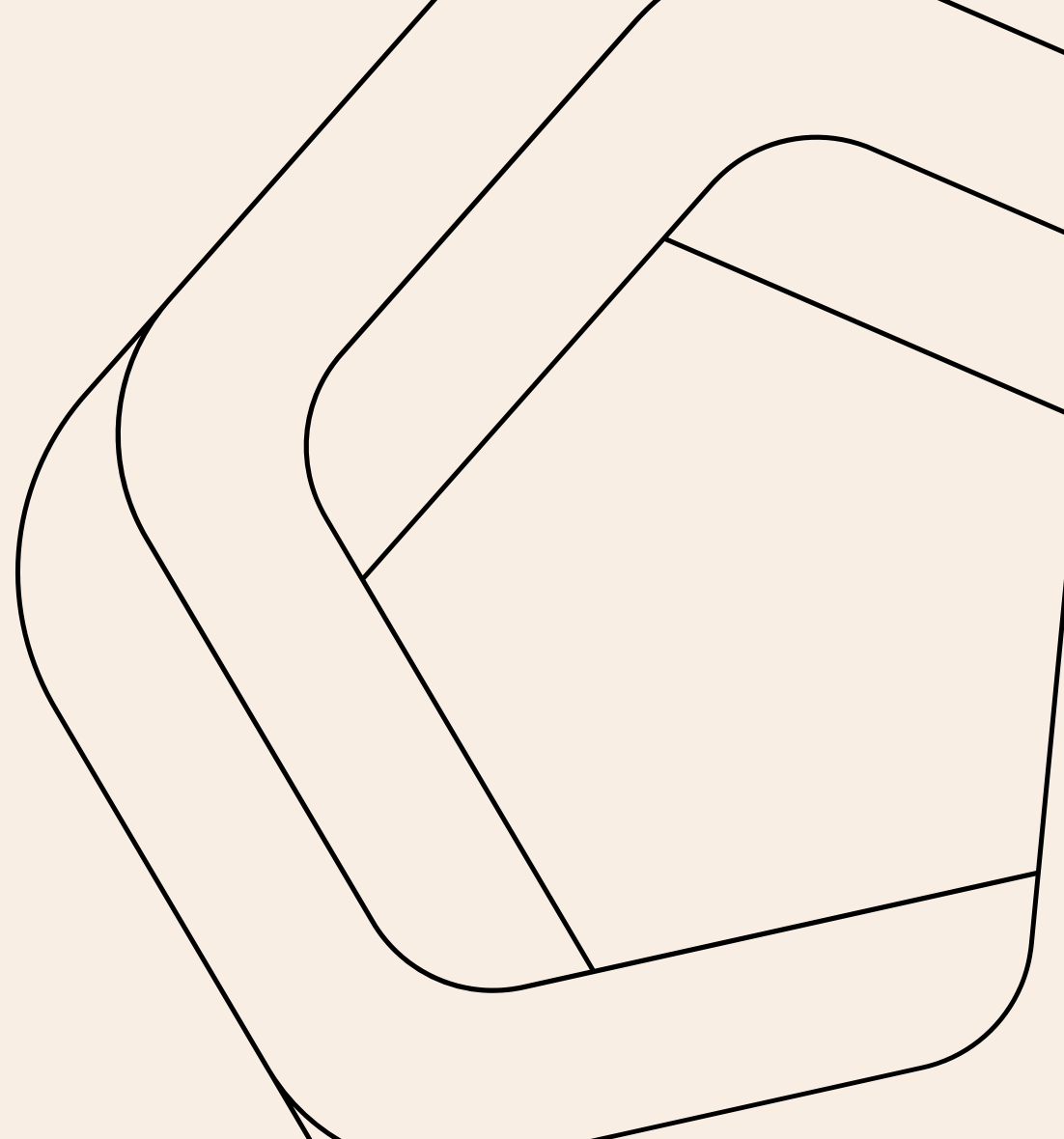
When discussed qualitatively, the reforms were also generally not seen as offering a compelling reason to quit (given that policy settings will still allow people to vape, albeit under different settings and circumstances).

**While just under a third (31%) reported that reforms may make them extremely or very likely to switch to tobacco (cigarettes), this figure should be treated with caution for a number of reasons.** The qualitative evidence suggests that many young people do not see themselves wanting to become smokers (given that they never particularly set out to become committed vapers in the first place), and there are other structural reasons (i.e. cost) which may guard against the likelihood of product switching. Self-evidently, other interventions (including new public information campaigns) were also yet to launch at the time of this fieldwork). Lastly, while the stated likelihood of substituting vapes for cigarettes appears comparatively high, as noted earlier, the cohort of people who completed the quantitative survey also had a relatively high history of prior tobacco use (so to some extent, the stated intention or likelihood to return to tobacco is not entirely surprising or unexpected). However, this incidence **supports the need to run concurrent campaigns that reinforce the negative aspects of smoking, while also encouraging vaping cessation**, in order to dissuade any thoughts of switching in the face of vaping reforms.



I just don't see it ever happening...  
**you hear so much about it, but  
nothing ever happens.**  
(male, vapes, 14-17)

# 3.0 Adults who smoke and vape



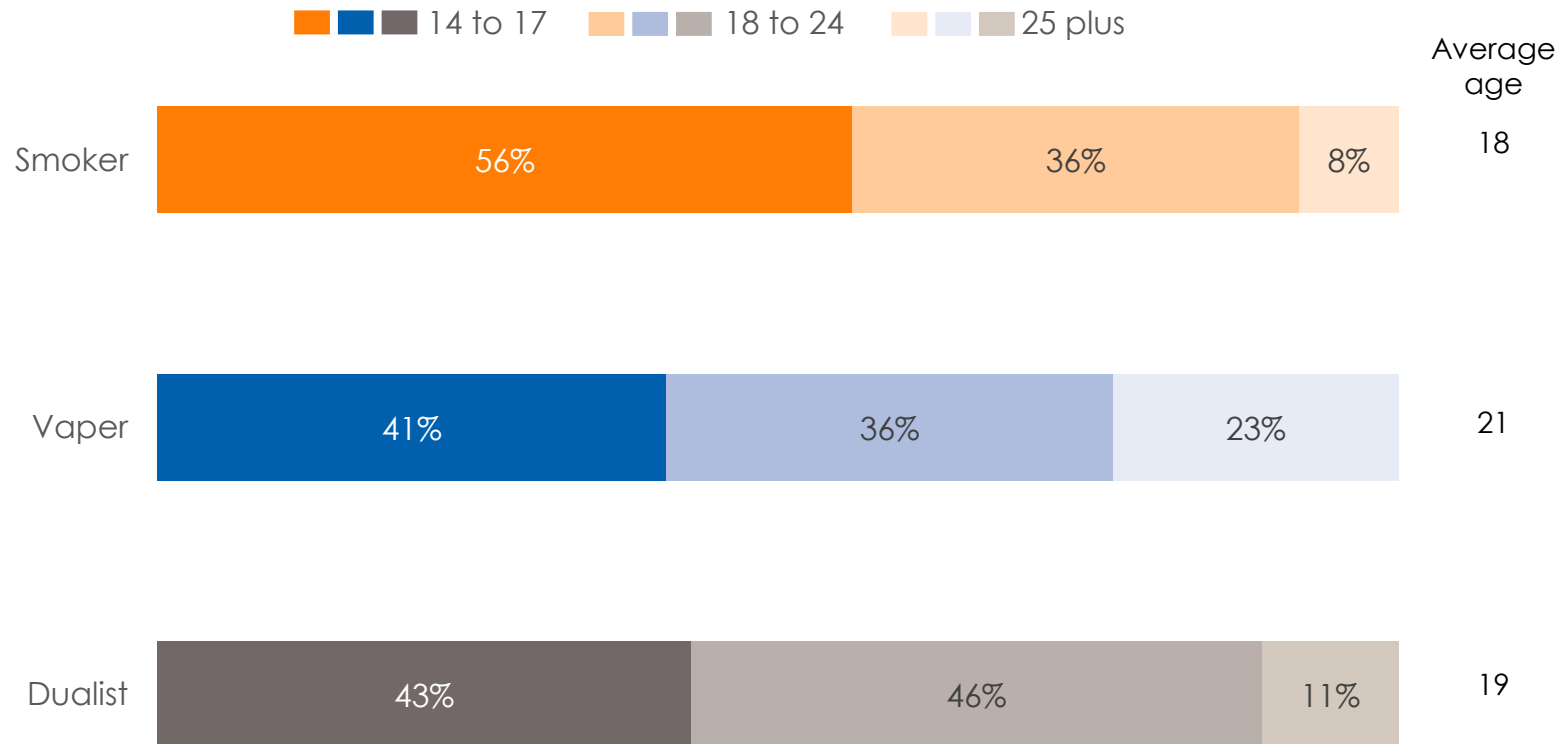


# 3.1 Motivations to start (and keep) smoking / vaping

# Age of first starting



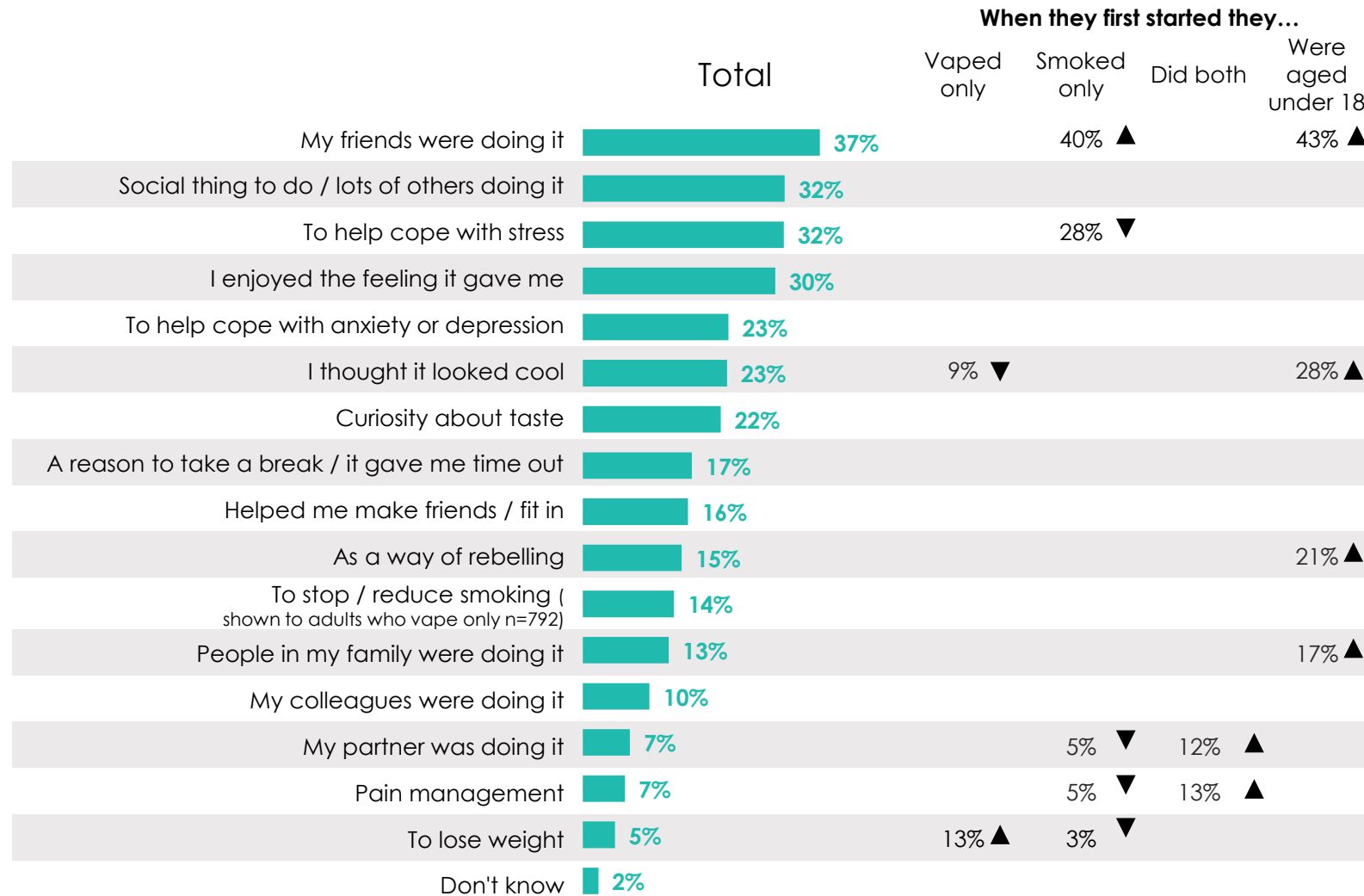
How old were you when you first started either smoking or vaping?



An important distinction between adults who smoke and vape is when they first started, with adults who smoke likely to have started earlier than adults who vape / dualists (the average age people say they first started smoking is 18, compared to 21 for vaping). This is likely because vaping is a newer behavior, meaning that many people did not have the option of vapes being available to them when they were teenagers.

# Reasons first started to vape or smoke

Q Thinking back, why did you first start to smoke and/or vape?



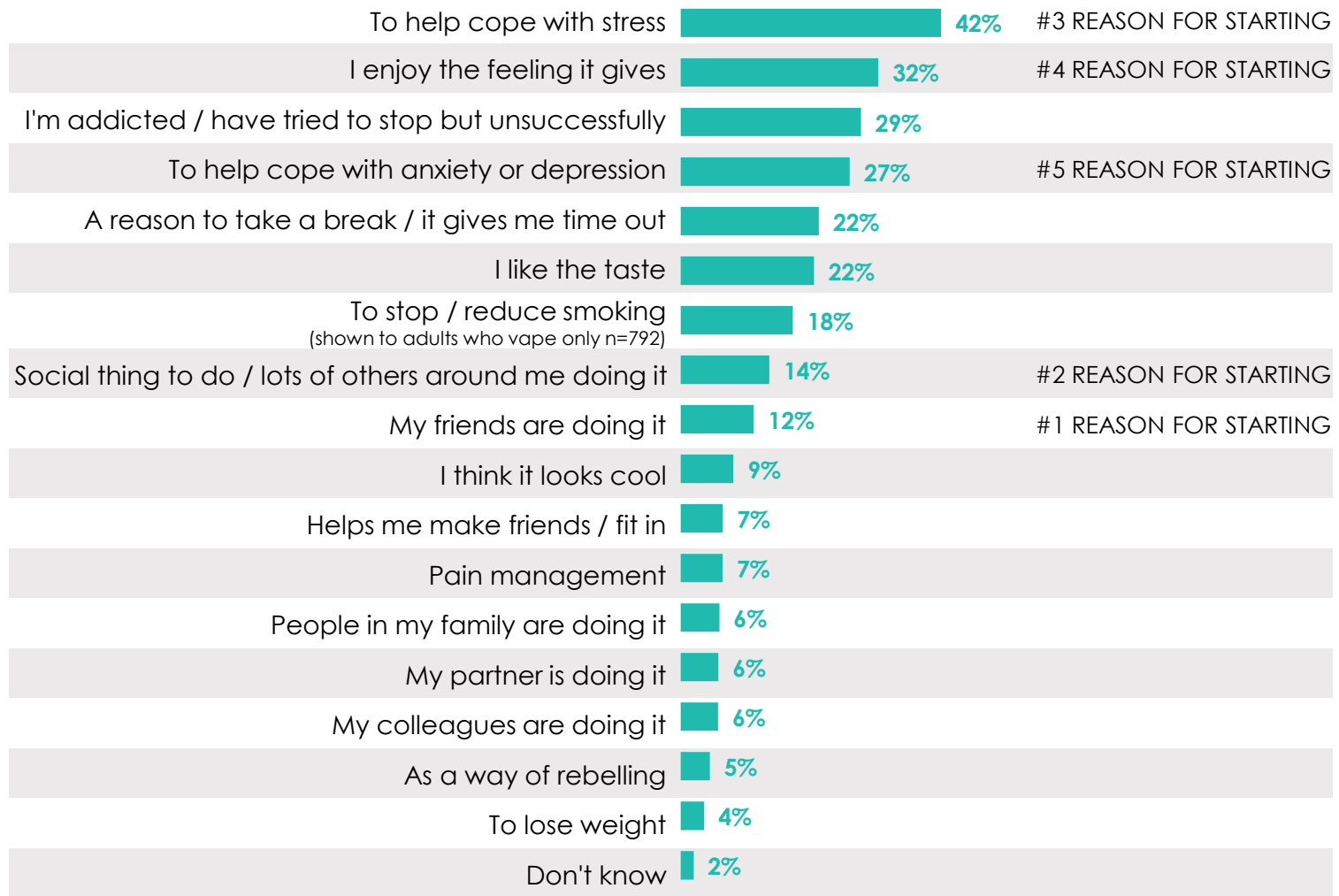
Adult who smoke and vape most often say they started because their friends were doing it (37%), it was a social thing to do (32%) or to help cope with stress (32%).

Those who exclusively smoked when they started are more likely to say they were influenced by their friends doing it (40%) and are less likely to say they started as a form of stress relief (28%). On the other hand, those who exclusively vaped to begin with are less likely to say they started because they thought it looked cool (9%), and more likely to say they did so in a bid to lose weight (13%).

Those who started vaping or smoking when they were under 18 are more likely to say they were doing it for social reasons (43%) and because it looked cool (28%), than those who took it up later.

# Reasons for continuing to vape or smoke

Q And for what reasons are you still smoking or vaping now?



What starts out as a largely externally driven behaviour, becomes more internally driven over time – with the top two reasons for starting: ‘my friends are doing it’ and ‘it’s a social thing to do’, being overtaken by ‘to cope with stress’ (42%) and ‘I enjoy the feeling it gives’ (32%).

Adults who smoke are more likely to say they smoke because it provides them with a reason to take a break (25%). This is not surprising considering adults who smoke often need to stop what they are doing and go outside for a cigarette, whereas adults who vape do not. Adults who vape, on the other hand, are more likely to say they like the taste (26%).

**“ I have trouble quitting because I call them my sanity sticks. When I’m stressed out I need 5 minutes of peace. (female, smokes, 41-50) ”**

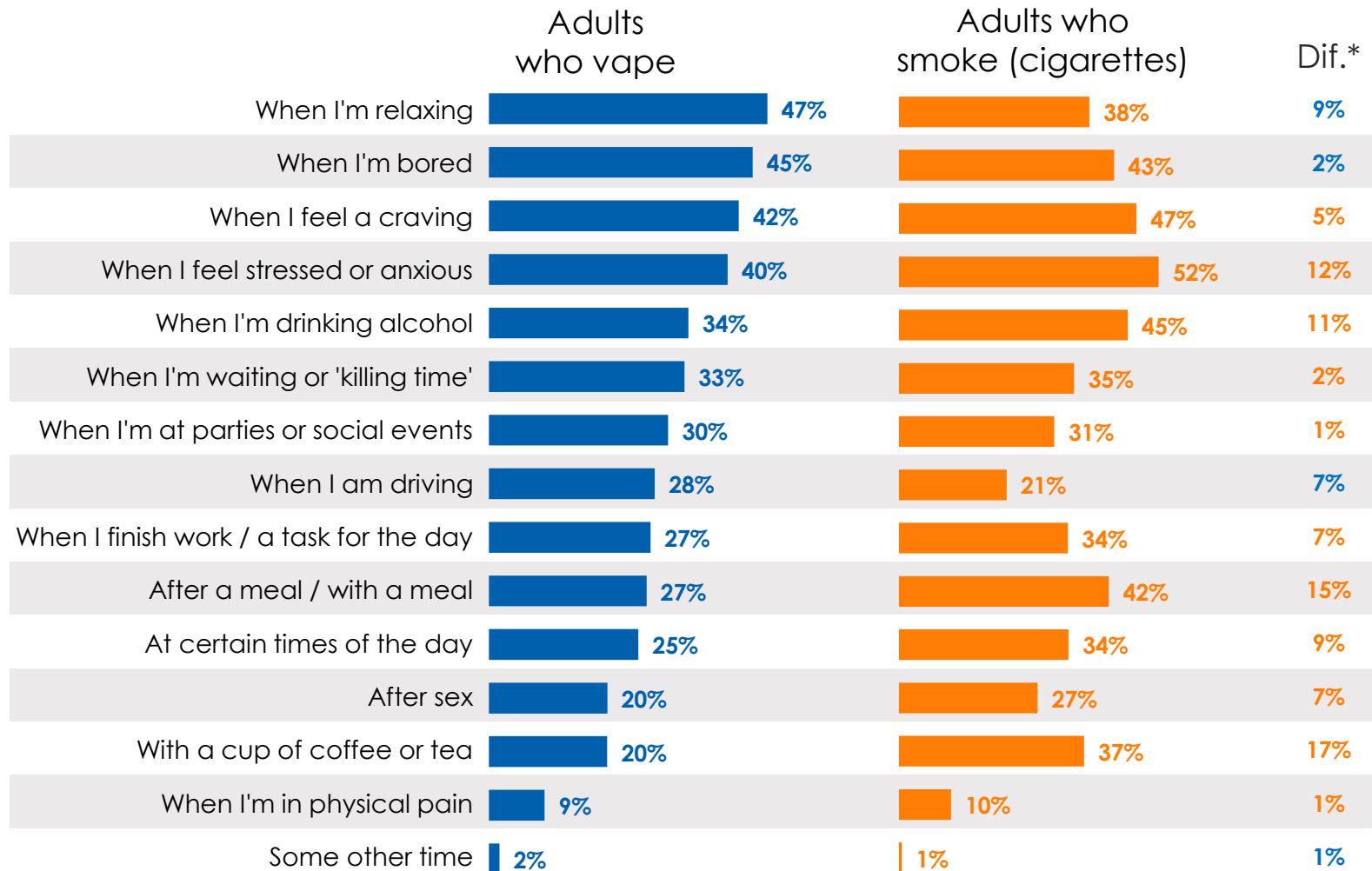
Those aged 25 to 34 are more likely to say they are vaping or smoking for social reasons (17%), whereas those aged 35 to 50 are more likely to say they are simply addicted (34%).

Women are more likely than average to say they are vaping and smoking to cope with stress (48%), and anxiety and depression (34%). Additionally, those with a low household income (up to \$70,000) are also more likely to say they are doing so to manage their mental health (33%).

\*Note: addiction has been excluded from the ranking analysis, as it was not an available option for reasons first started  
 Source: B8 - And for what reasons are you still smoking or vaping now?  
 Base: All adults who vape and smoke (n=792)

# Habits and contextual cues

Q When do you tend to reach for a vape / cigarette?



Adults who vape say they are most likely to vape when they are relaxing (47%), when they are bored (45%), when they feel a craving (42%), and when they feel stressed or anxious (40%).

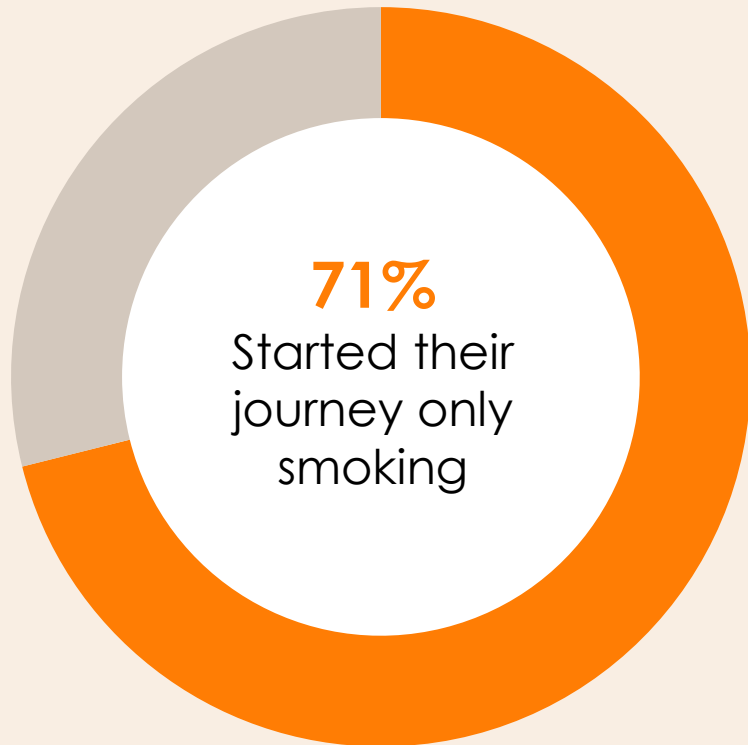
Relaxation is a somewhat more common trigger among adults who vape than adult who smoke (47% versus 38%), as is driving (28% versus 21%). Whereas eating and drinking (with a cup of coffee / tea, after a meal, and when drinking alcohol) are more common triggers among adults who smoke. Adults who smoke are also considerably more likely to say they smoke in response to feeling stressed or anxious than adults who vape (52% versus 40%).

\*Note: differences in blue are higher for adults who vape, differences in orange are higher for adults who smoke  
 Source: B7A - When do you tend to reach for a vape? | B7A - When do you tend to reach for a cigarette?  
 Base: All adults who vape (n=792); all adults who smoke (n=975)

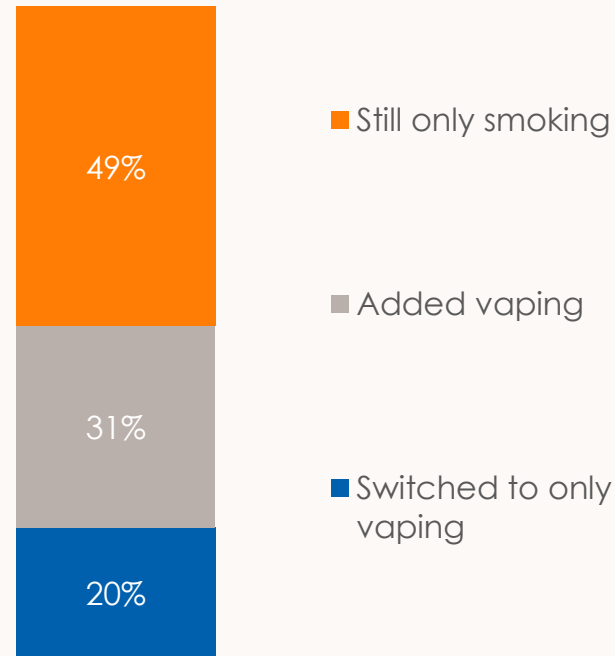
# Switching

Q When you first started smoking or vaping did you? Do you currently...?

Q.



## What people who started smoking exclusively are doing now



It is important to remember that e-cigarettes and vapes are still relatively new, meaning the vast majority (71%) of adults started their journey exclusively smoking.

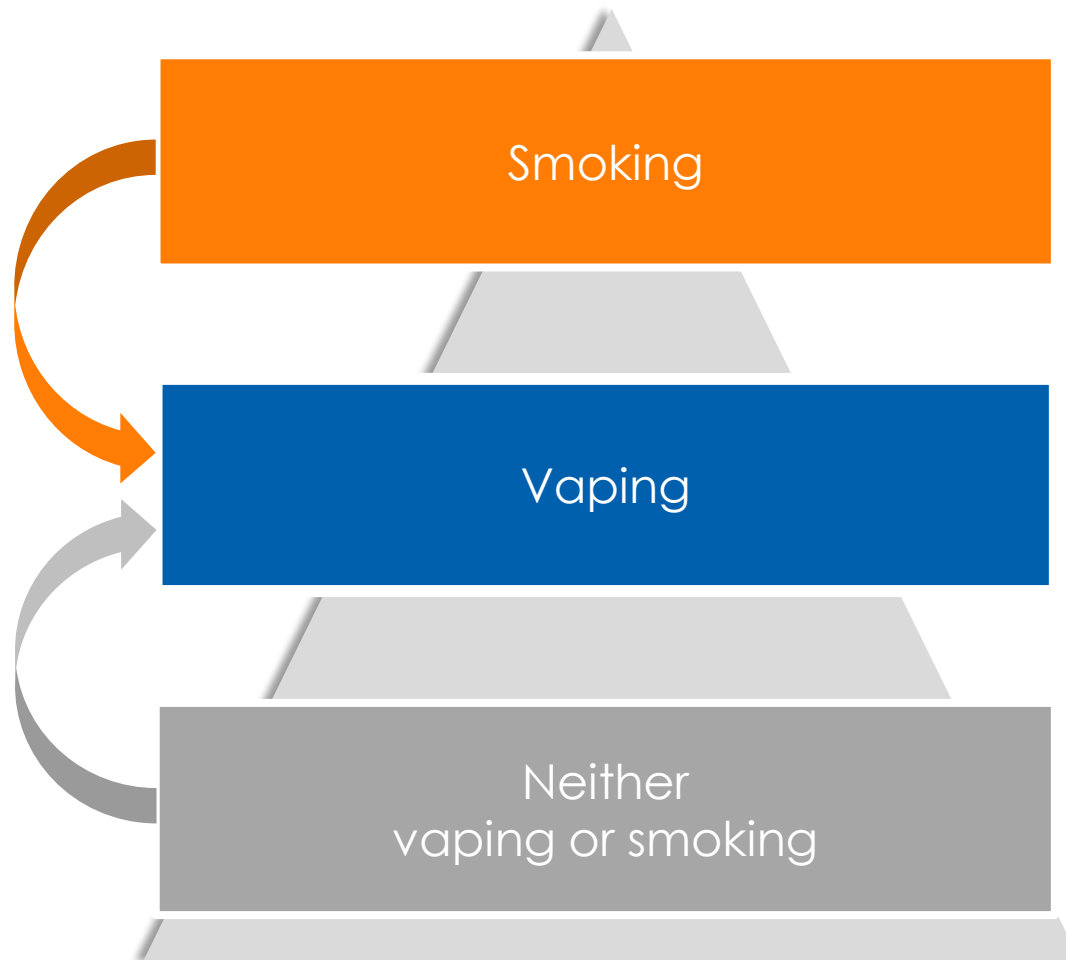
Of the 71% who started their journey exclusively smoking, 20% have since switched to vaping only, and 31% have added vaping to their repertoire.

# Mindsets

## MINDSET

“I’ve made a positive move for my health and wellbeing by switching to a healthier alternative”

“I’ve started a new habit that may or may not have a negative impact on my health”



The qualitative research revealed that the ‘starting’ point from which someone arrives at adult vaping is an important determinant for how they think about their behaviour.

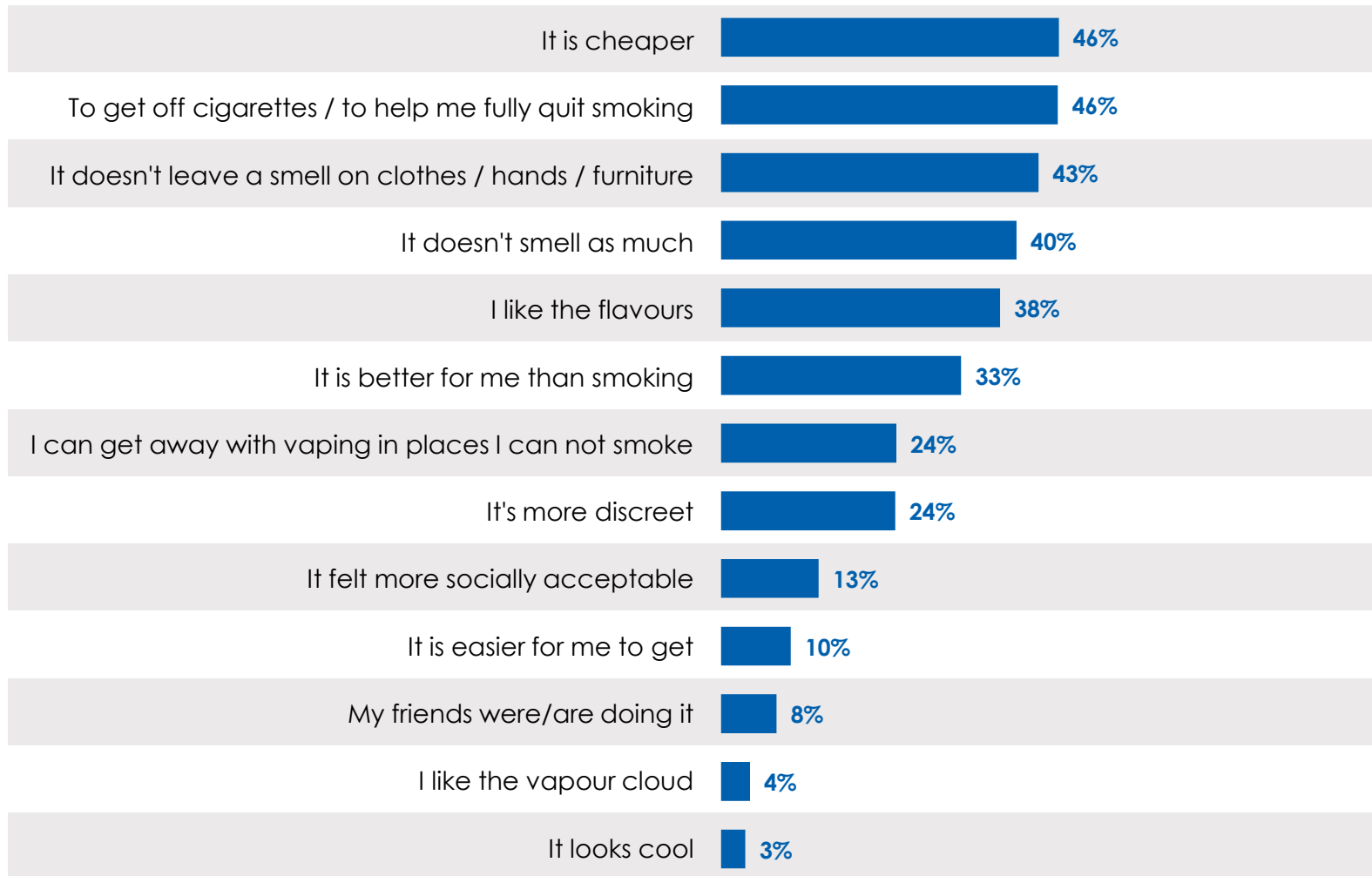
Those who have moved away from cigarettes and towards vaping experience a greater sense of comfort about their behaviour which is supported and propelled by widely held beliefs about vaping being ‘the healthy option’ (see next section).

Adults who have ever used tobacco argue that vaping feels easier, less rough, lighter on the lungs...they already have a clear anchor for what they believe is still most likely to be the most harmful form of smoking.

“ I feel like vapes are actually OK, everyone says they’re just as dangerous as a cigarette...but they’re actually not as bad. I don’t get the burning in my lungs so much anymore. If I would smoke a cigarette too close to bed, I used to get a burning feeling, but I don’t get that vaping, so it’s definitely better, for me.  
(female who vapes, previously smoked, 25-29) ”

# Reasons for switching

Q Why did you decide to switch to e-cigarettes or vapes?



The most common reasons for switching from smoking to vaping are:

- Wanting to save money (46%)
- Using vaping as a cessation tool to stop smoking (46%)
- A preference for the smell of vapes (43% say it is because it does not leave a smell on clothes / hands / furniture, and 40% say it does not smell as much at a more general level).

Among other things, a preference for the smell of vapes over cigarettes being one of the main reasons to switch indicates there is a strong social desirability bias towards vaping.

“ You could consider switching to vapes, to avoid that feeling of **being judged** (female who smokes, 41-50) ”

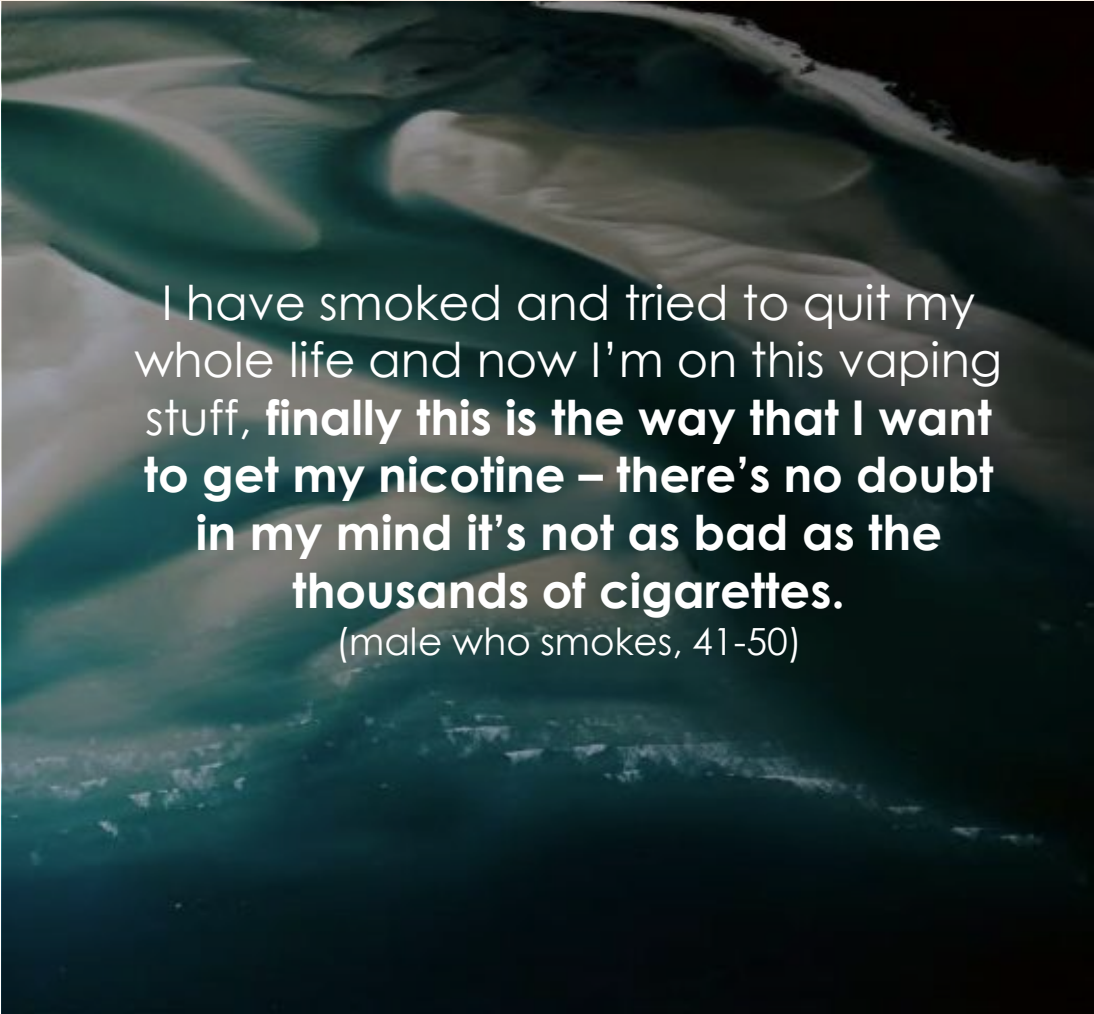


# Implication for communication

Adult vaping and smoking starts out as a largely externally driven behavior, motivated primarily by building social connection. However, it becomes more internally driven over time – with people most likely to say they currently smoke or vape 'to cope with stress' and because they 'enjoy the feeling it gives'. Once it becomes something that is relied upon for getting through the day, as opposed to social situations, it may feel more difficult to give up. **Because their reasons for smoking / vaping differ, different messaging may be needed for recent starters and long terms adults who smoke / vape.**

Adults who vape tend to say they vape more so when they are relaxing, whereas adults who smoke tend to be triggered by feeling anxious or stressed, or from situational / temporal cues – such as at meal times. This may be partly to do with the greater convenience and lower cost of vaping allowing people to vape more casually throughout the day as opposed to in response to specific events.

Seven in ten adults started their journey with smoking on its own; around half of these people have either switched or added vaping to their repertoire. Those who have moved away from cigarettes and towards vaping experience a greater sense of comfort about their behaviour, because they feel they have already made what they feel is a step in the right direction. Conversely, those who started with vaping acknowledge they have added something to their life that is harmful to their health. **This indicates there is a role for communication to acknowledge the effort made and reinforce the need to keep going.**



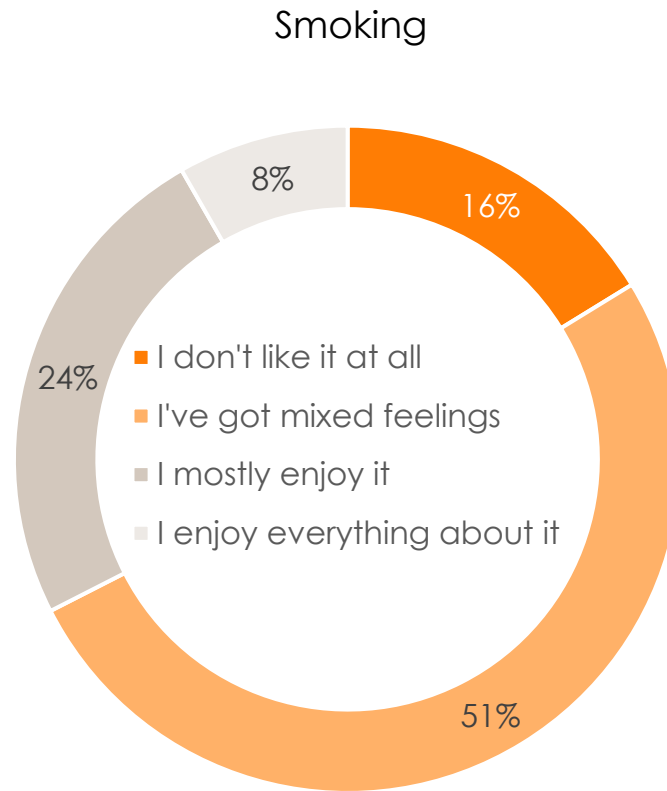
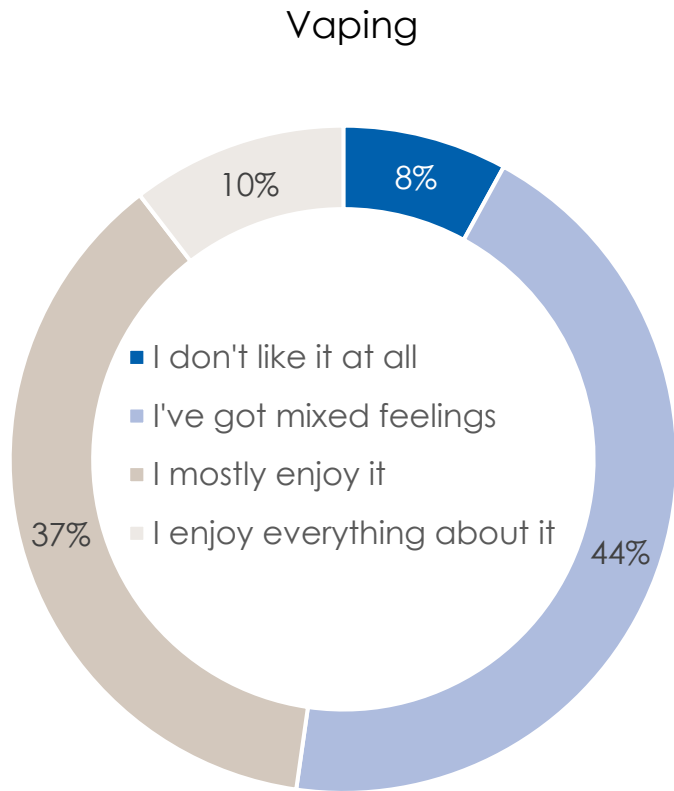
I have smoked and tried to quit my whole life and now I'm on this vaping stuff, **finally this is the way that I want to get my nicotine – there's no doubt in my mind it's not as bad as the thousands of cigarettes.**

(male who smokes, 41-50)

## 3.2 Perceptions of smoking and vaping

# Feelings about own vaping / smoking

Q How do you personally feel about your ...?

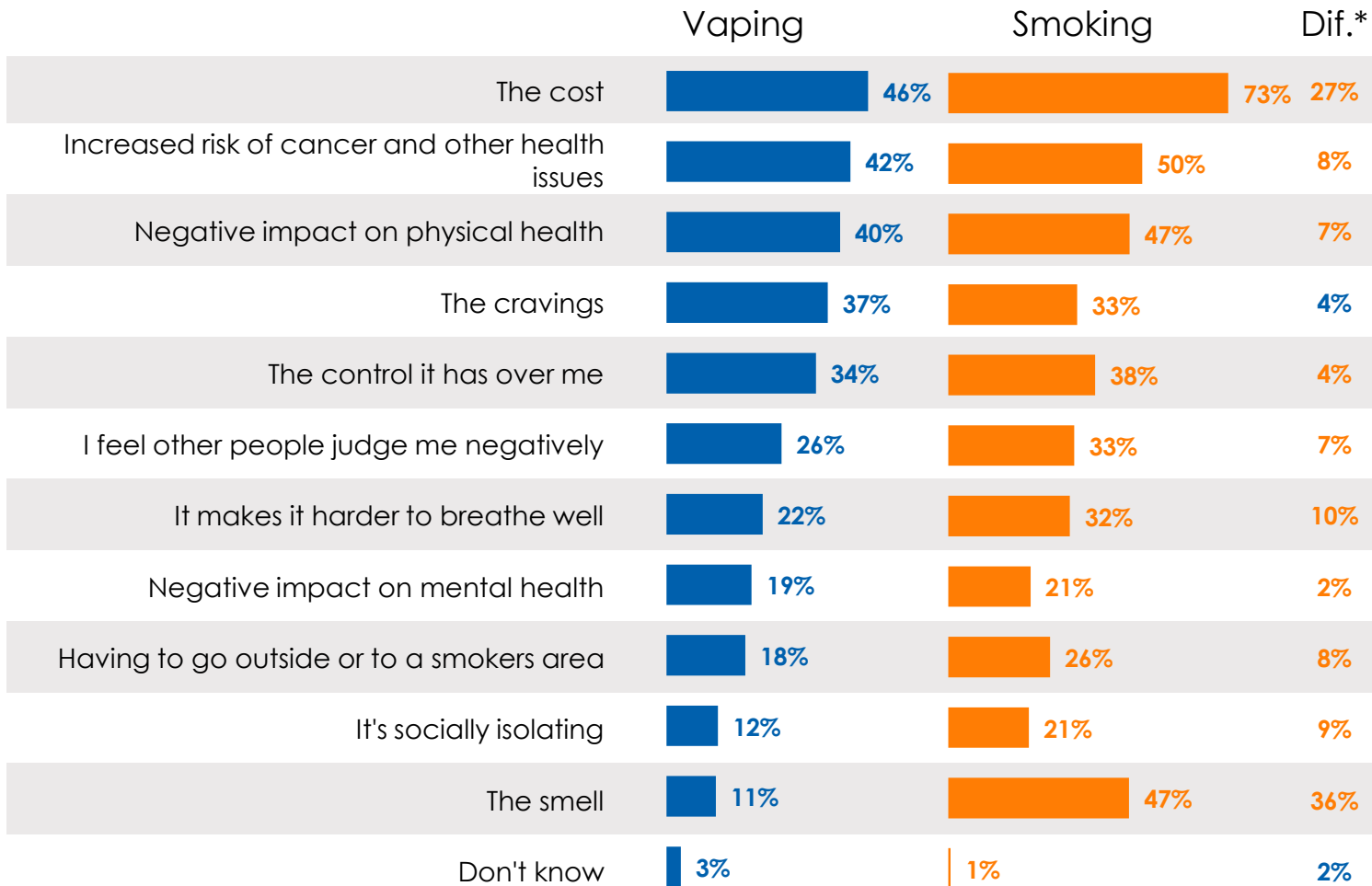


Reflecting the fact that most adults who smoke, have heard a consistent, persistent and largely undisputed narrative about the harmful short and long-term health harms of tobacco, adults who smoke are considerably less comfortable with their behavior than adults who vape.

Sixty-seven percent of adults who smoke say they have mixed feelings about their smoking or do not like that they smoke at all. Whereas only half (52%) of adults who vape say the same about their vaping, with the remaining 48% indicating they actually quite enjoy it.

# Dislikes about vaping and smoking

Q What don't you like about your vaping / smoking?



The survey asked adults who smoke and/or vape who indicated they were not entirely happy with their smoking or vaping, what it was they did not like. The most common response for both adults who smoke and adults who vape was the cost (46% and 73%), followed by the increased risk of cancer (42% and 50%) and negative impact on physical health (40% and 47%).

There are two things that a much higher proportion of adults who smoke have a problem with than adults who vape is the smell (47% versus 11%) – again, this signals a clear sociability bias in favor of vaping – and cost (73% versus 46%).

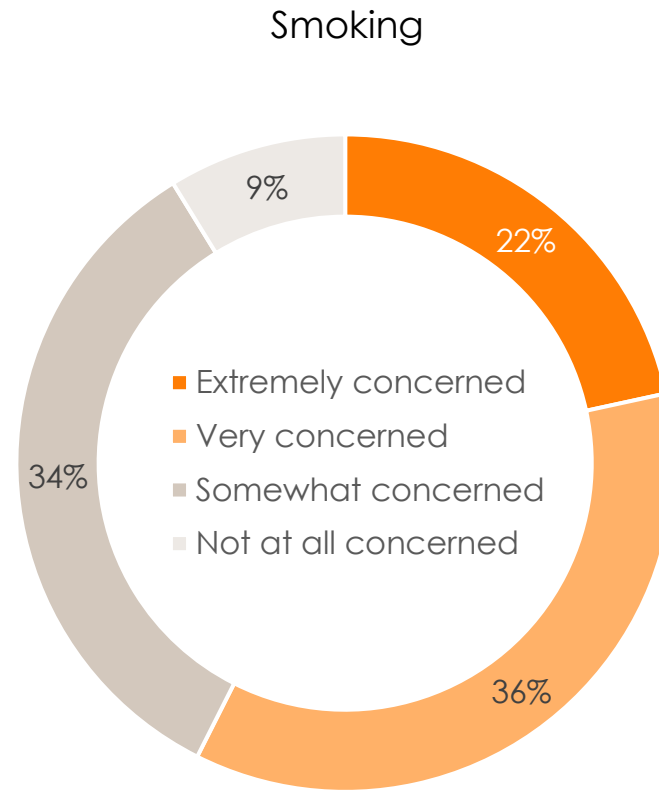
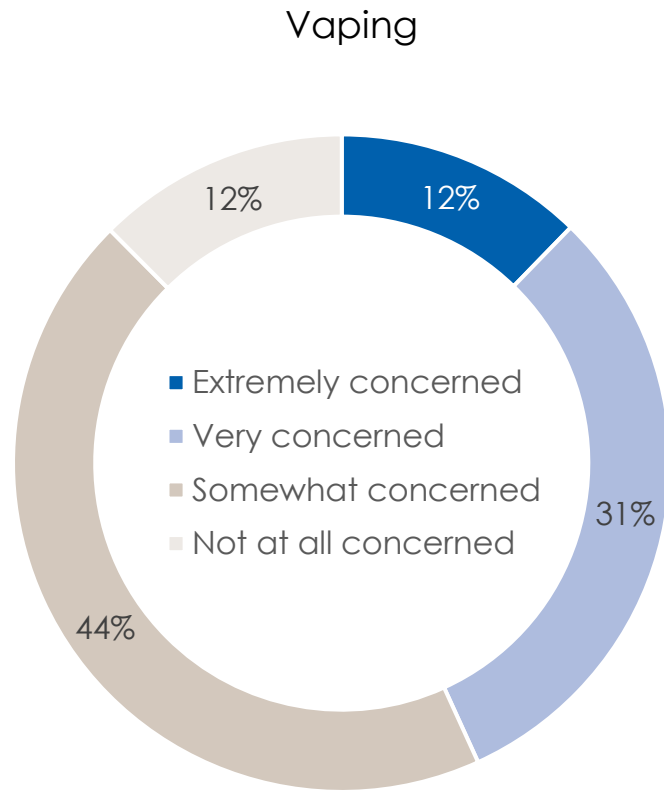
“Cigarettes are more frowned upon though. People would prefer to be around those who vape than smoke.  
(female, vapes, 25-29)”

Women are more likely to be concerned about the increased risk of health issues (50% women who vape; 59% women who smoke), and other people judging them negatively (36% women who vape; 40% women who smoke). Women who smoke are also more likely to worry about the cost (79%) and the impact on their physical health (55%).

\*Note: differences in blue are higher for adults who vape, differences in orange are higher for adults who smoke  
Source: C3B - What don't you like about your vaping? C3A - What don't you like about your smoking?  
Base: All adults who vape who don't enjoy everything about their vaping (n=531); all adults who smoke who don't enjoy everything about their smoking (n=675)

# Concerns about own vaping / smoking

**Q** How concerned, if at all, are you about the potential health risks associated with vaping / smoking?

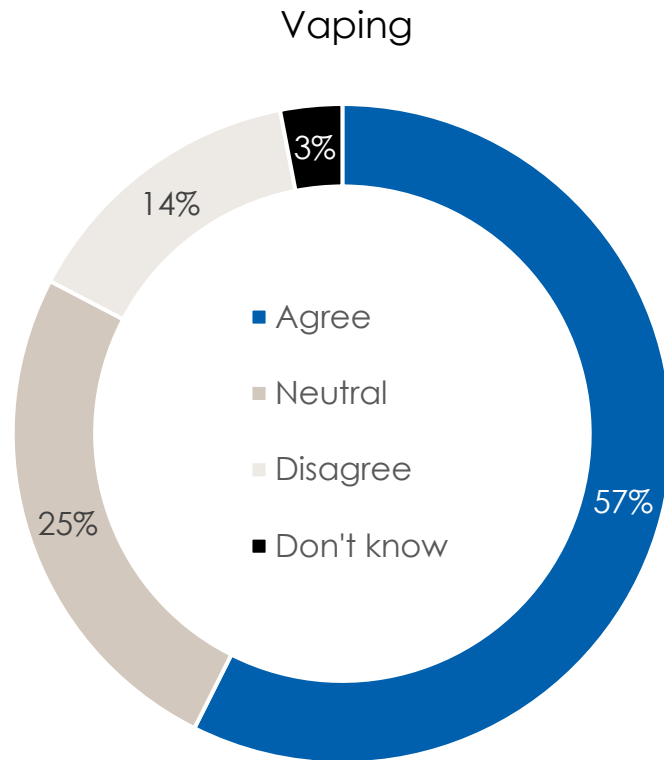


Adults who vape have a lower level of concern about the potential health risks associated with their vaping, compared to adults who smoke. In total, 43% of adults who vape feel very or extremely concerned about their vaping. This compares to 58% for adults who smoke (in relation to their smoking).

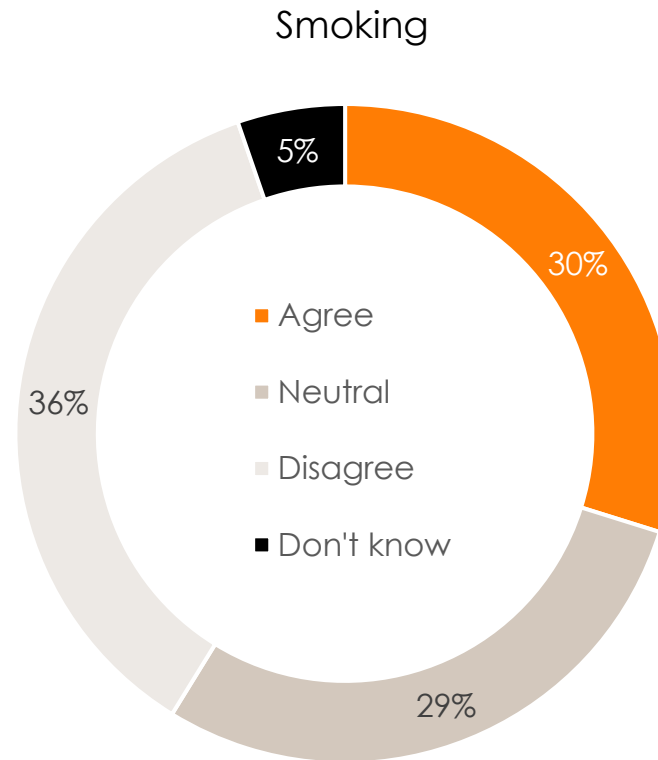
Women (50%) and people with a university degree (49%) are more likely to feel concerned about the health risks associated with their vaping. While those who have children living at home are more likely than average to feel concerned about the health risks associated with their smoking (63%).

# Perception of own smoking behaviour

Q Vaping is healthier / a better choice than smoking



Q Smoking isn't as bad as vaping



Fifty-seven percent of adults who vape agree that vaping is better than smoking, far outweighing the proportion who disagree (14%). In contrast, more adults who smoke disagree with the statement 'smoking isn't as bad as vaping' than agree (36% disagree, 30% agree).

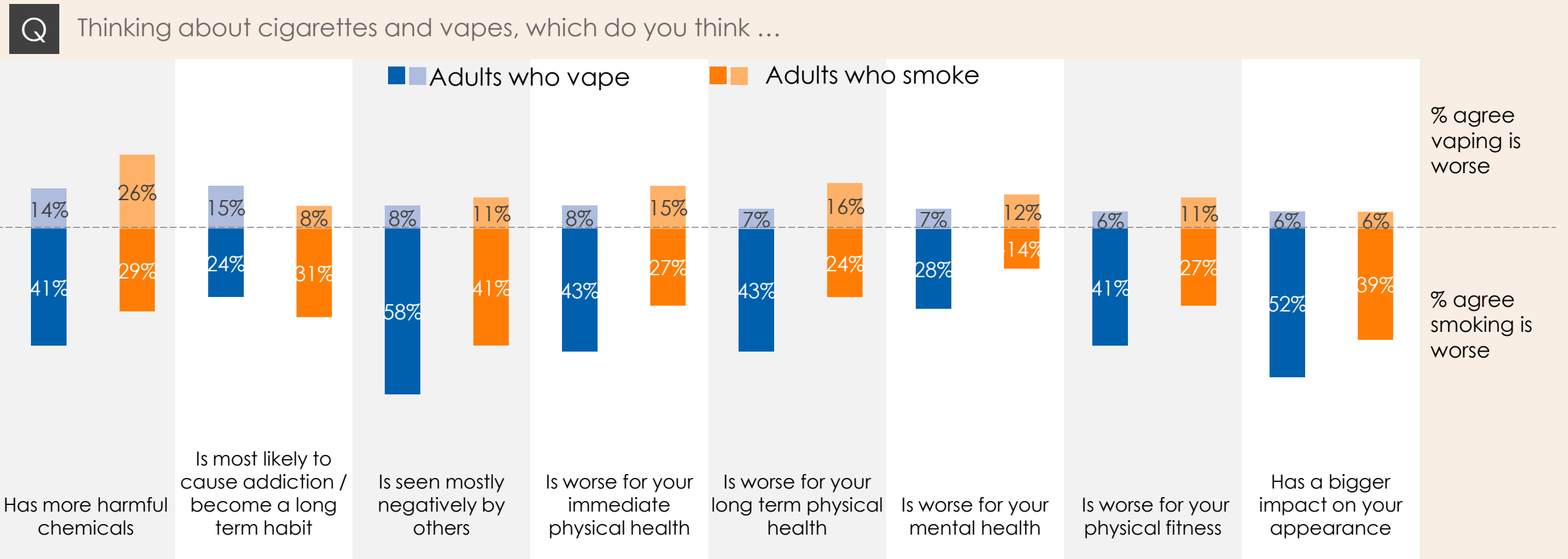
The qualitative research found that one of the ways adults who smoke are able to relieve some of the discomfort they feel about their smoking is by using a 'better the devil you know' argument (illustrated through the below quote).

“ I haven't tried vaping, there's not enough studies on vaping, smoking's been around for ages (male who smokes, 41-50) ”

Source: FB1 - Below are a number of statements which other people have made in relation to vaping. To what extent do you agree or disagree... - Vaping is healthier / a better choice than smoking. FA1 - Below are a number of statements which other people have made in relation to smoking. To what extent do you agree or disagree... - Smoking isn't as bad as vaping  
 Base: All adults who vape who qualified for the vaping condition (n=595); all adults who smoke who qualified for the smoking condition (n=737)

# Perception of smoking versus vaping

Both adults who vape and adults who smoke have heard and deeply internalised a range of 'official' and 'unofficial' messages on the health harms of tobacco. Against this belief that smoking is harmful and risky, vapes/vaping has been established as the comparative 'healthy option', as evidenced by the below chart which shows, on balance, adult who vape and adults who smoke think smoking is worse for your immediate and long-term physical health, among other things.



# Perception of vapes as the healthy choice

**Qualitative research highlighted the information delivered in recent years** has given adults 'permission' to mentally re-position both vapes and cigarettes into 'new' and 'old' categories/areas, and to question how vapes can be 'that bad' (or as bad as cigarettes) when:

- Vapes do not have the same graphic health warnings / plain packaging as cigarettes.
- Vapes have been positioned in advertising as (or can be seen as) a quitting aid, and you can get them through prescription (positioning them as safe(r) / medical).
- Some people have been vaping for years and are still fine.
- Vapes have not been heavily taxed in the same way as cigarettes.
- Everyone is potentially exposed to toxic chemicals on a daily basis, no matter whether they vape or not.
- There also exists a perceived absence of long-term medical studies on vaping.

“

**The UK Government promotes vaping as better alternative and a way to quit safely.**  
(female who vapes, ex-cigarettes, 30-40)

**I had a doctor tell me to vape** to help me quit cigarettes.  
(female who smokes, 41-50)

**At this point in my life, this is the least harmful thing I could be addicted to.**  
(30-40 years, female who vapes, ex-cigarettes)

”



# Implication for communication

Adult who vape are considerably more comfortable with their behaviour than adults who smoke. There is greater concern about the health impacts of smoking among adults who smoke than there is about vaping among adults who vape. The majority of adults who vape see vaping as being healthier / better for them than smoking. Adults who smoke, on the other hand, are evenly split in terms of which is better for you. However when asked to compare smoking and vaping directly, it is clear even adults who smoke consider vaping to be the healthier of the two.

This perception of vapes as the healthier choice has been reinforced by a number of things, including the perception that there are no long-term medical studies on vaping which 'prove' vaping is as bad for you as what is claimed. **As such, adults who vape are able to discount much of the messaging surrounding the harms of vaping.**

**To avoid playing into comparative biases, we recommend a need to maintain a communication presence that (re)affirms and reminds adults who smoke of the harms of tobacco, without stigmatising those who cannot quit. This is likely to have the dual benefit of acting as a bulwark against product switching by adults who currently vape.**

**Similarly to youth vaping, there is a need to directly challenge adults who vape to see their vaping in a new and less social light. Many of the same issues with landing negative / health harm messaging are also present, and in some cases, exacerbated, given that smoking is clearly already established as a 'harmful or risky choice'.**



**Vapers don't get judged,  
smokers do.**

(female, smokes, 41-50)

## 3.3 Quitting

# Commitment model

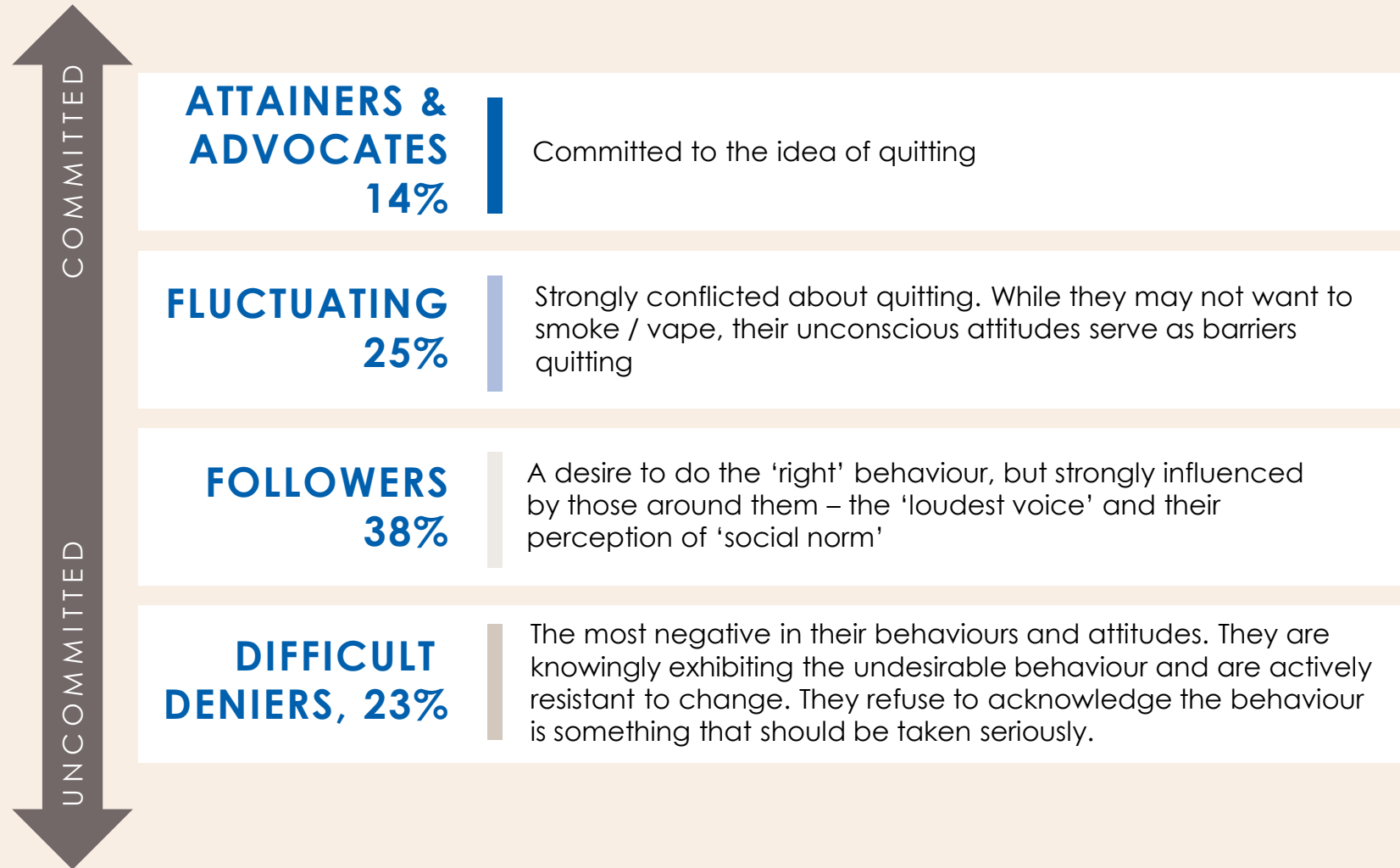
Adults who smoke and vape can be segmented into one of four groups to show their level of commitment to quitting.

Followers represent 38% of all adult who smoke and vape, making it the largest commitment segment by some distance. This segment is characterised by how strongly influenced they are by those around them.

The next largest segment is the fluctuating segment (25%) – they quite like the idea of quitting, however they have attitudes and other barriers that are inconsistent with quitting keeping them in the behavior.

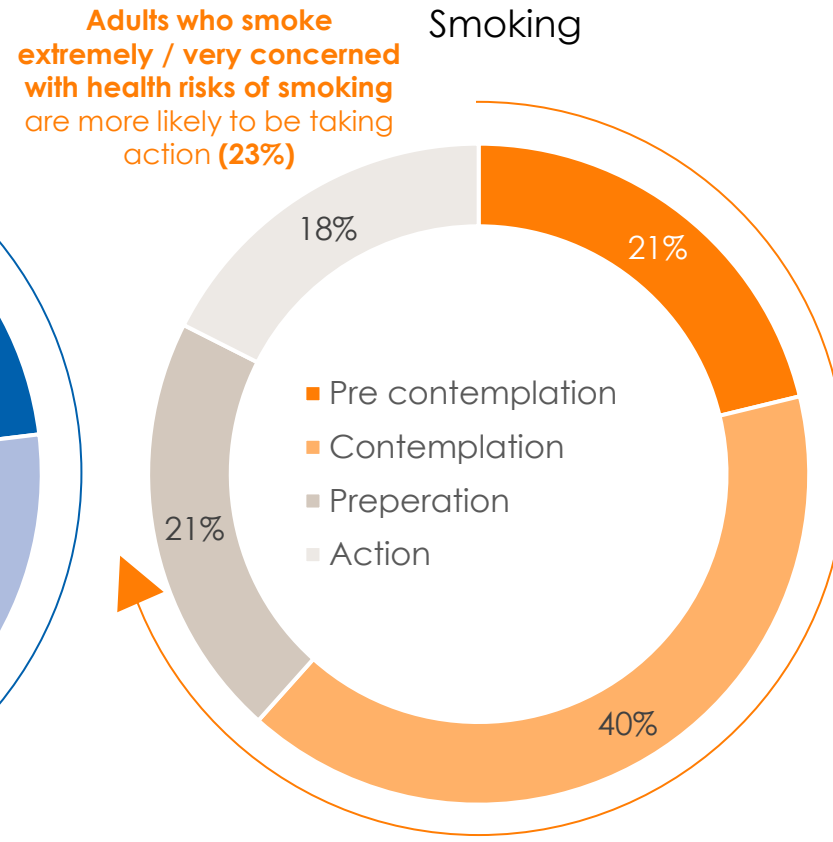
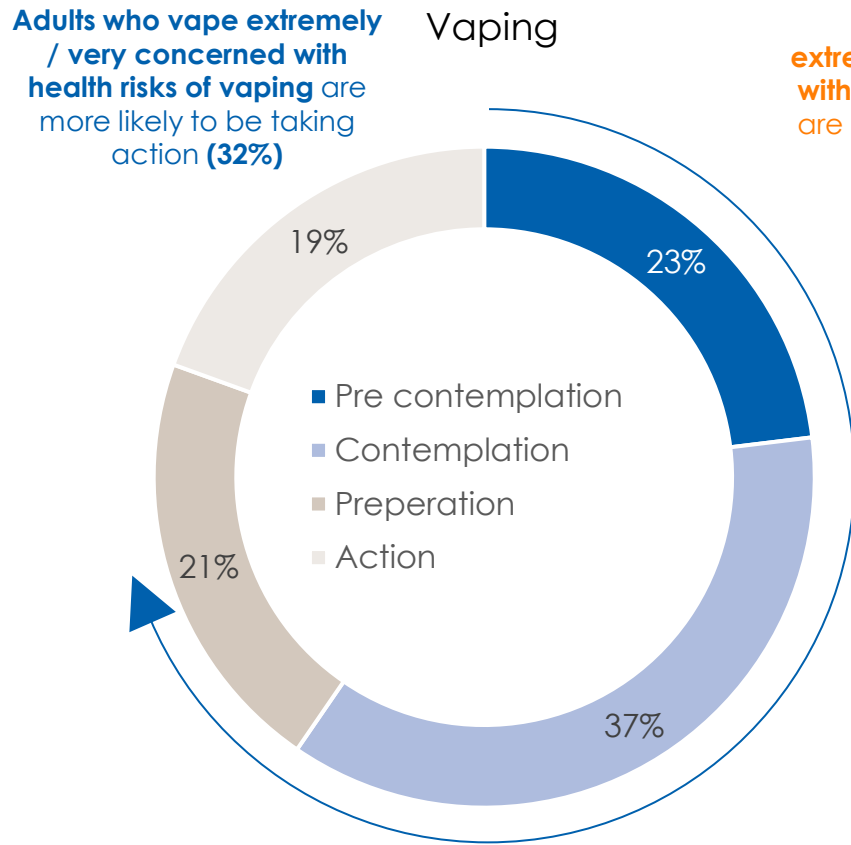
Not far behind in terms of size is the difficult / deniers (23%) – they do not think there is a problem, or if they do it is not a particularly important one in the grand scheme of things.

Only 14% fall into the attainer segment. This group is seriously committed to quitting.



# Stages of change framework

Prochaska and DiClemente's Stages of Change Model suggests that changing a person's health behaviours involves moving through five cognitive stages. The stages are: precontemplation, contemplation, preparation, action and maintenance. Maintenance is not included here because adults who vape and smoke only includes those who are still vaping / smoking.



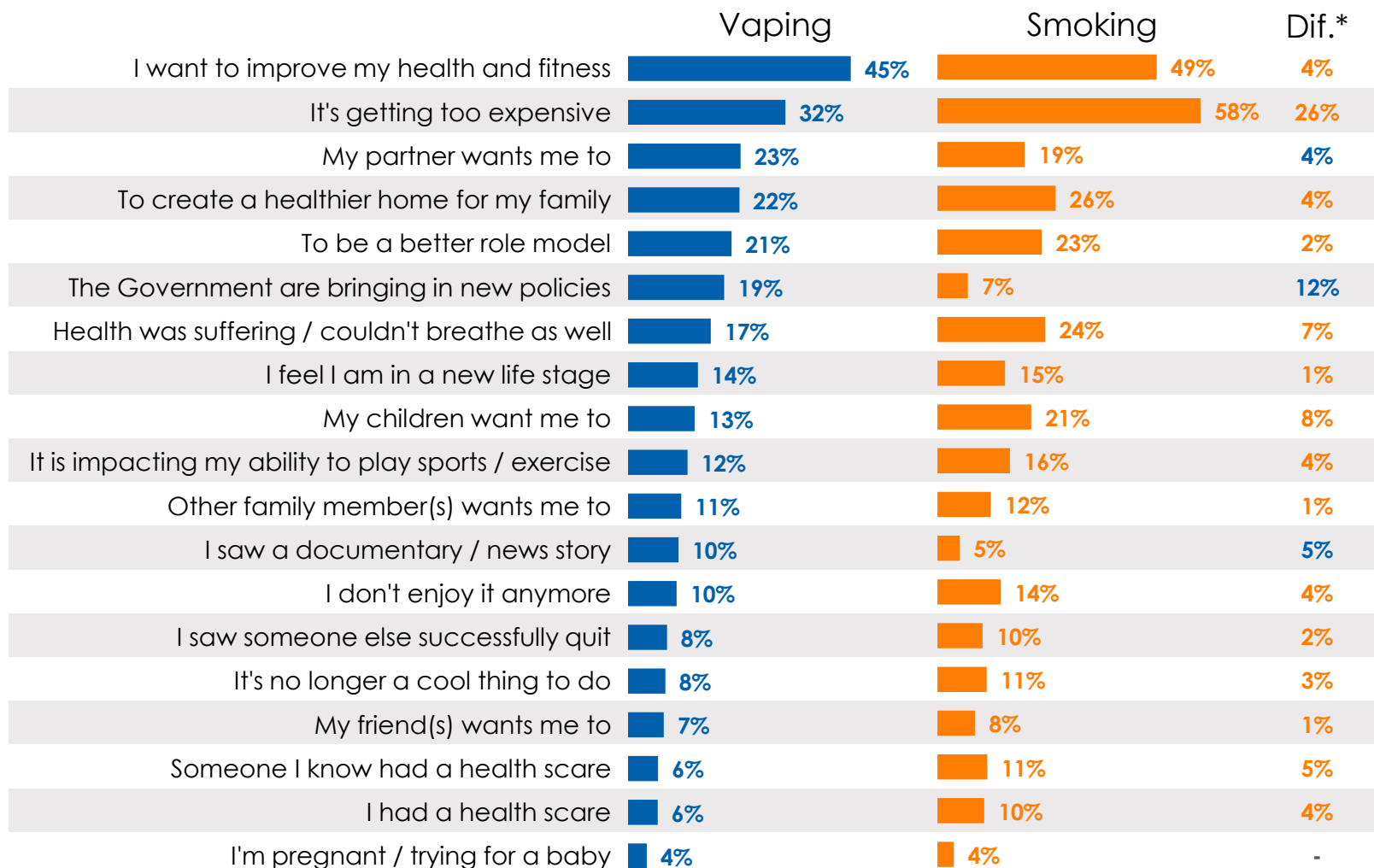
There are minimal differences between adults who vape and smoke in each stage of Prochaska and DiClemente's Change Model.

The majority of both adult who vape (58%) and smoke (61%) intend to quit at some point (contemplation / preparation). However, approximately one in five are not considering quitting vaping or smoking at all.

Adults who vape and smoke that report being extremely or very concerned about the potential health risks are significantly more likely to be currently trying to quit (in the action phase) (32% and 23% respectively) than average.

# Why adults are considering quitting

**Q** For what reasons are you trying to quit / thinking about quitting vaping / smoking?

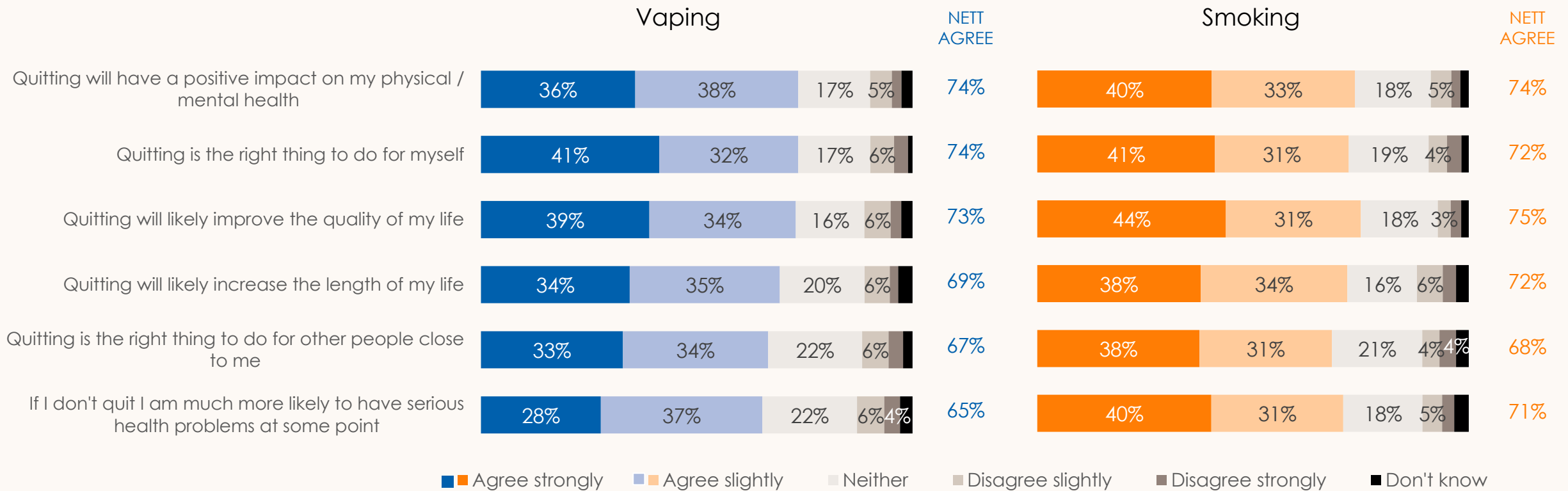


Most often, adults who vape who are trying or thinking about quitting say they want to do so to improve their health and fitness (45%). A further 32% are motivated by the cost savings. Cost is an even greater driver for adults who smoke – with 58% saying it is a reason they want to quit.

# Perceived impact of quitting on health and quality of life

**Q** To what extent do you agree or disagree...

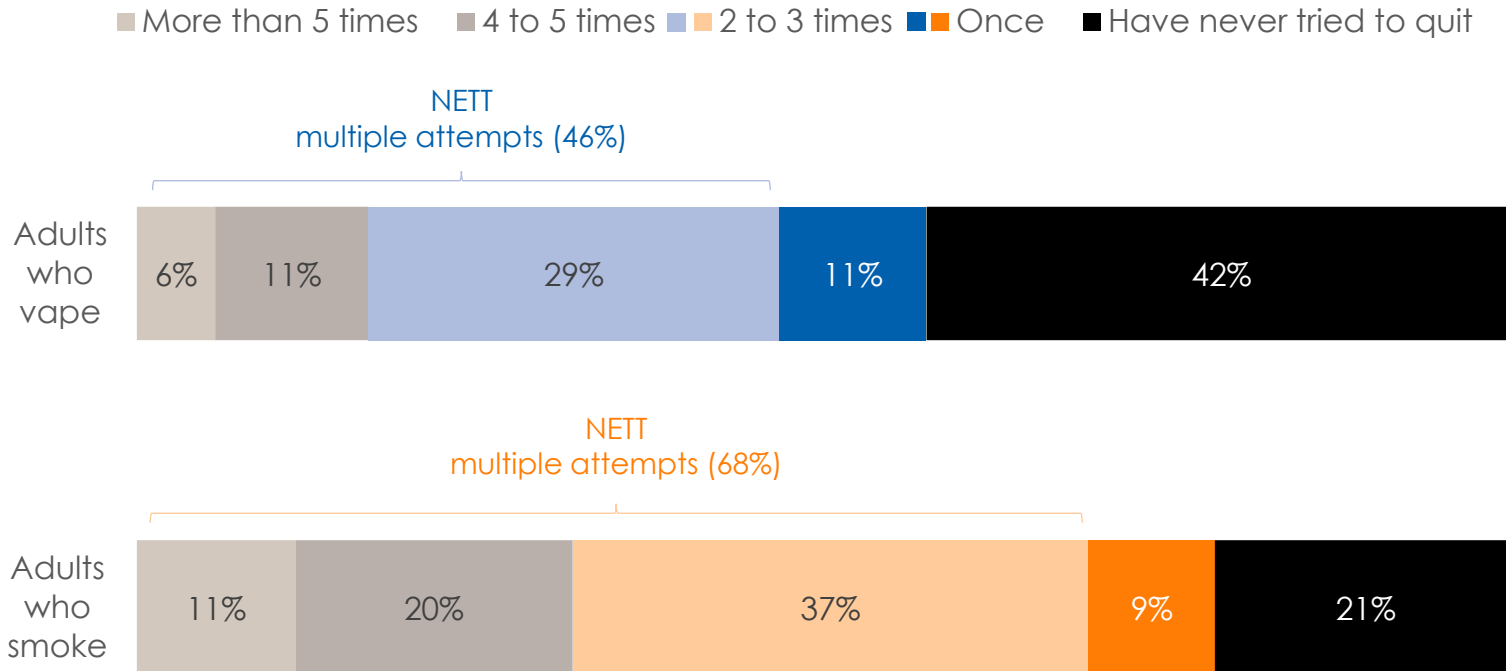
The majority of adults who vape and smoke accept that quitting is the right thing to do for themselves and those around them and will have a positive impact on their health, with 10% or less actively disagreeing with any one statement.



Source: FB1 - Below are a number of statements which other people have made in relation to vaping. To what extent do you agree or disagree...  
 FA1 - Below are a number of statements which other people have made in relation to smoking. To what extent do you agree or disagree...  
 Base: All adults who vape who qualified for the vaping condition (n=595); all adults who smoke who qualified for the smoking condition (n=737)

# Previous quit attempts

Q How many times have you tried to quit vaping / smoking in the past?



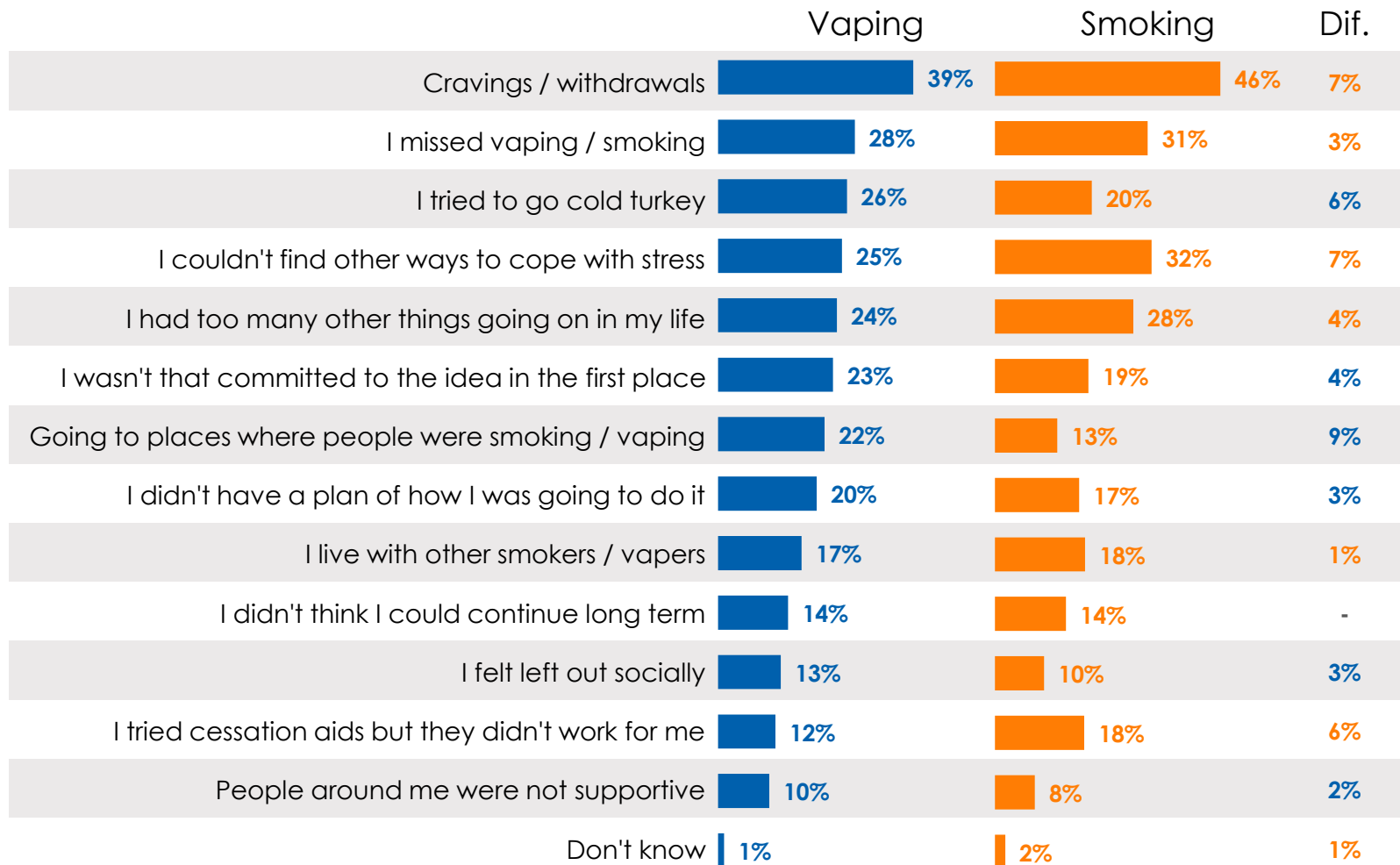
More adults who smoke than adults who vape have attempted to quit smoking previously – with 68% of adults who smoke having tried to quit multiple times, compared to 46% of adults who vape.

This means that adults who smoke have more failed quit attempts to draw on.

The relatively high number of adults who vape who have never tried to quit is likely to be influenced by 'quit attempt' adults who vape (i.e. former adults who smoke who are now vaping). Indeed, 48% of current adults who vape who used to exclusively smoke cigarettes have never tried to quit vaping; this is significantly higher than those who have exclusively vaped from the start (34%).

# Reasons why a quit attempt failed

**Q** Thinking about the most recent time you tried to quit vaping / smoking, why do you think you didn't manage to quit fully?



Adults who smoke and vape who have tried and failed to quit most often attribute their failure to the strength of their cravings, and their withdrawal symptoms (39% for adults who vape; 46% for adults who smoke).

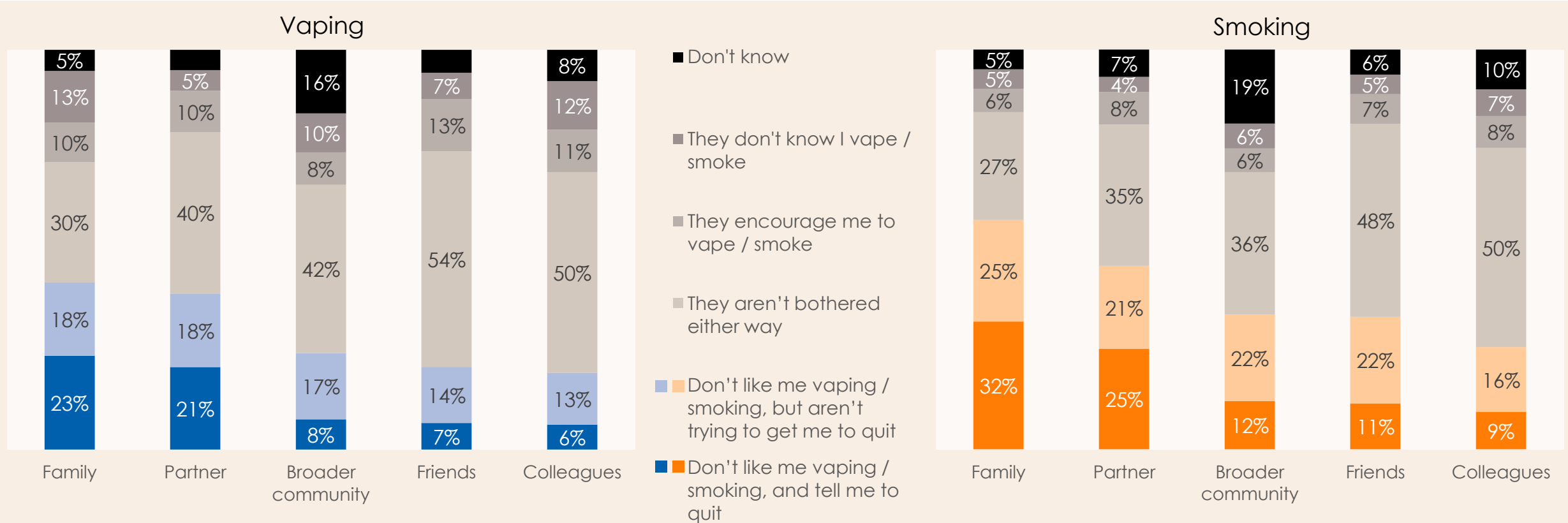
Other common reasons for failure include simply missing vaping or smoking (28% for adults who vape; 31% for adults who smoke), not being able to find other ways to cope with stress (25% for adults who vape; 32% for adults who smoke) and having too many other things going on in life to cope with (24% for adults who vape; 28% for adults who smoke).



# Social influences

**Q** What do the following groups of people think of your vaping / smoking?

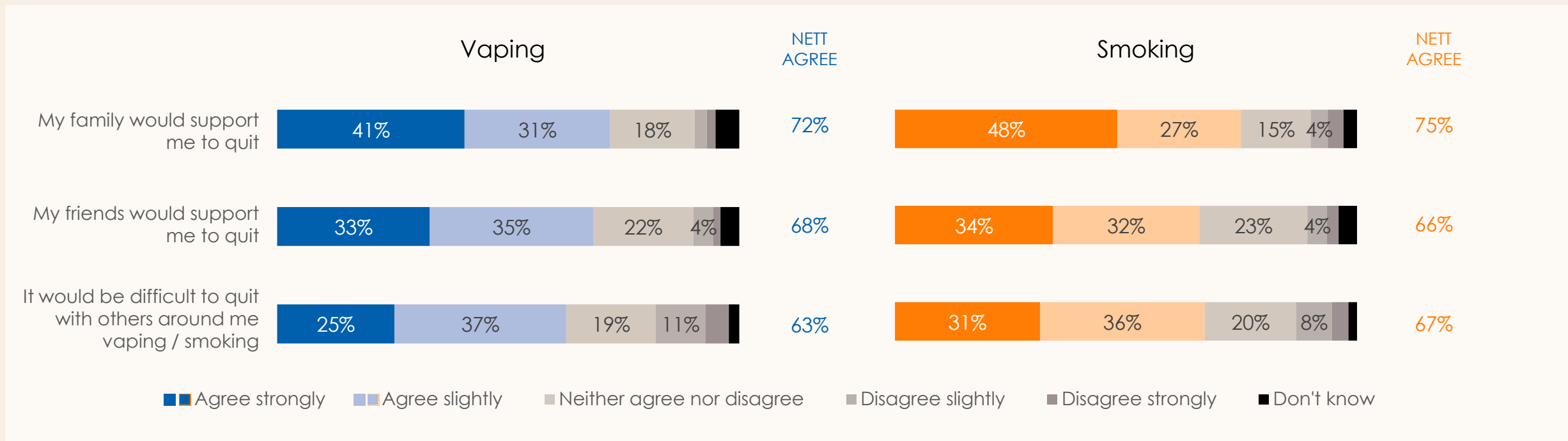
Family and partners are the two adult groups most likely to actively discourage vaping / smoking, however this is more prevalent among the adults who smoke (23% and 21% respectively for adults who vape; 32% and 25% respectively for adults who smoke). Colleagues and friends appear to be the most indifferent groups (48% to 54% 'aren't bothered either way') for both vaping and smoking. This suggests that vaping and smoking are seen as an issue which is only appropriate for those closest to them to address.



# Social support for quitting

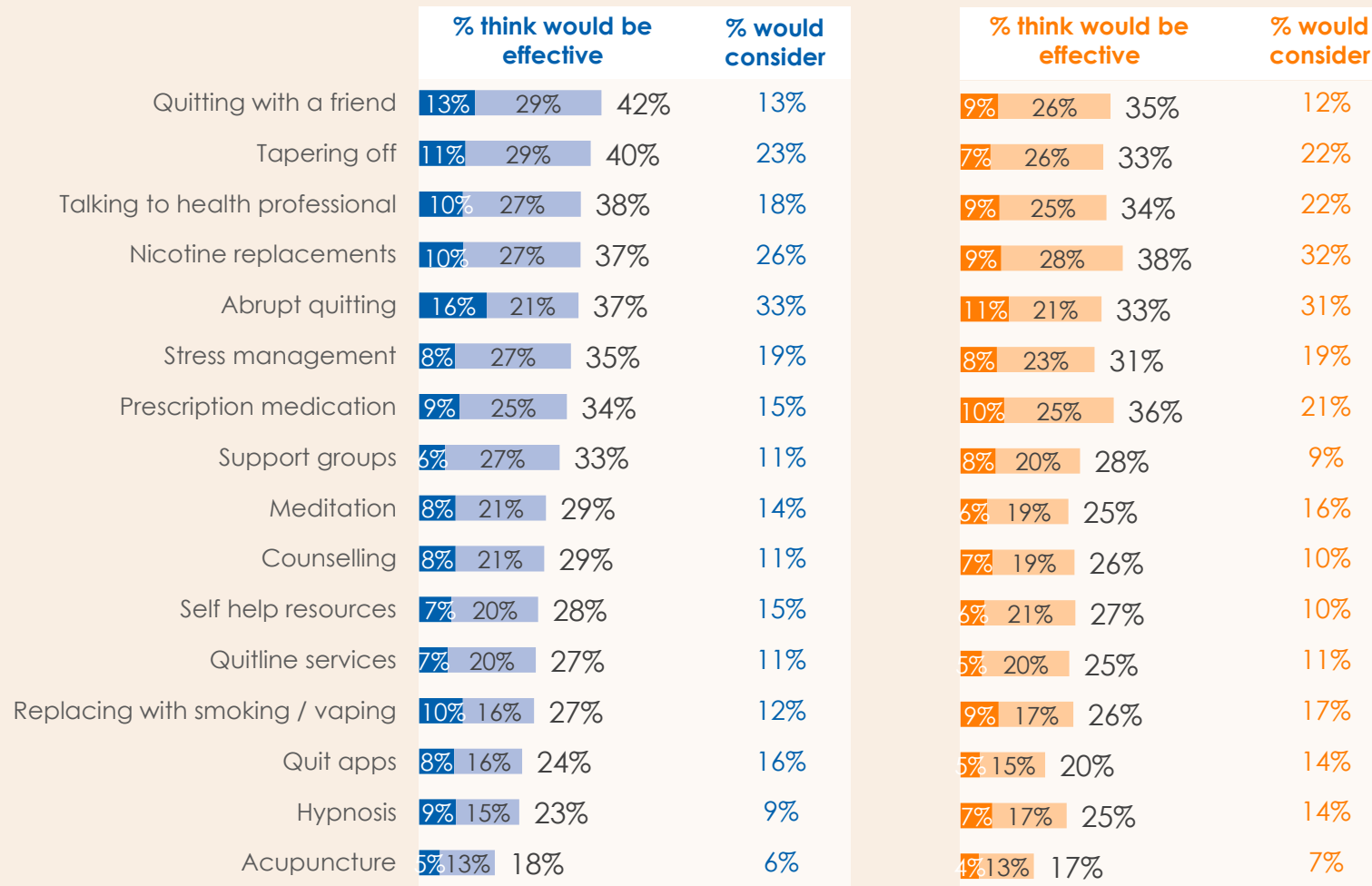
**Q** To what extent do you agree or disagree...

The majority of adults who vape and smoke agree they would have a support network of family (72% adults who vape, 75% adults who smoke) and friends (68% adults who vape, 66% adults who smoke) if they were to quit. Although they are somewhat more likely to think their family will support them than their friends. Sixty-three percent of adults who vape and 67% of adults who smoke agree it would be difficult to quit if others around them were still vaping / smoking – reinforcing the importance of having support systems in place.



# Method efficacy

**Q** Which might you seriously consider doing if you tried to quit vaping?  
 How effective do you think these are to help people quit vaping?

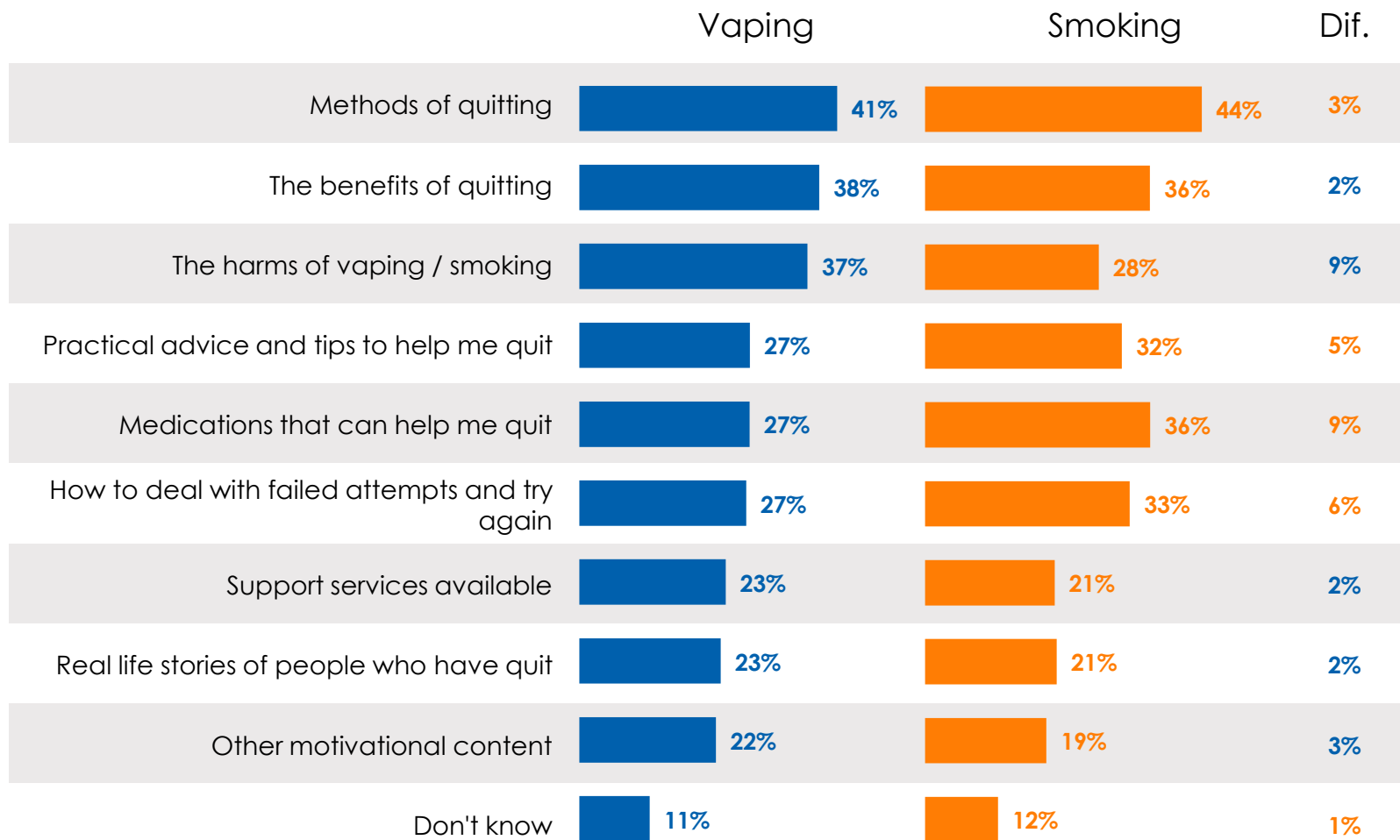


Overall, adults who vape think quitting with a friend would be the most effective way to do so (42%) however, only 13% would actually consider doing it. The most considered approach to quitting vaping is to just abruptly stop / 'cold turkey' (33%). Notably, this approach has the highest proportion of adult who vape saying it would be 'extremely effective' (16%) out of all the methods.

With adults who smoke, they are likely to think nicotine replacements are the most effective for quitting (38%) with this method also being the most considered (32%).

# Information preferences

**Q** When it comes to quitting vaping / smoking, what kind of information would you like to know more about? (adults who vape) / would be most helpful to you? (adults who smoke)

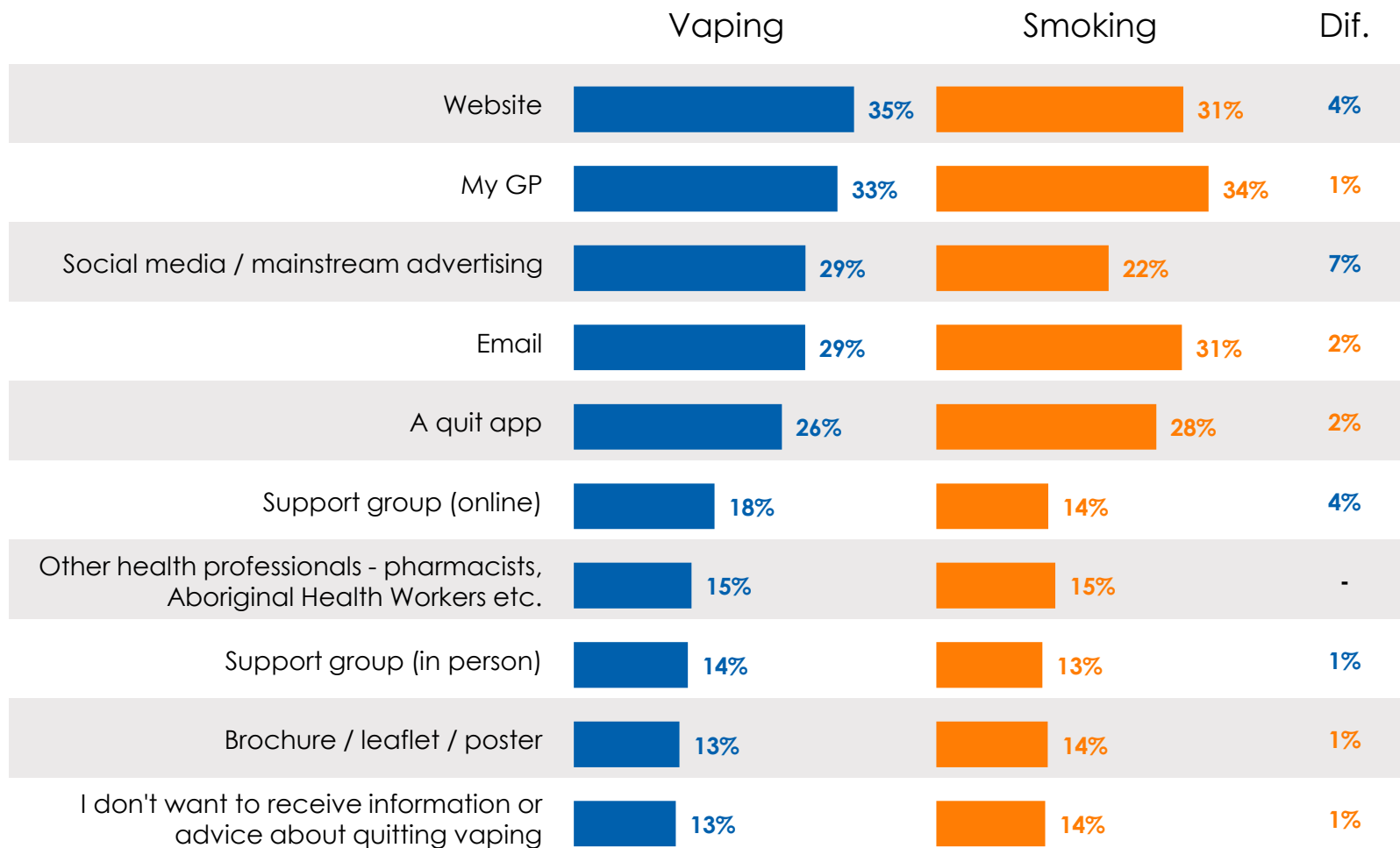


We asked adults who smoke and vape what they would like to know more about in relation to quitting. Most often they said they would most like to know more about methods of quitting (41% adults who vape, 44% adults who smoke), and the benefits of doing so (38% adults who vape, 36% adults who smoke).

Reflecting the relative newness of vaping, adults who vape were more likely to say they would like to know more about the health harms than adults who smoke (37% versus 28%). On the other hand, adults who smoke more often want to know about medications (36% versus 27%) and how to deal with failed quit attempts (33% versus 27%), reflecting the higher proportion of adults who smoke who have tried and failed to quit previously (see slide 72).

# Information preferences

**Q** How would you like to receive information and advice about quitting vaping / smoking?



Adults who smoke and vape would most like to receive information and advice about quitting through a...

- website (35% adults who vape, 31% adults who smoke),
- their GP (33% adults who vape, 34% adults who smoke),
- paid advertising (29% adults who vape, 22% adults who smoke),
- email (29% adults who vape, 31% adults who smoke), and
- quit apps (26% adults who vape, 28% adults who smoke).

# Implication for communication

Roughly one in five adults who vape (19%) and smoke (18%) are actively trying to quit, and a further six in ten are intending to quit at some point (58% adults who vape, 61% adults who smoke). Both adults who vape and smoke are most motivated by a desire to improve their health and fitness (45% adults who vape, 49% adults who smoke), and the cost savings they will make (32% adults who vape, 58% adults who smoke). The majority acknowledge the benefits that quitting will have on their health and life – but they still have not managed to quit successfully, despite 68% of adults who smoke and 46% of adults who vape having made multiple attempts to do so. Those who have tried and failed most often say their cravings got the best of them (39% of adults who vape, 46% of adults who smoke), and they missed vaping / smoking (28% of adults who vape, 31% of adults who smoke).

Most people feel they have people in their life who would help them to stop smoking or vaping (72% of adults who vape and 75% of adults who smoke think their family would support them to quit), but trying to convince someone to stop their habit is seen as something that is only appropriate for people close to the adult who smokes or vapes to address / help with. Roughly four in ten (42% of adults who vape, 35% adults who smoke) feel the support of a friend or health professional would be the most effective method of quitting, however the most popular method is abrupt quitting or 'going cold turkey' (33% of adults who vape, 31% of adults who smoke), which also happens to be the method which requires the least time and money – and ultimately commitment.

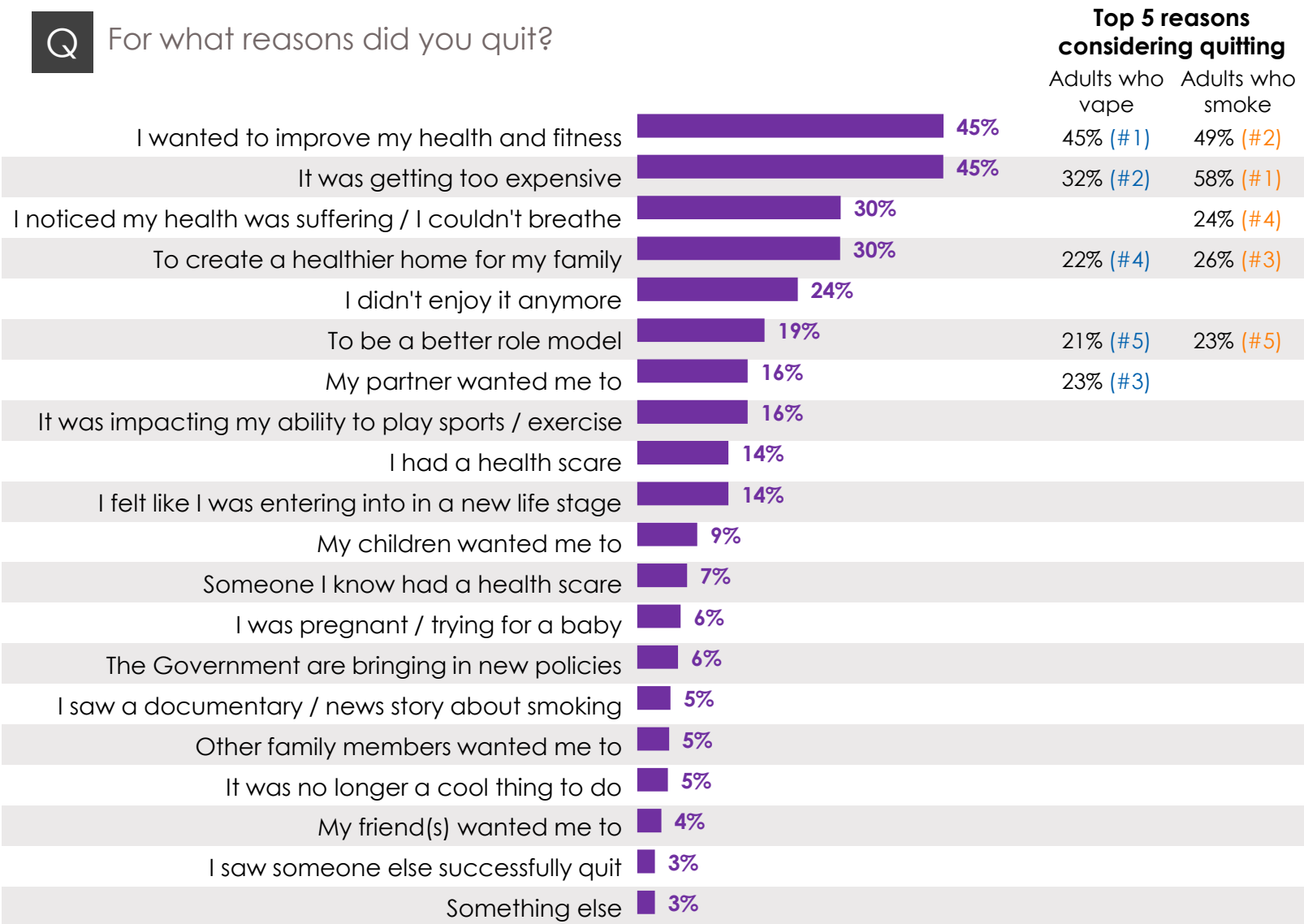
Most often adults who vape and smoke say they would like to know more about methods (41% of adults who vape, 44% of adults who smoke) and benefits of quitting (38% of adults who vape, 36% of adults who smoke). Adults who vape are also curious to find out more about the harms of vaping (37%) – something adults who smoke are well aware of. Websites, GP, advertising, email and quit apps are all seen as legitimate ways to receive information to support quitting.



## 3.4 Learning from recent quitters

# Reasons for quitting

**Q** For what reasons did you quit?



## Top 5 reasons considering quitting

Reason	Adults who vape	Adults who smoke
I wanted to improve my health and fitness	45% (#1)	49% (#2)
It was getting too expensive	32% (#2)	58% (#1)
To create a healthier home for my family	22% (#4)	26% (#3)
To be a better role model	21% (#5)	23% (#5)
My partner wanted me to	23% (#3)	

We talked to recent quitters as part of this research. Recent quitters have been defined here as people who had quit smoking or vaping within the last 6 months. This section contains the results for this particular group.

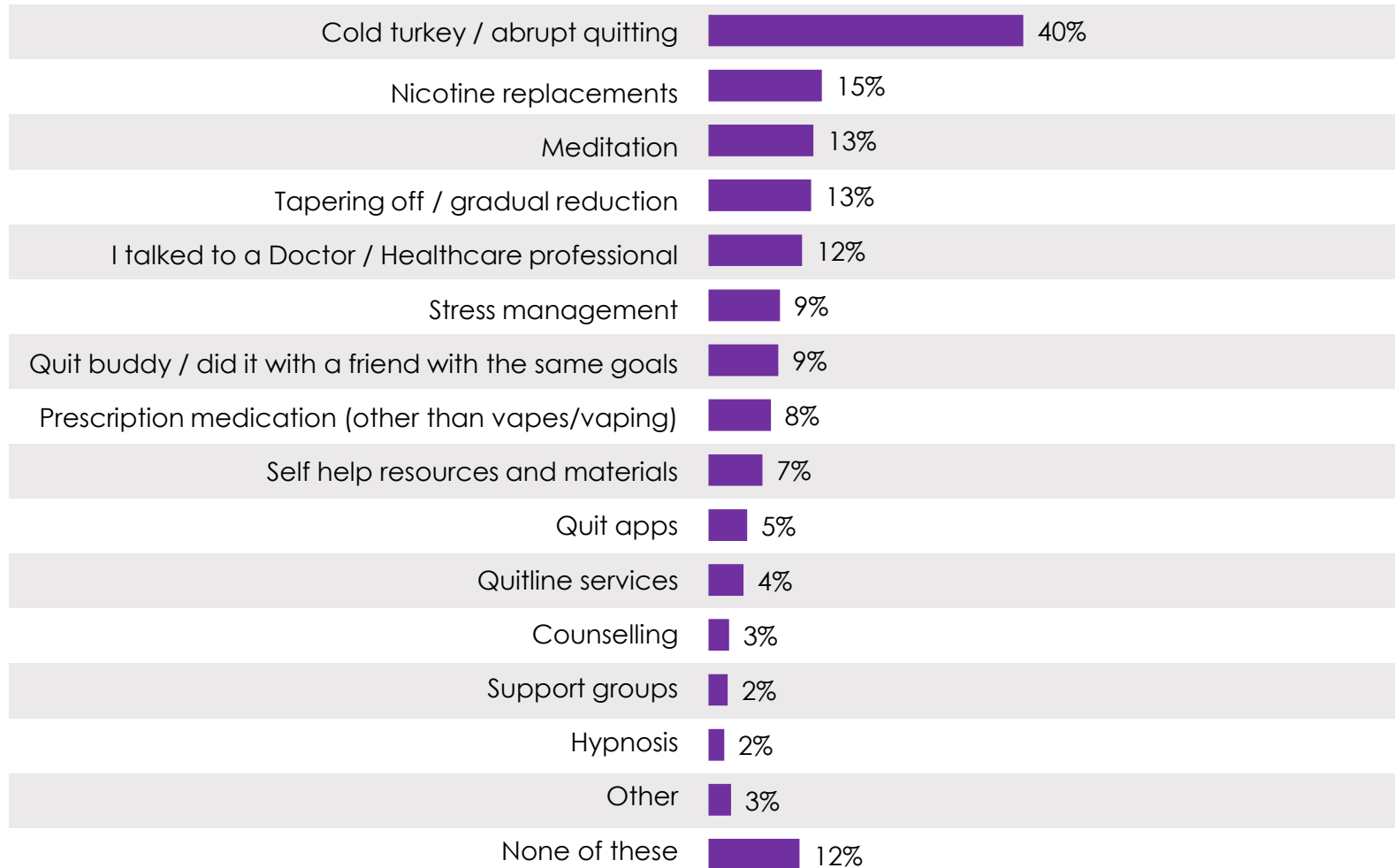
Among recent quitters, the two most mentioned reasons for quitting include wanting to improve one's health and fitness and how expensive it was (both 45%).

This is consistent with the most common reasons for wanting to quit among adults who currently smoke and vape.



# Previous quit attempts and method efficacy

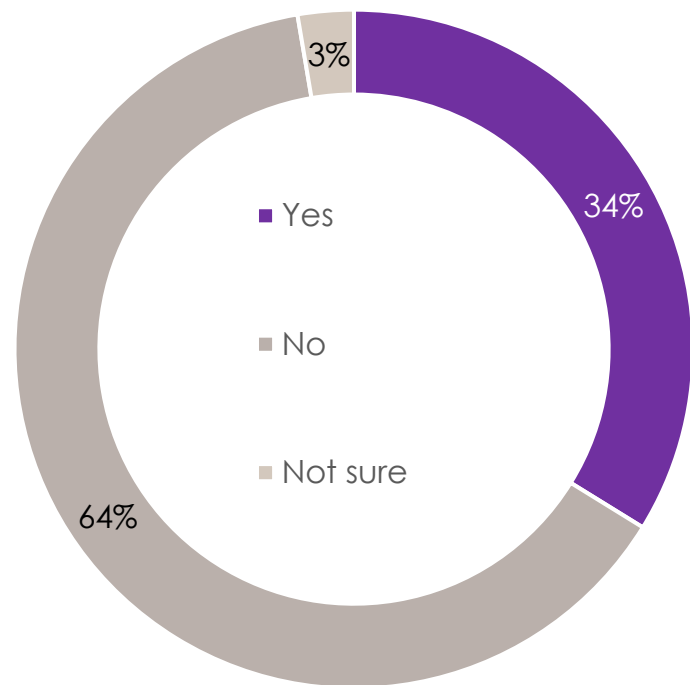
Q What did you use to help you quit?



Four in ten (40%) recent quitters quit by going cold turkey. It is perhaps not surprising that this method is most popular, as it has a low barrier to entry - requiring the least investment of all options, in terms of both time and money.

# Previous quit attempts

**Q.** Thinking about your previous quit attempts, did you do anything differently this time around?



**Q.** What did you do differently?

Only a third (34%) of recent quitters who had previously tried to quit before did something different this time around.

Based on feedback given by those who did something different in their recent quitting attempt, it is apparent that cessation methods differ from person to person, however many said they took active steps to prepare for their quit attempt this time around by:

1. Finding out about and implementing strategies to help them manage cravings / stress.
2. Ensuring they had a network of health professionals, friends and family who knew how to support them.



Looked at **alternative methods to manage stress. like mindfulness and meditation**

(male, previously smoked, 35-39)

I used **nicotine substitute.**

(male, previously vaped, 25-26)

**I took it to a health care professional and had a counselor** set up specifically for this.

(female, previously smoked, 40-44)

**I had support this time around.**

Last time I didn't have any support at all.

(male, previously smoked, 30-34)

**Mentally prepared myself from my previous time.**

Notified other smokers around me to not offer me any or give me any if I ask. No matter what.

(male, previously smoked and vaped, 35-39)

**Made an intentional decision to actively quit.**

(female, previously smoked and vaped, 25-29)

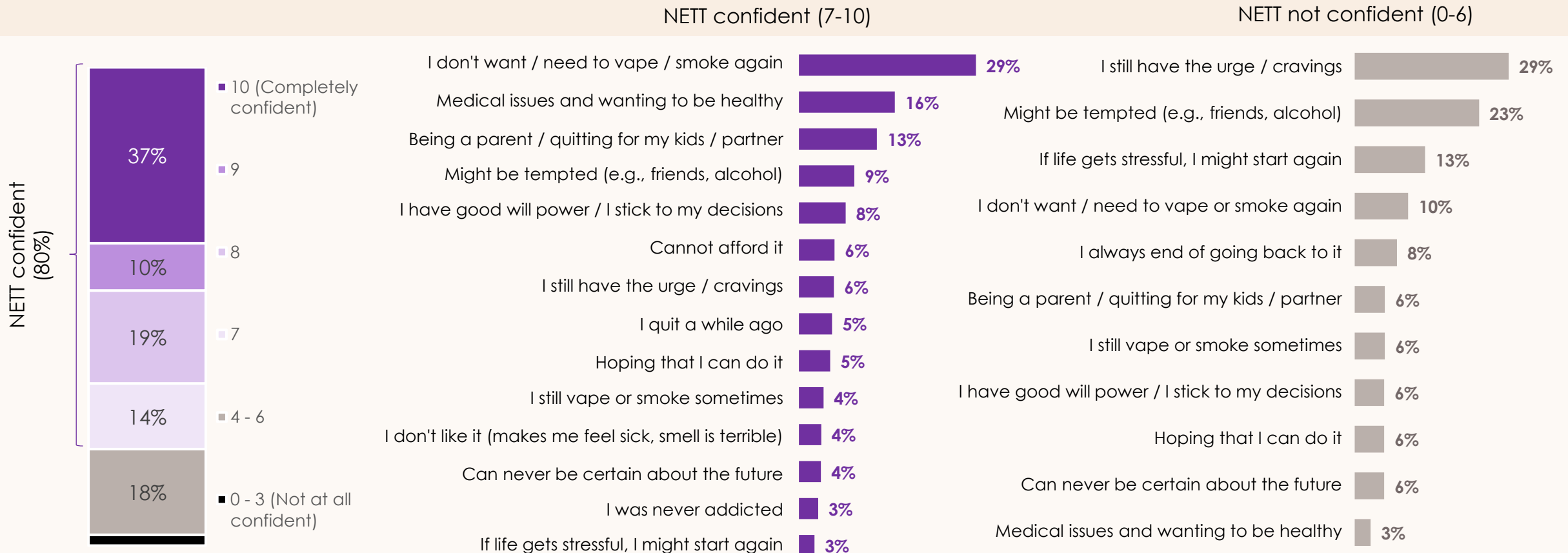


Source: RQ10 - Thinking about your previous quit attempts, did you do anything differently this time around? RQ11 - What did you do differently this last time you quit?  
 Base: All recent quitters (n=102), recent adult quitters who did something differently in recent quit attempt (n=28)

# Confidence in staying quit

**Q** How confident do you feel that you won't go back to smoking and/ or vaping? Why do you say that?

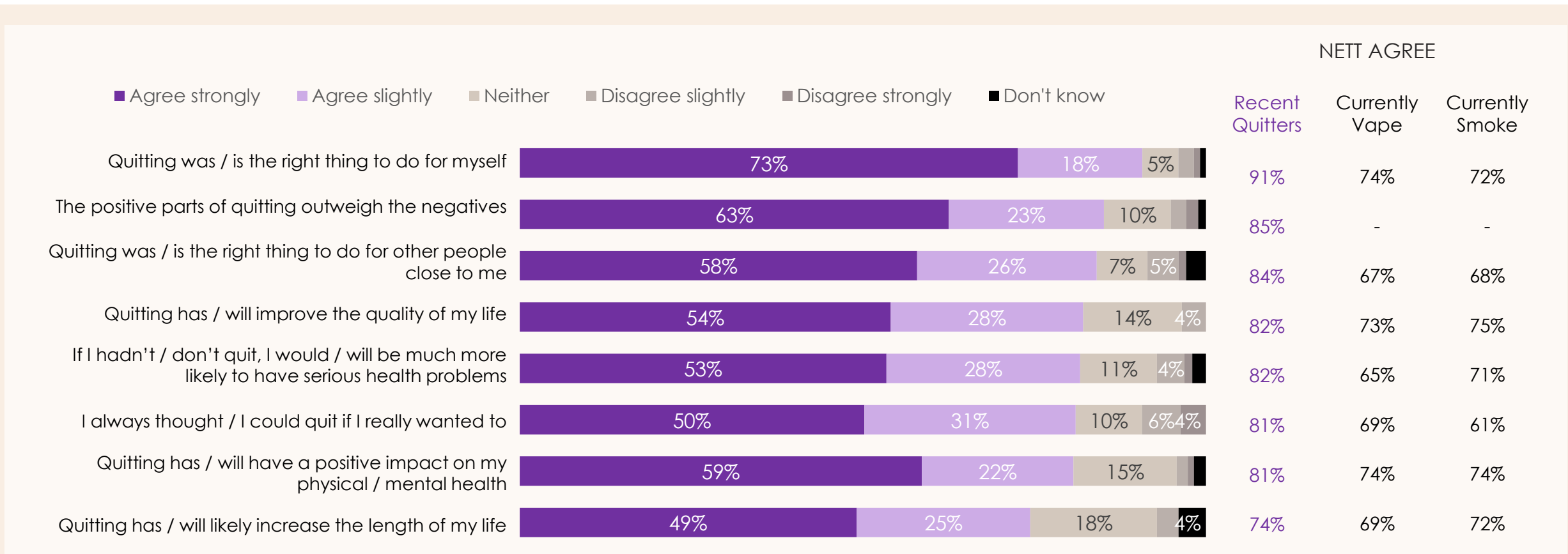
Most recent quitters feel confident that they can refrain from smoking / vaping again (80% rate themselves 7 to 10 out of 10 in terms of confidence). When asked why they feel confident, 29% say they simply do not want to vape or smoke again, 16% say they are committed to being healthier and 13% say it is because they are doing it for those closest to them (13%). Those who do not feel confident they will stay quit most often say they still feel cravings (29%), and are worried they will be tempted by friends (23%) or might fall off the wagon when life gets stressful (13%).



# Perceived impact of quitting on health and quality of life

**Q** To what extent do you agree / disagree...

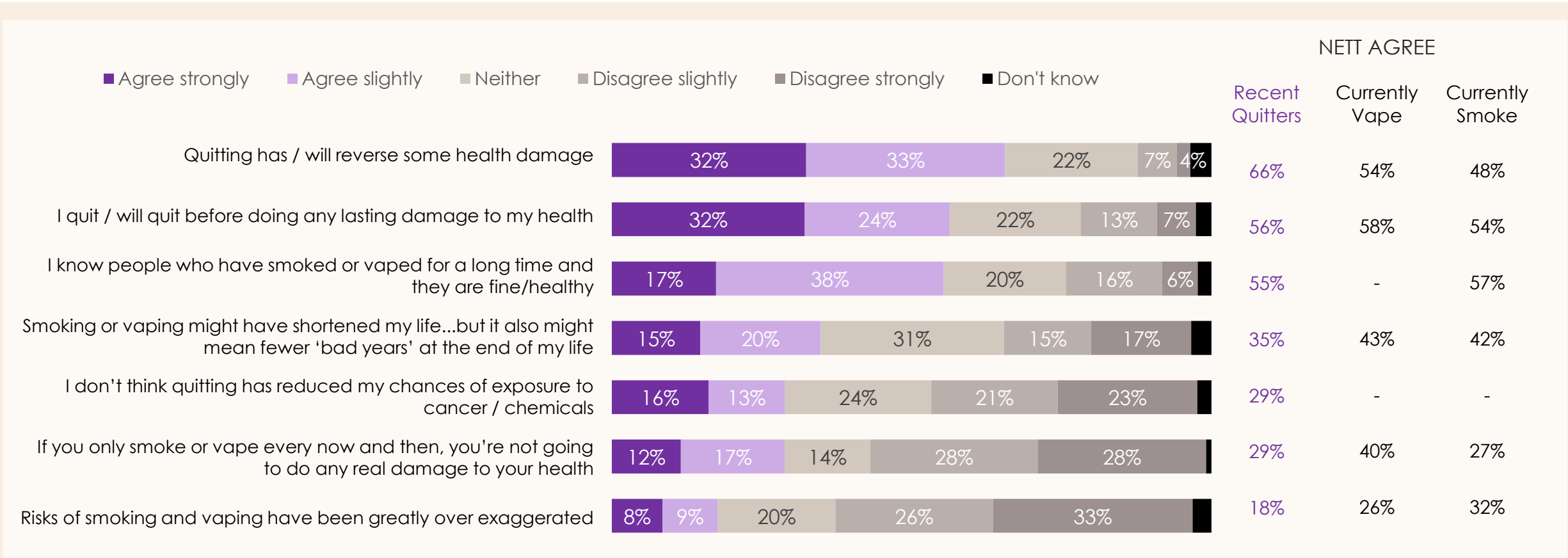
We asked recent quitters a number of similar statements to what we asked adults who currently vape and smoke. Perhaps unsurprisingly recent quitters have higher rates of agreement across all statements regarding the perceived benefits of quitting, compared to those still smoking / vaping. Almost all (91%) recent quitters agree that quitting was the right thing for them to do, and 85% believe the positive parts of quitting outweigh the negatives.



# Loopholes

**Q** To what extent do you agree / disagree...

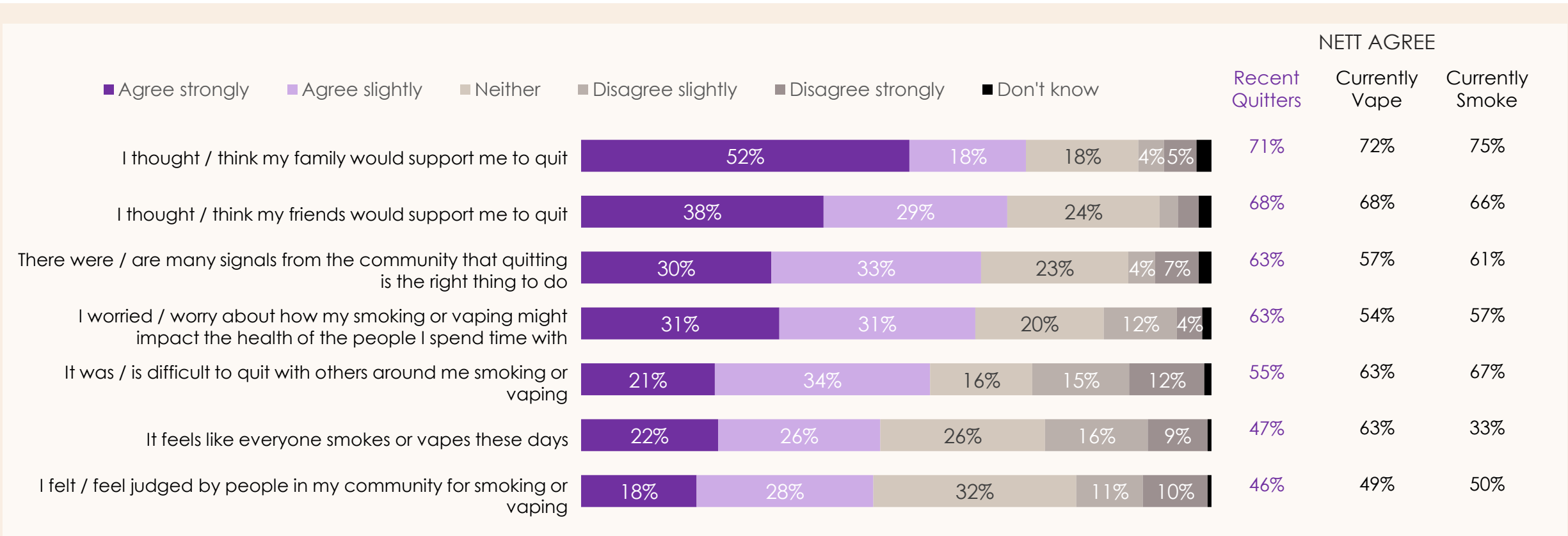
Recent quitters are also less likely to buy into some of the loopholes that allow adults who smoke and vape to rationalise their behaviour, and reduce any cognitive dissonance / discomfort they are feeling. For example, they are less likely to agree that the risks of smoking have been greatly over exaggerated (18% among recent quitters, versus 26% among adults who currently vape and 32% among adults who currently smoke).



# Support for quitting and community perceptions

**Q** To what extent do you agree / disagree...

There is very little difference between recent quitters and adults who currently vape or smoke when it comes to perceptions of available support from family and friends (71% - 75%), and feelings of being judged by others (46% - 50%). However, recent quitters differ from adults who currently vape or smoke in that they are more likely to be concerned about how their vaping or smoking is impacting the health of those around them (63%) – they are also less likely to make excuses for their continued behaviour (e.g. 'it's difficult to quit when others around me are doing it' (55%), and 'everyone else is doing it' (47%)).



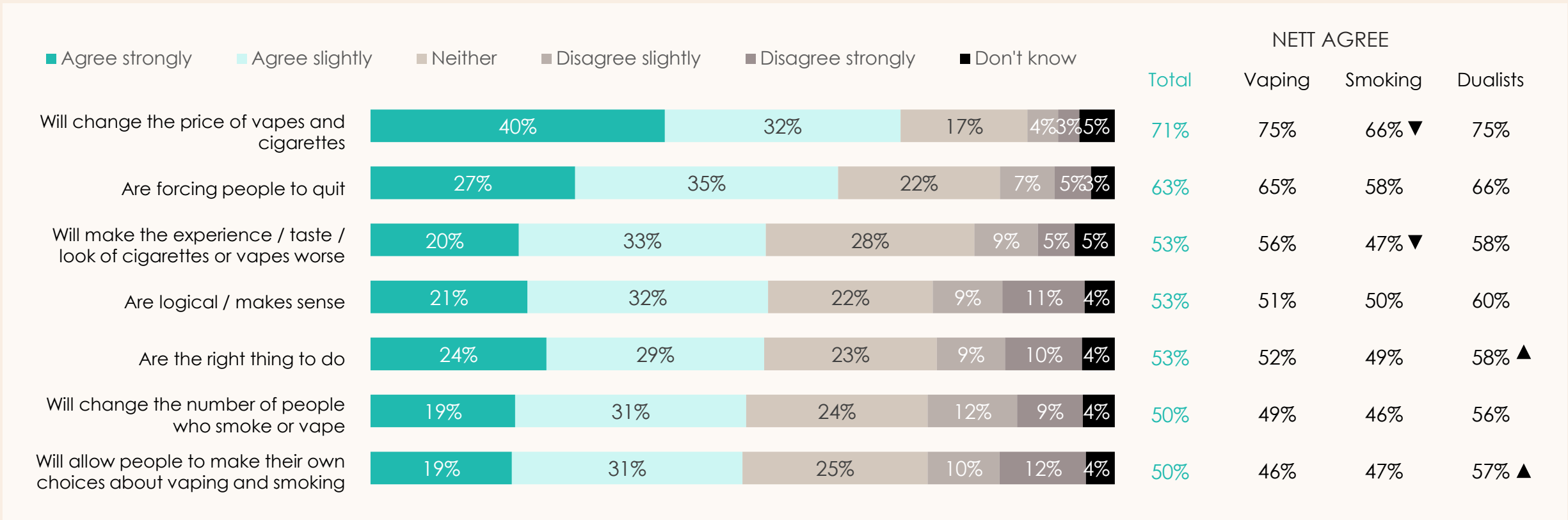
# 3.5 Potential impact of new regulations

# Perception of policy changes

▲▼ Significantly higher / lower than other groups at the 95% confidence interval

**Q** How much do you agree or disagree that the changes ...

Fifty-three percent of adult who smoke and vape think that the changes are the right thing to do. This is despite a fairly widely held perception that the changes are forcing people to quit (63% agree). The qualitative research found that, for some, the changes are viewed as an impetus to try to quit / to try again.





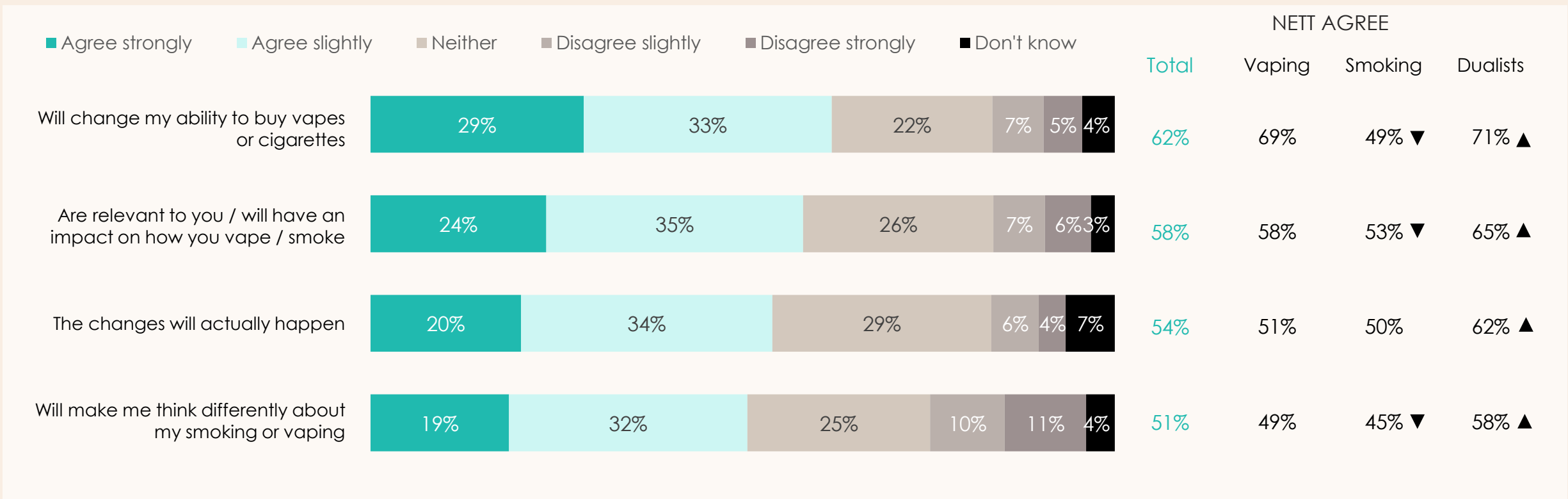
# Perception of policy changes

▲▼ Significantly higher / lower than other groups at the 95% confidence interval

**Q** How much do you agree or disagree that the changes ...

Just over half (54%) of adults who smoke and vape agree the changes will actually happen, and only 10% disagree. Further, 62% agree that if the changes are implemented this will change their ability to buy vapes or cigarettes.

Adults who smoke are less likely to feel the changes are relevant to them (53%). Indeed, the new smoking regulations may seem like a continuation of changes that have been occurring for some time. The vaping regulations, in contrast, will likely feel new to people and like a big step-change. In line with this view, adults who smoke are less likely to say it will make them think differently about their smoking or vaping.



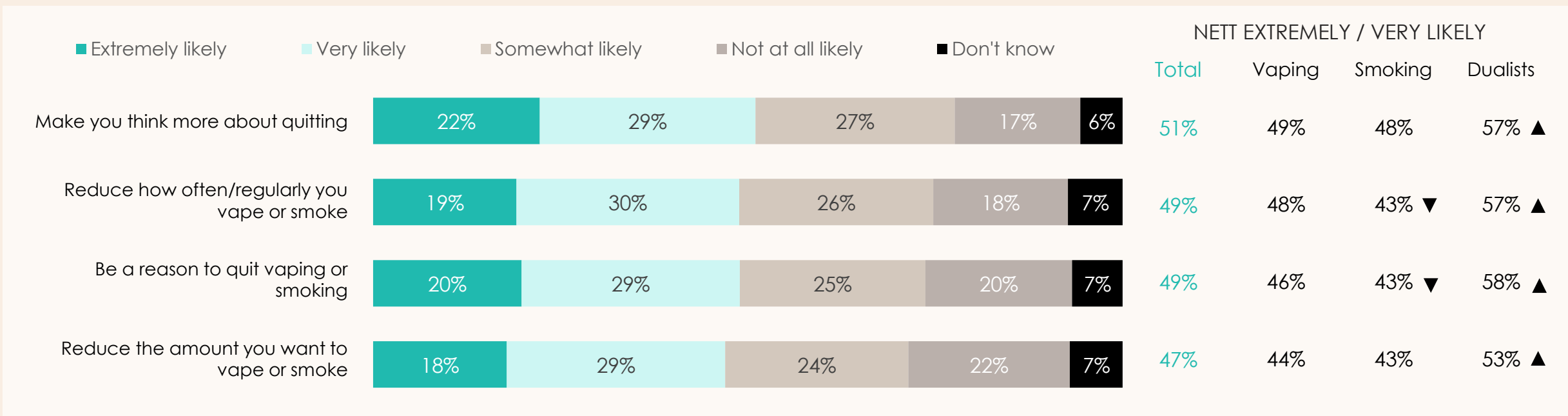
Source: GAI - How much do you agree or disagree that the changes ...  
 Base: Total adults who vape and smoke (n=1,332); all adults who exclusively vape (n=357); all adults who exclusively smoke (n=540), all adult dualists (n=435), excludes not applicable responses

# Potential impact on behaviour

▲▼ Significantly higher / lower than other groups at the 95% confidence interval

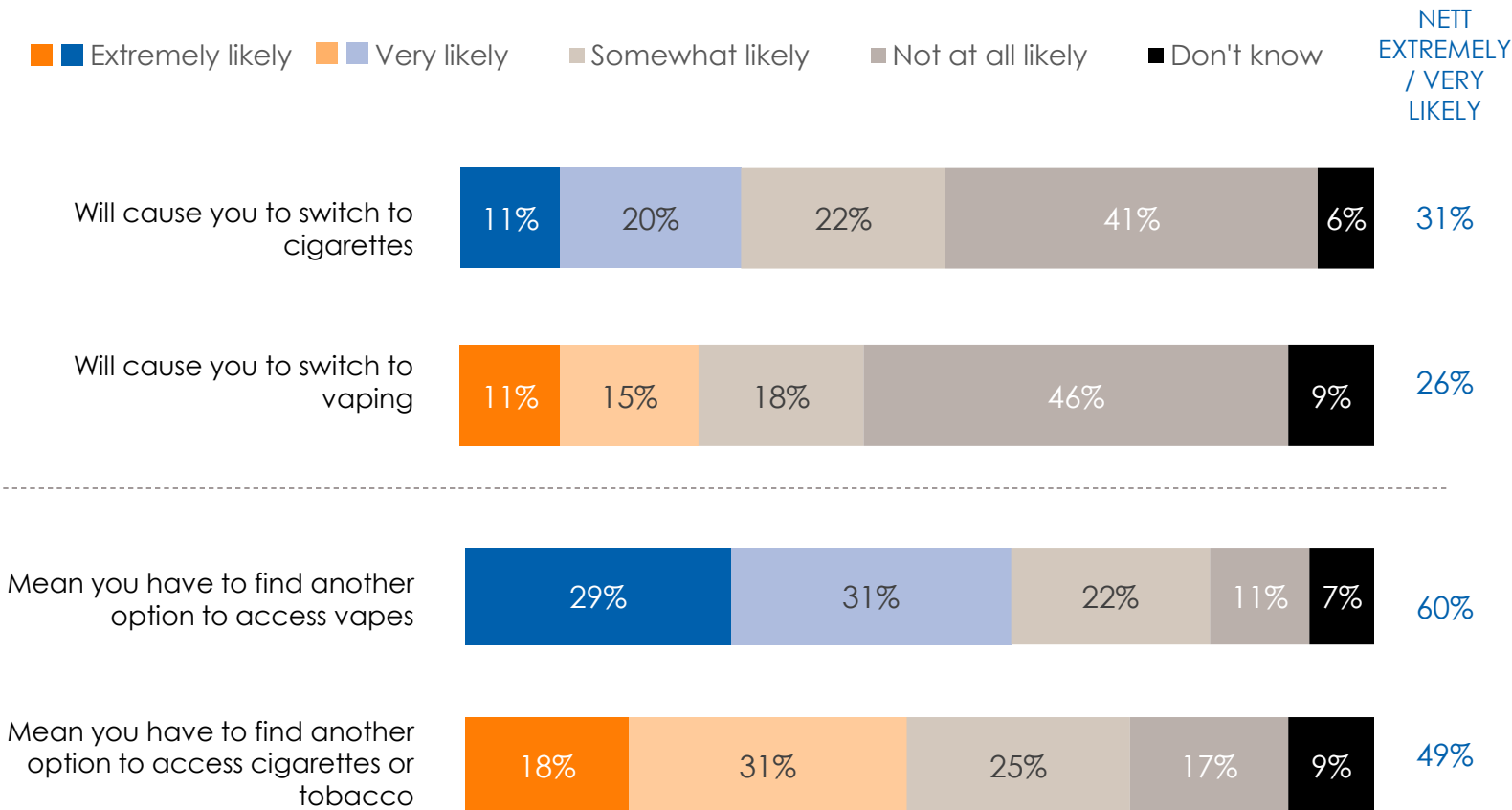
**Q** How likely is it that these changes will ...?

Roughly half of adults who smoke and vape say that the changes are extremely or very likely to make them think more about quitting (51%), reduce how often they vape (49%), be a reason to quit (49%) and reduce the amount they vape or smoke (47%). Adults who smoke are less likely to say it will lead them to reduce their smoking (43%), or be a reason for them to quit entirely (43%).



# Potential impact on behaviour

Q How likely is it that these changes will cause you to switch...?



Sixty-three percent of adults who currently only vape say the changes are somewhat or not at all likely to cause them to switch to smoking. Those who used to smoke are somewhat more likely to say they would revert back to smoking than those who have not smoked from the beginning, although the difference is not significant (34% versus 23%). Men who vape are more likely to say the changes will likely lead them to take up smoking (39%).

Sixty percent of adults who currently vape think they will need to find another option to access their vapes, and 49% of adults who smoke think it is likely they will need to find another option to access cigarettes. The nature of these alternatives is not expressed and represent anticipated behaviour in an unknown future state.

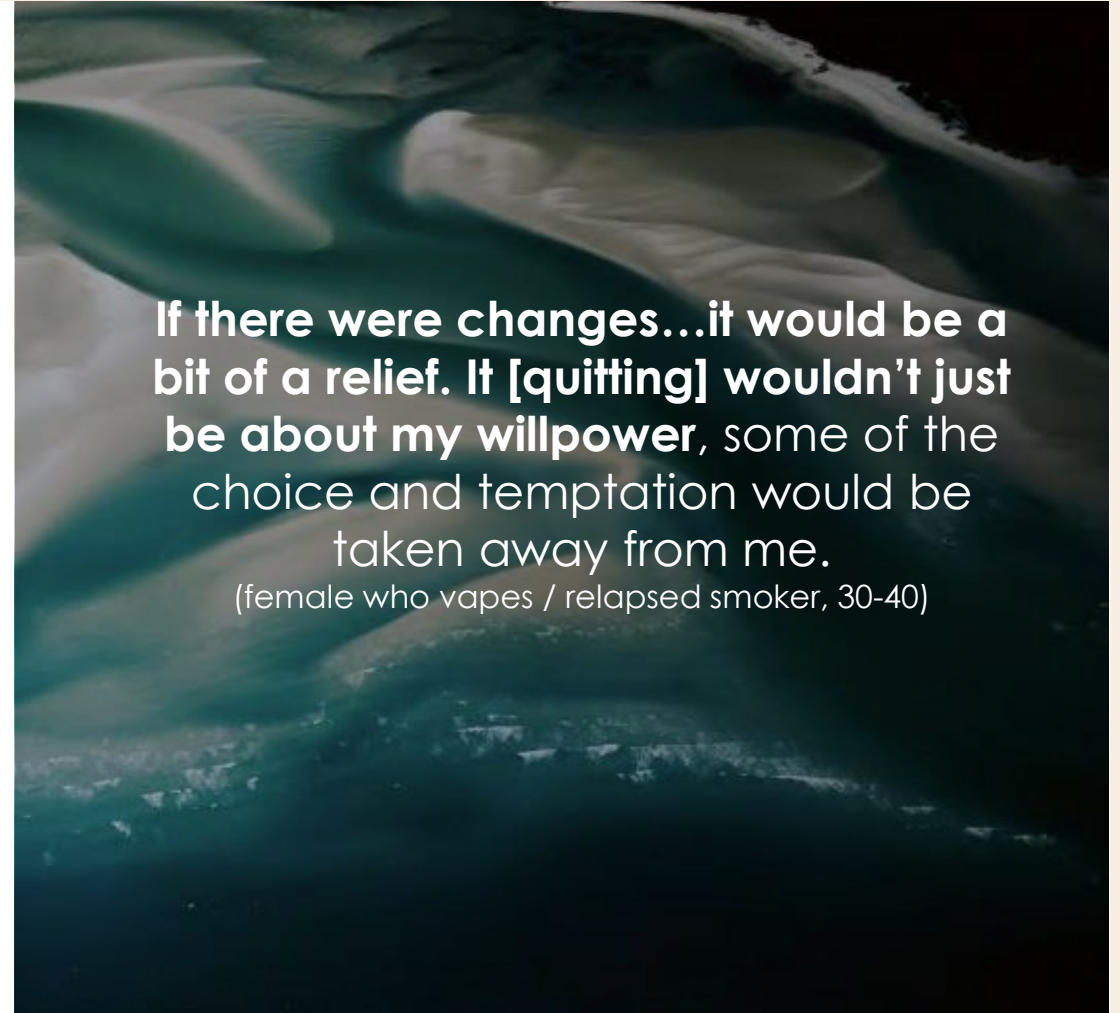
“ I don't really care that it's illegal, because the repercussions won't have anything to do with me, only the people who sell it. **If they ban it, I could just easily replace it with, something else, probably another addiction.** (30-40 years, female who vapes, ex-cigarettes) ”

# Implication for communication

**For adults who smoke (compared to younger cohorts) there is a much clearer and growing realisation that 'something has changed / must be changing' in the way Governments and society are viewing vaping and smoking in general.**

As might be anticipated, the proposed new regulations are felt to be less relevant to adults who smoke than adults who vape – with the new smoking regulations feeling like a continuation of changes that have been occurring for some time. In contrast, the vaping regulations, feel new and like a big step-change for adults who vape. In line with this, half of adults who vape (51%) say the changes will make them think differently about their smoking or vaping - **suggesting that seeing these changes will reduce the perception of vaping being the healthy option, and something which is widely accepted by society. This may, in turn, make it harder for them to dismiss some of the new information being presented to them about the health harms of smoking.**

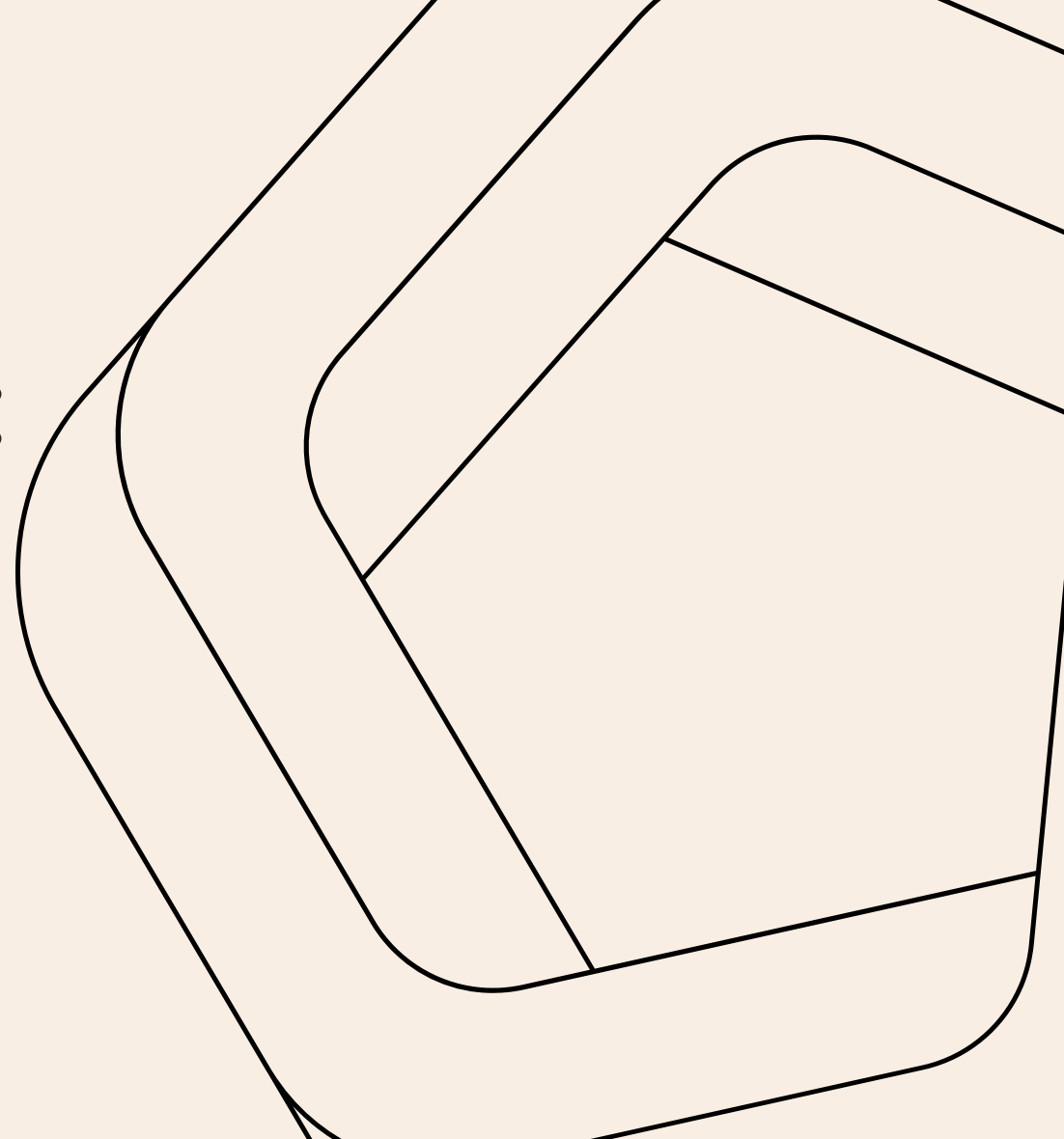
**Just under a third (31%) of adults who vape reported that reforms may make them extremely or very likely to switch to tobacco (cigarettes),** and while those who have smoked previously are slightly more likely to go back to smoking (34%) – the difference is not a significant one. However, this incidence **supports the need to run concurrent campaigns that reinforce the negative aspects of smoking, while also encouraging vaping cessation,** in order to dissuade any thoughts of switching in the face of vaping reforms.



**If there were changes...it would be a bit of a relief. It [quitting] wouldn't just be about my willpower, some of the choice and temptation would be taken away from me.**

(female who vapes / relapsed smoker, 30-40)

# 4.0 Contextual Insights: Priority audiences



# Socio-economic and cultural impacts (incl. CALD and First Nations)

The same norms, biases and sense of social acceptability appear to cut across all groups (irrespective of gender, SES status, cultural or First Nations background):

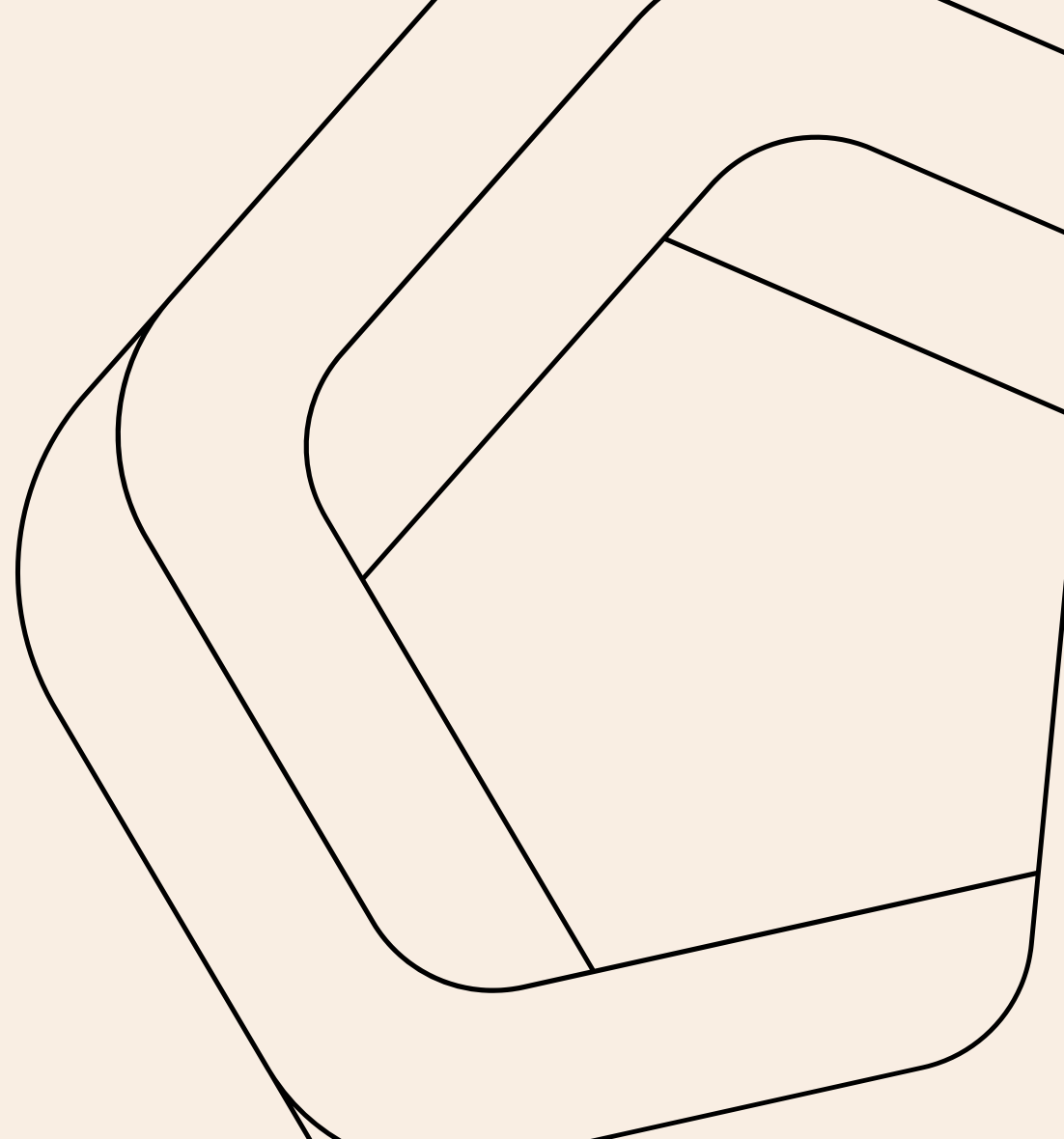
- CALD and First Nations audiences seem to be identically captured by the same social and contextual norms, default beliefs, etc. that stretch across the entire community.
- There is a **slightly higher sense in low SES and regional areas that vaping is a less severe addiction**. It is seen as a relatively 'soft' behaviour that does not stand out. It is one of many harmful things people (especially young people) could choose to do and that it is preferable to other forms of addiction or illicit drugs.
- There is some evidence that broader trends (reduced social acceptability of smoking, aligned with higher perceived acceptability of vaping) is impacting even in CALD communities where tobacco smoking has historically been more prevalent (i.e. Arabic speakers).
- **First Nations youth vapers self-report a greater fear of discovery by their parents**. As a rule, almost all youth vapers indicated they don't want to actively disclose vaping behaviours or have their vaping discovered by their parents. This is motivated by inconvenience rather than a particular 'big' consequence from doing so. In contrast, First Nations youth indicated they would **face considerable parental disapproval and reproach around their vaping**. This drives a higher fear of discovery. Despite this, greater perceived fear of parental discovery does not act as a behavioural lever to quit vaping. Rather the impact manifests as increased efforts to hide the behaviour.
- Another observed change was that First Nations adults indicated that previously young people would have scolded their older relatives or parents for smoking/vaping. However, with the **rise of youth vaping this positive generational trend appears to have reversed**. Young First Nations people are now not speaking up due to their own smoking or vaping behaviour.
- First Nations participants noted **vaping is less of a problem in remote communities**. This is seen to be a matter of supply rather than preference as it remains easier to obtain cigarettes than vapes.

“

Kids aren't hassling us [adults] about our smoking any more...which they used to do...**maybe because they are now vaping too.**  
(First Nations, parent)

”

# 5.0 Appendix



# Quantitative survey

## Purpose and key lines of enquiry

The purpose of the quantitative phase was to quantify some of the qualitative findings, and provide further insight into key audiences' smoking and vaping habits and behaviours, particularly in relation to youth vaping (14- to 24-year-olds) and adult smoking and vaping (adults aged from 25 to 50).

## Methodology

Interviews were conducted online, using the Lightspeed Research panel.

Fieldwork took place between 1<sup>st</sup> and 20<sup>th</sup> of March 2024 (inclusive). In total, we conducted n=2,021 interviews with Australians aged 14 to 50 who either currently smoke and/or vape, or are a recent quitters. A sample of this size has a maximum margin of error of +/-2.2%.

Average interview length was 20 minutes.

The questionnaire was structured so for the most part respondents only answered about either smoking or vaping. If a respondent was a dualist (both smoked and vaped), they were assigned to either the smoking or vaping condition based on their stated preference for either, if they held no preference, they were assigned based on least full quotas.

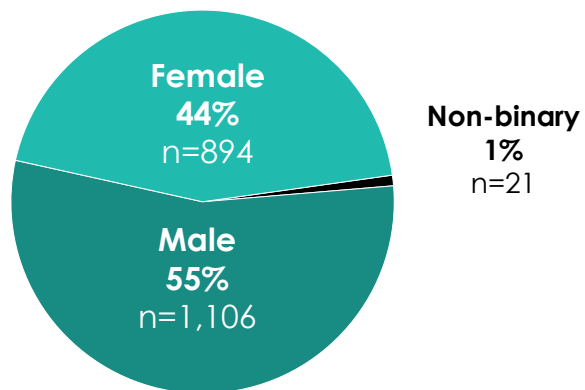
		Population proportion	Quota target	Final sample achieved	
<b>Gender</b>	Male	61%	1223	1,106	
	Female	39%	777	894	
	Non-binary	-	-	21	Natural fall out
<b>Age</b>	14 to 17	7%	200	159	Boost applied
	18 to 24	24%	464	428	
	25 to 34	34%	659	708	
	35 to 50	35%	676	726	
<b>State</b>	NSW	32%	640	656	Monitoring quotas to ensure proportions were broadly in line with national population proportions
	ACT	2%	40	32	
	VIC	25%	500	551	
	QLD	20%	400	400	
	TAS	2%	40	46	
	NT	1%	20	17	
	SA	7%	140	142	
	WA	10%	200	177	
<b>Specific audiences</b>	CALD	25%	500	523	Monitoring quotas to ensure proportions were broadly in line with national population proportions
	LGBTQIA+	11%	220	172	
	First Nations <sup>4</sup>	6%	200	205	Boost applied
	Recent quitters	-	150	102	
	<b>Total</b>	<b>All Australians</b>	<b>100%</b>	<b>2000</b>	<b>2021</b>

Population proportions have been calculated based on the following sources:  
 Department of Health and Aged Care. Current vaping and current smoking in the Australian population aged 14+ years: February 2018-March 2023. Available from [www.health.gov.au](http://www.health.gov.au)  
 Australian Bureau of Statistics. National Health Survey 2022 data: Smoking and Vaping by age and sex. Available from [www.abs.gov.au](http://www.abs.gov.au)  
 Greenhalgh, EM, Scollo, MM and Winstanley, MH. Tobacco in Australia: Facts and issues. Melbourne: Cancer Council Victoria; 2024. Available from [www.TobaccoInAustralia.org.au](http://www.TobaccoInAustralia.org.au)  
 Australian Bureau of Statistics. Population: Census . Available from [www.abs.gov.au](http://www.abs.gov.au)

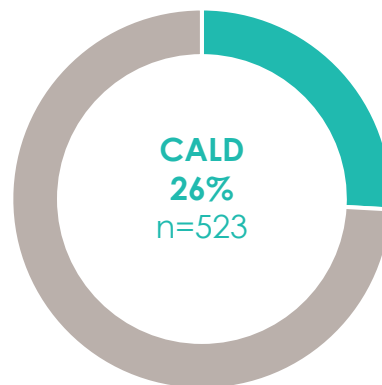


# Quantitative survey - Sample profile

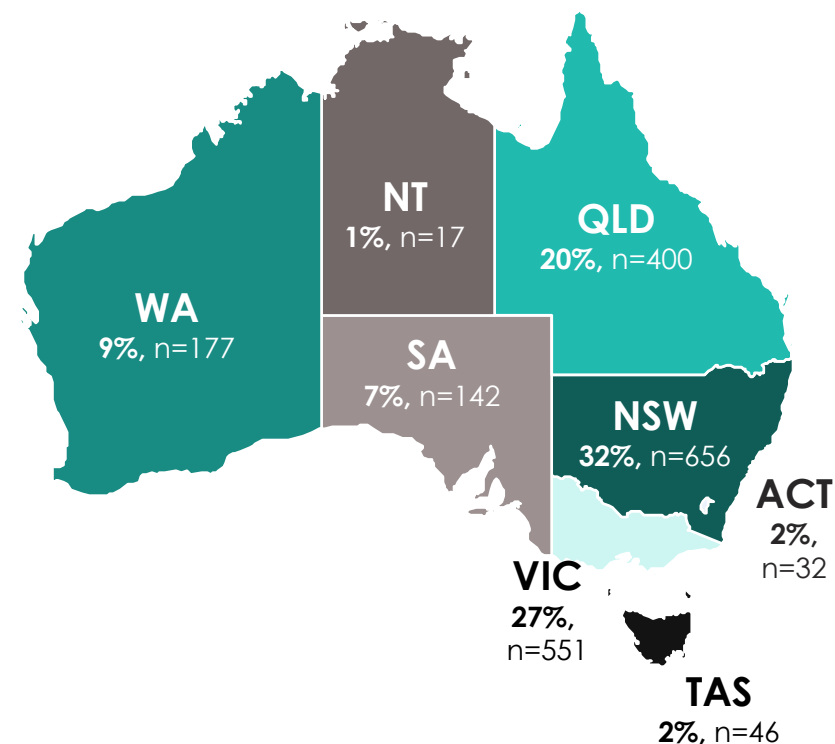
## Gender



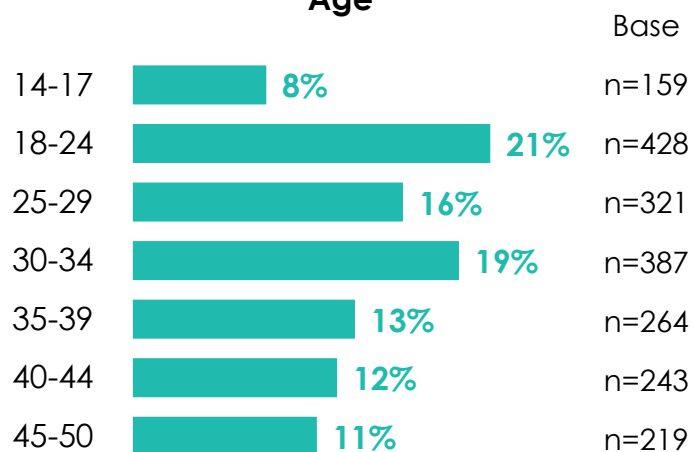
## Culturally and Linguistically Diverse



## Location



## Age



## First Nations

