



“WHAT’S THE PANIC ABOUT VAPING?”

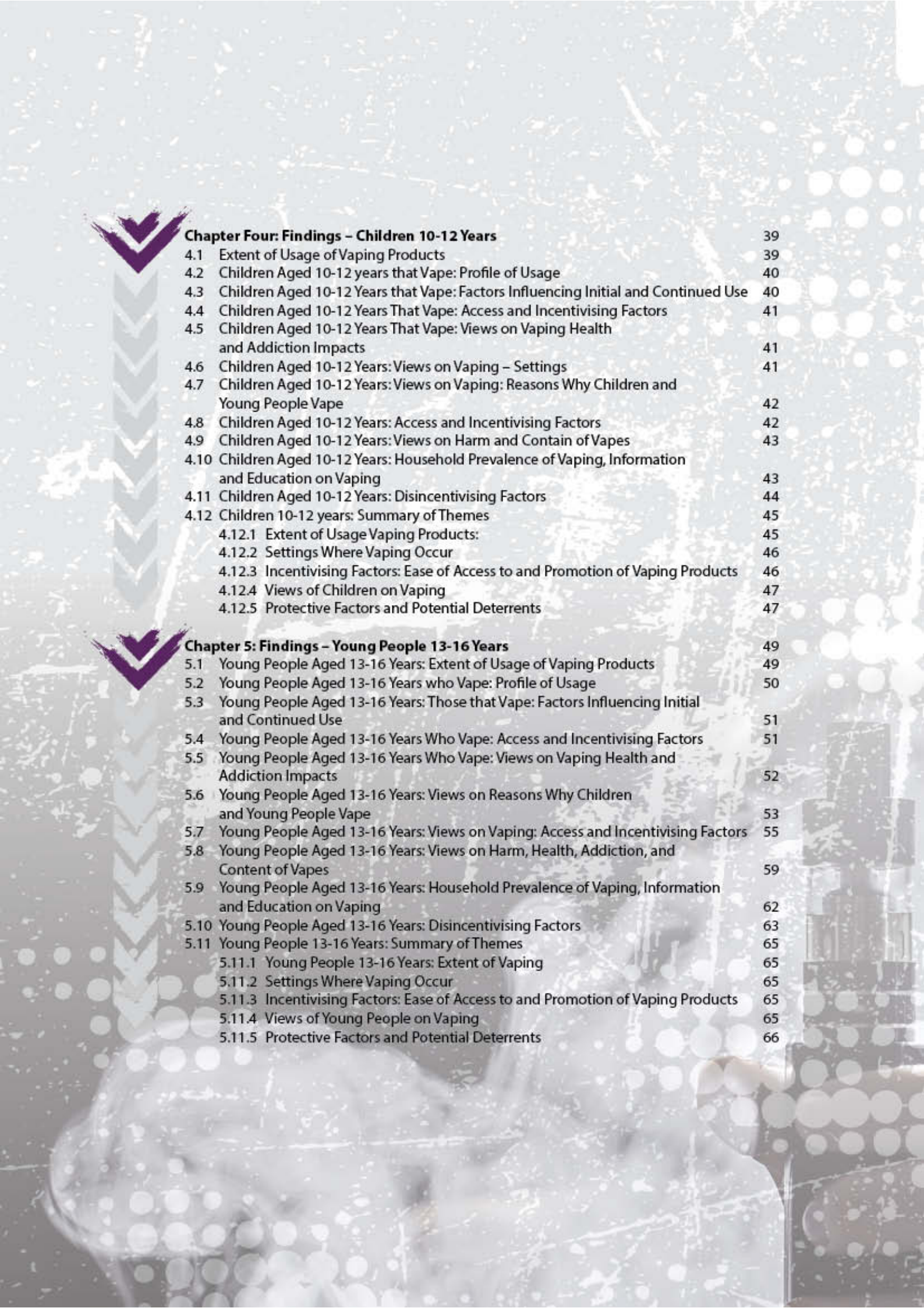
A REPORT ON THE USE
OF VAPING PRODUCTS
AMONG CHILDREN
& YOUNG PEOPLE IN
SLIGO AND LEITRIM

Commissioned by Foróige, in partnership with
North West Regional Drug and Alcohol Task Force (NWRDATF) and
Mayo, Sligo and Leitrim Education and Training Board (MSLETB)



CONTENTS

Report Commissioners	6
Acknowledgements	6
List of Tables	7
List of Figures	7
Terms Used in this Document	7
Executive Summary	8
Background and Rationale	8
Research Approach	8
Literature Review	9
Summary of Findings: Children 10-12 years	10
Summary of Findings: Young People 13-16 Years	11
Summary of Findings: Young People 17-24 Years	12
Summary of Findings: Key Stakeholders	13
Conclusion and Recommendations	14
Chapter 1: Background to the Study	21
1.1. Local Context: Counties Leitrim and Sligo	21
1.1.1 Geographical and Demographic Overview of County Leitrim	21
1.1.2 Geographical and Demographic Overview of County Sligo	22
1.2 Study Rationale and Outline	22
1.3 Terminology	23
1.4 Outline of the Report	24
Chapter 2: Methodology	25
2.1 Ethical Management of the Study	25
2.2 Research Process	25
2.3. Primary Research Questions	26
2.4 Literature Review	26
2.5 Online Survey	26
2.6 Discussion Groups	27
2.7 Interviews	28
2.8 Analysis	29
2.9 Summary	29
Chapter 3: Literature Review & Exemplars of Current International Practice	31
3.1 Extent of Smoking Tobacco Products	31
3.2 Extent of Vaping among Children and Young People	32
3.3 Vaping Usage Among Children and Young People: Influencing Factors	33
3.4 Vaping Usage Among Children and Young People: Health Impacts	34
3.5 Vaping Among Children and Young People: Gateway to Nicotine Addiction	34
3.6 Vaping Among Children and Young People: E-Cigarette Policy and Legislation	35
3.7 Exemplars of Current International Practice	35
3.8 Summary	37
Introduction to Study Findings	38



Chapter Four: Findings – Children 10-12 Years

4.1	Extent of Usage of Vaping Products	39
4.2	Children Aged 10-12 years that Vape: Profile of Usage	40
4.3	Children Aged 10-12 Years that Vape: Factors Influencing Initial and Continued Use	40
4.4	Children Aged 10-12 Years That Vape: Access and Incentivising Factors	41
4.5	Children Aged 10-12 Years That Vape: Views on Vaping Health and Addiction Impacts	41
4.6	Children Aged 10-12 Years: Views on Vaping – Settings	41
4.7	Children Aged 10-12 Years: Views on Vaping: Reasons Why Children and Young People Vape	42
4.8	Children Aged 10-12 Years: Access and Incentivising Factors	42
4.9	Children Aged 10-12 Years: Views on Harm and Contain of Vapes	43
4.10	Children Aged 10-12 Years: Household Prevalence of Vaping, Information and Education on Vaping	43
4.11	Children Aged 10-12 Years: Disincentivising Factors	44
4.12	Children 10-12 years: Summary of Themes	45
4.12.1	Extent of Usage Vaping Products:	45
4.12.2	Settings Where Vaping Occur	46
4.12.3	Incentivising Factors: Ease of Access to and Promotion of Vaping Products	46
4.12.4	Views of Children on Vaping	47
4.12.5	Protective Factors and Potential Deterrents	47



Chapter 5: Findings – Young People 13-16 Years

5.1	Young People Aged 13-16 Years: Extent of Usage of Vaping Products	49
5.2	Young People Aged 13-16 Years who Vape: Profile of Usage	50
5.3	Young People Aged 13-16 Years: Those that Vape: Factors Influencing Initial and Continued Use	51
5.4	Young People Aged 13-16 Years Who Vape: Access and Incentivising Factors	51
5.5	Young People Aged 13-16 Years Who Vape: Views on Vaping Health and Addiction Impacts	52
5.6	Young People Aged 13-16 Years: Views on Reasons Why Children and Young People Vape	53
5.7	Young People Aged 13-16 Years: Views on Vaping: Access and Incentivising Factors	55
5.8	Young People Aged 13-16 Years: Views on Harm, Health, Addiction, and Content of Vapes	59
5.9	Young People Aged 13-16 Years: Household Prevalence of Vaping, Information and Education on Vaping	62
5.10	Young People Aged 13-16 Years: Disincentivising Factors	63
5.11	Young People 13-16 Years: Summary of Themes	65
5.11.1	Young People 13-16 Years: Extent of Vaping	65
5.11.2	Settings Where Vaping Occur	65
5.11.3	Incentivising Factors: Ease of Access to and Promotion of Vaping Products	65
5.11.4	Views of Young People on Vaping	65
5.11.5	Protective Factors and Potential Deterrents	66

Chapter 6: Findings: Young People 17-24 Years	67
6.1 Young people 17-24 Years: Extent of Usage of Vaping Products	67
6.2 Young people 17-24 Years Who Vape: Profile of Usage	68
6.3 Young people 17-24 Years: Those that Vape: Factors Influencing Initial and Continued Use	68
6.4 Young people 17-24 Years Who Vape: Access and Incentivising Factor	69
6.5 Young people 17-24 Years: Those that Vape: Views on Vaping Health and Addiction Impacts .	70
6.6 Young people 17-24 Years: Views on Vaping: Reasons Why Children and Young People Vape	71
6.7 Young people 17-24 Years: Access and Incentivising Factors	74
6.8 Young People aged 17-24 Years: Views on Harm, Health, Addiction, and Contain of Vapes	77
6.9 Young People aged 17-24 Years: Household Prevalence of Vaping, Information and Education on Vaping	78
6.10 Young People aged 17 - 16 Years: Dis-incentivising Factors	79
6.11 Summary of Findings Young People 17-24 Years:	80
6.11.1 Young People 17-24 Years: Extent of Vaping	80
6.11.2 Settings Where Vaping Occurs	80
6.11.3 Incentivising Factors: Ease of Access to and Promotion of Vaping Products	81
6.11.4 Views on Vaping	81
6.11.5 Protective Factors and Potential Deterrents	81
Chapter 7: Findings – Youth, Education and Health and Wellbeing Stakeholders	83
7.1 Extent of Usage of Vaping Products	83
7.2 Harm, Addiction and Incentivising Factors	84
7.3 Access to Vaping Products and Marketing	87
7.4 Environmental Impacts	88
7.5 Summary of Findings: Key Stakeholders	90
7.5.1 Extent of Vaping and Settings	90
7.5.2 Incentivising Factors and Access	90
7.5.3 Environmental Impacts of Vaping	91
Chapter 8: Conclusions and recommendations	93
Recommendation 1: Stricter Regulation of Vaping Products	97
Recommendation 2: Marketing Exposure, Nicotine and Flavours	98
Recommendation 3: Pricing & Access to Vaping Products	100
Recommendation 4: Peer Pressure	101
Recommendation 5: Awareness and Education	102
Recommendation 6: Addiction and 'Quitting' Supports	104
Recommendation 7: Protective Factors: Health and Wellbeing	107
Appendix 1: Ireland: Policy Summary	109
Appendix 2: 'Lost Mary' Description	110
Appendix 3: Examples of Flavour Names	111
References	112
List of Resources	114

REPORT COMMISSIONERS

Foróige, established in 1952, is a national youth organisation. Its purpose is to enable young people to involve themselves consciously and actively in their development and in the development of society. Foróige works in all 26 counties in the Republic of Ireland, operating clubs and projects in over 500 communities in both urban and rural areas. It has partnerships and projects with organisations in Northern Ireland and the United States of America. Foróige works with over 50,000 young people up to the age of 24 years each year, through volunteer-led clubs and staff-led youth projects.

North West Regional Drug and Alcohol Task Force (NWRDATF) is one of twenty-four task forces nationwide. Task Forces' primary role is to co-ordinate responses to local needs. The NWRDATF was established in 2003 and covers Donegal, Sligo, Leitrim and North West Cavan. The overall objective is, to significantly reduce the harm caused to individuals and society by the misuse of drugs through concerted focus on supply reduction, prevention, treatment and research.

Mayo, Sligo and Leitrim Education and Training Board (MSLETB) was established under the Education and Training Act, 2013. MSLETB provides a wide range of educational services, including post-primary education, further education and training services, youth work and Music Generation. Under its establishing legislation, MSLETB has statutory responsibility to support the provision, coordination, administration and assessment of youth work services in Mayo, Sligo and Leitrim.

Under the Youth Work Act, 2001, youth work is defined as:

"A planned programme of education designed for the purpose of aiding and enhancing the personal and social development of young persons through their voluntary participation, and which is (a) complementary to their formal, academic or vocational education and training; and (b) provided primarily by voluntary youth work organisations." This includes staff-led youth projects working with targeted groups of young people, as well as volunteer volunteer-led and operated youth groups and clubs.

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Foróige

empowers young people to develop their own abilities and attributes, to think for themselves, to make things happen and to contribute to their community and society. As a result, they develop greater self self-confidence, self self-reliance, resilience and greater capacity to take charge of their lives.

Foróige's clubs, projects and programmes are designed to achieve our purpose, which is complementary to the formal education system.



LIST OF TABLES

Foróige, Table 1: Methodology Summary

Table 2: Sample & Demographic Profile: Online Survey Respondents by Age Categories

Table 3: Sample & Demographic Profile: Discussion Group Participants by Age Categories

LIST OF FIGURES

Figure 1: 10-12 Years: Vaping & Age Restrictions: Survey Respondents - Perceived Ease in 'Getting Around' Age Restriction

Figure 2: Young People 13-16 Years: Those Who Vape by Gender (Survey Only)

Figure 3: Young people 13-16 Years: Those that Vape - Length of Time Vaping (Survey Only)

Figure 4: Young People 13-16 Years: Reasons for Vaping (Survey Only)

Figure 5: Survey Responses 13-16 Age Cohort: Advertisement Placement of Vaping Products (Survey Only)

Figure 6: Young People 17-24: Reasons Started to Vape (Survey Only)

Figure 7: Respondents 17-24 years: Advertisement placement of vaping products (Survey Only)

TERMS USED IN THIS DOCUMENT

Vapes	Vapes (e-cigarettes) are battery-powered devices. They heat nicotine mixed with flavourings and other chemicals to create an aerosol that the user inhales.
Vaping	Using an e-cigarette is known as vaping.
Disposable vapes	Devices that are not refillable and are intended for one-time use.
Refillable system, refillable devices	These systems require vape juice and come in three varieties: box mods, pens and refillable pods. These devices have tanks or pods that are continuously refilled with vape juice and the pods / tanks are not thrown away after one use. These systems are used more by "hobbyist" vapers because they require more upkeep and are typically modified.
Closed pod system	A type of device that uses disposable pods containing e-liquid (typically 200-500 puffs). The body of these devices can be recharged and the disposable pods can be replaced with new compatible pods.
Clouds	What vapers call the vape mist that's produced during vaping
Puff bars	A disposable vaping product that comes in a variety of flavours, including strawberry, lychee ice, OMG (orange, mango, guava), blue razz, watermelon and lush.
Vape juice / E-juice	Vape juice is used in open / refillable systems and comes in a variety of flavours. Vape juice typically contains nicotine and is made of vegetable glycerin or propylene glycol, water and flavourings. There are more than 7,000 e-juice flavours on the market including menthol, fruit, dessert, coffee, alcoholic beverage and cigar flavours.
Ghost	A vape trick where a user will pull as much as they can and not exhale to show toughness
Starter kit	A kit that includes basic e-cigarette equipment designed for newcomers to vaping. Most starter kits come with one or more atomizers, one or more batteries, a charger and five cartridges sometimes pre-filled with juice.
Hit, Drag	Refers to a single "puff" from a vape device
Throat Hit /Kick	The tingling feeling in the back of the throat when vaporizing e-liquid that contains nicotine

EXECUTIVE SUMMARY

This study was commissioned by Foróige, in partnership with the North West Regional Drug and Alcohol Task Force (NWRDATF) and Mayo, Sligo and Leitrim ETB (MSLETB) in response to concerns that vaping was an increasingly prevalent issue among children and young people in Sligo and Leitrim.

Many studies have amassed substantial medical and scientific evidence of the adverse impacts of vaping. There is, however, an absence of children and young people's direct voices in articulating their experiences of vaping. This study was designed to build on the existing Irish research base and provide evidence of how the complex issue of vaping is being experienced by children and young people within the context of Counties Sligo and Leitrim.

RESEARCH APPROACH

The research process utilised a mixed methods approach. In total, 917 key stakeholders took part in the research, comprising an online survey, discussion groups with children and young people and a range of interviews with other stakeholders. From the outset, the research commissioners ensured that the direct voices of children and young people were central to the research process.

A review of Irish and international literature informed development of research instruments and enabled interpretation to be made alongside conducted studies related to the primary research questions.



“Legislative changes are urgently required in Ireland to regulate advertising, particularly in the online environment, and to restrict flavourings which undeniably target youth users”.

Bowe, A. et al., (2021). E-Cigarette -Only and Dual Use among Adolescents in Ireland: Emerging Behaviours with Different Risk Profiles. Health Service Executive (HSE).

LITERATURE REVIEW

The literature review highlighted that the usage of vaping products amongst Irish children and young people is increasing:

- Almost 80% of the population had either never smoked (3,113,712) or given up smoking (974,145) while 13% smoked either daily or occasionally in 2022. (Census, 2022)
- E-cigarette use among 12-17 year olds may be around twice as common as cigarette use, suggesting that there are now more e-cigarette users than tobacco users among children and young people in Ireland. The Health Services Executive agree that "About 1 in 5 young people say they vape".
- Studies have reported that almost four in 10 students (39%) had tried e-cigarettes and almost one in five (18%) were current users. These rates are higher than those for cigarette use. As with smoking, boys (46%) were more likely than girls (33%) to have tried e-cigarettes and also to be current users (23% versus 14%).
- Ireland has seen a rapid increase in e-cigarette use among youth, reflecting an international trend. For example, data from the UK suggests that 7% of 11 – 17 year olds were current users of vapes (2022), compared to 3.3% in 2021 and 4.1% in 2020.

Influencing factors identified that contribute to the increasing number of children and young people vaping included experimentation, 'fitting in' and vaping flavours available.

Examination of potential health impacts feature in many studies. Many conclude that vaping may be less harmful compared to conventional cigarettes, but their long-term effects on health remain largely unknown. There is a high rate of concern internationally on the effects of vaping and about the prevalence of vaping among children and young people. Nationally and internationally, policies and legislation in respect to vaping products is advancing rapidly. In Ireland, the new Public Health (Tobacco and Nicotine Inhaling Products) Act, 2023 seeks to address the previous light touch legislation.

However, stringent anti-vaping policies and legislation have been implemented in numerous countries. When compared with countries like Australia, the new legislation suggests that Ireland is out of step in relation to how it deals with vaping by children and young people.

SUMMARY OF FINDINGS: CHILDREN 10-12 YEARS

Extent of Vaping

The prominence of vaping in the lives of children in this age group was clear, with 23% of 10-12 year olds surveyed saying that they vape and had never smoked previously. However, it is the reflections of children who said that they do not vape that provides the greatest insight into the extent of vaping. Children clearly described their experiences of seeing, being in the company of and "trying to avoid" others vaping. Levels of awareness of vaping products in this group was exceptionally high and vaping was a significant point of discussion in their social groups. The school environment was identified as being the key setting in relation to vaping, with school toilets identified as the central setting.

Incentivising Factors: Ease of Access to and Promotion of Vaping Products

Viewing vaping on social media did not appear to be a strong predictor of vaping use. Children's proclivity to engage in vaping appears more to be influenced by friendship groups and seeing other children and young people vaping. In addition, children in the study remarked that vapes were openly and prominently displayed at local shops and/or through their own social groups.

The low cost of vapes was seen as a key incentive in exploring vaping use. The promotion of sweet, fruity and "exotic" flavours and attractive packaging increased children's awareness of vaping and has the potential to lead to a tendency "to try (vaping) to see what it's like".



Views of Children on Vaping

There was a good awareness among this cohort in respect to the potential negative health impacts of vaping. However, advice, information and education on vaping appears to be provided in a directive manner to this cohort of children as opposed to facilitating the discussion with children.

There was a clear dichotomy of opinion between children who vape and who do not vape. Those that do not vape reflected a general negativity towards vaping perceiving it as "it's still smoking really", "it's disgusting" and "it's bad for your health" and their understanding was that vaping was propelled by a wish "to be seen as cool" and "part of a group". However, those sampled that do vape demonstrated a denial and poor awareness of the potential negative impacts on health and wellbeing.

Protective Factors and Potential Deterrents

A key disincentivising theme arising from the discussion group was children's wish to compete and achieve in their sporting and creative past-times. The majority of the discussion group indicated that they play some form of sports and/or creative activities including dancing, singing, music and they all agreed that vaping (and smoking) would impact negatively on these activities. The unpleasant taste and second-hand aerosol was seen by those that do not vape as a deterrent. For those that vape, participation in a social group appears to be a key propellant to their vaping. A key reason for this may in part be attributed to the transition of the child at this stage in their lives to more 'grown up pursuits' that make them feel part of a group.



SUMMARY OF FINDINGS: YOUNG PEOPLE 13-16 YEARS

Extent of Vaping

The survey sample showed 36% of young people aged 13-16 said that they currently use vaping products and that they had never smoked previously. Even among those young people who currently do not vape, the awareness of vaping products was exceptionally high. Vaping is a significant point of conversation among their peer groups. The visibility of their peers and other young people vaping in the wider environment suggests its increasing social acceptability.

The school environment was identified as being the key setting in which this age group vaped or experienced vaping behaviours by their peers. The toilets in school were identified as the central setting within the school environment.

Incentivising Factors: Ease of Access to and Promotion of Vaping Products

The tendency to engage in vaping behaviours appeared to be influenced by their friendship groups and seeing other children and young people vaping rather than social media. However, there was a definite increase in social media observations and vaping activities.

In addition, the 13-16 year olds also strongly indicated their awareness of the placement of vaping products in local shops. The low cost of vapes was seen by this cohort as a key incentivising factor in the exploration of vaping and facilitating ease of access. The promotion of flavours and novel packaging was pinpointed by young people as key instruments in tempting exploration and experimentation of vaping. Young people identified a narrow sample of vaping brand names. The ability to customise certain vaping products was evidenced even among those within the sample who did not vape.



Views on Vaping

Awareness of vaping products was exceptionally high, even among those who did not vape. There was a deeper dichotomy of opinion between young people in this cohort who vape and who do not vape. There were very negative opinions in respect to 'vapers' voiced by young people.

There was a good awareness of the potential negative health impacts of vaping. Again, like that of the younger cohort advice, information and education on vaping appears to be provided in a more directive manner as opposed to enabling a discussion with and between young people. While young people noted that vapes are used as a cessation aid for tobacco smokers on their route to quitting conventional cigarettes, there was genuine confusion as to why vapes are freely available if "that is what they were invented for".

Protective Factors and Potential Deterrents

A key disincentivising theme was young people's wish to compete and achieve in their sporting pastimes, with the majority agreeing that vaping (and smoking) would impact negatively on these activities. The unpleasant taste was seen by non-vapers as a deterrent and adverse physiology effects were high among the reasons why these young people chose not to continue to vape.



SUMMARY OF FINDINGS: YOUNG PEOPLE 17-24 YEARS

Extent of Vaping

The highest rate of vaping among the age groups who participated in this study occurred in the 17-24 age group. Evidence from this age group suggests that their vaping use may be more ubiquitous and their reasons for vaping different compared to the other cohorts. Similar to the younger cohorts, the importance of vaping in the lives of young people is clear. Even among those young people who currently do not vape, the awareness levels of vaping products was high.

The range of settings where vaping occurred was wider among this age group and while 'school' featured as a setting for vaping, social spaces and activities were cited as more common settings. Other significant changes in settings were raised by this older age group and included their own homes but also vaping on their own. Reasons for this include a sense that vaping was becoming socially unacceptable and a greater compulsion to vape.

Incentivising Factors: Ease of Access to and Promotion of Vaping Products

There was a greater awareness of vaping on social media amongst this group. Even when the message was of an anti-vaping focus, young people believed that it still raised awareness and actually fed compulsion to vape. Increased autonomy and reaching adulthood allowed this group to access vaping products with ease. Easy accessibility of vapes in local shops, the low cost of vapes and the promotion of flavours and novel packaging were seen as a key incentivising factor in the exploration of vaping and facilitated ease of access to vaping products. There was clear brand loyalty demonstrated by young people, with the ability to customise vapes being a significant reason for this brand loyalty.

Views on Vaping

In attempting to establish autonomy, young people in this age group felt that they become more vulnerable to peer influences such as vaping. Managing stress, stressful situations and social situations associated with this period of change were raised as reasons for the increase in vaping.

Respondents in this age group reported that young people may use vapes socially as a way of dealing with stress, but they also perceived themselves to have a high rate of addiction to vapes. There is a good awareness among this cohort of parents'/ guardians' opinion on vaping. Although some parents were directive in their guidance, there was a clear indifference to parental advice on vaping.

Protective Factors and Potential Deterrents

Among vapers, there was a deep awareness that vaping products contain potentially harmful chemicals and pose health risks. They were aware of adverse physiological effects of vaping and felt that vaping may be more than or just as harmful to them as conventional cigarettes and that this needed to be communicated by health authorities. Many discussion group participants articulated that "if I had known what I know now I wouldn't have started". This cohort of young people recognised the need for reputable sourced information on the health implications of vaping and saw this as being a key way of disincentivising vaping. The majority of participants in this age group were vapers and the majority of discussion group participants displayed concern about their vaping. They eagerly sought information and guidance about dealing with their own vaping habits and as a potential deterrent for those children and young people who had not yet started vaping.



SUMMARY OF FINDINGS: KEY STAKEHOLDERS

Extent of Vaping

There was a clear consensus among sector stakeholders that vaping is “an epidemic” among children and young people. Key settings where vaping occurs were identified as toilets / bathrooms in schools and social settings where young people socialise and interact, such as discos and public spaces. This gives rise to other challenges, including the exclusion and self-exclusion of young people from toilets due to fear of intimidation, or a lack of confidence to pass by those that are vaping. Reports of ‘older’ young people intimidating their younger peers out of public spaces were highlighted by youth sector representatives, giving rise to concerns about the knock-on effects of vaping behaviours.

Incentivising Factors and Access

A number of factors contributing to the perceived popularity of vaping among children and young people included that, unlike cigarettes, disposable vapes are discreet and much less easily detected by parents, in schools and in other settings. The colours and flavours associated with vaping products were identified as a key factor in attracting children and young people to vaping. The mimicking of sweets, soft drinks and fruits in vaping products, both in taste and look, was seen by sector stakeholders as especially attractive to children and young people. Ease of local access to vaping products and prominent “attractive” marketing of vaping products to children and young people in small rural towns and villages across Sligo and Leitrim was a consistent theme among stakeholders. Access points such as convenience shops and ‘tech shops’ were identified as key sources of vaping products for children and young people.

Environmental Impacts of Vaping

Vapes are made up of a number of materials, including plastic, rubber and metal. This means that they do not break down naturally and persist in the environment long after their use. With cigarette-related items making up almost half of all litter pollution in Ireland, stakeholders raised the issue of environmental impacts associated with vapes and their packaging. Education and youth sector stakeholders raised clear concerns for schools and wider public spaces in towns, villages and the wider countryside of Sligo and Leitrim. They felt it also pointed to the pervasiveness of vaping behaviours in communities, especially where children and young people come together socially.

Protective Factors and Potential Deterrents

Stakeholders indicated that the lack of information on long-term risks of vaping use affected young people’s views on the perceived safety of vaping. They felt that young people were obtaining information and developing their views about vaping from informal channels, such as peers, family, the internet and social media, leaving a vacuum that is readily filled by the vaping manufacturers. Stakeholders themselves identified their own lack of knowledge, information and resources in supporting awareness of the adverse effects of vaping among children and young people. There was a clear perception among the education sector in particular that there was little or no knowledge or information resources to assist them in addressing the issue. They recognised that this would be a first step in diminishing vaping behaviours and building protective factors, such as building resilience to say ‘no’ especially for children who have not yet started vaping, ideally targeting those children and teachers in primary schools with a vaping information programme.



CONCLUSION AND RECOMMENDATIONS

Conclusion

This study highlights children's and young people's multi-faceted engagement with vaping and the tailoring of their use to express individuality. Vaping was identified by children and young people as a harm reduction tool, with the majority perceiving vaping to be 'safer' than conventional cigarettes. However, the older age group of young people believed that vaping was more harmful than or as harmful as cigarettes, due to the level of addiction they experienced. Indeed youth, education and health and wellbeing sector representatives in this study felt that 'safer than smoking' was very much the marketing approach. There was a strong belief articulated by these groups that vape marketing strategies were strongly child and youth orientated.

A common theme arising from the study across all age groups was the link between a "cool" identity and vaping use and the perceived social standing it allowed young people to feel among their peers. Indeed, for some young people, vaping seemed to help promote a sense of identity, individuality and perceived strength. It was clear from the findings across all age groups that vaping facilitated social cohesion among peers through recreational use. Those children and young people who vape appeared to receive particular negative attention from non-vapers. For many children and young people who do not vape, they viewed 'vapers' as using vapes to facilitate a positive "cool" identity within their social groups.

Again, it was the 17-24 age group that expressed the most concern about nicotine dependency due to vaping and their longer-term use of the products. It would appear that, for this group, the high level of vaping use was also a way of maintaining their nicotine consumption within smoke-free and social environments. They expressed struggles with stress and other challenges, there was a movement to more private places and increased lone vaping, pointing to emerging addiction patterns.

The very clear presence of vaping products on social media was recognised by the study participants. Social media platforms were cited as an outlet for users including celebrities to promote vaping. However, the study participants all indicated that local marketing and access to vaping products was the primary endorsement of vaping as an option for children and young people. The marketing of vapes as a sleek device with a multitude of colours and flavours locally available led participants to perceive them as inherently youth orientated devices that "look harmless".

Children and young people reported specific features of vapes, which distinguished them from conventional cigarettes. There is evidence of a clear social trajectory away from being a smoking cessation tool to seeing vaping as a recreational device for children and young people. This shift from cessation aid to a recreational device has been reflected in vaping advertising, with advertising highlighting social acceptability, youth appeal and being placed on online platforms with a large youth audience.

Study participants were eager to discuss vaping flavours with their peers and the study identified that vapers said they started vaping because of the flavourings and colours available. The reasons for using vapes identified by the children and young people in this study were multi-layered. It would appear that manufacturers are acutely aware of this, as they increasingly develop novel products and advertise their ability to provide consumer choice. This "toy-like" attraction and inventiveness attached to vaping products by manufacturers was of interest to both vapers and non-vapers alike.

Some study participants were particularly interested in small, discreet vaping products to ensure concealment, particularly in schools. Regardless of the plethora of devices available, the product 'Lost Mary' appeared to dominate the market among children and young people in Sligo and Leitrim. The brand offered novelty and 'look' features attractive to children and young people.

The study identified that the flexibility to customise vaping products is a key incentivising aspect to vaping use. Personalisation appears to have become an increasing point of discussion and feature of children's and young people's use of vaping products. The novelty factor attached to vaping products appeared to distract children and young people from any underlying risk of addiction. This was particularly apparent among the 13-16 years age group.



A lack of consistent public health messaging and the absence of a 'campaign' to inform children, young people, their families, educators and youth support sectors was noted among participants. This is potentially detrimental as it may lead to children and young people dismissing health information regarding vaping and developing misinformed views.

While a new education programme and resources on vaping have been developed for schools, it was quite clear that educators in particular felt overwhelmed by vaping and "at a loss as what to do". Social channels such as peers, family and social media were identified as primary points of information for many. However, dependency on such information sources may not always be reliable. There was a clear need identified, especially among the 17-24 age group, to obtain reputable sourced information and a particular signposting to support for "getting off vapes".



While social media may have been implicated in promoting vaping itself, it is also recognised as an important health promotion tool, as children and young people are commonly hard to reach but are prolific users of these media. Social media, as suggested by young people themselves, could be used to effectively promote healthy behaviours and prevent vaping behaviours by highlighting protective factors and risk factors pertaining to the transition of children and young people into and out of vaping use. However, based on the reflections of the 17-24 age group, social media may not be the best tool to encourage quitting, and a strategy to support young people out of vaping must be considered.

This study provides insights into children's and young people's perceptions and experiences of vaping use in a primarily rural environment. The reality for many living in this rural context was that opportunities to engage in activities, especially those that may offer protection against vaping initiation, can be limited due to poor transport links, poor choice of alternative social activities, etc. Whilst the social aspects of vaping and the ability to personalise their use have considerable appeal, children and young people are at a crossroads due to shifting social norms and are receiving conflicting health information. A specific role for youth and health and wellbeing organisations is perhaps the development of youth-led research into vaping marketing, access to and the most appropriate health promotion tools for young people.

A key finding from this research was that the directive approach to "stop vaping" has not worked. This directive approach has not addressed the fact that children and young people are very savvy to messaging and are at a time in their lives that they are seeking opportunities to test their own decision making and autonomous behaviours that may conflict with authority. Vaping as a facilitator in the uptake and subsequent use of conventional cigarettes (the 'gateway' effect), which was prominent in the literature reviewed, does not appear in this study to any great degree. In fact, for the most part, smoking conventional cigarettes was seen by children and young people, especially the 10-16 years cohorts as a "no-no" (interviewee, education sector). This appeared to be due to the challenges of access, cost and negative familial experiences from conventional cigarettes.

The visibility in 'ordinary' places, accessibility, ability to conceal and freedom to vape within public spaces and in day-to-day situations like school was a key motivation for exclusively using mainly disposable vapes. The current challenge for policy makers and education, health and youth organisations should be focused on vaping prevention, and highlighting apparent addictive qualities of vapes, local access to products, low pricing, the novel and attractive marketing that appears to be youth orientated.

Nationally, there is an evolving legislative landscape around vaping which appears to be heavily influenced by emotive rhetoric from policy makers. However, there is a need to appreciate the nuanced conversations and experiences provided by children and young people and those who directly support and interface with them.

Recommendations

This study provides key recommendations for policy makers to offset the increasing prevalence of vaping. The voices of children and young people are core to this study, their experiences of vaping, whether it be as active vapers or non-vapers, have provided a picture of vaping in Sligo and Leitrim. The astuteness and directness demonstrated by the children and young people in articulating the multi-dimensional recommendations reveals their depth of understanding and concerns in respect to vaping.

The recommendations from children and young people are then expanded on and combined with those from youth, educational and health and wellbeing services operating in Sligo and Leitrim. These recommendations are arranged in the context of local and national policy and practice. Additionally, they reference the key implementers to realise these recommendations.

Recommendation 1:

Stricter Regulation of Vaping Products

Arising from this study's consultation, support for vaping regulations was advised with respect to the known (i.e. nicotine addiction) and unknown long-term risks of vaping, age of sale restrictions and reducing the appeal of vaping to children and young people.



Local

Develop a visual 'No to Vaping' local campaign with sports, creative, education and town/village community groups devised by children and young people. The development of an art competition similar to 'junk courture' approach.



National

As a quit smoking support, vaping products should be medicalised as in other countries to ensure those who are seeking to quit conventional cigarettes can access the product but ensuring that those who do not smoke cannot access vaping products.

Recommendation 2:

Marketing Exposure, Nicotine and Flavours

Children, young people, and other stakeholders in this study felt that the packaging and advertising was deliberate in attracting young people to purchasing, trying and continuing to use vaping products. Marketing messages were critiqued by the participants in the study, and they recommended that they should highlight their sole use for smoking cessation. Individuals expressed concerns about nicotine and flavours continued in vaping products, especially that latter's influence in producing a new generation of users addicted to nicotine.



National

Increase the ban on advertisements beyond the legislative changes contained in The Public Health (Tobacco and Nicotine Inhaling Products) Bill to include wider retail, public and community facilities.

The impacts of nicotine content on all advertising of vaping products should be explicitly highlighted and made compulsory. Increase awareness of the 'unknown' impacts of flavours in vapes because of their allure to children and young people.

Legislation should be considered to prohibit flavours.

Enforce new legislation to register as a trader of vaping products and fines. Further restrictions should be imposed on the advertising placement of vaping products, including applying the same regulations as that to which tobacco products must adhere.

A review of the promotion of vaping products should be undertaken by the Advertising Standards Authority to ascertain the impact on children and young people.

Recommendation 3:

Pricing and Access to Vaping Products

As this study highlights, disposable vapes were the products purchased most by children and young people. These are cheap, nominally priced products. Increasing the prices may diminish the uptake of vaping and act as a disincentive to purchase, in turn making them less accessible and appealing. This study indicates that key sources of vaping products for children and young people were purchasing from friends or being given vapes. Increasing the price may also reduce these sources.

The most common source of access to vapes cited by children and young people was local retail outlets. The study shows that children's and young people's exposure to local advertising promoted curiosity and the potential for initiating vape use is therefore increased. While online purchase was less of an access point, forward thinking is required by policy makers to ensure that, if local access is diminished, online purchasing is limited to those over 18 years of age. One supplier of vapes to young people in one school outlined a common practice whereby a large case of vaping products can be purchased online and then sold on to friends and other children and young people.



National

The Government should reduce the affordability of disposable vaping products to make them less accessible to children and young people.

Awareness of local and online advertising should be incorporated into capacity building programmes for children and young people.

Recommendation 4:

Peer Pressure

All age groups in the study identified that a key pressure and access point for vapes was through peer-to-peer supply either "a borrow", "a puff" or a vape itself. The ability to conceal vaping certainly contributed to peer use of vaping and was significantly associated with vaping use and susceptibility.



Local

A collaborative approach between youth and education organisations in developing a specific programme of resilience and communication capacity building should be developed. The focus of this programme should support children and young people to discuss vaping and why vaping may be used as a social tool for some young people in engaging in social groups and activities.

Increase parents' /guardians' awareness of vaping through the Sligo Leitrim Parent Hub by providing information, support and signposts for communicating with their children and young people in respect to vaping.

Increase the capacity of education providers to prevent vaping behaviours at primary school level.

Recommendation 5:

Awareness and Education

This study signposts policy makers to design and implement effective public health campaigns that are youth orientated and non-directive. Whether vaping is less harmful than cigarettes has been discussed and researched. Most scientists have come to the conclusion that they are less harmful, however, they are not at all healthy. The most serious concerns surround the long-term effects of vaping. A key challenge is the absence of coordinated and clear information on vaping and its impacts. In order to fill this critical gap for clear, age relevant and brief information, clear awareness and education supports should be provided to children, young people, parents and other stakeholders, in particular, educators who interface with young people on a day-to-day basis. Vaping products, even when they do not contain nicotine, carry potential risks with respect to other chemical contents and emissions. Therefore, warnings need to apply to all vapes not just those containing nicotine as an addictive psychoactive drug. This study has shown that youth-appealing content in advertising and marketing campaign has contributed to an interest and initiation in vaping. As a result, vaping is well embedded in youth culture in Sligo and Leitrim. A focus should turn to prevention strategies to disincentivise children and young people engaging in vaping behaviours.



Under the umbrella of CYPSC Sligo Leitrim, a capacity building preventative and support programme to address vaping prevalence should be collaboratively developed comprising:

Local Health and wellbeing authorities providing age relevant, clear and brief information on vaping products to children, young people, parents and other stakeholders. This should include a vaping information programme of visitation and presentation of 'the facts' to schools, colleges, training, sports and recreational settings.

Youth, education and drug awareness organisations should consider the development of an non non-directive anti vaping campaign highlighting the known health, social, addiction and psychological impacts of vaping and how best to empower children and young people to address the pressures associated with vaping.



Seek the development of a government funded national health and wellbeing campaign on vaping targeting children and young people with similar emphasis as an anti-smoking campaign.

Recommendation 6:

Addiction and 'Quitting' Supports

For some participants in this study, they felt that they had full control over their vape use and would be able to quit at any time, demonstrating an indifference about the potential harm of vaping. For others, particularly the older age group, there was clear articulation of addiction issues and they spoke about the compulsion to vape, comparing this addiction with a perceived equal or greater draw to conventional cigarettes. This led to the question of "How do I get off vapes?"

Most of the children and young people in this study who vape have never smoked cigarettes and they have not had the benefit of the extensive past anti-smoking campaigns. Vapes have been identified as a 'quit smoking support' and are offered to conventional smokers with accurate information and support on the benefits of reducing nicotine consumption. A confusing issue for children and young people arose in this study among discussion group participants – why are vapes so harmful if they are used by someone to stop smoking? These significant questions require clear information.



A clear explanation should be articulated by health and wellbeing services as to why vapes are considered a quitting conventional cigarettes tool and set in the context of nicotine addiction and its impacts.



Quitting therapies for vaping use should be established by health and wellbeing authorities in collaboration with drug reduction and youth organisations with a particular focus on children and young people.

Recommendation 7:

Protective Factors: Health and Wellbeing

Health, wellbeing, sporting and creative activities featured in this study as protective factors in offsetting the negative impacts of vaping. The children and young people involved in this study spoke about their adverse familial experiences of conventional smoking, and, for the most part, were very conscious of their sporting, creative and social activities and the potential impacts of vaping on these pastimes.

These insights from the children and young people signpost clear and potentially effective strategies in protecting children and young people from initiation in vaping behaviours.



All regional sporting and creative organisations should participate in a vaping information and awareness programme to examine their role through their sports development officers, local creative youth partnerships etc. in preventing the uptake of vaping among children and young people.

Seek funding to establish a collaborative programme between sporting organisations, youth and educational organisations in Sligo and Leitrim to raise awareness of the adverse impacts of vaping on health, wellbeing, creative social and sporting endeavours.



Engage local creative and sporting personalities in championing anti vaping usage in a public awareness campaign.



Chapter 1

BACKGROUND TO THE STUDY

This study into vaping among children and young people in Sligo and Leitrim was commissioned in December 2022 by Foróige, in partnership with the North West Regional Drug and Alcohol Task Force (NWRDATF) and Mayo, Sligo and Leitrim Education and Training Board (MSLETB).

Through its youth work and in particular drugs education and prevention work as funded by the NWRDATF and MSLETB, Foróige noted the increased reporting of vaping (i.e. use of e-cigarettes) as a prevalent issue among children and young people, reported through school Principals and others.

In late 2022, the partners commissioned this study to:

- Develop an informed understanding of the nature and extent of vaping among children and young people in Sligo and Leitrim, and
- Identify evidence-informed potential responses to dealing with the issue of vaping among children and young people, at local, regional and national levels.

1.1. LOCAL CONTEXT: COUNTIES LEITRIM AND SLIGO



In order to provide a context for the study, the following section gives an overview of Sligo and Leitrim, with particular reference to its demographics and its physical geographic context.

Recent data from Census 2022 suggests an increase in population in the inter-censal period 2016 – 2022, with an increase of 9.5% (32,004 to 35,087 persons) in County Leitrim and increase 6.5% (65,535 to 69,819 persons) in County Sligo [1].

Key drivers for this population change include natural increases, made up of 1,420 persons in Sligo and 789 persons in Leitrim (births minus deaths) and net migration of 2,864 persons in Sligo and 2,252 persons in Leitrim.

1.1.1 Geographical and Demographic Overview of County Leitrim

Leitrim has a predominantly rural landscape, characterised by small, scattered settlements, with Carrick-on-Shannon as its major urban settlement. It is bordered by Donegal to the north, Fermanagh to the north-east, Cavan to the east, Longford to the south, Roscommon to the south-west and Sligo to the west. Census 2022 shows that the population of Leitrim grew by 10% to 35,199, which means the number of people in the county rose by 3,155 between 2016 and 2022. Over the same period, Ireland's population grew by 8% from 4,761,865 to 5,149,139. Of Leitrim's population, 17,646 were female and 17,553.

There were 7,161 children aged 15 and under in Leitrim in April 2022. Of these, 2,648 (37%) were in childcare, compared with 33% nationally. The average age of Leitrim's population in April 2022 was 40.7 years, compared with 39.8 years in April 2016.

Nationally, the average age of the population was 38.8, up from 37.4 in April 2016. The number of people aged 65 and over continues to grow. This age group increased by 22% to 6,573 in Leitrim, and by 22% to 776,315 at a national level since 2016. In Leitrim, the number of dual-Irish citizens increased from 603 to 1,146 while non-Irish citizens accounted for 10% of the county's population. Nationally, dual Irish citizenship increased by 63% from 104,784 to 170,597 people and non-Irish citizens made up 12% of the population.

In 2022, 83% of people in Leitrim stated that their health was good or very good compared with 86% in 2016. This is a similar trend to the national figures, which showed a 4% decrease in the good/very good categories, from 87% to 83%.

There were 14,816 people (aged 15 and over) at work in Leitrim, an increase of 2,088 people (+16%) between 2016 and 2022. Nationally, there were 313,656 additional people (+16%) at work. In Leitrim, 4,079 people (aged 15 and over) worked from home at least one day a week in 2022. This represented 28% of the workforce. The national figure was 32%.

1.1.2 Geographical and Demographic Overview of County Sligo

While County Sligo displays a number of significant towns, namely Tubbercurry, Ballymote, Grange, Collooney and Enniscrone, similar to Leitrim and the wider north-west region, it also has a diverse rural landscape, with small, scattered settlements. Sligo town is the principal urban centre. According to Census 2022, Sligo has a population of 70,198, of which 35,669 were female and 34,529 are male.

There were 13,373 children aged 15 and under in Sligo in April 2022. Of these, 4,919 (37%) were in childcare, compared with 33% nationally. The average age of Sligo's population in April 2022 was 40.7 years, compared with 39.2 years in April 2016. Nationally, the average age of the population was 38.8, up from 37.4 in April 2016. The number of people aged 65 and over continues to grow. This age group increased by 21% to 12,903 in Sligo, and by 22% to 776,315 at a national level since 2016. In Sligo, the number of dual-Irish citizens increased from 1,235 to 1,993 while non-Irish citizens accounted for 9% of the county's population. Nationally, dual Irish citizenship increased by 63% from 104,784 to 170,597 people and non-Irish citizens made up 12% of the population.

In 2022, 83% of people in Sligo stated that their health was good or very good compared with 86% in 2016. This is a similar trend to the national figures, which showed a 4% decrease in the good/very good categories, from 87% to 83%. There were 30,360 people (aged 15 and over) at work in Sligo, an increase of 4,358 people (+17%) between 2016 and 2022. Nationally, there were 313,656 additional people (+16%) at work. In Sligo, 8,216 people (aged 15 and over) worked from home at least one day a week in 2022. This represented 27% of the workforce. The national figure was 32%.

1.2 STUDY RATIONALE AND OUTLINE

Ireland is not unique in facing the challenge of vaping against the backdrop of rapidly changing educational and societal landscapes. Many countries have begun to reassess legislation and policy around vaping.

Due to recent developments in e-cigarettes / vaping legislation, Ireland is at a critical transition point in relation to establishing clear legislation, policy, information and awareness of vaping and its impacts on children, young people and the wider population. Irish policy on vaping is in the process of being more clearly articulated under the Public Health (Tobacco Products and Nicotine Inhaling Products) Bill, due to be enacted in 2023.

Many studies have amassed substantial medical and scientific evidence of the adverse impacts of vaping. There is, however, an absence of children's and young people's direct voices in articulating their experiences of vaping. This study was designed to build on the existing Irish research base and provide evidence of how the complex issue of vaping is being experienced by children and young people within the context of Sligo and Leitrim.

This research study spanning six months examined how children and young people perceive vaping within a range of contexts including youth groups, post primary schools and their own individual perspectives.

To this end, the key research questions addressed in this study were:

- What is the extent of usage of vaping products by children and young people?
- What are the settings in which children and young people vape?
- What is the ease of access level to vaping products for children and young people?
- What are the views of children and young people on vaping, including the reasons why children and young people vape?
- What are the potential deterrents for children and young people in relation to vaping?
- What are the protective factors that results in children and young people being less likely to vape?
- What are the existing and potential responses to dealing with underage vaping?

A limitation to this study is that cognisance was not given within the brief to perceptions of vaping use among ethnic and cultural groups. Therefore, additional primary research is required to explore patterns of vaping use, especially in response to changing legislation and differing country-specific health stances on vaping.

1.3 TERMINOLOGY

Vaping has been defined in a variety of ways in Irish health policy and legislation. For the purposes of this study, the definition used is sourced from the Health Services Executive and is as follows: Electronic cigarettes (e-cigarettes) are battery-powered devices. They heat nicotine mixed with flavourings and other chemicals to create an aerosol that the user inhales. Using an e-cigarette is known as vaping.

While vaping as a concept has achieved international prominence, it is generally recognised that the term has no single agreed definition. Though the author acknowledges the terms e-cigarettes and vapes are often regarded as synonymous, it should be recognised that a child / young person is more likely to use the term 'vape' or 'vaping' rather than the term 'e-cigarette'. Therefore, the generic terms of vapes or vaping is employed throughout this report.



Many studies have amassed substantial medical and scientific evidence of the adverse impacts of vaping.



1.4 OUTLINE OF THE REPORT

This chapter provides an introduction to the report, gives a brief overview of Sligo and Leitrim and outlines key research questions and terminology employed in this study. This chapter also describes how report is structured.

Chapter 2 describes the mixed research methods approach employed in this study. Chapter 3 situates the discussion within the wider literature on vaping.

The research findings section is divided into four related chapters based on key themes identified: Chapter 4, relates to children 10-12 year of age; Chapter 5, presents findings from young people 13-16 years of age; Chapter 6, provides the findings from young people 16 – 24 years; and Chapter 7, presents outcomes from a set of semi-structured interviews carried out with other key stakeholders. Chapter 8 discusses the study findings.

The final chapter highlights policy and practice issues raised by study findings and provides a series of recommendations designed to address shortcomings within current vaping legislation and policy provision and suggest ways to improve policy and awareness and education provision at systemic level.

The final chapter highlights policy and practice issues raised by study findings and provides a series of recommendations designed to address shortcomings within current vaping legislation and policy provision and suggest ways to improve policy and awareness and education provision at systemic level.

Chapter 2

METHODOLOGY

This chapter provides an overview of the methods deployed in the research for data collection and analysis.

2.1 ETHICAL MANAGEMENT OF THE STUDY

The conduct of the research was monitored by the Research Steering Group (made up of representatives from Foróige, NWRDATF and MSLETB) which scrutinised examples of data collection instruments and other documentation to ensure the work adhered to clear ethical guidelines.

The researcher involved had completed Garda clearance and ensured that the work was carried out with a focus on confidentiality and a non-judgemental approach.

2.2 RESEARCH PROCESS

From the outset the research commissioners sought to ensure that the direct voices of children and young people were central to the research process. The research process utilised a mixed methods approach to gather insights into the nature and extent of vaping among children and young people from a range of stakeholders including children, young people, educators, youth, community and health and wellbeing organisations.

This approach to data collection (presented in Table 1 below) enabled the research to follow a progression of instrument development, data collection, analysis and interpretation. The methodology was specifically designed to address each of the research questions.

Desk Research	Consultation
Critical reviews of Irish and international literature in respect to e-cigarettes/vaping.	Online Survey (527 responses) children and young people across Sligo and Leitrim open (March 2023 to May 2023). (A total of 539 responses were received however 12 responses were deemed unusable).
Collection of educational and capacity building resources developed and implemented in addressing usage of e-cigarettes/vapes.	Discussion Groups (19) with 375 participants across County Sligo (9) and County Leitrim (10).
Data collection instrument design with a focus on children and youth engagement Identification, piloting and implementation of consultation process.	Interviews (15 sector representatives): Data collection from educators, youth, community and health and wellbeing organisations/service providers.

An online survey enabled articulation of children and young peoples' own experiences associated with vaping and provided the foundations for a more detailed exploration of themes through the discussion groups. The survey provided an overview of the personal experiences of children and young people.

A scrutiny of literature, discussion groups held with children and young people and a range of interviews with other stakeholders enabled a more detailed understanding of how vaping is impacting on children and young people and their social groups in Counties Sligo and Leitrim.

2.3. PRIMARY RESEARCH QUESTIONS

The Research Steering Group members identified the research questions for exploration, as follows:

1. What is the extent of usage of vaping products by children and young people?
2. What are the settings in which children and young people vape?
3. What is the ease of access level to vaping products for children and young people?
4. What are the views of children and young people on vaping, including the reasons why children and young people vape?
5. What are the potential deterrents for children and young people in relation to vaping?
6. What are the protective factors that results in children and young people being less likely to vape?
7. What are the existing and potential responses to dealing with underage vaping?

2.4 LITERATURE REVIEW

An analysis of the current state of knowledge on vaping in Irish (national and regional) and international contexts was addressed through literature reviews. Key search terms pertaining to 'children', 'young people', 'smoking' and 'vaping' were identified and included in the comprehensive search strategy. Grey literature, such as government reports, were included. The purpose of these reviews was to place this local level study within the context of other studies and provided the research with questions that may enhance existing knowledge and lead to the acquisition of new knowledge.

The review resulted in the emergence of six key themes in which the literature was arranged: policy, prevalence, experience, health and wellbeing impacts, influences and prevention/restriction measures through which a detailed narrative was constructed and applied to both Irish and international literature.

To further set the context on concerns about the prevalence of vaping among children and young people examples of current international practice models were examined and provided within this report.

2.5 ONLINE SURVEY

The survey was operated through an online self-completion process to collect demographic, usage data and information relating to attitudes to and experiences of vaping among of children and young people between the ages 10 years to 24 years in Counties Sligo and Leitrim. The advantage of this approach was the provision of informed data from children and young people themselves and allowing respondents to provide their own opinions and perspectives in their own words.

There were 527 responses to the survey (Table 2 below). Responses arising from the online survey were treated to frequency analysis for each question that comprised direct responses. Further interrogation of the data was conducted of the open-ended questions by using a coding framework from which themes and sub themes arose.

The survey sought to provide qualitative information enabling emerging themes to be viewed from differing perspectives especially in respect to age groups. Responses were grouped in according with age categories that were reflective of stage of 'school cycle' that young people were involved in i.e., late primary school (fifth and sixth class), junior cycle (first to third years), senior cycle (fourth to sixth years) and further education and training (16 years to 24 years). This approach recognised that the experiences of a primary school child may be very different to that of a young person in senior cycle e.g., sixth year post primary student. It also enabled a detailed understanding of children's and young people's opinions and experiences at a particular stage in their lives, and allowed for the identification and comparison of the varying experiences of vaping between age groups.

Table 3: Sample & Demographic Profile: Discussion Group Participants by Age Categories

Age Group	Respondents (%)	School Cycle	Gender	County	Type of Community Resident
10-12 Years	5%	Primary School	Female: 66% Male: 33%	Sligo: 100%	Small Urban
13-16 years	80%	Junior Cycle	Female: 58% Male: 42%	Sligo: 43% Leitrim: 57%	Mix of small urban and rural communities
16 – 18 years	9%	Senior Cycle	Female: 68% Male: 32%	Leitrim (100%)	Mix of small urban and rural communities
16 – 24 years	6%	Further Education and Training	Female: 48% Male: 52%	Sligo: 17% Leitrim: 83%	Mix of urban centre and rural communities

2.7 INTERVIEWS

Fifteen semi-structured interviews were conducted with a broad range of individuals and sectors including school personnel (9), youth and community workers (4) and health and wellbeing workers (2). The focus of these interviews was to seek the perspective of those in a supportive role of children and young people on the prevalence and the nature of vaping in Counties Sligo and Leitrim. A number of coherent themes arose from these interviews based on interviewee's observations and/or discussions with children and young people through their day-to-day engagement with them.



2.8 ANALYSIS

The present study identified key themes arising from the perceptions and experiences of vaping use amongst children and young people in Counties Sligo and Leitrim. This facilitated the systematic cross-referencing of similar and dissimilar themes relating to children and young people's vaping in order to generate a new line of synthesis.

The findings were mapped onto thematic analytic framework with themes and sub themes from the study participants' accounts of vaping use, with illustrative quotes. This multi-level model assumes that behaviour is influenced by factors at the individual level (e.g., age, sex), the interpersonal level (e.g., relationships with peers/family), the community level (e.g., availability, social norms) and the policy level (e.g., public policy that prohibits/encourage vaping use).

All data was analysed by the researcher, with review by the research steering group at three stages throughout the process. Data from the online survey, discussion groups, and interviews were coded using criteria under each of the seven themes directed by the research questions to allow for comparison across age groups. These codes were established based on early scrutiny of the literature review, from the survey, discussion groups and interviews. Each code was assigned a clear definition to assist in data analysis and interpretation.

2.9 SUMMARY

The findings presented in the following chapters are based on a set of data gathered through the use of qualitative data collection from 917 study participants.

The early establishment of the seven main themes relating to the extent of vaping, settings in which children and young people vape, ease of access levels to vaping products, views and experiences of children and young people on vaping, potential deterrents and protective factors, and existing and potential responses and the development of codes for analysis enabled the research outcomes to make fair comparisons across age groups. The use of Irish and international literature further informed the development of research instruments and enabled interpretation to be made alongside conducted studies related to the primary research questions.



The focus of these interviews was to seek the perspective of those in a supportive role of children and young people on the prevalence and the nature of vaping in Counties Sligo and Leitrim



Chapter 3

LITERATURE REVIEW & EXEMPLARS OF CURRENT INTERNATIONAL PRACTICE

This section provides an overview of the Irish context in respect to vaping/e-cigarettes policy and legislation. Brief reference is also made to tobacco smoking and the changes in tobacco use that has occurred. The evolving use of vaping products in Ireland has produced a significant number of recent studies that have indicated that the use of vapes is increasing among children and young people in Ireland. Such studies are referred to in this section with a glance to international studies to ascertain how the prevalence of e-cigarettes/vaping use in Ireland compared to other countries. Finally, the section provides a snapshot of some of the policy and legislative actions that have occurred in other jurisdictions with particular reference to children and young people.

3.1 EXTENT OF SMOKING TOBACCO PRODUCTS

Ireland has a long history of anti-smoking campaigning, policy and legislative actions centred on reducing the adverse health impacts of cigarette smoking. According to Health Services Executive (HSE) Smoking the FACTS (2022) [4] tobacco remains the single biggest contributor to early death in Ireland. Nearly 4,500 people die in Ireland each year from the effects of smoking and thousands of others suffer from smoking-related diseases.

The Department of Health (2013)[5] Tobacco Free Ireland, Report of the Tobacco Policy Review Group set a target to reduce smoking prevalence to less than 5% by 2025. However, it appears that target is unlikely to be met.

ESPAD Report 2019

Results from the European School Survey Project on Alcohol and Other Drugs

The ESPAD Group

Looking at the data from Census 2022 [6] it was reported almost 80% of the population reported they had either never smoked (3,113,712) or given up smoking (974,145) while 13% smoked either daily or occasionally in 2022. Smoking was more prevalent among males (15%) than females (11%). Higher prevalence of smoking was recorded among people in their 20s and 30s.

In respect to children and young people the Irish ESPAD (European School Survey Project on Alcohol and other Drugs) Survey 2019 [7] found that:

“Smoking remains a notable issue for adolescents. 32% of respondents had tried smoking and 14% were current smokers, with 5% smoking daily”.

ESPAD 2019 analyses showed that: “Despite a reduction of over two-thirds since 1995 (the second largest decline of any of the seven major indicators of the ESPAD survey in Ireland), slightly more students reported smoking in 2019 than in 2015, and this was pronounced for boys”.

The survey indicated that from 1995 to 2015, teen smoking decreased from 41% in 1995 to 13.1% in 2015. By 2019, current smoking (smoked in the past 30 days) increased overall from 13.1% in 2015 to 14.4% in 2019. As referred above the

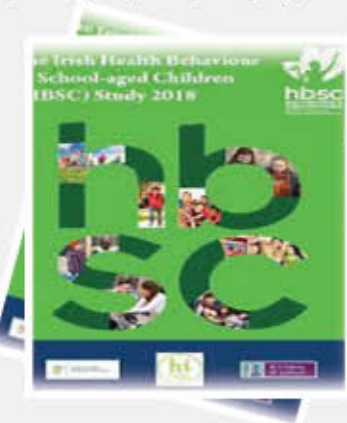
increase being greater in boys than girls (16.2% versus 12.8%). The survey further reported almost half of students who reported that most or all of their friends smoked cigarettes had themselves smoked cigarettes in their lifetimes (35.9%) and 18.5% had smoked in the last 30 days. The majority (63%) of students reported starting to smoke at age 14 or 15. Equally, the majority (61%) reported that it was easy to access cigarettes.

3.2 EXTENT OF VAPING AMONG CHILDREN AND YOUNG PEOPLE

The Health Services Executive Tracker Survey: Smoking Prevalence Tracker (March and June) 2021 [8] indicated e-cigarette use amongst the general population was 5.8%. But by (March and June) 2022 [9] the tracker indicated the level of e-cigarette use had risen to 7.9% among the general population. The Irish ESPAD (European School Survey Project on Alcohol and other Drugs) Survey 2019 [10] noted a concern with a reported increased in the numbers of adolescents reporting e-cigarette use.

"More students report using e-cigarettes in 2019 than in 2015, and the use of e-cigarettes among students is now more common than cigarette smoking".

According to the study almost four in 10 students (39%) had tried e-cigarettes and almost one in 5 (18%) were current users, making both ever-use and current use of e-cigarettes higher than use of combustible cigarettes. As with smoking, boys (46%) were more likely than girls (33%) to have tried e-cigarettes and also to be current users (23% versus 14%). The Health Services Executive also quote this level of vaping use among children and young people on their Quit Smoking website [11] stating that: "Vaping use in young people under the age of 18 has increased in recent years. About 1 in 5 young people say they vape".



Youth Smoking in Ireland: A Special Analysis of the health behaviour in School-aged Children (HBSC) Study (2018) [12] indicated that 22% of 12-17 year olds have ever used e-cigarettes with 9% (and 15.5% of 15 and 16-year-olds) using them in the last 30 days. The study further reported that e-cigarette use among 12-17 year olds is around twice as common as cigarette use, suggesting that there are now more e-cigarette users than tobacco users among children and young people in Ireland.

According to the results of the Healthy Ireland Survey 2022 Summary Report [13] usage of e-cigarettes is highest among those aged under 25 with 6 per cent in this age group currently using them. This compares to 3 per cent of the general population reporting to have used e-cigarettes, with a further 3 per cent reporting have tried them in the past but no longer using them.



At a regional level, a Health Services Executive cross-sectional analysis (2021) of the 2018 Planet Youth survey completed by 15-16 year olds in the West of Ireland [14] found that 38% had ever used e-cigarettes with 14% using them in the last 30 days. Current e-cigarette use was reported by 14.4% of adolescents and this represented a 4.5-fold increase since 2014 when the prevalence among a similar age-cohort was 3.2%.

It would appear from the sample of studies that Ireland has seen a rapid increase in vaping use among children and young people, and it is not alone in this observation. Comparison with other countries suggest that the increasing number of children and young people engaged in vaping behaviours is largely in line with the level of usage in other countries.

In 2020, ASH indicated that 4.3% of British young adults aged between 18 and 24 were using e-cigarettes and 3.2 million adult users were recorded [15]. An ASH research study (July 2022) from the UK suggests that 7.0% of 11 – 17 year olds were current users of vapes, compared to 3.3% in 2021 and 4.1% in 2020 [16]. Furthermore, the study indicates that 15.8% of 11 – 17 year olds had tried vaping, compared to 11.2% in 2021 and 13.9% in 2020.

In the United States where e-cigarette use is systemically monitored on an annual basis, current e-cigarette use among high school students increased 9-fold between 2011 and 2015[17]. The FDA and Centres for Disease Control and

Prevention (CDC) released federal data from the 2022 National Youth Tobacco Survey (NYTS) on e-cigarette use among U.S. youth [18] indicated that 1 in 4 young people are current vapers.

Among Australian secondary school students, in 2019, 9.6% of 14 – 17 year olds reported that they had ever used an e-cigarette, with 26.1% ever use was highest among young adults aged between 18 and 24 years [19].

3.3 VAPING USAGE AMONG CHILDREN AND YOUNG PEOPLE: INFLUENCING FACTORS

Reviewing the literature through the lens of influencing factors suggests a congruence around similar stimuli for vaping usage among children and young people. In the Irish ESPAD (European School Survey Project on Alcohol and other Drugs) Survey 2019 [20], when students asked about their reasons for trying e-cigarettes, two-thirds (66%) said that it was “out of curiosity” and 29% said that it was because their friends offered it. Only 3% said that it was “to stop smoking cigarettes”. This point was further reinforced when respondents were asked when they first used an e-cigarette. More than two-thirds of respondents (68%) had never smoked cigarettes, while 24% smoked occasionally, and only 9% smoked regularly.

An E-cigarette Packaging and Flavour Research Report undertaken by IPSOS on behalf of the Irish Heart Foundation and the Irish Cancer Society [21] found that participants felt that sweet, food and beverage flavours appealed to people their age. Appeal was promoted with packaging and labelling that used bright and vibrant colours with designs and names similar to sweets. A key finding in Evans, et al., (2020) [22] in E-cigarette and smoking use among adolescents in Ireland: a focus group study on behalf of the Health Service Executive indicated that:

“There was awareness of the numerous e-cigarette flavours. Sweet and fruity flavours were the most popular”.

The ASH research study (2022) from the UK [23] indicated that the most frequent reason 11-17 year olds who had ever used an e-cigarette was ‘Just to give a try’ (45.7%). This was the most common response among never smokers. Among current smokers who had tried e- cigarettes, the most common reason was ‘I like the flavours’ (20.8%).

Many studies refer to ‘flavours’ as being a key influencer of vaping amongst children and young people including in Walley et al., (2019) [24] which found that flavours and labelling of some vaping products mimic some brands of sweets.

Hilton et al., (2016) [25] in E-cigarettes, a safer alternative for teenagers? A UK focus group study of teenagers’ views found that fitting in was an explanation for the appeal of e-cigarettes suggesting that e-cigarettes were used in social contexts where different flavours and colours were used as conversation starters.

Kong et al., (2017) [26] in reviewing gender and e-cigarette use found that studies which reported gender differences discovered that boys had higher vaping usage rates and that advertisements focus on sporting events and male sex appeal which may promote use by boys.



According to the study almost four in 10 students (39%) had tried e-cigarettes and almost one in 5 (18%) were current users, making both ever-use and current use of e-cigarettes higher than use of combustible cigarettes.



3.4 VAPING USAGE AMONG CHILDREN AND YOUNG PEOPLE: HEALTH IMPACTS

Across all literature the health impact of vaping among children and young people was a constant focus. In a review by Callahan-Lyon (2014) [27] it was found that e-cigarettes may be less harmful compared to conventional cigarettes, but their long-term effect on health was unknown. However, over time it appears that knowledge of the effects of vaping on children and young people is increasing.

The US Department of Health and Human Services (2016) [28] highlights e-cigarettes expose users to several chemicals known to have adverse health effects and noted that nicotine exposure can harm to the adolescent developing brain, which is significantly greater than damage to the adult brain. The study recommended that e-cigarette use by youth should be "avoided and actively discouraged (p107)."

While many studies purport that vaping may be less harmful than conventional cigarettes in the short-term other studies indicate that long term adverse health impacts may result.

E-cigarettes: Use, Effects on Smoking, Risks, and Policy Implications Annual Review of Public Health by Glantz et al., (2018) [29] found that e-cigarettes expose users to high levels of ultrafine particles and toxins which may increase the risk of cardiovascular and lung disease. The review concluded that it is likely that e-cigarettes will impose similar long term cardiovascular and pulmonary risks as conventional cigarettes.

3.5 VAPING AMONG CHILDREN AND YOUNG PEOPLE: GATEWAY TO NICOTINE ADDICTION

A common theme across the literature reviewed is that there may be some evidence that vapes act as a 'gateway' to smoking conventional cigarettes among children and young people. In a systemic review of nine longitudinal cohort studies by the Health Research Board (2020) [30] Electronic cigarette use and tobacco cigarette smoking initiation in adolescents: An evidence review found a significant association between ever using e-cigarettes and smoking, children/young people who vaped were five times more likely to go on and start smoking. This theory is reinforced by the European Commission (2020) [31] where their review of e-cigarettes concluded that there was strong evidence that e-cigarettes are a gateway to smoking among young people. In tandem with this premise is that the younger adolescents start using e-cigarettes the more addicted they become to nicotine increasing their risk of conventional smoking initiation [32] [33].



3.6 VAPING AMONG CHILDREN AND YOUNG PEOPLE: E-CIGARETTE POLICY AND LEGISLATION

Ireland has a long track record in implementing tobacco control policies including the ban on smoking in the workplace (2004) and standardised packaging (2018). Despite this and while the sale of e-cigarettes to adolescents is already banned in a number of other countries, in Ireland there is currently no mandatory age restriction on the sale and marketing of e-cigarettes in Ireland (Appendix 1: Summary of Policy and Legislation). There is reference to e-cigarettes in the Code of Standards for advertising, marketing, and communication which addresses e-cigarettes [34]. It considers issues such as appealing to people under 18 by reflecting youth culture, endorsement by health professionals or celebrities (of nicotine inhaling products), or encouraging non-smokers or non-nicotine users to use these products. The enactment of The Public Health (Tobacco and Nicotine Inhaling Products) Bill is expected July 2023 and will ban the sale of e-cigarettes to those under 18 is expected. The Government's Bill contains a number of measures in addition to prohibiting the sale of e-cigarettes by or to those aged under 18 [35]. They include:

- Restricting the type of retailers that can sell nicotine inhaling products.
- Curbing the advertising of nicotine-inhaling products near schools, on public transport and a number of other settings frequented by children/young adults.
- Prohibiting the self-service sale of tobacco products and nicotine inhaling products.
- Introducing a strict licensing system for the retail sale of tobacco products and nicotine inhaling products.
- Providing additional enforcement powers to the Environmental Health Service for measures in the Bill and for all previous Tobacco Control Acts.

The punishment for selling someone a vape who is under 18 will be a fine of up to €4,000 and six months in prison. For any subsequent offenses, the fine will be a maximum of €5,000 and up to 12 months in prison. Under the new rules, the licensing laws will change and a premises will need a license to sell vaping products. However, the legislation does not see any restrictions on flavours or labelling or on the point-of-sale advertising.

In terms of smoking cessation the Health Services Executive [36] does not currently recommend vaping as a method of quitting smoking. It says that based on evidence thus far, it has found it to be less useful for smoking cessation than nicotine gum or patches. There are also no e-cigarettes on the market in Ireland authorised by the Health Products Regulatory Authority (HPRA) as a medication for smoking cessation.

However, the NHS [37] in the UK does recognise e-cigarettes as an aid to smoking cessation. Though it does not prescribe them, it states that nicotine vaping is "substantially less harmful than smoking" and is "one of the most effective tools for quitting smoking".

3.7 EXEMPLARS OF CURRENT INTERNATIONAL PRACTICE

Recent times have seen a number of countries implementing new policies and legislation in response to the evolving use of vaping products. As of December 2022, 107 countries or other jurisdictions [38] have regulations or bans on vaping, including Australia, Brazil, Japan, Mexico and Singapore. While it is not illegal to vape in Turkey, it is illegal to purchase an e-cigarette in the country. In some countries, the rules are much stricter with a complete ban in place in Argentina, Brazil, North Korea, and Nepal. In Qatar vaping has been illegal since 2014, and anyone who breaks the law could be fined, or face a maximum of three months in prison. Thailand has some of the strictest laws for anyone vaping. Tourist's face being jailed for up to 10 years if caught using e-cigarettes, or face fines.

Australia has strict rules on vapes with nicotine, which must have a doctor's prescription. While according to government statistics Australia has one of the lowest smoking rates among the Organisation for Economic Cooperation and Development countries, with 11.2% of Australians aged 15 and over smoking in 2019 it is planning to prohibit the sale of vaping products in retail and convenience shops as well as increasing its tobacco over the next four years as the government [39].

Under Australian law, it is already illegal to buy, possess or use liquid nicotine for vaping without a prescription from a registered Australian medical practitioner [40]. The new legislation will see tobacco tax rise by 5% a year starting from September, a total increase of 3.3 billion Australian dollars (€2bn) over four years.

This follows a \$234m (€143m) boost for tougher regulation of e-cigarettes, including new controls on their import and packaging. In order to tackle the growing black market, the government will increase the product standards for vapes, including by restricting flavours and colours.

It will require pharmaceutical-like packaging, a reduction in the maximum allowed nicotine concentrations and volumes and a ban on single-use vapes. In addition to this legislative approach a public health campaign will be launched to discourage Australians from taking up vaping, and encourage those who already have, to quit. Support programmes helping Australians quit vaping will get more funding, and education among health practitioners about smoking and nicotine cessation will be strengthened. The government will commit more money to a programme helping Indigenous people stop smoking, which will be expanded to include vaping.

In New Zealand most daily vapers aged 15 or older were ex-smokers (56%), with 22% vaping as well as smoking. Daily vapers aged 25 or older were nearly all ex-smokers (64%) or current smokers (26%) [41]. Like that of the UK, vaping is promoted as a smoking cessation tool.

Data also shows there is a relatively small, but growing (18% in 2021/22, up from 7% in 2017/18) number of vapers that never smoked. In acknowledging concerns about increased vaping among young people a pending review will consider the availability, appeal and addictiveness of vaping, smokeless tobacco and emerging products. In addition, new policies on vaping have come into force (June 2023):

- New Specialist Vape Shops (SVRs) will not be able to open up in the immediate vicinity of schools or traditional indigenous Maori meeting houses.
- Vape products and their packaging will only be able to have generic flavour descriptions.
- Maximum nicotine strength allowed in single-use (disposable) vapes to be reduced so they are less addictive.
- All vaping products will have removable batteries and child-safety mechanisms to improve their safety and better protect our young people.

In Italy, e-cigarette advertising is prohibited, as is cross-border e-cigarette advertising and sponsorship and use in school and school premises is prohibited [42].

In Northern Ireland, there are restrictions on e-cigarette advertisement and promotion, cross-border e-cigarette advertising and sponsorship is prohibited [43]. The minimum age of sale for e-cigarettes and e-liquids is 18 years. As consumer products, they are subject to a 20% Value Added Tax, however, if they are regulated as Medicines, a 5% VAT is levied instead.

Norway classifies e-cigarettes either as medicinal products or as tobacco surrogates [44]. A regulation bans the import and sale of nicotine-containing e-cigarettes, but if the products are classified as medicines, they may be imported for private use. Non-nicotine e-cigarettes cannot be sold to persons under 18 years and cannot be advertised or displayed at points of sale (Tobacco Control Act). E-cigarette use in all public venues and transport vehicles, restaurants, and bars, and at schools is prohibited under the smoking ban. The EU Tobacco Directive establishes a system for licensing, labelling, and tracking tobacco products and associated economic activity.

In Norway there is a complete ban on advertising and sponsorship of e-cigarettes and other nicotine products, including surrogate products. A tax covering e-cigarettes and other nicotine products was introduced in 2021.

In the Netherlands sale of nicotine-containing and non-nicotine e-cigarettes and e-liquids to minors (under 18 years) is prohibited [45]. Vendors must verify the age of buyers when they are not clearly older than 18 years. As a general rule, e-cigarette and e-liquid advertisement is prohibited, including within tobacco or e-cigarette specialist shops. As of 2022 no outdoor advertising is allowed for specialist shops. An exception for indoor advertising applies to two categories of specialist shops (shops that sell only tobacco, lottery tickets, and newspapers, and small shops that get over 75% of their turnover from tobacco and related products sales; 'related products' include e-cigarettes and e-liquids). Sponsorship for e-cigarette products is banned in the Netherlands. It is also prohibited from giving away free samples of e-cigarettes. Nicotine-containing and non-nicotine e-cigarettes or refills must not bear a name, mark, symbol or any distinctive feature of tobacco products, and vice versa.

An e-cigarette display ban for supermarkets entered into force on 1 July 2020. For other points of sale, the display ban entered into force on 1 January 2021. This measure excludes tobacco and e-cigarette specialist shops. The sale of tobacco and related products (e.g., e-cigarettes and heated tobacco products) through vending machines was prohibited from 1 January 2022. A ban on online sale of tobacco and related product will come into effect in 2023, and supermarkets will not be allowed to sell these products as of 2024. In 2020 an indoor smoking ban was extended to include e-cigarettes containing nicotine and non-nicotine liquids. The ban already included the use of tobacco products, including heated tobacco products. In 2022 a flavour ban on e-liquids came into force, allowing only e-liquids with a tobacco flavour.

3.8 SUMMARY

Based on the review of literature undertaken in this study, the use of vaping products amongst Irish children and young people is increasing. The review of literature relating to the extent of vaping behaviours among children and young people highlighted:

- E-cigarette use among 12-17 year olds may be around twice as common as cigarette use, suggesting that there are now more e-cigarette users than tobacco users among children and young people in Ireland.
- Usage of vaping products reviewed in key studies reported almost four in 10 students (39%) had tried e-cigarettes and almost one in 5 (18%) were current users, making both ever-use and current use of e-cigarettes higher than the use of combustible cigarettes. As with smoking, boys (46%) were more likely than girls (33%) to have tried e-cigarettes and also to be current users (23% versus 14%).
- The Health Services Executive agree that "About 1 in 5 young people say they vape".

It would appear from a sample of studies that Ireland has seen a rapid increase in e-cigarette use among youth and is not alone in this observation. Comparison with other countries suggests that globally increasing numbers of children and young people are engaged in vaping behaviours. Data from the UK suggests that 7.0% of 11 – 17 year olds were current users of vapes (2022), compared to 3.3% in 2021 and 4.1% in 2020. Influencing factors that contribute to the increasing number of children and young people vaping was identified in the literature and included:

- Experimentation – 'just to give it a try'.
- Seeking to be part of a social network – 'to fit in'.
- The flavours offered by the vaping products – 'like the flavour'.



E-cigarette use among 12-17 year olds may be around twice as common as cigarette use, suggesting that there are now more e-cigarette users than tobacco users among children and young people in Ireland.





An examination of potential health impacts feature in many studies however many conclude that vaping may be less harmful compared to conventional cigarettes, but their long-term effects on health remain largely unknown. The review revealed the high rate of concern internationally on the effects of vaping and the prevalence of children and young people engaging in vaping behaviours. At national and international levels, the evolving nature of policies and legislation in respect to vaping products is advancing rapidly to address the prevalence of children and young people engaging in vaping behaviours.

Significant and stringent anti-vaping policies and legislation have been implemented in numerous countries. In Ireland the pending enactment of The Public Health (Tobacco and Nicotine Inhaling Products) Bill will seek to address the previous light touch legislation in respect to vaping products and children's and young people's access to such products. However, when compared with countries like Australia the proposed legislation still remains somewhat out of step in curbing the access, visibility and potential adverse health impacts of vaping products on children and young people.

INTRODUCTION TO STUDY FINDINGS

The research findings are presented by age category, each addressing the primary themes of the extent, settings, access, views of children and young people, reasons for vaping, the potential deterrents, the protective factors and potential responses to dealing with children's and young people's vaping behaviours. The findings are based on the online survey, data from discussion groups with children and young people and a sample of interviews conducted with other stakeholders. Direct quotations from participants in the consultation are provided throughout. They are presented without gloss and remain unchanged from what children and young people expressed in their online survey responses and discussion groups.

Chapter 4

FINDINGS – CHILDREN 10-12 YEARS

4.1 EXTENT OF USAGE OF VAPING PRODUCTS

While the survey responses in this age group were relatively small (n=31) they provided some insights into the level of usage among this age group. In response to the question if they had ever vaped the majority 77% indicated that they had not ever vaped. However, 23% of respondents (n=7) indicated that they had vaped of which the majority (n=5) were male.

When asked how often they see other young people using vapes, 35% of the overall respondents in this age category said that they see those that vape 'everyday', while 16% indicated 'a few times a week'. The reminding responses indicated 'about once a week' (6%), 'a few times a month' (6%), 'once a month' (6%), and 'when out socially only' (6%).

“

"I'm surprised how many people are into it. It's disgusting, I think the law should be brought to 21".

Female 12 year old, Survey Respondent

”

“

"It's ridiculous that such young people are vaping I know many 1st years that vape and personally I don't want to ruin my lungs with flavoured air!!"

Female 11 year old, Survey Respondent

”

While none of the participants in the discussion group stated that they vape, they all agreed that they had “seen” young people vaping including those in their own age and peer groups.

“

"It's really popular, I see people vaping everywhere!"

Demographic Undetermined, Discussion Group Participant

”

“

"I don't [sic] like vapes because I hate the smell in the toilets and around town because of so much people vaping".

Female 10 years, Discussion Group Participant

”

“

"My friend vapes in school,
but I haven't yet."

*Female 10 years, Discussion
Group Participant*

”

“

"Lots of people are vaping,
our age too".

*Male 11 years, Discussion Group
Participant*

”

A significant feature of the reflections of the discussion group participants was their feelings of insecurity that vaping generates for them. Children spoke about "not wanting to vape" but because it appears to be so "common" in their social groups they felt that there is or will be pressure to vape, especially in school where for many of the participants school is often their only social as well as educational outlet in a day.

Both Counties Sligo and Leitrim are rural in nature so for this age group in particular school is often their only access to social life:

“

"I live in the country so when I go to school
it's the only time I'm with my friends but if they
start vaping and they are saying they will.
I don't like these vapes".

*Female, 12 Years
Discussion Group Participant*

”

The participants spoke about "trying to avoid vaping" and the pressure that puts on them including not going to the toilets during "break time".

4.2 CHILDREN AGED 10-12 YEARS THAT VAPE: PROFILE OF USAGE

All survey respondents (n=7) in this age category who reported that they have used vapes stated that they vape every day and have vaped for 6 months to 1 year. None of the respondents indicated that they previously or currently smoked 'conventional' cigarettes.

The respondents who stated that they vape indicated that they mainly vape with friends, during school, travelling to and from school. None of the respondents who stated that they vape indicated that they vape on their own or at home.

4.3 CHILDREN AGED 10-12 YEARS THAT VAPE: FACTORS INFLUENCING INITIAL AND CONTINUED USE

When asked how they first learnt about vaping, there were a mix of responses including all survey respondents who vape stated 'from a friend', 63% indicated that 'in a shop' and 36% stated 'social media'.



4.4 CHILDREN AGED 10-12 YEARS THAT VAPE: ACCESS AND INCENTIVISING FACTORS

Survey respondents in this age category who stated that they brought vapes themselves reported that they purchased vapes from local shops (71%) or a local garage (57%). If they don't buy vaping products themselves, they buy them from friends/other young people (86%) or get friends to buy vaping products (71%).

Reflecting the low-price points of vapes all respondents said that they spend less than €10 on vapes and all in this cohort used disposable vapes only and stated that they had never modified a vape.

When asked the brand of vape that the respondents consumed, the majority (71%) of those who vape identified the brand by colour e.g., "the red one" or flavour e.g., "blueberry".



4.5 CHILDREN AGED 10-12 YEARS THAT VAPE: VIEWS ON VAPING HEALTH AND ADDICTION IMPACTS

When asked if they had experienced any negative health effects of vaping/using e-cigarettes all survey respondents indicated that they had not any adverse health effects as a result of their vaping. They also said that they did not feel that they were addicted to vaping/e-cigarette products.

4.6 CHILDREN AGED 10-12 YEARS: VIEWS ON VAPING – SETTINGS

Of the 31 respondents to the online survey in the 10-12 age category, 77% indicated that they have never tried vaping. Respondents to the survey who do not vape indicated that the most common place they see their age group vaping was in school, before school and after school. Additionally, the settings identified by the discussion group participants also centred on school settings, including during school breaks, after school and when socialising which comprised mainly of "hanging out".

“You can smell the sweet smell in the toilets when you go in, I'm afraid the teacher will think it's me (vaping)”.

*Female 11 Years,
Discussion Group Participant*

“You can't go into the toilets at break time, they are always in there vaping”.

*Female 12 Years,
Discussion Group Participant*

“Especially the toilets at school”.

*Female, 10 Years
Discussion Group Participant*

4.7 CHILDREN AGED 10-12 YEARS: VIEWS ON VAPING: REASONS WHY CHILDREN AND YOUNG PEOPLE VAPE

Evidence from the sample of children who took part in the discussion group suggests that a driving factor among children and young people's usage of vapes was a sense that:

“It's seen as cool; they think they are acting cool”.

*Male 12 years,
Discussion Group Participant*

They felt that other children wanted to be “part of a group that think are cool”, “doing what their friends are doing” and “thinking it makes them look like they are older”. These views suggest that children felt that being part of a social group is a key driver in children engaging in vaping behaviours. The children also identified that vapes were “cheap to buy” and they felt that this contributed to other children and young people accessing vaping products easily.

When this was explored further with a question as to how the children knew they were inexpensive to buy the participants indicated that they saw the “prices every day in the shop,” and “we talk about it” indicating that it has become very much a part of the conversation in their social and peer groups. There was a keen awareness amongst the participants that there is a myriad of flavours available. The discussion group participants reported that this attracted children and young people to vaping:

“They are really colourful packs, really nice. They look a bit like a pack of sweets.”

*Female, 11 Years
Survey Respondent*

“They would make you want to give it a go to see what they are like. It's like when they look like that (colourful) they can't be that bad?”.

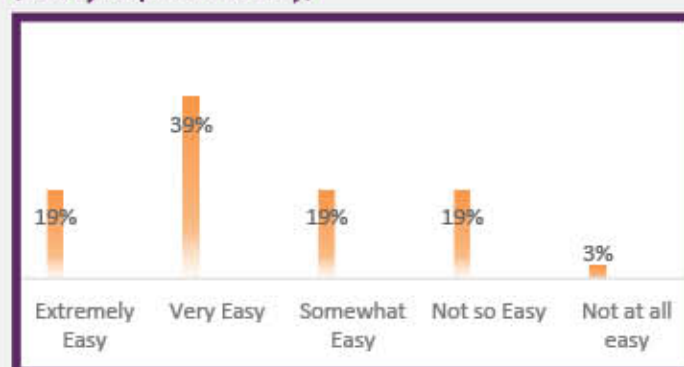
*Male, 12 Years
Discussion Group Participant*

4.8 CHILDREN AGED 10-12 YEARS: ACCESS AND INCENTIVISING FACTORS

When asked what were the main places that the study participants saw vaping products advertised survey respondents said shops (87%), online (29%), garages (19%) and print media (10%), billboards (10%) and cinemas (10%). The main online platforms where they had seen vaping products advertised included YouTube (52%), TikTok (52%), Snapchat (41%) and Instagram (41%). In respect to age restriction 65% of respondents to the survey said that they were aware of age restrictions on the sale of vaping products. This demonstrated that they were unaware that there is currently no mandatory age restriction on the sale and marketing of e-cigarettes.

As figure 1 outlines that survey respondents felt that it was ‘very easy’ (39%), ‘extremely easy’ (19%) or ‘somewhat

**Figure 1: 10-12 Years Age Group:
Perceived ease in ‘Getting around’ Age Restriction
(Survey respondents only)**



easy' (19%) to 'get around' the age restrictions and a further 19% felt it was 'not so easy' to 'get around' the age restrictions.

The discussion group participants felt that it was "no problem" getting around age restrictions agreeing that "Think any shop will sell them in town doesn't matter what age you are".

4.9 CHILDREN AGED 10-12 YEARS: VIEWS ON HARM AND CONTAIN OF VAPES

The majority of survey participants believed that vaping was about as harmful (55%) as smoking 'conventional' cigarettes with a further 6% feeling it was more harmful, while 28% of respondents said it was less harmful and 11% saying that they 'don't know'. In respect to this particular theme, there was a high level of awareness of adverse health and wellbeing issues arising from vaping. However, the participants were uncertain as to the levels of harm vaping may cause versus smoking harm. The discussion group participants also indicated that they were aware that vapes were used as an aid to quit smoking. However, there was some questioning as to "why they are bad for you if it helps people stop smoking?"

Both survey respondents and participants in the discussion group were very much aware of the content of a vape, and identified that they contained nicotine and chemicals. However, 6% of survey respondents indicated that they felt that neither nicotine nor chemicals were contained in vapes.

4.10 CHILDREN AGED 10-12 YEARS: HOUSEHOLD PREVALENCE OF VAPING, INFORMATION AND EDUCATION ON VAPING

The majority of survey respondents (68%) indicated that household/family members neither smoked or vaped. Six per cent indicated that household members smoked only, while 3% vaped only and a further 6% both vaped and smoked 'conventional' cigarettes. The remaining 17% did not reply to this question.

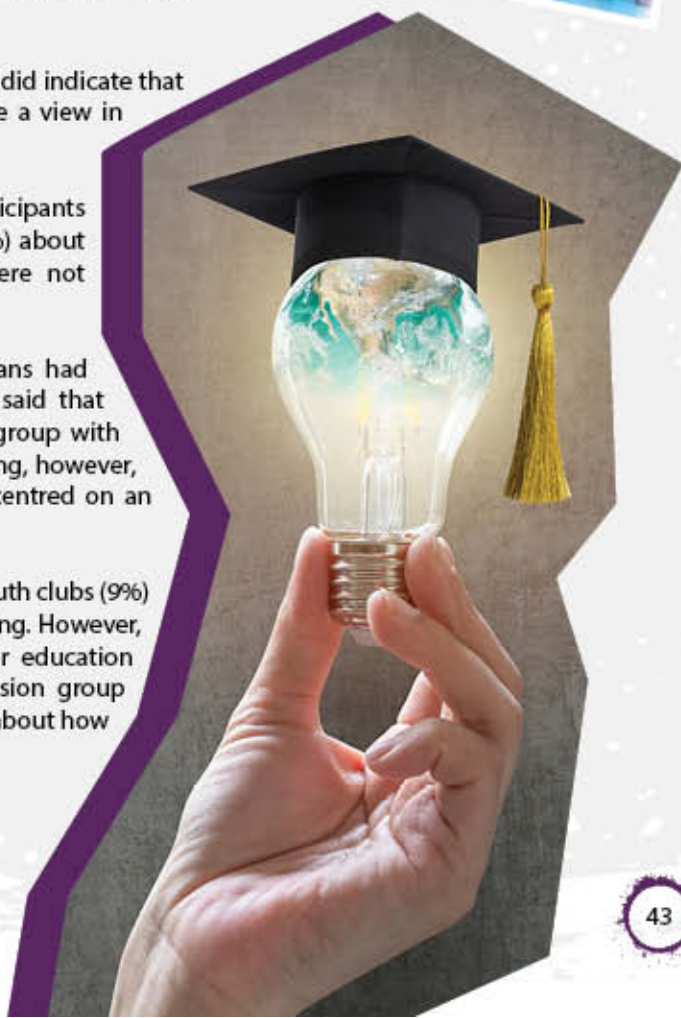
The level of household/familial vaping and tobacco smoking identified in the survey was reinforced by the discussion group participants in this age group, with the majority 61% indicating that neither behaviour took place in their household.

However, a number of children in the discussion group (n=5) did indicate that their older siblings vaped, while the reminder did not share a view in respect to this question.

Both the survey respondents and discussion group participants indicated that their parents/guardians were concerned (64%) about vaping with 23% stating that their parents/guardians were not concerned and 13% saying that they 'don't know'.

Most survey respondents stated that their parents/guardians had spoken to them (75%) about vaping, while the reminder said that they had not. A similar picture arose from the discussion group with participants saying that their parents had talked about vaping, however, for the most part the approach of parents/guardians was centred on an instruction "not to do it (vape)".

The survey respondents indicated that their schools (48%), youth clubs (9%) and sports club/coaches (5%) had talked to them about vaping. However, 52% stated that they had not received any information or education on vaping from any of those sources to date. The discussion group participants said that "some information was given in school about how bad vaping is" again the message was "not to do it".



4.11 CHILDREN AGED 10-12 YEARS: DISINCENTIVISING FACTORS

Although the majority of children in this age cohort stated that they did not vape, a small minority of online survey respondents indicated that they had tried vaping (n=4). The reasons for not continuing to vape included negative physical reaction to vaping "did not like the taste", adverse health impacts including "it affected my breathing" and the view that they were too young to vape - "I think I'm too young".

Among those children who identified as not vaping, their reasons were varied. It was a negative experience of vaping/smoking within their family and the perceived adverse impacts on health that were the key disincentivising themes among the children's responses in both the online survey and discussion groups:

"Just don't really think they are good for you because most of my aunts and uncles use vapes or smoke. So does my grandad and granny and I seen [sic] what it does to you and it's not that appealing to me, especially since I'm only still in primary school".

Female, 12 Years Survey Respondent

"Because it would be bad for my health and I don't want to get a lung disease like my grandad did".

Male, 12 Years Survey Respondent

Both online survey respondents (87%) and those within the discussion group demonstrated an awareness of the negative health impacts of vaping and potential for addiction and pinpointed both as key factors in preventing them from vaping.

"I never tried vaping because I know it's not good for your health and you could easily get addicted".

Female, 11 Years Survey Respondent

"Because it's bad for your health".

Female, 10 Years Survey Respondent

"Afraid I will get addicted. They are unhealthy".

Female, [Age undetermined] Discussion Group Participant

"I haven't because they're bad for me and kinda scary".

Female, 11 Years Survey Respondent

Health concerns related mainly to respiratory issues or cancers, and cosmetic changes:



Other reasons included unpleasant physical responses including second-hand aerosol:

“No because I personally think they are disgusting”. “Don’t like the smell”. “They are very sweet sickly smelling”. Discussion Group Respondents A key disincentivising theme arising from both the survey responses and the discussion group was children’s wish to compete and achieve in their sporting/creative past-times. The majority of the discussion group (n=18) indicated that they played some form of sports or participated in creative activities including dancing, singing, music and they all agreed that vaping (and smoking) would impact negatively on these activities. “Because I want to play football and that will not help”. Male 12 Years, Discussion Group Participants “I love singing so it wouldn’t be good for my breathing.” Female 11 Years, Survey Participant

4.12 CHILDREN 10-12 YEARS: SUMMARY OF THEMES

4.12.1 Extent of Usage Vaping Products:

Arising from the study findings, the prominence of vaping behaviour in the lives of children in this age group was clear. This relatively small sample of 10-12 year olds in Counties Sligo and Leitrim suggests that children in this age group have tried vaping and vape. The feature of this profile among the 10-12 age category of children was that 23% of the sample said that they vape and that they had never smoked previously.

While the numbers of children stating that they vape was small, it was the reflections of those within the discussion groups and those who stated in the survey that they do not vape that provides the greatest insight into the extent of vaping.

The clarity with which children in the discussion group described their experiences of seeing, being in the company of and “trying to avoid” those involved in vaping behaviours suggests that it was a significant pillar in their day-to-day lives. Even among those children who currently do not vape, their awareness levels of vaping products was exceptionally high due to witnessing their own peers, other young people and adults vaping and it was a significant point of discussion in their social groups. This heightens awareness of vaping has the potential to lead children to explore vaping behaviours.

4.12.2 Settings Where Vaping Occur

The school environment was identified as being the key setting in which this age group vaped or experienced vaping behaviours by their peers. Certainly, the toilets in schools were identified as the central setting within the school environment. The visibility of their peers and other young people vaping in the wider environment suggests an increasing social acceptability of vaping which appears to impact on children's perception, awareness and experience of vaping.

4.12.3 Incentivising Factors: Ease of Access to and Promotion of Vaping Products

Viewing vaping on social media did not appear to be a strong predictor of vaping use and while this age group may learn about vaping through this medium it is among their social groups that they learnt most about vaping. From the small sample of children who said that they were vaping their proclivity to engage in vaping appears more to be influenced by their friendship groups and seeing other children and young people vaping rather than social media.

In addition, the 10-12 year olds involved in the discussion group remarked that vapes were openly and prominently displayed at convenient local access points such as local shops and/or through their own social groups. It was noted that vapes were:

“Not in the press behind the counter where the cigarettes are kept”.

*Male 12 Years
Discussion Group
Participant*

The low cost of vapes was seen by this cohort as a key incentivising factor in the exploration of vaping and facilitating ease of access to products.

The promotion of sweet, fruity and “exotic” flavours and novel packaging had an impact on children's heightened awareness of vaping products. This heightened awareness has the potential to lead to a tendency “to try (vaping) to see what it's like”.

A striking reflection by those children who stated that they vape was their reference to the appearance of the vaping products ‘brand’ as colour and/or flavour as opposed to the name of the brand.



4.12.4 Views of Children on Vaping

There was a good awareness among this cohort in respect to the potential negative health impacts of vaping.

“

"I'm guessing in years to come people will look back and say these were the same as actual cigarettes and will probably have caused allot [sic] of health issues that people are not aware about now".

*Female 12 Years,
Survey Respondent*

”

However, advice, information and education on vaping appears to be provided in a directive manner to this cohort of children as opposed to facilitating the discussion with children. While the majority of children in this study cited that parents/guardians, schools and youth and sports groups having concerns about vaping the 'don't do it' instruction from the adults appeared to be the most prevalent approach to discouraging vaping in these children's lives.

There was a clear dichotomy of opinion between children in this cohort who vape and who do not vape. Those that do not vape reflected a general negativity towards vaping perceiving it as "it's still smoking really", "it's disgusting" and "it's bad for your health" and their understanding was that vaping was propelled by a wish "to be seen as cool" and "part of a group".

For the children in this small sample that vape it would appear that their vaping behaviour was driven by their engagement in a social group and activity. This sample demonstrated a denial and poor awareness of the potential negative impacts on their health and wellbeing.

4.12.5 Protective Factors and Potential Deterrents

A key disincentivising theme arising from the discussion group was children's wish to compete and achieve in their sporting and creative past-times. The majority of the discussion group indicated that they play some form of sports and/or creative activities including dancing, singing, music and they all agreed that vaping (and smoking) would impact negatively on these activities. The unpleasant taste and second-hand aerosol was seen by those that do not vape as a deterrent. For those that vape participation in a social group appears to be a key propellant to their vaping. A key reason for this may in part be attributed to the Covid-19 pandemic but also the transition of the child at this stage in their lives to more 'grown up pursuits' that make them feel part of a group and opportunity to converse with their peers.



Chapter 5

FINDINGS – YOUNG PEOPLE 13-16 YEARS

5.1 YOUNG PEOPLE AGED 13-16 YEARS: EXTENT OF USAGE OF VAPING PRODUCTS

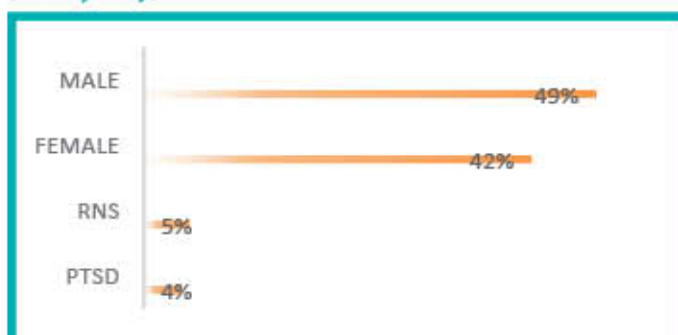
Young people aged 13 to 16 years comprised the majority of survey responses. In response to the question, if they had ever vaped, the majority 64% indicated that they had not ever vaped. However, 36% of respondents (n=134) indicated that they currently vape.

As figure 2 outlines the majority of those that vape were male (49%) while 42% were female. The remaining 9% stated that they would rather not say or preferred to self-describe.

Survey respondents (52%) reflected that they see other young people vaping “everyday”, and a “few times a week” (21%) or “when out socially only” (10%), “about once a week” (5%), “a few times a month” (6%), “once a month” (3%), while ‘other’ (3%) indicated “all the time”.

The majority of discussion group participants indicated that they had observed high levels of vaping behaviour amongst all age groups, including primary school aged children.

Figure 2: Young People 13-16 Years: Those who Vape by Gender (Survey only)



“It seems like everyone I know vapes, all my friends . even people as young as 10, 11 .12.”

Female 15 Years,
Discussion Group Participant

“

“It’s unbelievable [sic] common, it’s everywhere. You can see and smell it constantly”.

Female 14 Years,
Discussion Group Participant

”

“

"It's kinda everywhere".

*Male 13 Years,
Discussion Group Participant*

”

“

"After school you just have to pass [name of shop] and its [sic] packed with people buying vapes."

*Female 14 Years,
Discussion Group Participant*

”

“

"Same fifth and sixth years in the garage buying their vapes everyday".

*Female 15 Years,
Discussion Group Participant*

”

“

"You can smell it even when you don't see people vaping."

*Female 14 Years,
Discussion Group Participant*

”

Settings identified by the discussion group participants included school settings, i.e. during school breaks, after school and like that of the younger cohort of study participants when socialising including "walking around", "just hanging around chatting" and "discos" (especially "the booze room" or "smoke room"). A central focus of vaping activity in schools was reported by participants in the discussion group and survey respondents as the "bathrooms" and "toilets":

“

"Very annoying because people completely disregard rules like no smoking on school grounds, all the bathrooms are filthy with the vape condensation. It stinks & I hate using the bathroom in school because of the people vaping in them".

*Female 16 Years,
Survey Respondent*

”

“

"Not just during break time. lots use the toilets during class and they go to vape."

*Female 13 Years,
Discussion Group Participant*

”

5.2 YOUNG PEOPLE AGED 13-16 YEARS WHO VAPE: PROFILE OF USAGE

The survey respondents in this age category who reported that they vape, stated that they vape "every day" (35%), while 13% indicated that they vape "a few times a week". 31% said that they vape "only when I'm out socially" and 14% stated that they vape "about once a month". The remainder said "about once a week" (3%) and "few times a month" (1%) and 3% chose not to reply.

As presented in figure 3, in respect to length of time that they had been vaping, the majority of survey respondents indicated that they had vaped for less than six months (34%), 27% had vaped between 6 months to one year, 15% had vaped between 1 year to 2 years, and 7% said that they had vaped more than 2 years. A further 13% indicated 'other' including a large number stating that they "didn't know" how long they had vaped. 4% chose not to respond to the question.

Just over half of survey respondents indicated that they had "never smoked" conventional cigarettes (52%), while 26% stated that they had "previously smoked", 15% said that they "smoke as well as vape" and 7% felt that they think they will smoke "conventional" cigarettes in the future.

The survey respondents identified a wide range of settings where this cohort of young people vape. The most commonly mentioned was a social setting such as "at a nightclub/disco/cinema" (58%), 30% of respondents said that they vaped "at home", 27% stated that they vaped "during school breaks" and 24% indicated that they vaped while "travelling to and from school".

Other settings that were identified, though less common included during "work breaks" (10%), "at sports events" (8%), "at sports venues" (3%), "at youth club" (2%). Other comments provided by respondents reinforced a picture of a high level of frequency in vaping behaviours among this age group, including statements such as "everywhere" and "as often as I can". Responses to "who do you vape with" provided a mix of replies with 72% of respondents indicating "with friends", 42% said that they vape "on my own" and 8% stated "with family".

5.3 YOUNG PEOPLE AGED 13-16 YEARS: THOSE THAT VAPE: FACTORS INFLUENCING INITIAL AND CONTINUED USE

When asked how they first learnt about vaping, respondents provided a range of responses including 66% who vape, that stated "from a friend", while 28% of this cohort indicated "social media" and 17% reported "don't know". Other initial influences stated by respondents included family members and "seen others".

The survey responses from young people in this age category highlighted a myriad of reasons for initial and continued vaping.

As figure 4 outlines, the majority of respondents indicated that they started as they "enjoy the flavours" (27%), "because my friends are doing it" (24%) and "to try something new" (21%).

Respondents also identified reasons centred on nicotine use including a perceived healthier way to use nicotine and "use when can't use nicotine".

Other reasons for vaping included "just to try", "get a nicotine buzz", "peer-pressure" and "helps when stressed".

Figure 3: Young People 13-16 Years: Those who Vape by Gender (Survey only)

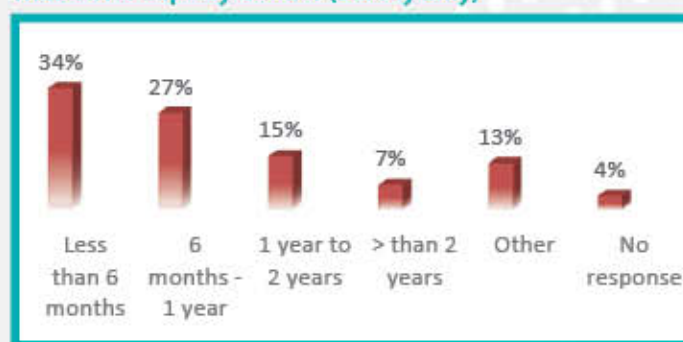
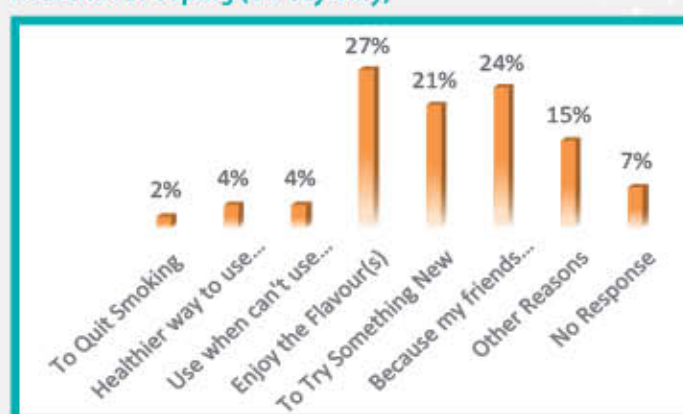


Figure 4: Young People 13-16 Years: Reasons For Vaping (Survey only)



5.4 YOUNG PEOPLE AGED 13-16 YEARS WHO VAPE: ACCESS AND INCENTIVISING FACTORS

Survey respondents in this age category who stated that they buy vapes themselves reported that they bought vapes from a range of sources including a vape shop (32%), local shop (31%) and from friends (29%). While school and the internet

were less common access points, they still respectively accounted for 7% of responses. If they did not buy vaping products themselves, survey respondents indicated that they “get friends to buy them” (61%) and “buy from a friend” (14%), while 27% said that they “borrow” or “share” with a friend. Access through family members accounted for 13% of responses.

A clear incentivising factor to vape identified among those that vape is that vapes “are cheap”. In respect to expenditure on vaping, 46% of those that vape said that they spend less than €10 on vapes per week while 17% reported that they spend between 10 and 20 euro per week, and 12% indicated that they spend in excess of €20 on vaping products. Twenty-five per cent of respondents indicated that they “don’t buy vapes themselves” but borrow or use friends’ or family members’ vapes. When asked the brand of vape that the respondents consumed, the majority (65%) of those who vape identified the brand ‘Lost Mary’ (Appendix 2), ‘Elf Bar’ (5%) and ‘VaporlinQ’ (5%). A further 25% of survey participants did not respond to this question.

5.5 YOUNG PEOPLE AGED 13-16 YEARS WHO VAPE: VIEWS ON VAPING HEALTH AND ADDICTION IMPACTS

When asked if they knew of any negative effects of vaping, 82% of survey respondents revealed “Yes”. Most respondents said that they had not experienced any negative health effects of vaping. However, 18% of respondents signified that they had experienced some physiological effects such as “dryness of the throat”, “throat kick” or “sore throat”, “coughing” and “sometimes I get a headache”.

Other respondents who had tried vaping but did not continue described extreme experiences and effects such as “vomiting”, whilst another described “bleeding gums”. The majority of respondents who vaped reported that they believed vaping to be less harmful than smoking conventional cigarettes (45%), 20% felt they were more harmful and 27% felt that vaping was about as harmful as smoking. Eight per cent said that they “don’t know”.

A total of 29% of respondents who said that they vape signalled that they had modified their vape to increase the nicotine dose. Of those that vape most survey respondents (69%) said that they did not feel that they were addicted to vaping/e-cigarette products, however 31% indicated they felt addicted.

“

“Advise anyone and everyone not to highly addictive and as much as relieves stress if you ever run out, you’re back to square one”.

*Male 16 Years,
Survey Respondent*

”



For some participants who had tried vaping, they felt that if they had continued, they would have become addicted:

“I vaped for one week and I felt scared using it but yet all I could think about was the vape so I threw it away after a week”

*Male 15 Years,
Survey Respondent*



There was a certain level of naivety evident in many responses provided across all discussion groups where there appeared to be limited understanding of what addiction and compulsion to vape meant:

“If you can turn around and quit tomorrow. Which you can I don't see the problem”

*Male 15 Years,
Discussion Group Participant*

5.6 YOUNG PEOPLE AGED 13-16 YEARS: VIEWS ON REASONS WHY CHILDREN AND YOUNG PEOPLE VAPE

Peer pressure was an apparent factor for the young people who engaged in vaping behaviour, with discussion group participants talking about being offered “a puff” and feeling under pressure to “try”:

“It's easier to just take it, I don't like it, but you feel stupid if you say no.”

*Male 14 Years,
Discussion Group Participant*

“I have been offered to vape a lot at school and on the bus, but I say no”

*Male 14 Years,
Discussion Group Participant*

Significantly, young people in this age cohort, survey respondents and particularly during the discussion group conversations, said that because their friends do not vape, they have not tried vaping or do not vape:

“I have never tried them because most of my close friends do not vape. If I bought a vape of my own, my parents would be furious, and definitely find out. I would not want to use someone else's vape, because I find that disgusting.”

Female 16 Years, Survey Respondent

Like that of the younger cohort, similar reasons were presented by participants in this age group as to why young people vape including “they think it's cool” and, that it was a focus of group activity or helped to create a feeling of being part of a social group:

“It's something to do together, talk about it (vaping), share flavours.”

*Female 16 Years,
Survey Respondent*

“I don't vape myself I like my sport ya know, but its good craic to hang around with the lads that vape. We have a good laugh.”

*Male 15 Years,
Discussion Group Participant*

Negative stereotyping of those that vaped was applied by non-vapers. Non-vapers perceived vape users to have negative personality traits such as attempting to be “cool”, “think a lot of themselves”, “want to look cool” and were stigmatised as “addicts”. Across the discussion group conversations there appeared to be a deep social undesirability attached to vaping by participants who said that they did not vape. This attitude was particularly prevalent among first and second year groups. Those who had taken up vaping without prior experience with conventional cigarettes were criticised by their peers, since they perceived vaping as solely a cessation tool:

“Is it not just to help people stop smoking? Why would you vape if you never have smoked before?”

*Male 15 years, Discussion Group
Participant*

“It's stupid taking up vaping when you never smoked cigarettes, I don't get?”

*Female 13 years, Discussion Group
Participant*

“They are stupid why you would smoke a piece of plastic its weird”

Female 14 Years, Survey Respondent

“It’s nuts, fog of smoke looks ridiculous”

Male [demographic undocumented], Discussion Group Participant

The fear of addiction loomed large in the discussion groups and amongst survey respondents with young people clearly articulating that “addiction” was an undesirable trait and many young people indicating that they had experience of “addiction” with a set of wide ranging and embedded impacts within their lives:

“I worry that if I started vaping, I wouldn’t be able to stop, because I get easily addicted to social media, sugar, etc.”

Female 15 Years, Survey Respondent

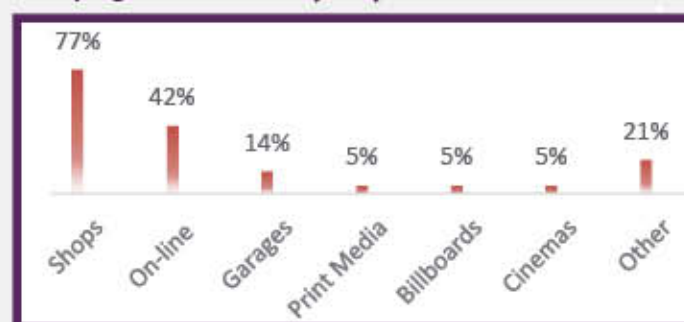
Much of this focus and “experience” of addiction centred on phone and social media use as well as food consumption. While addiction was not the main focus of the discussion groups, the naming of various “addictions” by participants in the study pointed to young people’s heightened awareness of addiction or what they had been “told are addictions” (Female, 16 Years, Discussion Group Respondent). From many participants in the discussion groups there was an overall impression that children and young people were living in an environment where they are “constantly” “told” that they “are addicted to this and to that, the list goes on and on.” (Female [demographic undocumented], Discussion Group Participant). This saturation of directive approaches to “addiction” potentially may impact on establishing effective anti-vaping programmes and resources.

5.7 YOUNG PEOPLE AGED 13-16 YEARS: VIEWS ON VAPING: ACCESS AND INCENTIVISING FACTORS

All survey respondents felt that it was “very easy” (34%), “extremely easy” (58%) or “somewhat easy” (2%) to “get around” perceived age restrictions. Few young people among survey respondents felt it was “not so easy” (5%) or “not at all easy” (2%) to “get around” the age restrictions.

As Figure 5 outlines when asked where the main places that they saw vapes were advertised survey respondents said shops (77%), online (42%) (principally social media), garages (14%), print media (5%), billboards (5%) and cinemas (3%). The main online platforms where they had seen vaping products advertised included YouTube (29%), TikTok (73%), Snapchat (45%), websites (20%) and Instagram (41%).

Figure 5: 13-16 Age Group: Advertisement Placement Of Vaping Products (Survey Only)



Other places were also identified including: “Discos, toilets, pubs” and “around the streets, the town”. One key purchase outlet identified by survey respondents that was not prompted in the survey options was- “phone shop” or “tech shop”. Such a retail outlet was so frequently identified by the discussion group participants across several areas of Sligo and Leitrim that it was further explored with discussion group participants as to why “phone shops”/“tech shops” were key for young people in accessing vaping products.

A range of reasons were provided including: easier to conceal purchase: "no age ID (identification)" required and less opportunity of "adults" seeing the young person purchasing vaping products:

"They aren't as busy as shops you can be in and out in no time".

*Male 14 Years,
Discussion Group
Participant*

"They don't look for ID even when you go in in your (school) uniform".

*Female 16 Years,
Discussion Group
Participant*

"Doesn't matter what age you are".

*Male [demographic
undocumented], Discussion
Group Participant*

"It isn't as obvious as buying from a supermarket, your granny won't see you!"

*Male [demographic undocumented],
Discussion Group Participant*

Participants in the discussion groups felt that there were high levels of self-efficacy among those who vape with regard to obtaining vapes because it was facilitated by retailers. They spoke about various retailers that sold vapes to those "underage", with few barriers to purchasing them.

The 'selling on' by young people to other young people indicated a key access point for this cohort of young people with one participant in a discussion group lamenting that: "None of my friends (actively) vape so I haven't had access to them". When this perspective was further probed by the facilitator other young people in the groups suggested that this was a key point of access to vapes in their schools:

"I don't have a vape I would only take one or two puffs of my friend's vape".

*Male [demographic undocumented],
Discussion Group Participant*



Participants in the discussion groups also indicated that if those that vape were unable to purchase vapes, they identified the high reliability of asking proxies, such as friends, or family members to purchase them on their behalf ~ "anyone they don't even have to know them, it's the same with buying drink (alcohol)".

All participants in discussion groups identified vaping products as being cheaper than conventional cigarettes and that this was a clear incentivising factor driving vaping among young people.

The 'novelty' aspect of vaping products was also raised in the discussion groups. There was a keen awareness amongst the participants that there was a myriad of flavours available (see Appendix 3 - Examples of Flavours).

In addition, one discussion group directed the facilitator to an advertisement for the 'Klik Klak' that was marketed as "an innovation":

"The mouthpieces of each device sit flush next to each other, and then the two devices vaped as one to create a blend of flavours. With 10 flavours available, there are 55 total combinations! For example, you could combine the Ice flavour Klik Klak with the Raspberry Lemonade Klik Klak to create an iced raspberry lemonade flavour. Or you could simply use your favourite by itself".

Source: <https://vaporling.net/disposable-puff-bars/disposable-pods/klik-klaks.html>

The perceived ability to use vapes in smoke free environments was also identified by discussion group participants as a key incentivising factor for the increase in vaping behaviours. In addition, expeditious consumption and discreet use were noted by discussion group participants across several discussion groups as key features of vapes:



“

"I can do it at home or in school and no one would really know".

”

*Male 15 Years,
Discussion Group Participant*

“

"You can take a puff and blow the steam up your sleeve."

”

*Male [demographic undocumented],
Discussion Group Participant*

“

"They go to the toilet for a puff and no-one (teachers) notices when they come back (that) they have been vaping."

”

Female 13 Years, Discussion Group Participant

As one young person suggested and was agreed by others in the group that those that vape see vapes as being designed to be more aesthetically pleasing than conventional cigarettes: "They look good" - and did not give users "yellow teeth" or produce an offensive smell, believing that the smell of vapes does not "linger".

"No one (peers) thinks too much about friends vaping. it's not like cigarettes that have an awful smell, are really disgusting and can smell your clothes too". Female [demographic undocumented], Discussion Group Participant Exposure to retail

and social media advertisements was noted by discussion group participants as contributing to the increasing visibility and “glamorisation” of vaping:

“It’s in your face and the ads make vapes look good and interesting.”

Male [demographic undocumented], Discussion Group Participant

“You can’t escape the ads they’re everywhere and really obvious that you can’t help not noticing when you are waiting to pay.”

Female 16 Years, Discussion Group Participant

“Social media, on Instagram, TikTok, there are so many videos of people vaping.”

Female 16 Years, Survey Respondent

Discussion group participants displayed clear brand awareness including among those that said that they did not vape. Marketing claims were noted to be very persuasive by participants, as they portrayed vaping products as safe, novel and a “healthier” alternative to smoking:

“The packaging, colours and flavours are very attractive, they do look like sweet packets.”

Female 13 Years, Survey Respondents

“In my opinion, vapes shouldn’t have flavours and colours appealing to teenagers, it should just be for the use of people trying to quit smoking.”

Female [demographic undocumented], Discussion Group Participant

“I think the more ads they put up, the more inclined younger people are to try vaping. Especially if they are flavoured, it’d be interesting to try them.”

Female [demographic undocumented], Discussion Group Participant

“The presentation of them in shops might lead you to think that they are pretty harmless especially for young kids.”

Female 16 Years, Discussion Group Participant

Discussion group participants said that vapes were “trendy” and felt that they appealed to young people in comparison to conventional cigarettes which were perceived as something mainly “old(er) people do”. They identified the marketing promotion of vapes as having a very visible presence and placement in shops unlike cigarettes “which are locked away”.

5.8 YOUNG PEOPLE AGED 13-16 YEARS: VIEWS ON HARM, HEALTH, ADDICTION, AND CONTENT OF VAPES

Survey participants in this age cohort thought that vaping was about as harmful (28%) as smoking ‘conventional’ cigarettes (as referred earlier, this compared to 45% of respondents who actively vaped and believed that vapes were less harmful than cigarettes). A further 38% of respondents felt that vaping was more harmful, while 25% of respondents said it was less harmful and 9% said that they ‘don’t know’.



“The colours are cool. I’ve seen people on social media talking about how the colour of a particular vape matches what they are wearing!”

*Female 13 Years,
Discussion Group
Participant*

“

“They are really bad for your health. They cause serious long-term side effects such as increased risk of heart disease, lung disease, cancer, seizures, high blood pressure, organ damage, lung scarring & lots more. and can in some cases can cause death”.

Female 16 years, Survey Respondent

”

While there was a high level of awareness of adverse health and wellbeing issues arising from vaping among discussion group participants and survey respondents, for some participants in the discussion groups there was uncertainty as to the levels of harm vaping may cause in comparison with smoking:

“

“I just know that they are bad for your health, not sure how but they are very addictive”.

“Because they’re new so nobody knows if there’s any long-term effects of using one”.

“I know of the unknown risks involved in it and I also have bad asthma, so I don’t want to risk anything with my lungs”.

”

Future adverse health impacts and the fear of addiction were prominent themes in both the survey responses and during the discussion groups, with young people being especially conscious of their future health and well-being:

“It seems like people view vapes as a better option than smoking, even though from what I've heard, they're just as bad. I don't know anyone around my age who smokes, but I know lots who vape. people [sic] my age are really likely to get addicted to vapes and this will destroy their health in the future.”

Female 16 Years Survey Respondent

“Because they smell horrible and I think that they are very bad for a young person's health”.

*Female, 14 Years
Survey Respondent*

“In case it does something bad to me when I'm older/ in case I get addicted”. Female, 13 Years Survey Respondent “Bad for you. Don't want to have problems in the long term”.

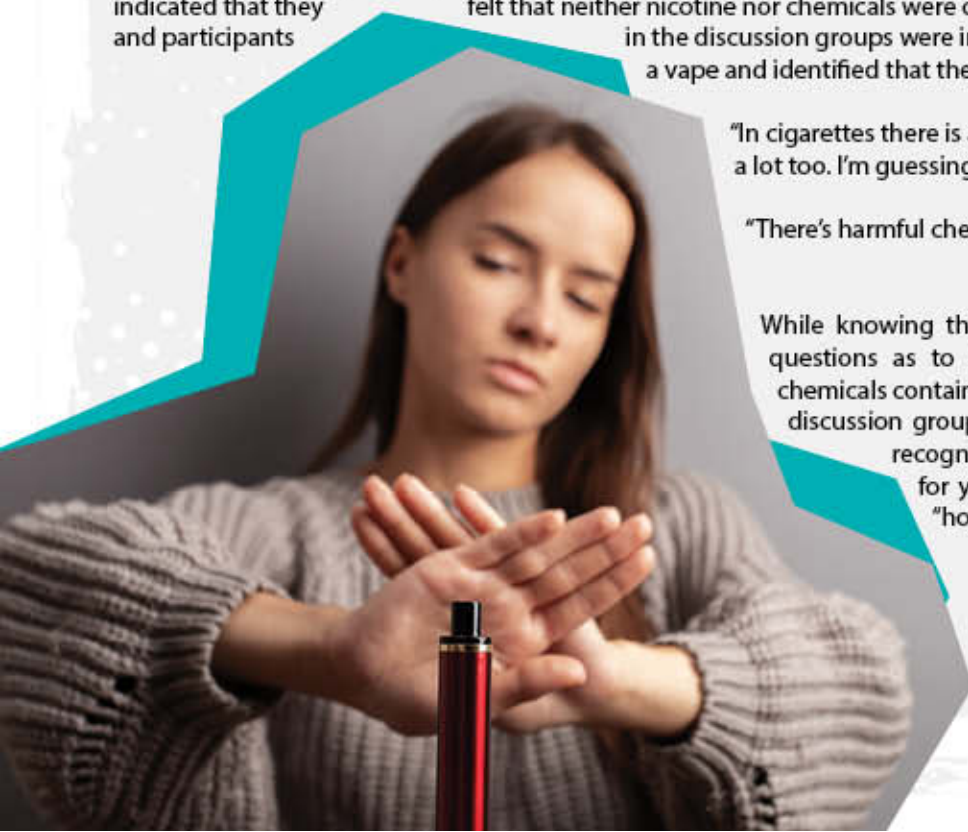
*Male, 13 Years
Survey Respondent*

Vaping was seen as “unsafe” by many discussion group participants because they were thought to contain harmful chemicals and pose health risks and to be as harmful as traditional cigarettes: “Don't want to waste my health”. “I just don't find them interesting and they are bad for your health”. While a small number of survey respondents (7%) in this age group indicated that they felt that neither nicotine nor chemicals were contained in vapes, both survey respondents and participants in the discussion groups were in general very much aware of the contents of a vape and identified that they contained nicotine and chemicals.

“In cigarettes there is a lot of additives so in vapes there is probably a lot too. I'm guessing things like flavourings are added”.

“There's harmful cheap products inside them”.

While knowing the contents in vapes, there were significant questions as to the effects of nicotine and especially the chemicals contained in vaping products. The participants in the discussion groups and survey responses acknowledged and recognised that nicotine and chemicals “may be bad for you” but they did not understand necessarily “how are they bad for you”.



“

"There isn't much evidence about the effects, but I don't want to put myself at risk".

”

*Female 16,
Discussion Group Participant*

“

"I am aware of the health risks that vapes have, and the damage they can do. Well, I don't know exactly what damage, but I do know that they're dangerous".

”

*Male 14 years,
Survey Respondent*

This age cohort were not as clear in identifying the deeper risks such as nicotine dependency, psychological addiction and the addictive appeal of flavourings and when addiction was raised there was a significant questioning as to how "people can stop vaping":

“

"How do you get off vapes, if you can use vapes to get off cigarettes, what do you use to get off vapes?"

”

*Male 15 years,
Discussion Group Participant*

“

"I'm struggling with getting off, but I want to, but don't know how".

”

*Female 16 years,
Survey Respondent*

There is no question that the perceived lack of research on long-term risks of vaping use appeared to affect young peoples' views on the safety profile of vapes:

“

"I don't know if they're any better for you than cigarettes because I feel like there's a lot of mystery behind them, but I hope [they are better for you than cigarettes]".

”

*Female [Age Undetermined],
Discussion Group Participant*



In addition, a significant conversation arose across discussion groups as to "why if vaping is so bad why are vapes used by those seeking to cease smoking conventional cigarettes?" Like that of the younger cohort, for many young people in the discussion groups especially in first and second year groups, this appeared to cause genuine confusion:

"It just doesn't make sense. If they are so bad for you, why are they used for stopping smoking?" Whilst dangerous incidents from malfunctioning vaping products were talked about in discussion groups, the discussion centred very much on photographs that were seen on social media.

A significant point made across all discussion groups and survey respondents among 'non-vapers' reflected that the potential health risks did not hinder other young people's choice to use vapes.

"They just don't care, not worried about (the effect of vaping on) their health, they think nothing bad will happen them."

"You see all these people vaping and then they get sick and they think it won't kill them but it can".

"Some people think they have to do it to fit in, but they are not aware of the serious health issues, or if they are aware they just don't care. They're putting their future health at risk and they don't seem too bothered about it. It's really sad and scary to see."

*Female 16 Years,
Survey Respondent*

5.9 YOUNG PEOPLE AGED 13-16 YEARS: HOUSEHOLD PREVALENCE OF VAPING, INFORMATION AND EDUCATION ON VAPING

Like that of the younger age group involved in this study, the majority (72%) of survey respondents indicated that neither household/familial vaping and tobacco smoking behaviour took place in their household. A particular trend that arose among the 13-16 years cohort for those households where vaping and smoking did occur was the level of older siblings who vape and the level of smoking among extended families.

Survey respondents indicated that their parents/guardians were concerned (44%) about vaping with 8% stating that their parents/guardians were not concerned and 38% saying that they "don't know". Other responses in the survey principally centred on expressions "they think it's very bad" or stronger statements such as "they would kill me if I vaped". Similar themes arose in the discussion groups where experience of smoking conventional cigarettes was raised as the reason why parents may disapprove of vaping including a familial history of smoking conventional cigarettes:

"Doesn't want me to because she smoked young and got addicted and doesn't want me to make the same mistakes she did".

"My mum and dad smoked so I should be worried that I would get addicted".

"I don't see a reason to vape as my family has a history of smoking including my dad and feel as if I will get addicted".

"I've witnessed the impact it has and my parents tell me how they regret the fact they started smoking".

Discussion group participants also indicated that parents who had discussed vaping felt: "That it's a way of getting children to be addicted to nicotine". Other reflections presented by both survey and discussion group participants indicated that parents are not always aware of their children vaping: "They don't know I vape".

A number of young people in the discussion groups suggested that parents were aware of heightened stress levels that young people felt that they are experiencing and that they provide a level of leniency around vaping and other behaviours: "Don't condemn it but are aware of the social pressures someone my age might feel". Male 16 Years, Survey Respondent. While lower than the younger cohort of participants in this study, 52% of survey respondents 13-16 years stated that their parents/guardians had spoken to them about vaping, while the remainder said that they had not. A similar picture arose from the discussion groups with participants saying that their parents had talked about vaping but for the most part the approach of parents/guardians was "not to do it".

The survey respondents indicated that their schools (65%), training centre/college (6%), youth clubs (7%), workplace (2%) and sports club/coaches (7%) had talked to them about vaping. However, 31% stated that they had not received any information or education on vaping from any of those sources to date.

The discussion group participants appeared to obtain information and develop their views about vaping more from informal channels, such as peers, family, the internet and social media. The discussion group participants mainly identified "we did a bit in SPHE when we were doing smoking". Like that of the other cohorts in this study the message was directive: "not to do it".

5.10 YOUNG PEOPLE AGED 13-16 YEARS: DISINCENTIVISING FACTORS

In respect to age restrictions around purchasing vaping products 75% of the 13-16 age respondents to the survey said that they were aware of age restrictions on the sale of vaping products. Again, like that of the younger cohort this was despite no mandatory age restrictions imposed on the purchase of vaping products in Ireland (until July 2023).

Although the majority of young people in their survey responses in this age cohort stated that they did not actively vape, 18% indicated that they had tried vaping at some stage. The assortment of reasons for not continuing to vape included adverse physical reactions to vaping "Did not like the taste" (2%), adverse health impacts such as "it affected my breathing" (6%), "It made me feel sick" (4%) and the view that they were too young to vape – "I Think [sic] I'm too young" (6%). Other reasons centred on "I don't like how it looks" (4%) and "I can't afford it" (4%).

Among those young people who identified as not vaping, their reasons were varied. It was the negative experience of vaping/smoking within their family and the perceived adverse impacts on health that were the key disincentivising themes among the children's responses in both the online survey and discussion groups:

"My mum's a big smoker and it makes her weak and sick".

"Because my grandfather died of lung cancer because he smoked so I do not want to end up like him".

"Because I grew up around people who did and I know they are bad and what they can do to damage your lungs".

Both online survey respondents and discussion group participants indicated an awareness of the potential adverse health impacts of vaping and potential for addiction and pinpointed both as key factors in preventing them from vaping.



"They're shocking bad for ya".

"Because I know they are bad for you. You cannot be sure of what exactly is in them".

"Because its [sic] bad for my health and I could get cancer".

"Don't want to get cancer".

"Because I know what it does to you and I don't want to be unhealthy".

"Because it is not worth trying for the chance you could get addicted and even trying it once could damage your health".

"Didn't feel the need to taste flavoured air which I could possibly become addicted to".

Other reasons included unpleasant physical responses including to second-hand aerosol and being uncertain about the consequences and health due to hearing about how it "affected others". Like that of the younger cohort a key disincentivising theme arising from the discussion group and survey responses was young people's wish to compete and achieve in their sporting past-times. The majority of the discussion group participants and survey respondents indicated that they play some form of sports and they suggested that vaping (and smoking) would have an adverse effect on these activities:

"I have never tried them as I believe that they would affect how I would perform in sports".

Male 14 Years, Survey Respondent

"Cos I do Gaelic".

Male 13 Years, Survey Respondent

"Because I don't wanna ruin myself for Gaelic and other sports".

Male 14 Years, Survey Respondent

"Because I love playing football and I don't want to get addicted and then that would change my fitness levels".

Male 15 years, Survey Respondent

5.11 YOUNG PEOPLE 13-16 YEARS: SUMMARY OF THEMES

5.11.1 Young People 13-16 Years: Extent of Vaping

Like that of the younger cohort the importance of vaping behaviour in the lives of young people was clear. The survey sample of 13-16 year olds in Sligo and Leitrim showed 36% of young people said that they currently use vaping products and that they had never smoked previously. Even among those young people who currently do not vape, the awareness of vaping products was exceptionally high due to witnessing their own peers, other young people and adults vaping.

As with the younger cohort of participants in the study it is a significant point of conversation among their peer groups facilitating a potential interest in experimenting with vaping products among non-vapers. The visibility of their peers and other young people vaping in the wider environment suggests an increasing social acceptability of vaping which appears to impact on young people's perceptions, awareness and experience of vaping.

5.11.2 Settings Where Vaping Occur

Similar to the younger age cohort, there is evidence from this sample of 13-16 year old young people across Counties Sligo and Leitrim that vaping is a significant tool in support of their social interactions with each other. Vaping was seen by a significant number of young people as a means of interacting with other young people, describing it "as something to talk about".

The school environment was identified as being the key setting in which this age group vaped or experienced vaping behaviours by their peers. Again, the toilets in school were identified as the central setting within the school environment. Other settings where vaping occurs reflect this cohort of young people's increased and wider opportunities for social activities and peer group interactions.



5.11.3 Incentivising Factors: Ease of Access to and Promotion of Vaping Products

Like that of the younger cohort of participants in the study who said that they were vaping, their tendency to engage in vaping behaviours appeared to be influenced by their friendship groups and seeing other children and young people vaping rather than social media. However, there was a definite increase in social media observations and vaping activities. In addition, the 13-16 year olds involved in the discussion groups also strongly indicated their awareness of the vaping products placement in local retail and convenience shops within their communities.

The low cost of vapes was seen by this cohort as a key incentivising factor in the exploration of vaping and facilitating ease of access.

The promotion of flavours and novel packaging was pinpointed by both vapers and non-vapers in this sample as key instruments in tempting exploration and experimentation of vaping.

The unpleasant taste was seen by those who said that they did not vape as a deterrent, Adverse physiological effects were high among the reasons why these young people chose not to continue to vape.

Participants in both the survey and discussion groups identified a narrow sample of vaping brand names that they were familiar with, in particular 'Lost Mary'. This perhaps predicts a trend towards brand loyalty especially for those that vape. The uniqueness of the name, and the ability to customise the vaping product in respect to colour co-ordination with fashion trends "matching colours with nail colour" was evidenced even among those within the sample who did not vape.

5.11.4 Views of Young People on Vaping

As with the 10-12 years age group even among those young people who currently do not vape, the awareness levels of vaping products were exceptionally high due to witnessing their own peers, other young people and adults vaping. It was

a key point of conversation for their social and peer groups. For those that vape participation in a social group appears to be a key propellant to their vaping behaviours.

There was a deeper dichotomy of opinion between young people in this cohort who vape and those who do not vape. There were very negative opinions with respect to “vapers” voiced by young people especially across the discussion groups. The sense was that “they (vapers) were trying to be cool” and suggested that social interaction with “cool people” was the main reason for vaping.

As the discussions moved into addiction, health and the compulsion to vape by some young people, there was a general softening of this view, but a deep anti-vaping voice remained central to non-vapers view of vaping. While this on the surface may appear to be a diminishing factor in young people in this age group progressing to vaping, it may also point to a clear lack of understanding and compassion around the other reasons why young people may vape – access to social groups, compulsion, stress, limited education and guidance and low resilience capacity to “say no” to vaping.

There was a good awareness among this cohort in respect to the potential negative health impacts of vaping. Again, like that of the younger cohort advice, information and education on vaping appears to be provided in a more directive manner as opposed to enabling a discussion with and between young people.

While the majority of young people in this study cited parents/guardians, schools and youth and sports groups having concerns about vaping, again, the “don’t do it” directive appears to be the most prevalent approach to vaping from adults. The transition period from “child to teenager” while not so recognised by participants themselves in this sample, was apparent, in that the transitions experienced by young people at this stage in their lives led to a belief that they can increasingly pursue their own autonomous decision making and opportunities apart from their parents/guardians. However, the vacuum of clear information and guidance available to young people in places “where they are at” such as their own households, school, social events or venues leaves a gap in supporting informed decision making. While young people noted that vapes are used as a cessation aid for tobacco smokers on their route to quitting conventional cigarettes, there was genuine confusion among discussion groups as to why vapes are freely available if “that is what they were invented for”. Furthermore, a frequent question arising across all discussion groups was “how do you get off vapes?” This perhaps points to mixed messaging by authorities or indeed perhaps a lack of clear messaging by health and well-being guidance providers on vaping products.

5.11.5 Protective Factors and Potential Deterrents

A key disincentivising theme arising from the discussion groups and the online survey was young people’s wish to compete and achieve in their sporting past-times. The majority of the discussion groups indicated that they play some form of sports and they agreed that vaping (and smoking) would impact negatively on these activities.

Chapter 6

FINDINGS – YOUNG PEOPLE 17-24 YEARS

6.1 YOUNG PEOPLE 17-24 YEARS: EXTENT OF USAGE OF VAPING PRODUCTS

Seventy per cent of those aged 17 to 24 years who responded to the online survey (n=125) indicated that they vape. The number of males and females who vape was almost equal with 47% stating that they were female while 45% were male. The remaining respondents stated that they would rather not say (5%) or preferred to self-describe (3%).

When asked how often they see other young people using vapes, 68% of survey respondents said that they see young people vaping “everyday”, while 17% indicated “a few times a week”. The remaining responses indicated “about once a week” (2%), “a few times a month” (2%), “once a month” (1%), and “when out socially only” (10%).

“

“You see young first years talking about it and I’m amazed at how those younger fellas can get them so easy”.

*Male 18 Years,
Survey Respondent*

”

All participants who took part in the discussion groups felt that there was extensive use of vapes among children and young people:

“

“Almost every day I go into the school bathroom and see groups of girls vaping and sharing vapes”.

*Female 18 Years,
Discussion Group Participant*

”



Like the previous cohorts of young people, this age group felt that vaping occurred among all age groups including children in primary school - "You see it everywhere with all ages".

6.2 YOUNG PEOPLE 17-24 YEARS WHO VAPE: PROFILE OF USAGE

Twenty-seven per cent of survey respondents in this age category who reported that they vape stated that they vape every day, while 18% stated a few times a week, 19% said about once a month. The majority of respondents (36%) indicated that they vape when out socially. Other comments provided by respondents that reinforce the level of vaping frequency included:



Of those survey respondents that vape, 28% had vaped between 6 months and 1 year, 16% had vaped less than six months. There was a higher percentage of longer-term vapers in this age group with 24% vaping for between one and two years, and a further 12% greater than 2 years.

Forty-nine per cent of survey respondents who vape said that they had previously smoked conventional cigarettes, while 14% currently smoke cigarettes as well as vape, while 4% felt that they will smoke in the future.

The survey respondents who stated that they vape indicated numerous settings in which they vape including "out socially" with 47% indicating a nightclub/disco, 8% stated in sports venues, 4% at sports events and a further 8% stated youth clubs. Almost half of those that vape in this age cohort said that they vape at home, 29% stated that they vape travelling to and from school/college/training. Twenty-five per cent said that they vape during school/college/training, while 14% indicated that they vape during work breaks.

Responses to "who do you vape with" provided a mix of responses with 59% of respondents "on my own", a further 57% indicating "with friend", and 14% stated "with family". A further 10% of respondents said siblings and extended family members.

With the exception of three participants in the discussion groups (held outside of a post-primary setting) all participants indicated that they vape and all vaped every day. For those still attending post primary school, participants in the discussion groups indicated less prevalence of vaping among themselves, however they all indicated that there were members of their peer group who vaped.

6.3 YOUNG PEOPLE 17-24 YEARS: THOSE THAT VAPE: FACTORS INFLUENCING INITIAL AND CONTINUED USE

From the survey sample of young people in this age category a myriad of reasons for vaping were highlighted. In respect to initial vaping experiences survey participants first learnt or heard about vaping 'from a friend' (63%), social media (15%), 'in a shop' (22%).

As figure 6 outlines survey respondents started to vape because they 'enjoy the flavours' (40%), 'because my friends are doing it' (30%) and 'to try something new' (30%). Respondents also identified reasons centred on nicotine use including

vaping was perceived to be a healthier way to use nicotine and 'use when can't use nicotine'. 'Other' reasons for vaping included "easier to hide" and management of their mental health and wellbeing: "Stress", "was struggling", "a coping mechanism for stress", "my mental health".

The latter reason for vaping was reiterated in the discussion groups with participants indicating that their mental health, anxiety and stress were key reasons for vaping, and "it's a lot better for you than smoking fags". Like that of other age cohorts peer pressure was apparent. Discussion group participants talked about being offered "it on a night out." and they talked about feeling "under pressure to give it a go".

Figure 6: Young People 17-24: Reasons Started To Vape (Survey Only)



6.4 YOUNG PEOPLE 17-24 YEARS WHO VAPE: ACCESS AND INCENTIVISING FACTORS

Survey respondents in this age category who stated that they buy vapes themselves reported that they buy vapes from range of sources including a vape shop (52%), local shop (44%) and from garage (17%) and supermarket (17%). The internet was less common but still accounted for 8% of respondents. The majority of respondents in this age cohort stated that they buy vaping products themselves. If they did require someone else to buy vaping products, they indicated that they "get friends to buy them" (35%) and "buy from a friend" (7%), while 30% said that they "borrow" or "share with a friend when needed a hit" or "take a drag off [a] friend". Access through family members accounted for 16% of responses.

With respect to this age group's expenditure on vaping products, 38% of those in the online survey that vape said that they spend less than €10 on vapes per week, while 25% reported that they spend between 10 and 20 euro per week, and 8% indicated that they spend in excess of €20. Twenty-five per cent of respondents indicated that they "don't buy vapes themselves" but borrow or use friends or family members vapes "I get a pull from [a] friend". Peer to peer purchases did not feature among this cohort to the same extent as other age cohorts.

When asked about the brand of vape that participants consumed, the majority (83%) of those who vape identified the brand 'Lost Mary', while also identifying 'Elf Bar' (15%) and 'VaporlinQ' (12%) and 'Aspire' (9%). Ten percent of those that vape indicated "various" or "any brand will do". Brand loyalty appeared to be well embedded in this age group of young people. Among the discussion group participants, it was clear that flavours were a driving factor in their choice of brand of vaping products.

Like that raised in the 13-16 age group, vaping contributed to a carefully crafted identity and use was equated to being fashionable and "the look of the vape" in terms of colour was seen among many female vapers as an important consideration in the choice of brand:



“

"It has to look nice."

*Female 17 years,
Discussion Group
Participant*

”

“

"I match the colours with my outfit when I'm out for the night. There are lots of colours."

*Female 18 years,
Discussion Group Participant*

”

6.5 YOUNG PEOPLE 17-24 YEARS: THOSE THAT VAPE: VIEWS ON VAPING HEALTH AND ADDICTION IMPACTS

When asked if they had experienced any negative health effects of vaping/using e-cigarettes 60% of survey respondents indicated that they had not, while 40% said "yes". The most common adverse effects described by survey respondents including physiological effects such as "coughing", "light headedness", "sore throat", "sore chest" as well as headaches.

"Headaches and I think it leaves me more open to catching colds. it affects my immunity to be honest".

"Makes me feel sick and dizzy".

"I had a day where I couldn't leave my bed vomiting and head pain that may have related to vaping".

"My breathing has been affected so that I'm out of breath going up stairs".

Both survey respondents and participants in the discussion groups talked about negative mental health and well-being experiences they felt were associated with their vaping: Thirty-three percent of survey respondents felt that they were addicted to vaping products,

"I feel like it makes my teeth sore and overall increases anxiousness and depression".

*Female 20 years,
Survey Respondent*

"Light-headed and anxious".

while 67% felt that they were not addicted. Within the discussion groups many young adults who vaped perceived themselves to have a "healthy lifestyle" and felt that they had full control over their vaping use and were able to "stop at any time". Others acknowledged addiction voicing their regret at "ever starting". Young people in the discussion groups appeared concerned



about vape users being stigmatised similarly to tobacco users. This increasingly critical discourse around vaping appears to have forced some individuals to use their vaping products within private spaces, which may account for the stated prevalence of vaping by this age group at home:

"I don't feel as comfortable vaping as I did unless it's when I out with my friends."

"People are hearing a lot more about it, so they are making up their minds that it's bad."

"It's becoming less acceptable to vape, not among our own group but just walking down the street you get looks now (where) before it wasn't an issue."

A total of 22% of survey respondents indicated that they had modified their vape to increase the nicotine dose. The majority of survey respondents and discussion group participants said that they use disposable vapes. Seventy-seven per cent of survey participants use disposable vapes while 13% stated that they use both an atomiser and a disposable vape, while 10% used an atomiser solely.

6.6 YOUNG PEOPLE 17-24 YEARS: VIEWS ON VAPING: REASONS WHY CHILDREN AND YOUNG PEOPLE VAPE

Reflections by this age cohort added significantly different perspectives to that of the younger age cohorts in respect to reasons for vaping. While they agreed that children and young people start vaping "because they think it's cool" or "they see other doing it, and want to fit in" the discussion participants provided another layer to the discussion. They felt that the teenage years may be a particularly vulnerable time for experimentation with "all sorts of substances," and that novelty-seeking and the changing social context of parent and peer influences alter during this time:

"You want to be with your friends, be like your friends, try not to be like your parents, rebel I suppose really. Vaping is an easy way to do that, they are cheap and easy to get. All those things actually."

*Female 19 years,
Discussion Group Participant*

Furthermore, discussion group participants identified that vaping was driven by the impulsive behaviours of adolescence:

“

“Listen, when you are a kid and you want to fit in you are going to try things that maybe your parents and even other friends mightn't like, it's a split second decision. do you want to fit in or not, if you do you try vaping or something else. Kids don't really think about it beforehand - I didn't”.

*Male 20 years,
Discussion Group Participant*

”

Despite the growing awareness of vaping behaviours among the wider community, the visibility and acceptable norm of vaping was considered by discussion group participants as another reason for vaping.



“

“If it isn't vaping it will be something else for teenagers, alcohol, other drugs. Vaping is cheap and everyone can see you vaping you don't have to hide it away like drinking.”

*Female 18 years,
Discussion Group Participant*

”

Another reason put forward by the young people in this age cohort during the discussion groups was that vaping is addictive and they suggested that it was more addictive than “regular cigarettes” with some participants describing their compulsion to vape:

“

“I vape all the time, it's always in my hand, if I'm not vaping, I'm thinking about it.”

*Female 17 years,
Discussion Group Participant*

”

“

“It's definitely more addictive than cigarettes, I smoked cigarettes and I usually only smoked when I went out [socially], but not vapes like [name of other student] I'm thinking of vaping all the time.”

Male 19 years, Discussion Group Participant

”

Based on the discussion group participant's conversations the ability to conceal a vape was identified as a key facilitator of vaping:

“They are small, fit in your pocket nicely”.

*Male 16 Years,
Discussion Group
Participant*

With a multitude of flavours and vaping product designs available, young people acknowledged that customisation allowed them to create their own unique experience. Those who bought expensive vaping products justified their purchase by the cost saving accrued over time in comparison to purchasing traditional cigarettes “I got it because it was cheaper than smoking cigarettes”. The low costs associated with vaping and local access were overwhelmingly key reasons identified by discussion group participants for the increase in vaping:

“It's cheap, you can buy a vape from a friend, the local shop, even the local Chinese [take-away] has an ad up in the window for vapes at €5.99 reduced from €7.99”.

*Female 17 Years,
Discussion Group Participant*

This particular cohort of young people typically encounter great change as they transition into adulthood. Managing stress, stressful situations and social situations associated with this period of change were raised as reasons by this cohort of young people for vaping:

“

“I use it as a de-stressing coping mechanism and it soothes me in stress-inducing situations like nights out where I'm surrounded by people I don't know or aren't as comfortable with or when I have a lot of exam stress and I need relief. I don't drink on nights out, only vape, and I think both are bad in different ways, but I prefer to be conscious when making bad decisions”.

Male 17 Years, Survey Respondent

”

6.7 YOUNG PEOPLE 17-24 YEARS: ACCESS AND INCENTIVISING FACTORS

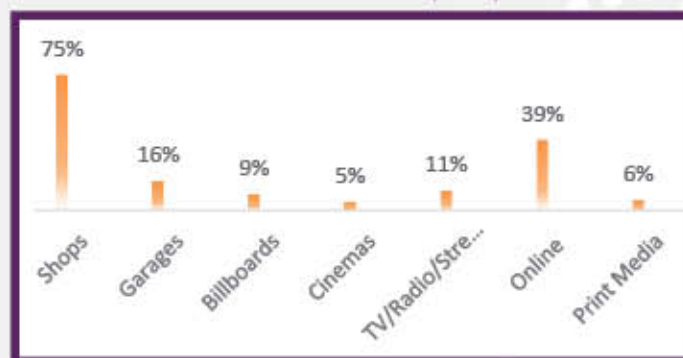
Both those that vape and those that do not vape among survey respondents felt that it was very easy (29%), extremely easy (53%) or somewhat easy (11%) to 'get around' perceived age restrictions.

Few young people among survey respondents felt it was 'not so easy' (5%) or 'not at all easy' (2%) to 'get around' the age restrictions.

As figure 7 outlines, when asked what were the main places that vapes were advertised, survey respondents said shops (75%), online (39%) (mainly social media), garages (16%), print media (6%), billboards (9%) and cinemas (5%). Other places were also identified including: "toilets", "pubs", "chippers", and "phone shops". The most frequently 'other' advertisement placement was the "phone shop".

Similar to the younger age groups two key reasons for the popularity of this purchase point were specifically that "no age ID (identification) needed" and there was less opportunity of "adults" seeing the young person purchasing vapes:

Figure 7: 17-24 Years: Advertisement Placement Of Vaping Products(Survey Only)



“

"It's all young people really that go in so you won't get caught buying [vapes] and he will sell them to kids younger than me."

Male 17 years, Discussion Group Participant

”

The facilitation of a casual "drag" by friends/peer group remained a prominent access point to vapes for this age cohort: "borrow a vape"/"take a drag if I don't have any".

Similar to younger cohorts, participants in the discussion groups also indicated that if those that vape were unable to purchase vapes, they identified the high reliability of asking proxies, such as friends or "older" young people to purchase on their behalf.

“

"It doesn't kinda affect me now, I'm 18 but when I was younger others got them for me and kids have asked me to get them for them".

Male 18 Years, Discussion Group Participant

”

Like that of the younger groups of study participants the 'novelty' factors associated with vaping products was raised in the discussion groups.

“

"The colours and flavours definitely got me started."

Male 17 Years, Discussion Group

”

“

"It attracts younger kids to vaping especially the 6th class, first years, they look harmless".

Female 18 Years, Discussion Group

”

Exposure to vaping advertisements was noted by discussion group participants. They felt that the increasing visibility of vaping products through retail advertisements and social media has propelled an interest in vaping. The ordinariness of the advertisement placements was raised as something this age group were aware of:



“

"If you were to buy a pint of milk, ads for vaping are there in [retail chain name], at the register. You can't really avoid it".

Female 19 Years, Discussion Group Participant

”

“

"It's there constantly there is probably something about unconscious awareness [of vaping] Is that a thing? But you know what I mean the constant reminder makes you think oh I feel like a puff".

Female 17 Years, Discussion Group Participant

”

The main online platforms on which this group of young people had seen vaping advertised reflected a heightened engagement in social media platforms. 51% of respondents identified 'Instagram' and 'TikTok' (65%) being the key social platforms where they had seen vaping products advertised. Other platforms included Snapchat (46%), YouTube (23%), websites (19%) and Facebook (5%).

In the discussion groups, participants indicated that they felt that social media was a key driver of vaping, with celebrity "endorsements" and vaping tricks being performed and even anti-vaping being seen as a factor in the interest in vaping:

“

"You see the different tricks people do. Mightn't see so much of that here (in Ireland) but I'd say younger kids might be interested in that [laugh] I'm impressed by some of the tricks".

Male 16 years, Discussion Group Participant

”

”

"Yea, celebrities are showing vapes in their fridges and stuff, they mightn't actually say anything about vaping, but you see all these different coloured vapes lined up in a fridge with nothing else in it, kinda cool videos. I'd say that could be seen as cool, definitely."

Male 18 Years, Discussion Group Participant

“

"Even when its anti-vaping. It's still talking about vaping, so you're going to be curious of course especially if you are younger."

Female 18 Years, Discussion Group Participant

”

“

As the majority of discussion group participants were vape users it was expected that they would display clear brand awareness without being prompted by the group facilitator. However, the brand 'loyalty' displayed by discussion group participants was significant with participants indicating their use of brands similar to that of younger participants in the study, suggesting that this loyalty to a particular brand had become embedded:

“

"It's what I started on. I tried other brands but I like the flavours and, yes, the colours as well!"

Female 17 Years, Discussion Group Participant

”

“

"No, I don't think I'll change yet maybe in the future."

Female 18 Years, Discussion Group Participant

”

All discussion group participants identified vaping products as being cheaper than conventional cigarettes and that this was a clear incentivising factor driving vaping among young people. However, this age group indicated that in the "long-term" buying an atomiser "was better value for money." The perceived ability to use vapes in smoke-free environments was also identified by discussion group participants as a key incentivising factor for the increase in vaping behaviours. In addition the facility of vaping products to accommodate quick consumption and inconspicuous use were noted by discussion group participants:

“

"You can use anywhere and quickly.
It's very good if you just want a quick hit."

*Male 17 Years,
Discussion Group*

”

6.8 YOUNG PEOPLE AGED 17-24 YEARS: VIEWS ON HARM, HEALTH, ADDICTION, AND CONTAIN OF VAPES

The majority of survey respondents (47%) in this age group reported that they believed vaping to be “more harmful” than smoking conventional cigarettes, while 31% felt they were about “as harmful as smoking”, 16% felt that they were less harmful and 6% stated that they “don’t know”. This high percentage of awareness of the potential harmfulness of vaping was supported by participants in the discussion group:

"I think they are more harmful, I vape more than I ever smoked (conventional cigarettes) and I now know that there is other stuff in them that they don't know how it might affect me".

Female 18 Years, Discussion Group Participant

"I really don't want to think about it. its only now that I am a bit worried about the effects it might have on me. I have read things online about how it can affect your brain, the foetus in the womb. Not sure what's really true, but I am getting a bit more worried. Still vape though!"

Female 19 Years, Discussion Group Participant

While 9% of survey respondents indicated that they felt that neither nicotine nor chemicals were contained in vapes the majority of survey respondents and participants in the discussion groups were very much aware of the content of a vape, and identified that they contained nicotine (64%) and chemicals (82%). Among discussion group participants, where the majority were active vapers there was a deep awareness that vaping products potentially contain harmful chemicals and pose health risks.

“

"I know they are bad
for you, sorry that I ever
started."

*Female 19 Years,
Discussion Group
Participant*

”

“

"They give ya a nice buzz but it's not worth
it because it has side-effects such as health
problems".

*Male 20 Years,
Survey Respondent*

”

While the younger cohorts questioned the ‘why’ vapes were perceived to be ‘bad for you’ there was less evidence of this questioning among the older age cohort. There was a clear acceptance that the long-term effects of vaping are “still unknown”. Discussion group participants were very aware of potential adverse health effects such as nicotine dependency, psychological addiction and the addictive appeal of flavourings:

“

"It's not that I don't care it's just easier to keep vaping, all my friends vape. Hard to be the only one not vaping when you are out [socially]."

*Female 19 Years,
Discussion Group Participant*

”

“

"I know that I have an addiction. I just don't think about it, I know it's going to be hard to get off them."

*Female 18 Years, Discussion
Group Participant*

”

6.9 YOUNG PEOPLE AGED 17-24 YEARS: HOUSEHOLD PREVALENCE OF VAPING, INFORMATION AND EDUCATION ON VAPING

Survey participants in this age group indicated that the majority of their parents/guardians did not vape or smoked (tobacco) (48%), while 25% of parents/guardians smoked, 10% vaped and 16% both vaped and smoked. The level of concern expressed by parents/guardians was reflective of the level of autonomy experienced by this 17-24 age cohort with 34% saying that they 'don't know' if their parents/guardians are concerned or not. However, 37% of survey respondents stated that their parents/guardians are concerned while the remaining 12% indicated their level of autonomy precluded their parents/guardians having an opinion on vaping:

“

"I'm old enough to do what I want to do, not much they can do, even if they wanted to. If they try take it away, I'm just gonna get another one".

*Male 17 Years,
Survey Respondent*

”

While survey respondents indicated an even split between parents/guardians who had talked and had not talked about vaping, some discussion group participants displayed an indifference to parents having any influence over their vaping behaviour. Citing their age or their stage in life they suggested that their decision to vape or not to vape should not be influenced by their parents/guardians:

“

"I'm in Leaving Cert. it not really something that should concern them."

*Male [demographic
unrecorded], Discussion
Group Participant*

”

“

"I don't condone vaping or cigarettes, but I believe I'm held [sic] responsible for what I intake into my body and I'm willing to accept that risk even with regard to the bad side effects".

Male 19 Years, Survey Respondent

”

In respect to the question of 'has school/college/workplace/training centre/youth club or sports club ever talked with you or provided information on the effects of vaping/use of E-cigarettes?' 48% of survey respondents stated 'none of the above'. The remainder of respondents identified a mix of information providers including school (40%), college/training centre (14%) and youth club 6%. However, an interesting absence of information/guidance source for young people in this cohort were sports groups despite young people indicating that they were engaged on sporting activities. This was a similar alignment to the reflections of the discussion group participants. Many of the participants were active in sport including boxing, soccer and Gaelic football but all except for one participant indicated that sports clubs/coaches hadn't mentioned vaping:

“

"I play at a high level and a dietician talked (to us) about vaping and its effects".

*Female 17 Years,
Discussion Group Participant*

”

6.10 YOUNG PEOPLE AGED 17-24 YEARS: DIS-INCENTIVISING FACTORS

Like that of other age groups, a disincentivising factor identified by the 17-24 group survey respondents and discussion group participants was their involvement in sport:

”

"As they are bad for my health and would limit my sporting ability".

“

”

"They are unhealthy and can lead to permanent damage, we also do not know what effects can be caused, it also effects [sic] my football".

“

”

"I'm very into sports. There are lots of chemicals in them because it damages your health which will decrease my sporting abilities and smoking has caused bad effects in my family".

*Male, 16 years,
Survey Respondent*

“

Study participants in this age cohort indicated that there is now more awareness of the odour arising from vapes and that people, especially authority figures such as teachers were becoming more familiar with the odours arising from flavours in vapes:

“

"Kids think because it doesn't smell like cigs [that] no one can smell it and maybe the one [sic] that don't have flavours, but you can smell the sweet smells of most off them a mile off".

Male 18 years, Discussion Group Participant

”

Increasing awareness of the potential adverse health effects and harm arising from vaping has made this age cohort more concerned about vaping. For those that have not yet started vaping, it is a clear disincentive to start:

“

"Nothing is really good for you when you inhale it, doesn't matter what. But these chemicals, putting them into your lungs, it's still not good for you regardless of what it is, and I'm aware of that".

*Female 17 years,
Survey Respondent*

”

This age group of young people recognised the need for reputedly sourced information on the health implications of vaping and saw this as being a key way of disincentivising vaping. The majority of participants in this age group were vapers and displayed concern about their vaping habits:

“

"I'm sorry I ever started and I know I'm addicted. Not sure where this will lead. I suppose no one does."

*Female 18 Years,
Discussion Group Participant*

”

6.11 SUMMARY OF FINDINGS YOUNG PEOPLE 17-24 YEARS:

6.11.1 Young People 17-24 Years: Extent of Vaping

The highest rate of vaping among the age groups who participated in this study occurred in the 17-24 age group. Evidence from this 17-24 age group suggests that vaping use may be more ubiquitous among this age group and their reasons for vaping are different compared to the other cohorts. Similar to the younger cohorts the importance of vaping in the lives of young people is clear. Even among those young people who currently do not vape, the awareness levels of vaping products was high due to the prevalence of vaping among their friends, other young people and adults.

6.11.2 Settings Where Vaping Occurs

The range of settings where vaping occurred was wider among this age group and while 'school' featured as a setting for vaping, social spaces and activities were cited by this age group as more common settings. Other significant changes in settings were raised by this older age group and included their own homes but also vaping on their own. A reason for this movement to more private spaces to vape was a sense that vaping was becoming socially unacceptable and "more people are aware of it now".

There was also the point that young people in this age group felt a greater compulsion to vape therefore private spaces or "during work breaks", or "during school" were utilised more.

6.11.3 Incentivising Factors: Ease of Access to and Promotion of Vaping Products

There was a greater awareness of vaping on social media amongst this group. Even when the message was of an anti-vaping focus young people believed that it still raised awareness of vaping. Most agreed that even the anti-vaping messaging feeds into their compulsion to vape. Increased autonomy and reaching adulthood allowed this group to access vaping products with ease. Similar to the younger cohorts, young people in this age group stated that vaping products were easily accessible to younger people in local retail and convenience outlets within their communities. The low cost of vapes was also seen by this cohort as a key incentivising factor in the exploration of vaping and facilitated ease of access to vaping products.

The promotion of flavours and novel packaging was cited by both vapers and non-vapers in this sample as key tools in enticing exploration and experimentation of vaping. There was clear brand loyalty demonstrated among the discussion group participants. A significant reason for this would appear to be the ability to customise the vape with trends in fashion "looks" and this was seen as a key impetus for their loyalty to a particular brand.

6.11.4 Views on Vaping

In attempting to establish autonomy from parents' "control", the 17-24 age group felt that young people become more vulnerable to peer influences in the form of pressure to try something new such as engaging in vaping behaviour. This particular cohort of young people typically encounter great change as they transition into adulthood. Managing stress, stressful situations and social situations associated with this period of change were raised as reasons by this cohort of young people for the increase in vaping behaviours among young people. Impulsive behaviours were identified as being part of the "teenage years". "Older" young people may be vaping because the product can be used socially and diminish their stresses, but they also perceived themselves to have a high rate of addiction to vapes, perhaps because they have been vaping longer and in order to meet their addiction to nicotine "have to vape more often".

The promotion of flavours and novel packaging was cited by both vapers and non-vapers in this sample as key tools in enticing exploration and experimentation of vaping.

There is a good awareness among this cohort in relation to parents'/guardians' opinion on vaping and while some parents were directive in their guidance on vaping there was a clear indifference to parental advice on vaping with many young people especially in the discussion groups indicating that they were "old enough to make their own decisions".

6.11.5 Protective Factors and Potential Deterrents

Among discussion group participants where the majority were active vapers, there was a deep awareness that vaping products potentially contain harmful chemicals and pose health risks. Increasing awareness of the potential adverse health effects and harm arising from vaping has increased this age cohort's concern and worry about vaping especially their own compulsion to vape. They were aware of adverse physiological effects of vaping and felt that vaping may be more than or just as harmful to them as conventional cigarettes and that this needed to be communicated by health authorities with many discussion group participants articulating that "if I had known what I know now I wouldn't have started".

For those that vape in this age group, vaping while in a social group/activity was apparent but there also appeared to be a notable increase in lone vaping, perhaps driven by what the participants in the study felt to be an increased "dislike" of vaping occurring in the wider community. This cohort of young people recognised the need for reputable sourced information on the health implications of vaping and saw this as being a key way of disincentivising vaping. The majority of participants in this age group were vapers and the majority of discussion group participants displayed concern about their vaping and eagerly sought information and guidance about dealing with their vaping habits and as a potential deterrent for those children and young people who had not yet started vaping.





Chapter 7

FINDINGS – YOUTH, EDUCATION AND HEALTH AND WELLBEING STAKEHOLDERS

7.1 EXTENT OF USAGE OF VAPING PRODUCTS

All stakeholders in the interview process agreed that vaping amongst children and young people was extensive across Counties Sligo and Leitrim. Youth organisations noted an increase in vaping and stated that younger people had an interest in learning about vaping and that was the “main topic of discussion among 10 – 14 years olds” (Youth Worker), recognising that there was “always one or two within a group actively vaping”.

All organisations interviewed reflected that they felt that children and young people appeared to be “starting earlier and earlier. (Vaping is) seen as the ‘cool thing’ to do” and was not used as a replacement therapy to address nicotine addiction:

“

“Most of the kids vaping are not cigarette smokers either now or before they started vaping.”

”

Education sector representatives in particular indicated that vaping was a significant challenge:

“

“Huge problem though may have settled a little in the last couple of months but talking to other schools vaping is very pervasive.”

”



7.2 HARM, ADDICTION AND INCENTIVISING FACTORS

Youth organisations stressed that addiction to vaping was very apparent in the older cohort of young people and suggested in their experience that they more than likely will have smoked previously.

Youth workers stated that they have witnessed an ever-increasing compulsion to vape and the signs of anxiety among young people where their access to vapes may be curtailed as may happen during group work or a group activity:

“

“You see the fidgeting, the anxiety and the need to vape”.

Youth Worker

”

A key theme arising among youth workers was the observation of separation anxiety they noticed young people to be experiencing:

“

“Similar to that of phones – slapping their pockets to make sure they (vapes) are there”.

”

Stakeholders agreed that addiction patterns are developing among children and young people with some interviewees outlining incidents of such patterns:

“

One Leaving Cert student said: that [he] uses the vape (blue light at tip) to illuminate their room to see where their phone is.”

Youth Worker

”

School personnel talked about young people leaving class to go to the bathroom more and more frequently during class time:

“

“Unless there are serious kidney issues there is no reason to leave the classroom so often”.

Post-Primary Teacher

”

Teachers felt that this impacted negatively on education, as frequent absence from a class even for 5 minutes in a 40-minute class can have a negative impact on learning:

“

“It all adds up and you might have covered something in that time. There is a knock-on effect to their learning as well.”

”



Another key concern raised by schools was the level of vaping taking place in toilets and those that are not vaping unable or not confident enough to access the toilets:

“

“Parents have contacted the school concerned for their children especially girls who don't want to go to the toilet. Toilets are wedged with those vaping.”

”



School management who took part in the interviews reflected that they were considering “though costly, putting vape alarms in the bathrooms”. It was felt that it may address not just the exclusion of other young people from the toilets due to the prevalence of vaping in the toilets but also the amount of “litter” generated by vaping, as one school principal articulated:

“

“The cleaners have come to me about the level of (vape) packaging left in the toilets, he [sic] noticed it enough to say it.”

”

The low level of detection was seen as a key reason for vaping among young people:

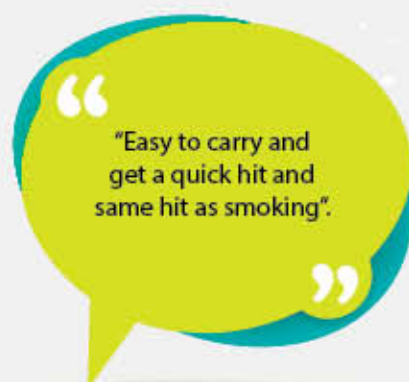
“

“Compared to smoking, the smell isn't so obvious (can get one without smell) and can adjust to release very little smoke”.

”



In addition, the ability to conceal the vape was also identified as a core reason for vaping:



"Easy to carry and get a quick hit and same hit as smoking".

Stakeholders indicated that the lack of information on long-term risks of vaping use affected young peoples' views on the safety profile of vaping products. They felt that young people were obtaining information and developing their views about vaping from informal channels, such as peers, family, the internet and social media:



"The best information about vaping is on the vaping (selling) websites".

Stakeholders themselves also identified their own lack of knowledge, information and resources to deal with vaping among children and young people. There was a clear perception among the education sector in particular that there was little or no knowledge or information resources to deal with the issue. They recognised that this would be a first step in diminishing vaping behaviours especially for children who have not started vaping yet, ideally "targeting those children and teachers in primary school with a vaping information programme".

In respect to health and wellbeing, the sector representatives who took part in the study were very clear that tobacco is one of the most harmful products available to people causing 40+ chronic diseases and death, "so by saying vaping is less harmful than that isn't saying much as most things are less harmful than tobacco, it doesn't mean that they aren't harmful".

7.3 ACCESS TO VAPING PRODUCTS AND MARKETING

Stakeholders identified a wide range of sources of access to vaping products including local retail outlets.

Like the children and young people themselves "Local phone shops that sell odds and ends" were identified by stakeholders especially school personnel and youth workers as key points of access to vaping products for young people.



Stakeholders agreed that it was very easy for young people to access vaping products:



Some stakeholders felt that vaping is being marketed very successfully as a much safer alternative to smoking leading to some confusion for young people, who they feel may be equating vaping to be "safe" and not being aware of the context as an aid to quitting smoking. All stakeholders in the interview process raised the issue of advertisements and that they felt that vape manufacturers were targeting children and young people in the type of flavours they offer and high-level production of advertisements:

"(Vapes) are so attractive and obvious, they are targeting children and young people. What adult would be interested in pink lemonade?"

Other key concerns raised associated with the increased prevalence of vaping among children and young people as observed by these stakeholders included:

- Increasingly, "older" young people are intimidating younger people out of public spaces in order to vape.
- Concern that underage discos were a significant setting where it was perceived that vaping was "at epidemic levels".



7.4 ENVIRONMENTAL IMPACTS

As referenced earlier by school management other stakeholders who took part in the interview process also raised the concerns about the environmental impacts of vaping. There was concern raised that like cigarette 'butts', vapes are non-recyclable and the more "smoked", the more they contaminated the environment and their packaging ending up in the "rubbish bin". Furthermore, stakeholders felt that vapes were even more



detrimental to the environment than cigarettes, since they are made of plastic, metal and include a disposable battery, which qualifies as hazardous waste. While vapes can be recycled in Ireland if they make it into a WEEE blue battery box that can be found in local shops and Local Authority Recycling Centres, it was felt that this is not a practice that young people avail of especially where there was concealment of their vaping behaviours. In addition, there was a clear consensus among stakeholders that: "Towns are raising concerns about the litter generated by vaping packaging and the vapes themselves."

“

1.3 million
single-use vapes are
thrown away every week. As
each vape contains a battery,
this means that 10 tonnes of
lithium are discarded
annually, the equivalent
of the batteries that can
be found in 1,200 electric
vehicles.[46]

Louise Smith and Nikki Sutherland,
'The environmental impact of
disposable vapes' (November 2022)
[https://researchbriefings.files.parliament
uk/documents/CDP
CDP-2022-0216/CDP-2022-0216.pdf](https://researchbriefings.files.parliament.uk/documents/CDP-2022-0216/CDP-2022-0216.pdf)



7.5 SUMMARY OF FINDINGS: KEY STAKEHOLDERS

7.5.1 Extent of Vaping and Settings

There was a clear consensus among sector stakeholders that vaping was “an epidemic” among children and young people. Like that of the children’s and young people’s reflections, key settings included “toilet”/“bathrooms” in schools and social settings where young people socialise and interact such as discos and public spaces - “where kids hang out”: “Toilets are the most common areas for vaping”. This gives rise to other challenges including the exclusion and self-exclusion of young people from toilets due to fear of intimidation or lack of confidence to bypass those that are vaping. Reports of “older” young people increasingly intimidating children and other young people out of public spaces were highlighted by youth sector representatives, giving rise to concerns about the knock-on effects of vaping behaviours.



7.5.2 Incentivising Factors and Access

A number of factors contributing to the perceived popularity of vaping included that, unlike cigarettes, disposable vapes are discreet and much less easily detected by parents, in schools, and in other setting where children and young people congregate.



The colours and flavours associated with vaping products were identified as a key factor in attracting children and young people to vaping. The mimicking of sweets, soft drinks and fruits in vaping products, both in taste and look, was seen by sector stakeholders as especially attractive to children and young people: "There isn't a need for these flavours and colours, they (the vaping product manufacturers) are deliberately targeting children and young people." Ease of local access to vaping products and prominent "attractive" marketing of vaping products to children and young people in small rural towns and villages across Counties Sligo and Leitrim was a consistent theme among stakeholders. Access points such as convenience shops and "tech shops" were identified as key sources of vaping products for children and young people. Stakeholders indicated that the lack of information on long-term risks of vaping use affected young peoples' views on the perceived safety profile of vaping products. They felt that young people were obtaining information and developing their views about vaping from informal channels, such as peers, family, the internet and social media, leaving a vacuum that was readily filled by the manufacturers of vaping products. Stakeholders themselves also identified their own lack of knowledge, information and resources in supporting awareness of the adverse effects of vaping among children and young people. There was a clear perception among the education sector in particular that there was "little or no knowledge or information" resources to assist them in addressing the issue. They recognised that this would be a first step in diminishing vaping behaviours and building protective factors such as resilience to say "no" especially for children who have not started vaping yet, ideally "targeting those children and teachers in primary schools with a vaping information programme".

7.5.3 Environmental Impacts of Vaping

Vapes are made up of a number of materials, including plastic, rubber, and metal. This means that they do not break down naturally and persist in the environment long after their use. With cigarette-related items making up almost half of all litter pollution in Ireland [47], stakeholders raised the issue of environmental impacts associated with vapes and their packaging. Education and youth sector stakeholders raised clear concerns for schools and wider public spaces in towns, villages and the wider countryside of Sligo and Leitrim. They felt it also pointed to the pervasiveness of vaping behaviours in communities, especially where children and young people come together socially.



The mimicking of sweets, soft drinks and fruits in vaping products, both in taste and look, was seen by sector stakeholders as especially attractive to children and young people: "There isn't a need for these flavours and colours, they (the vaping product manufacturers) are deliberately targeting children and young people."



Chapter 8

CONCLUSIONS AND RECOMMENDATIONS

This study provides clarity on children's and young people's multi-faceted engagement with vaping and the tailoring of their use to express their individuality. Vaping was recognised by the children and young people in Counties Sligo and Leitrim as a harm reduction tool, as the majority of them perceived vaping to be "safer" than conventional cigarettes. It was, however, the older age group of young people who said that they believed that vaping was more harmful than or as harmful as conventional cigarettes, due to the level of addiction they experienced.

Indeed youth, education and health and wellbeing sector representatives who participated in this study felt that "safer than smoking" was very much the marketing approach. There was a strong belief articulated among youth, educational, health and wellbeing sectors that vape marketing strategies were strongly child and youth orientated.

A common theme arising from the study across all age groups was the link between a "cool" identity and vaping use and the perceived social standing it allowed young people to feel among their peers. Indeed, for some young people vaping seemed to help promote a sense of identity, individuality and perceived strength. It was clear from the findings across all age groups that vaping facilitated social cohesion among peers through recreational use.

Those children and young people who vape appeared to receive particular negative attention from non-vapers. For many children and young people who do not vape, they viewed "vapers" as using vapes to facilitate a positive "cool" identity within their social groups.

Again, it was the 17-24 age group that expressed the most concern about nicotine dependency due to excessive vaping and their longer-term use of the products.

It would appear that for the "older" young people in the study the high level of vaping use was also a way of maintaining their nicotine consumption within smoke-free and social environments. Their expressed struggles with stress and other challenges and their ability to be autonomous in their vaping usage saw this age group's movement to more private places and increased lone vaping, pointing to emerging addiction patterns.

The very clear presence of vaping products on social media was recognised by the participants in the study. Social media platforms were cited as an outlet for users including celebrities to showcase their modifications and share information. However, the study participants all indicated that local marketing and access to vaping products was the primary endorsement of vaping as an option for children and young people to use. The marketing of vapes as a sleek device with a multitude of colours and flavours locally available led participants to perceive them as inherently youth orientated devices that "look harmless".

Children and young people reported specific features of vapes, which distinguished them from conventional cigarettes. There is evidence of a clear social trajectory of vaping away from being a cessation tool to a recreational device for children and young people due to perceiving them as "cool", fashionable and providing access to social groups. This shift

from cessation aid to a recreational device has been reflected in vaping advertising, with advertising highlighting social acceptability, youth appeal and being placed on online platforms with a large youth audience.

Participants were eager to discuss exciting flavours with their peers and the study identified that vapers attributed initiation of vaping to the flavourings and colours available. The reasons for using vapes identified by the children and young people in this study were multi-layered and it would appear that manufacturers are acutely aware of this, as they increasingly develop novel products and advertise their ability to provide consumer choice. This "toy-like" attraction and inventiveness attached to vaping products by manufacturers was of interest to those that currently vape and to those that did not vape.

For participants in this study some were particularly interested in small, discreet products to ensure concealment particularly in schools whilst others "customised" or aligned "their look" in line with the colour of the vape. Regardless of the plethora of devices available, the product 'Lost Mary' appeared to dominate the market among children and young people in Counties Sligo and Leitrim. The brand offered much of these novelty and "look" features attractive to children and young people.

The flexibility to customise vaping products would appear to be a key incentivising aspect to vaping use, allowing children and young people to make a conscious effort to define their use of vapes. Personalisation appears to have become an increasing point of discussion and feature of children's and young peoples' use of vaping products. The novelty factor attached to vaping products appeared to distract children and young people from fully comprehending the underlying risk of addiction or creating indifference to it. This was particularly apparent among the 13-16 years age group. A lack of consistent public health messaging and the absence of a 'campaign' to inform children, young people, their families, educators and youth support sectors was noted among participants. This is potentially detrimental as it may lead to children and young people dismissing health information regarding vaping and developing misinformed views. While a new education programme and resources on vaping have been developed for schools, it was quite clear that educators in particular felt overwhelmed by vaping and "at a loss as to what to do". Social channels such as peers, family and social media were identified as primary points of information for many children and young people in this study. However, dependency on such information sources may not always be reliable.

There was a clear need identified especially among the 17-24 age group to obtain reputable sourced information and a particular signposting to support for "getting off vapes". While social media may have been implicated in vaping initiation, it is also recognised as an important health promotion tool since children and young people are commonly hard to reach but are prolific users of this medium. Social media, as suggested by young people themselves, could be used to effectively promote healthy behaviours and prevent vaping behaviours among children and young people by highlighting protective factors and risk factors pertaining to the transition of children and young people into and out of vaping use:

“

"Maybe (a campaign) every five TikTok (videos) could give information on how bad vaping is for you".

*Male 15 Years,
Discussion Group
Participant*

”

However, based on the reflections of 17-24 age group it may not be the best tool to encourage quitting, and a strategy to support the vaping cohort of young people out of vaping must be considered. This study provides insights into children's and young peoples' perceptions and experiences of vaping use in a primarily rural environment. The reality for many children and young people living in this rural context was that opportunities to engage in activities especially those that may offer protection against vaping initiation can be limited due to poor transport links, poor choice of alternative social activities etc.

Whilst the social aspects of vaping and the ability to personalise their use have considerable appeal, children and young people are at a crossroads due to shifting social norms and receiving conflicting health information. A specific role for youth and health and wellbeing organisations is perhaps the development of youth led research into vaping products

marketing, access to and the most appropriate health promotion tools that target young people and that they can identify with. A key finding from this research was that the directive approach to "stop vaping" has not worked. This directive approach has not addressed the key fact that children and young people are very savvy to messaging and are at a time in their lives that they are seeking opportunities to test their own decision making and autonomous behaviours that may conflict with authority.

Vaping as a facilitator in the uptake and use of conventional cigarettes - the 'gateway' effect - that was prominent in the literature reviewed does not appear in this study to any great degree. In fact, for the most part, smoking conventional cigarettes was seen by children and young people, especially the 10 to 16 years cohorts as a "no-no" (Interviewee, Education Sector). This appeared to be due to challenges of access, cost and negative familial experiences arising from conventional cigarettes.

The visibility in "ordinary" places, accessibility, ability to conceal and freedom to vape within public spaces and in day-to-day situations like school was a key motivation for using disposable vapes. The current challenge for policy makers and education, health and youth organisations should be focused on vaping prevention, and highlighting vapes' apparent addictive qualities, local access to products, low pricing, the novel and attractive marketing that appears to be youth orientated.

Nationally, there is an evolving legislative landscape around vaping which appears to be heavily influenced by emotive rhetoric from policy makers. However, there is a need to appreciate the nuanced conversations and experiences provided by children and young people and those who directly support and interface with them.

This study has sought to document and conceptualise these discussions occurring among children, young people and other stakeholders in respect to vaping. It provides key recommendations for policy makers to off-set the increasing prevalence of vaping. These recommendations are appropriately targeted at local/regional and national levels. The voices of children and young people are core to this study, their experiences of vaping whether it be as active vapers or non-vapers have provided a picture of vaping in Counties Sligo and Leitrim. The astuteness and directness demonstrated by the children and young people in articulating the multi-dimensional recommendations reveals their depth of understanding and concerns in respect to vaping behaviours among children and young people in these counties. A snapshot of recommendations from children and young people gathered during the consultation discussion groups across Sligo and Leitrim are presented below.

The recommendations from children and young people are then expanded on and combined with those from youth, educational and health and wellbeing services operating in Sligo and Leitrim. These recommendations are arranged in the context of local/regional and national policy and practice. Additionally, the recommendations reference the key implementers to realise these recommendations.

A key finding from this research was that the directive approach to "stop vaping" has not worked. This directive approach has not addressed the key fact that children and young people are very savvy to messaging and ... seeking opportunities to test their own decision making and autonomous behaviours that may conflict with authority





VAPING



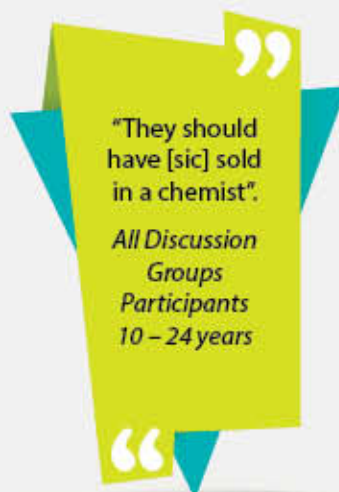
Stricter Regulation of Vaping Products

Arising from this study's consultation, support for vaping regulations was advised with respect to the known (i.e. nicotine addiction) and unknown long-term risks of vaping, age of sale restrictions and reducing the appeal of vaping to children and young people. Some participants in the consultation process commented on the need for restriction of vaping use in public places, where children and young people are present, as they felt that it was increasing their desire to experiment with vaping products. Study participants also supported the grouping of vaping regulation with tobacco legislation as they are both nicotine containing products.



"Treat them like cigarettes. what's the difference anyway?"

*Female 14 years,
Discussion Group
Participant*



"They should have [sic] sold in a chemist".

*All Discussion
Groups
Participants
10 – 24 years*



"The same rules should apply because they're the same thing aren't they. They've both got nicotine in them."

*Female 19 years old,
Discussion Group
Participant*



"Vaping should only be for people who are trying to give up smoking, not as a trend amongst young people. It should not be seen as being 'cool' to vape".

Youth Service Provider



Local

Develop a visual 'No to Vaping' local campaign with sports, creative, education and town/village community groups devised by children and young people. The development of an art competition similar to 'junk courture' approach.



National

As a quit smoking support, vaping products should be medicalised as in other countries to ensure those who are seeking to quit conventional cigarettes can access the product but ensuring that those who do not smoke cannot access vaping products.



Marketing Exposure, Nicotine and Flavours

Children, young people, and other stakeholders in this study felt that the packaging and advertising was deliberate in attracting young people to purchasing, trying and continuing to use vaping products. Marketing messages were critiqued by the participants in the study, and they recommended that they should highlight their sole use for smoking cessation.

"Vapes are designed to appeal to younger teens. The target audience for some of the vapes are clearly kids with cute designs on them which probably attract them more. They are very harmful I don't understand why they're not banned yet".

"Vapes are designed to appeal to younger teens. The target audience for some of the vapes are clearly kids with cute designs on them which probably attract them more. They are very harmful I don't understand why they're not banned yet".

*Female 16 years,
Survey Respondent*

"It seems to me as though vapes are being targeted towards young people and basically children, they come in sweet fruity flavours and different colours, and this seems like the demographic is deliberately teenagers and even children".

Education Provider

"I think the more ads they put up, the more inclined younger people are to try it. Especially if they are flavoured, it'd be interesting to try them."

*Female 19 years old,
Discussion Group
Participant*

Individuals expressed concerns about nicotine and flavours contained in vaping products, especially that latter's influence in producing a new generation of users addicted to nicotine.



National

Increase the ban on advertisements beyond the legislative changes contained in The Public Health (Tobacco and Nicotine Inhaling Products) Bill to include wider retail, public and community facilities.

The impacts of nicotine content on all advertising of vaping products should be explicitly highlighted and made compulsory. Increase awareness of the 'unknown' impacts of flavours in vapes because of their allure to children and young people.

Legislation should be considered to prohibit flavours.

Enforce new legislation to register as a trader of vaping products and fines. Further restrictions should be imposed on the advertising placement of vaping products, including applying the same regulations as that to which tobacco products must adhere.

A review of the promotion of vaping products should be undertaken by the Advertising Standards Authority to ascertain the impact on children and young people.





PRICING & ACCESS TO VAPING PRODUCTS

As this study highlights disposable vapes were the most purchased products by children and young people of the vaping products range. Disposable vaping products are "cheap" nominally priced products. Increasing the prices may diminish the uptake of vaping and act as a disincentive to purchase and in turn make them less accessible and appealing to children and young people who are often on a limited budget. A significant feature of the outcomes from the study indicates that key sources of vaping products for children and young people were purchasing from friends or being given vaping products. Increasing the price may also contribute to a significant reduction in these sources of vaping products.



“Make them more expensive.”

*Male 12 Years,
Discussion Group Participant*

The most common source of access cited by children and young people to vaping products was local retail outlets. In addition, the study outcomes indicated that children's and young people's exposure to local advertising of vaping products urged them to feel "curious" about using vaping products and the potential for initiating vape use is therefore increased. While online purchase was less of an access point, forward thinking is required by policy makers in ensuring that if local access points are diminished that increased purchase from online sources are limited for those under 18 years of age. One "supplier" of vapes to young people in one school outlined a common practice whereby a large case of vaping products can be purchased online and then sold on to friends and other children and young people.



“There should be more security
on buying vapes online.”



The Government should reduce the affordability of disposable vaping products to make them less accessible to children and young people.

Awareness of local and online advertising should be incorporated into capacity building programmes for children and young people.



PEER PRESSURE

All age groups in the study identified that a key pressure and access point for vapes was through peer to peer supply either "a borrow", "a puff" or a vape itself. The ability to conceal vaping certainly contributed to peer use of vaping and was significantly associated with vaping use and susceptibility.

“

"Make it harder for young people to buy them."

"That there should be more security on buying vapes online".

"People feel under a lot of pressure to vape, I know myself what it feels like, it's easy to give in to peer pressure but knowing how bad vaping is for you and being aware of the side effects makes it so much easier to say no."

”



A collaborative approach between youth and education organisations in developing a specific programme of resilience and communication capacity building should be developed. The focus of this programme should support children and young people to discuss vaping and why vaping may be used as a social tool for some young people in engaging in social groups and activities.

Increase parents'/guardians' awareness of vaping through the Sligo Leitrim Parent Hub by providing information, support and signposts for communicating with their children and young people in respect to vaping.

Increase the capacity of education providers to prevent vaping behaviours at primary school level.



AWARENESS AND EDUCATION

This study signposts policy makers to design and implement effective public health campaigns that are youth orientated and non-directive. Whether vaping is less harmful than cigarettes has been discussed and researched. Most scientists have come to the conclusion that they are less harmful, however, they are not at all healthy. The most serious concerns surround the long-term effects of vaping. A key challenge is the absence of co-ordinated and clear information on vaping and its impacts. In order to fill this critical gap for clear, age relevant and brief information, clear awareness and education supports should be provided to children, young people, parents and other stakeholders, in particular, educators who interface with young people on a day-to-day basis.

“

“I feel like people would really benefit with more talks about the side effects of vaping and about how serious it really is. It might wake them up to the reality of how dangerous it is for their health, while they still have time to give it up and make a change to their health for the better”.

Survey Respondent

”

Vaping products even when they do not contain nicotine carry potential risks with respect to other chemical contents and emissions. Therefore, warnings need to apply to all vapes not just those containing nicotine as an addictive psycho-active drug. This study has shown that youth-appealing content in advertising and marketing campaigns has contributed to an interest and initiation in vaping. As a result, vaping is well embedded in youth culture in Sligo and Leitrim. A focus should turn to prevention strategies to disincentivise children and young people engaging in vaping behaviours.



Local

Under the umbrella of CYPSC Sligo Leitrim, a capacity building preventative and support programme to address vaping prevalence should be collaboratively developed comprising:

Local Health and wellbeing authorities providing age relevant, clear and brief information on vaping products to children, young people, parents and other stakeholders. This should include a vaping information programme of visitation and presentation of 'the facts' to schools, colleges, training, sports and recreational settings.

Youth, education and drug awareness organisations should consider the development of a non-directive anti vaping campaign highlighting the known health, social, addiction and psychological impacts of vaping and how best to empower children and young people to address the pressures associated with vaping.



National

Seek the development of a government funded national health and wellbeing campaign on vaping targeting children and young people with similar emphasis as an anti-smoking campaign.





ADDICTION AND 'QUITTING' SUPPORTS

For some participants in this study, they felt that they had full control over their vape use and would be able to quit at any time and demonstrated an indifference about the potential harm of vaping. For others, particularly the older age group there was clear articulation of addiction issues and they spoke about the compulsion to vape and compared this addiction with a perceived equal or greater draw to conventional cigarettes. This led to the question:

“

“How do I get off vapes?”

”

Most of the children and young people in this study who vape have never smoked conventional cigarettes and they have not had the benefit of the extensive past anti-smoking campaigns.

Vapes have been identified as a 'quit smoking support' and are offered to conventional smokers with accurate information and support on the benefits of reducing nicotine consumption. A confusing issue for children and young people arose in this study among discussion group participants – why are vapes so harmful if they are used by someone to stop smoking? These significant questions require clear information to provide clarity for children and young people.



Local

A clear explanation should be articulated by health and wellbeing services as to why vapes are considered a quitting conventional cigarettes tool and set in the context of nicotine addiction and its impacts.



National

Quitting therapies for vaping use should be established by health and wellbeing authorities in collaboration with drug reduction and youth organisations with a particular focus on children and young people.







PROTECTIVE FACTORS: HEALTH AND WELLBEING

Health, wellbeing, sporting and creative activities featured in this study as protective factors in offsetting the negative impacts of vaping. The children and young people involved in this study spoke about their adverse familial experiences of conventional smoking, and for the most part, were very conscious of their sporting, creative and social activities and the potential impacts of vaping on these pastimes. These insights from the children and young people signpost clear and potentially effective strategies in protecting children and young people from initiation in vaping behaviours.



All regional sporting and creative organisations should participate in a vaping information and awareness programme to examine their role through their sports development officers, local creative youth partnerships etc. in preventing the uptake of vaping among children and young people.

Seek funding to establish a collaborative programme between sporting organisations, youth and educational organisations in Sligo and Leitrim to raise awareness of the adverse impacts of vaping on health, wellbeing, creative social and sporting endeavours.

Engage local creative and sporting personalities in championing anti vaping usage in a public awareness campaign.



APPENDIX & REFERENCES

APPENDIX 1: IRELAND: POLICY SUMMARY

(<https://globaltobaccocontrol.org/>)

Non-nicotine e-cigarettes are regulated as consumer products, while nicotine-containing e-cigarettes and refill containers are regulated by the European Union (Manufacture, Presentation and Sale of Tobacco and Related Products) Regulations 2016 (S.I. No. 271 of 2016), which transposed the Tobacco Products Directive 2014/40/EU.

The regulations require existing and new products (prior to being placed on the market) to be notified to the competent authority, the Health Service Executive and to be in compliance with a range of product specifications including on pack warnings. Manufacturers or importers must also submit an annual report to the Executive as specified in the law.

Retailers who engage or want to engage in cross-border distance sales of e-cigarettes must register with the Executive and with the competent authority in the Member State where actual or potential consumers are located.

Nicotine content of e-liquid must be less than or equal to 20mg/mL. E-cigarette tanks must not exceed 2mL, and volume of refill bottles must not exceed 10mL. E-liquid should not contain certain additives, and only high-quality ingredients should be used in their manufacture. Except for nicotine, only ingredients that do not pose a risk to human health in heated or unheated form can be used in the nicotine-containing e-liquid. E-cigarettes must be able to deliver a dose of nicotine at a consistent level under normal conditions of use.

E-cigarettes and refill containers should be child- and tamper-proof, protected against breakage and leakage, and have a mechanism that ensures filling without leakage. Product packaging must contain health warnings and constituent information as specified in the law. The warning "Cuimsíonn an táirge seo nicitín, ar substaint an-andúile é." "This product contains nicotine which is a highly addictive substance" must appear on 32% of each of the two largest surfaces of the unit packaging and any other packaging; must be in black Helvetica bold font on a white background; text must be centralized, occupy greatest possible proportion of the area reserved for it, and be parallel to the main text on the surface reserved for the warning. There are provisions that restrict the use of the packaging for advertisement or promotional purposes.

S.I. No. 271/2016 restricts the type of messages and advertising that can be used on labelling or packaging, for example creating an erroneous impression of its characteristics, health effects or risks, suggesting that it has environmental advantages, or suggesting that it resembles a food product. A full list can be found in Regulation 30 (as amended).

Cross-border advertising, promotion and sponsorship is prohibited.

APPENDIX 2: LOST MARY DESCRIPTION

Lost Mary Double Apple (2 ml)

€8.00 (€400.00 per litre)

Details

Lost Mary Disposable Pod BM600 Double Apple 20mg

Features

2% Nicotine

Brand

Lost Mary

Ingredients

Vegetable Glycerin, Propylene Glycol, Natural & Artificial Flavours, Nicotine Benzoate

Other Information

Parameters

Size: 66 x 35 x 16mm

E-liquid Capacity: 2ml

Nicotine Strength: 20mg/ml

Nicotine Dose Per Puff: 130µg

Puffs: Up to 600

Country of Origin

China

Friendly Reminder:

Once opened, consume within 15 days.

Safety Warning

This product contains nicotine which is a highly addictive substance. KEEP OUT OF REACH OF CHILDREN. This product is intended for adult smokers only. This product is not recommended for non-smokers, young people under the age of 18 years, pregnant or breastfeeding women, people who are allergic to any of the listed ingredients and those suffering from general ill health. This product can expose you to nicotine, which can increase your heart rate and blood pressure, and can cause nausea, dizziness or aggravate existing respiratory conditions. If you experience any adverse reactions, please contact your doctor and let us know by providing the details by either email or telephone call.

LOST MARY BM600 Double Apple 20mg (Contains: 2-isopropyl-N,2,3-trimethylbutyramide, Allyl hexanoate, nicotine benzoate, trans-hex-2-enal) Contains trans-2-Hexenol. May produce an allergic reaction.

DANGER: Toxic if swallowed. Fatal in contact with skin. May cause an allergic skin reaction. Harmful if inhaled. Harmful to aquatic life with long lasting effects. IF SWALLOWED: Immediately call a doctor/physician. IF ON SKIN: Gently wash with plenty of soap and water. Rinse mouth. Store locked up. Dispose of contents/container to approved disposal site, in accordance with local regulations.

(Source: <https://shop.supervalu.ie/shopping/newsagent-tobacconist-e-cigarettes-lost-mary-double-apple-2-ml>)



APPENDIX 3: EXAMPLES OF FLAVOUR NAMES

Blueberry Sour Raspberry

Mad Blue

Pink Lemonade

Watermelon Ice

Blue Rizz Cheery

Blueberry Ice

Blueberry Raspberry Pomegranate

Blueberry Raspberry

Cheery Ice

Cherry Peach Lemonade

Cola

Kiwi Passionfruit Guava

Marybull Ice

Grape

Raspberry Watermelon

Red Apple Ice

Tripple Berry Ice

Tripple Mango

Watermelon Cherry

Peach Green Apple



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LIST OF RESOURCES

Department of Education

Healthy Choices 2 Nicotine Addiction: Tobacco and E-Cigarettes - Designed to support Junior Cycle SPHE Short Course (2023)

Department of Health and Healthy Ireland & Tobacco Free Ireland Programme

Quit for Youth Participant Handbook (2022): Youth Stop Smoking and Vaping Programme

Website & Visual Resources

<https://www.hse.ie/eng/about/who/tobaccocontrol/resources/e-cigarette-education-resources.html>

<https://www.youtube.com/watch?v=uFFEvhx8j14>

CDC Quick Facts on the Risks of E-cigarettes for Kid, Teens and Young Adults

CDC basic information e-cigarettes and vaping products visual dictionary

https://www.youtube.com/watch?v=NNYEbnt_g38





“WHAT’S THE PANIC ABOUT VAPING?”

A REPORT ON THE USE
OF VAPING PRODUCTS
AMONG CHILDREN
& YOUNG PEOPLE IN
SLIGO AND LEITRIM

Commissioned by Foróige, in partnership with
North West Regional Drug and Alcohol Task Force (NWRDATF) and
Mayo, Sligo and Leitrim Education and Training Board (MSLETB)