



# A typology of vaping:

Identifying differing beliefs, motivations for use, identity and political interest amongst e-cigarette users



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Given the exponential rise of vaping in the UK, with over 2.6 million vapers (ASH 2015), increasing interest has grown in understanding the experience of vaping from the user's perspective, with the aim of informing smoking cessation and health promotion. Initial research suggests this may vary considerably between individuals, reflecting ambiguity within the medical and public health spheres (Rooke et al., 2015). Some research, for example, has identified vapers who enjoy the camaraderie of being part of online groups (McQueen et al., 2011); in contrast, other e-cigarette users may not necessarily identify themselves as vapers (Dawkins et al., 2013). This study aims to identify a discrete set of accounts of vaping amongst a sample of UK vapers, paying particular attention to differences in beliefs and motivation for using e-cigarettes, as well as variations in social identity and political interest.

## Design and sample

**Design:** Q-methodology which is a quantitative/qualitative hybrid method which combines factor analysis with verbatim comments (e.g. Farrimond et al., 2010).

**Setting:** The study pack was sent and returned through the post.

**Participants:** 55 UK vapers, 55% male, mean age of 46, 84% sole/15% dual user, 95% vaping daily. 56% were recruited through 'real-life' sources (adverts in libraries, sports centres, vaping shops) and 44% through online forums.

## Measures and analysis

Seventy statements on the topic of e-cigarettes, drawn from media, academic and online discussions, were sorted by participants into a pattern with a continuum of agreement/disagreement from +6 (strongly agree) to -6 (strongly disagree). Each person thus created their own 'account' of their vaping. This was then analysed using Q-methodology. A by-person correlation matrix of the sorts was created, then factor analysed, to identify accounts that were statistically similar ( $p < 0.01$ ). Participants also qualitatively commented on statements with which they 'strongly agreed', 'strongly disagreed' and 'found interesting' to aid interpretation.

## Findings

Three different 'accounts' of vaping were identified (model explained 50% of variance). The first two derived primarily from e-cig users who had quit, the third dual users. In Factor One, 'Vaping as pleasure', the medicalization of nicotine addiction is rejected, vaping is enjoyed, with the long-term use of e-cigs envisaged. Factor One participants were also politically motivated with a strong vaping identity. In Factor Two, 'Vaping as medical treatment', vaping is understood as a pragmatic choice about how to medicate one's smoking addiction, given the disadvantages of normal cigarettes (poor health, smell and cost); vaping is thus a functional means to an end. In Factor Three, 'Ambivalent dual use', participants reported fewer benefits and harboured more negative beliefs about e-cigarettes; they also strongly rejected a vaper identity, having no interest in forums or being labelled a 'vaper'. There was consensus between the accounts concerning vaping being an adult choice.

### FACTOR ONE: Vaping as pleasure

I get a great deal of pleasure out of vaping (+5)

I'm proud to be labelled a 'vaper' (+3)

*'I loved the smoking experience, now the vaping experience' (P33, male, aged 41). 'Vapers are a community of people who are supportive of one another and I'm proud to be one of them' (P44, female, 49).*

### FACTOR TWO: Vaping as medical treatment

Vaping is a medicine I use in order to address my smoking addiction (+4)

Lowering the levels of nicotine I consume through vaping is a priority for me (+4)

*'I don't think I get pleasure from vaping, it just stops me craving nicotine...it's more a means to an end' (P43, female, aged 51).*

### FACTOR THREE: Ambivalent dual user

46. I'm worried that I'm getting more nicotine now than I used to (+4)

59. I'm not a 'vaper', I'm just someone who happens to use e-cigarettes (+4)

*'I loathe online conversations and I cannot see why I'd want to talk about something I'd rather not be doing!' (P2, female, aged 44)*

### CONSENSUS BETWEEN ACCOUNTS

Agreement with statements:

17. It's up to adults to decide whether to vape

64. We shouldn't have to stop using e-cigs in public; we're not causing harm to anyone

## Discussion and conclusion

The UK e-cigarette users in this sample differed in their beliefs, motivations for use, identity and political interest. This has consequences in the public health sphere. For example, the implementation of the Tobacco Products Directive in 2016 allows for e-cigarettes to be licensed as medicines. This may appeal to some vapers (e.g. the Factor Two participants) but be emphatically rejected by others (Factor One participants). The dual users here were characterized by an ambivalent mind-set, with more negative beliefs about risk and nicotine levels; they also did not see the appeal of online interactions and rejected identifying as a 'vaper'. In conclusion, vapers' are not a homogeneous group. Unpacking these accounts offers the opportunity to tailor services and health promotion in ways that are consonant with how existing and potential e-cigarette users understand their own vaping. Public health messages targeted to one set of e-cigarette users may not resonate with others.

## References

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