

THE BEHAVIOUR CHANGE COLLABORATIVE

Being Gen Vape

Implications for intervention design

Donna van Bueren, Luke van der Beeke, Allison Grainger

JULY 2022

WHO ARE WE?

The Behaviour Change Collaborative (The BCC) is a values-based social enterprise that works collaboratively to influence behaviours and improve lives. We partner with government, academia and civil society to address health, social and environmental challenges. Our approach is multi-disciplinary and informed by a deep understanding of what moves and motivates those we seek to serve.

The BCC was established to deliver positive impact, and everyone at The BCC is passionate about making a positive difference in the world. We provide end-to-end behaviour change services, from formative research, program design and implementation, to evaluation and capacity building.

Services are delivered in Australia and overseas and we proudly only undertake work that seeks to deliver positive impacts for people and our planet. We generate revenue to fund service delivery. Any profits generated by operating activities are invested in for-purpose initiatives.



Suggested citation

van Bueren, D., van der Beeke, L., Grainger, A. *Being Gen Vape – Implications for Intervention Design*. The Behaviour Change Collaborative, July 2022.

This work was undertaken to support growing efforts to address teen vaping. Feel free to utilise, share and build upon this work noting the suggested citation above.

Copyright The Behaviour Change Collaborative 2022.



Influencing Behaviours. Improving Lives.

A MESSAGE FROM THE BCC



Donna van Bueren
Director, Behavioural Insight



Luke van der Beeke
Founder & Managing Director



Allison Grainger
Strategic Insights Lead

On behalf of The Behaviour Change Collaborative (The BCC) we are pleased to provide this deep dive into teenagers and vaping. We hope that it can be a significant contribution to the shared understanding of this emerging and concerning public health issue.

Over the past few years, The BCC has grown increasingly concerned about the rapidly rising visibility of youth vaping. There appeared to be insufficient insight as to how and why vaping appeared to be escalating in prevalence, and how to prevent further take-up. Big questions emerged: Is vaping as big a problem as schoolteachers, some parents and teenagers themselves suggest? What motivates and enables teens to vape, given vapes are illegal and unsafe? How should adults talk to teenagers about vaping – what don't we understand? What behaviour change interventions are needed?

With the support of Healthway, The BCC has undertaken deep dive exploratory research with teenagers in school years 7 to 12. More than 90 teenagers took part in two iterative stages of qualitative research, conducted over three months. These teens have shared with us what it's like to be *Gen Vape* – their opinions, their feelings, their hearts and minds. Their words tell a powerful story of what it's like to be in a world where vaping has quickly become widespread and is perceived as normal. The honesty and candour with which they spoke was at times disarming and distressing, and at other times reassuring and encouraging.

This report provides a synthesis of what we have learned, analysed through a best practice social marketing framework. Importantly, the voice of teenagers runs through our findings unfiltered.

Welcome to the world of *Gen Vape.*

THE BEHAVIOUR CHANGE COLLABORATIVE

TABLE OF CONTENTS

05
Executive summary

09
Key take outs for intervention planning

11
Strategy implications and intervention opportunities for discouraging vaping

18
The intervention mix – levers for change

21
Summary

Executive summary and key take outs for intervention planning

EXECUTIVE SUMMARY

Two iterative stages of exploratory intervention research with 92 Western Australian teenagers in school years 7 to 12 was undertaken between March and May 2022. The project's aim was to provide understanding of teen vaping behaviour, informed through lived experience. We explored teenagers' knowledge, perceptions, beliefs and attitudes, and the interpersonal and contextual influences on vaping amongst this young cohort whom we refer to as *Gen Vape*.

A behavioural picture of vaping

Teenagers who vape think that vaping is roughly twice as prevalent compared to teenagers who don't vape. Much of this belief is shaped by what teenagers observe and hear at school, as well as in their social circles outside of school. When it comes to vaping, it is difficult to separate these two contexts as social groups at school and outside of school overlap, both physically (in person) and via social media.

The notion that vaping is bound up in identity or stereotypes is rejected by teenagers – vaping is seen as something teenagers 'do', it is not who they 'are' or wish to 'be'. Nonetheless, when pressed many teenagers cast vaping in a negative rather than positive light.

Youth involvement with vaping is not as clear-cut as grouping teenagers into those who vape, and those who don't. Vaping use falls along a continuum, from having not tried it and having no desire to do so, to those who are dependent on the product. Age has a bearing on vaping behaviour, but is not the determining or predictive factor because vaping has 'landed' on all age groups at roughly the same time. Within families, siblings of mixed ages may be vaping.



Disposable vapes are most common as they are easy to get and cheaper than refillable vapes. Older teens might buy vapes directly from retailers (in person from convenience stores, delis, and barbers or online) and have rarely, if ever, been asked for ID. Social media trading via 'drops' is common, mostly via Snapchat and Instagram and to a lesser extent Facebook. Older friends and siblings are also common ways to source vapes and the opportunistic use of parents' own vapes also occurs.

Most teenagers were socially introduced to vaping – their first experience usually occurred in school bathrooms, at parties and friends' houses. The sharing of a vape is a large part of the appeal and the rewarding experience of vaping (sharing vapes is considered normal and omnipresent).

EXECUTIVE SUMMARY

Knowledge and perceptions

Teens who vape are more knowledgeable about vapes generally than those who do not vape; and age and gender have little bearing on knowledge. All teenagers know that vaping is 'bad for you', and that it can become addictive if they don't manage how much and how often they vape. They know that nicotine is the ingredient in vapes linked to addiction, but in the main they don't know the nicotine concentration of their vapes nor are they particularly interested. They know that vapes contain chemicals but they have only superficial knowledge of what chemicals, or how they can be are harmful. Similarly, teenagers are superficially aware that vaping can cause long- and short-term harm to their health but they are not convinced of the immediacy, severity and personal susceptibility of the health consequences.

The appeal and experience of vaping is perceived to be very different to smoking. Vapes are perceived to be less harmful than cigarettes, but just as addictive and much more appealing. In comparison to cigarettes and other drugs, vaping carries less stigma and is more socially acceptable. The age of take-up for vaping is considered to be much younger than cigarettes, alcohol and other drugs. Teenagers are curious about the cigarette equivalency of vaping, but have no idea how to calculate it. Translating vape consumption into cigarette consumption has potential for deterring teenagers from vaping because the case for cigarette harm is well established.

Beliefs and attitudes, barriers and facilitators

For teenagers who vape, the perceived benefits far outweigh the costs. The benefits include social enablement, enjoyment, escapism and fun. There is a universal understanding amongst teenagers who vape that the core benefits of vaping are the nicotine 'hit' and the flavourings. Vaping without nicotine or flavour is considered 'pointless' however if they had to choose, most would choose nicotine over flavour. A fear of addiction, health harms and friendship problems are the reinforcing influences on teens who don't vape. However, many teenagers who do not consider themselves to be addicted to vaping believe they can mitigate their susceptibility to costs and harm by limiting their vape use (number of occasions, number of puffs, or continue sharing with others rather than owning their own vape).

Cognitive dissonance currently supports vaping. Teens who vape reconcile, consciously or sub-consciously, their decision to vape with a belief that vaping is 'not so bad' (as cigarettes, drugs and self-harm behaviours) . This enables them to adjust their behaviour (vaping) to their beliefs, rather than the other way around.

EXECUTIVE SUMMARY

Teenagers are conditioned to rely on health warnings and ingredient labelling as a signal for safety (or perhaps conversely as a signal for danger). The absence of both on vape packaging and the device itself inadvertently suggests to them that vapes are safe 'enough', or at least enables them to rationalise that they are. The absence of a clear danger signal is another contributor to the maintenance of cognitive dissonance in favour of continuing to vape, rather than stopping.

The affordability and easy access of vapes are also significant enablers of vape use amongst teenagers. Vapes are considered very easy to access ("*as easy as finding a pen on the floor*") and price is not a barrier to use – particularly when so much vaping involves shared vapes, and particularly amongst teenagers who have casual jobs. Most teenagers who vape regularly wish they hadn't started, wish it was harder to find vapes, and wish that it was more expensive.

Self-efficacy (to not vape)

The perceived ubiquity of vaping – at school, in social groups, and at parties and public places – along with the addiction of nicotine erodes self-efficacy to stop. The proposition of saying 'no' in group settings is viewed as 'too hard', and even if they wanted to stop, the appealing smell of those vaping around them makes it too difficult. Not vaping is viewed as easier on weekends than during the week, without the facilitating nature of the school setting – in terms of the access and the opportunity if affords, as well as the unintentionally coercive impact of the group vaping context.

Whose opinion matters?

Not surprisingly, when it comes to vaping a teenager's own opinion matters most; however trusted adults' opinions also matter to many – parents, sports coaches, health professionals (a doctor and the school nurse) and close family members. For teens who don't vape or vape very little, it is the 'cost' of their parents' disappointment that they most wish to avoid.

Implications for messaging

The three 'consequence' themes of chemicals, health harms and nicotine addiction, when put together have the potential to build a credible and arresting narrative of why vaping is 'bad for you'. Messaging around vaping industry control and manipulation, and a moral or values-based argument for not vaping, is more problematic. There are lessons and insights for how messaging can be executed more impactfully and effectively. Education approaches thus far have failed to trigger personal susceptibility, perceived severity or urgency.

KEY TAKE OUTS FOR INTERVENTION PLANNING

1. Address the **perceived ubiquity of vaping** amongst teenagers, particularly amongst those who vape but also those who currently choose not to.
2. Address **cognitive dissonance** by increasing the understanding of how vaping is 'bad for you'. Teens who vape consciously or sub-consciously reconcile their choice to vape with a belief that vaping is 'not so bad' (as cigarettes, drugs and self-harm behaviours). Strengthen beliefs about the about the **immediacy, severity and personal susceptibility of harm**, ideally leading to an adjustment of behaviour to beliefs rather than the other way around, as it currently stands.
    - Address the belief that vapes are 'safe enough' because they are not labelled with ingredients or health warnings.
3. Erode the belief that **teens can control the impact of vaping and addiction by managing consumption** ("*every vape (or puff) is doing you damage*").
4. **Confront and disrupt the influence of hyperbolic discounting** – reduce the appeal of the two key benefits of vaping – social approval and the head spin ('hit'), by increasing the impact and threat of immediate effects and harms:
    - Make vaping unappealing, not uncool (**demonising the vape itself, not the behaviour or the person who vapes**). Aim to increase the number of teenagers who choose not to vape, and avoid inadvertently asking them to cast judgement on those who do.
    - The use of visual imagery and digital execution is important to disrupt and confront without exaggeration or obvious fear tactics (dark colours, depressive or scary music and sound effects). **Health effects and threats should be interpreted as scary because they are [fact], not because they are being scared.** In other words, expose the threat as it is, without the need to over emphasise it.
    - Persuade through information and education, **bring facts to life and show teenagers what's happening in their body that they can't see.** Examples include showing what the head spin looks like in the brain, what battery acid leak looks like in a disposable vape, what 'drowning lungs' looks like whilst vaping.

KEY TAKE OUTS FOR INTERVENTION PLANNING

5. **Build self-efficacy** to stop/reduce/avoid vaping:
    - Enable and support teenagers to say no to vaping when vapes are offered and shared.
    - Provide a **Teen *Gen Vape* pathway to quitting** – something for teenagers, with teenage 'cred'.
6. **Move vapes closer to cigarettes** in terms of safety and harm, and tie the vaping industry to 'harmful chemicals'.
7. Address the enabling influence of **price, supply and labelling**:
    - Teenagers are conditioned to rely on health warnings and ingredient labelling as a signal for safety. The absence of both on packaging suggests to them that vapes are safe 'enough', or at least enables them to rationalise that they are.
    - Vapes are far too easy for teenagers to get – in terms of price and supply, and many teenagers wish they were harder to access.
8. Consider **settings for interventions that are linked to trusted messengers** – parents, the school nurse, sports coaches and club leaders. While vaping is primarily an interpersonal behaviour (who you're with), not a place-based behaviour (where you are), settings do facilitate and enable vaping by unintentionally permitting and normalising it, creating a sense of ubiquity.
9. Don't ignore the **role of parents and other adults'** own lack of informed knowledge, understanding and influence:
    - Vaping must be unequivocally framed as harmful for young people.
    - Parents need confidence and capability to have conversations with children about vaping, and how to support them to stop.
10. **Don't frame vaping around risk** – always frame it around harm and safety. Teenagers already view vaping as one of the least risky things they can do.

Strategy implications and intervention opportunities for discouraging vaping

1. TO IDENTIFY PRIORITY INTERVENTIONS WE NEED TO START WITH TEENAGERS' BEHAVIOURAL RELATIONSHIP WITH VAPES AND WHAT THIS MEANS FOR AUDIENCE TARGETING





It's not as simple as targeting teens who vape and teens who don't!

2. WE ALSO NEED TO FOCUS ON THE PEOPLE WHO ARE TRUSTED ‘MESSENGERS’

Three intervention audiences emerge, in addition to targeting teenagers themselves

1

Schools

- Inform and educate through curriculum and messaging in the physical setting, beginning at primary school
- Use trusted ‘experts’ to educate and to support vaping reduction and cessation
- Deliver teen-tailored cessation support
- Sanctions and penalties should include a confiscation policy that is strongly and visibly enforced
- Other disciplinary policies must balance the low self-efficacy of quitting

INFORM, EDUCATE, SUPPORT, ENFORCE, CESSATION

2

Parents and other adult family members

- Particularly for teens who don’t vape (resilient and vulnerable) – to reinforce their non-vape status
- Also for teens who are in the opportunistic and committed segments of vaping – to inform, educate and potentially support them to stop
- Potentially for the dependent segment, to support and encourage quitting from the perspective of understanding addiction and withdrawal

INFORM, EDUCATE, REINFORCE, SUPPORT

3

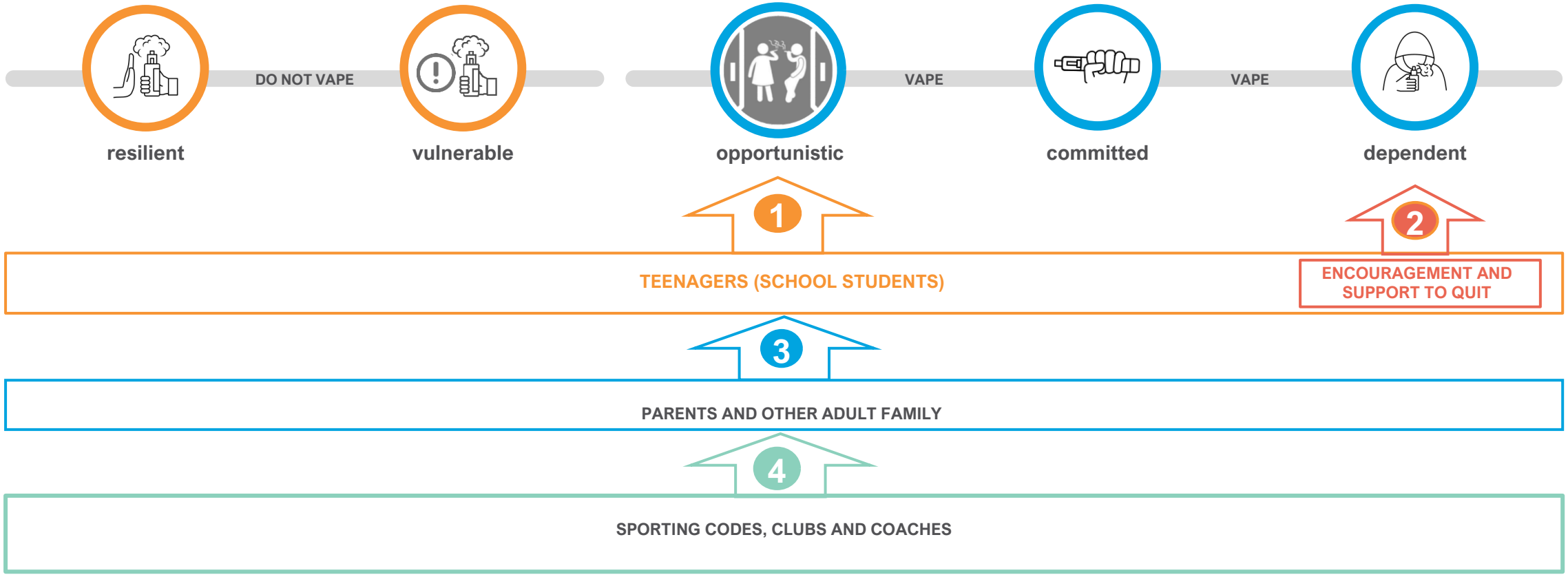
Sporting codes, clubs and coaches

Sports coaches and clubs can be powerfully influential in three ways:

- Advise, inform and educate by people whose opinion matters to teens
- Set expectations through club/team rules and codes of conduct, framing vaping as unacceptable
- Enable coaching staff to act as trusted ‘messengers’, explaining ‘why’ vaping is bad for you – making the cost-benefit exchange meaningful for sporty teens

ADVISE, INFORM, EDUCATE, ENFORCE

3. GIVING RISE TO FOUR SOCIAL MARKETING STRATEGY OPPORTUNITIES …



3.1 – 3.2 TARGETING TEENAGERS DIRECTLY AND THROUGH SCHOOL SETTINGS



1

TEENAGERS (SCHOOL STUDENTS)

Behavioural goal: To increase the proportion of teenagers who choose not to vape

Intervention objectives:

1. To maintain the non-vaping status of teens who do not vape (reinforcement strategy for those in the resilient and vulnerable segments)
2. To persuade teens in the opportunistic and newly committed segments to choose not to vape (as often, as much, at all)
3. To enable and support teens in the post-committed and dependent segments to quit vaping

Levers mix: Control, design, incentivise, enable, communicate (see intervention levers overleaf)

Communication objectives:

1. Increase the perceived severity, personal susceptibility and immediacy of health-related harm caused by vaping (why and how vaping is 'bad for you')
2. Challenge the perception that you can control the addiction to and harm of vaping through irregular/intermittent use
3. Reduce the appeal of the two key benefits of vaping – social approval/inclusion and the nicotine head spin
4. Increase belief in the harmful contents of vapes, how and why they are harmful – focus on chemicals and nicotine using visually confronting but factual and realistic imagery
5. Increase the commitment to quit vaping by strengthening both intention and self-efficacy (confidence and capability)

2

ENCOURAGEMENT AND SUPPORT TO QUIT

1. The use of trusted experts and the school health nurse to support quitting with teen-specific support
2. A teen-specific chat service (not a call line)

EDUCATION AND PERSUASION

1. Begins at primary school, building self-efficacy to say no at high school

3.3 TARGETING PARENTS AND OTHER ADULT FAMILY



1

2

TEENAGERS (SCHOOL STUDENTS)

ENCOURAGEMENT AND SUPPORT TO QUIT

3

PARENTS AND OTHER ADULT FAMILY

Behavioural goal: To increase the proportion of parents who discourage their children from vaping

Intervention objectives:

1. To increase the proportion of parents who believe vaping is harmful for teenagers and understand why
2. To increase the proportion of parents who are having informed conversations with their children about vaping
3. To persuade teens in the opportunistic and newly committed segments to choose not to vape (as often, as much, at all)
4. To increase the proportion of parents who feel confident and capable of supporting their children to quit vaping

3.4 TARGETING TEENAGERS THROUGH SPORTS CODES AND CLUBS



1

2

TEENAGERS (SCHOOL STUDENTS)

ENCOURAGEMENT AND SUPPORT TO QUIT

3

PARENTS AND OTHER ADULT FAMILY

4

SPORTING CODES, CLUBS AND COACHES

Behavioural goal: To increase the proportion of sporting codes, clubs and coaches who discourage their club and team members from vaping

Intervention objectives:

1. To increase the proportion of sports club coaches and other staff who believe vaping is harmful for teenagers and understand why
2. To increase the proportion of sports club coaches and staff who promote the benefits of not vaping in appropriate ways and with appropriate messages
3. To increase the proportion of sports clubs that have policies, membership requirements and codes of conduct that discourage vaping, and potentially confiscate vapes

THE INTERVENTION MIX – LEVERS FOR CHANGE

Each of the suggested intervention strategies will draw on a mix of levers:

Control

Legislate, regulate, tax, sanctions, restrictions, enforcement

Restrict teen access:

- Supply – selling, on-selling, sales to minors, confiscation, sharing/offering
- Cost (more expensive)

Most teens who vape habitually want their access restricted

Design

Reduce appeal of product

- Colour, smell and taste
- Packaging
- Ingredient labelling
- Addiction and health warnings

Place-based policies – confiscation and codes of conduct

Place-based settings:

- Primary and secondary schools
- Sporting clubs?
- YMCAs?

Incentivise

Disincentives to vape (matched to control and design)

Inducements to reduce use and quit

- Perceived costs of vaping outweigh perceived benefits

Enable

Self-assessment tool to identify addiction

Skills and self-efficacy to say no – toolbox of ways to build social resilience

Practical assistance and support to quit

Educate:

- parents and family not to supply or share
- ingredients, health warnings, better understand addiction

Quitting ambassadors

Communicate

Messaging for education and calls to action

Primary and secondary school – risks, health harms and addiction

Messengers with credibility – school nurse (not teachers)

THE BCC'S BEHAVIOURAL FRAMEWORK



In order to fully explore and diagnose the influences (barriers and facilitators) on teen vaping, The BCC's Behavioural Framework (adjacent) was used. This Framework is:

- **A ROAD MAP** for identifying and understanding behavioural influence.
- **UNDERPINNED** by leading theoretical and applied models of behavioural psychology and behavioural economics.
- **ASSEMBLED** so that it supports dual process theory of how the mind works, accounting for both automatic (unconscious) and reflective (conscious) influences on behaviour.
- **THE LINK** to the identification and prioritisation of the right mix of levers for intervention design.

For this teen vaping study, four areas of influence were dominant: **the cost-benefit exchange, self-efficacy, norms, and context and settings.**

A NOTE HOW DETERRENCE THEORY APPLIES TO EDUCATION, COMMUNICATION, ENFORCEMENT

Sanctions and penalties (only) work when five conditions are met. If one or more conditions are weak, the impact of the deterrence is weakened.

1 Know the penalty/sanction

- An awareness of the legality or illegality of vaping, and the purchase/sales of vapes to minors
- An awareness of place-based policies about vaping, and their sanctions

2 Believe penalty is justified and severe

- Understand why the penalty/ law prohibiting vaping is in place
- Believe that the threat of consequences or penalty for getting caught vaping is severe

3 Believe high likelihood of detection (threat)

- Believe that there is a very high chance of being caught vaping, or with a vape in your possession (at school, at home, in public)
- Believe that there is a very high chance of getting caught using vapes (teenagers) or selling vapes (retailers, barbers, delis, siblings and dealers)

4 Believe all have equal likelihood of detection

- Believe that everyone has an equal chance of getting caught vaping, selling vapes or buying vapes

5 Believe if caught, penalty will be applied

- Believe that if you do get caught, you won't get off or be able to talk your way out of it
- No circulating stories or urban chat of leniency

SUMMARY

Implications for behaviour change intervention strategies

Intervention design should be informed by:

1. The behavioural relationship that teens have with vaping – targeting and nuancing via the five qualitative segments: resilient, vulnerable, opportunistic, committed and dependent
2. Involvement of the three audiences that teens trust the most – parents and other adult family, experts and health professionals in school, and sporting coaches.

Bearing the above in mind, **four social marketing multi-lever intervention opportunities arise**, with the over-arching goal of increasing the proportion of teenagers who choose not to vape:

1. Targeting teenagers directly (a targeted communications strategy)
2. Targeting school settings – education of both primary and high school students; encouragement and support to quit (via the school nurse as well as accessed directly by students via a text/chat help service rather than a phone line); detection and deterrence policies and enforcement
3. Targeting parents and adult family members as critical influencers on most teenagers
4. Collaboration with sporting codes, clubs and coaches as critical influencers on some teenagers

Each strategy option involves a different combination of the social marketing levers mix – control, design, incentivise, enable, and communicate, which are outlined in this report.

IN THEIR OWN WORDS

FEEDBACK ON THE RESEARCH EXPERIENCE

“Really good organisation, great ideas, and I gained more respect as you guys are taking the time to see our perspective.” [Year 9/10, female, vapes]

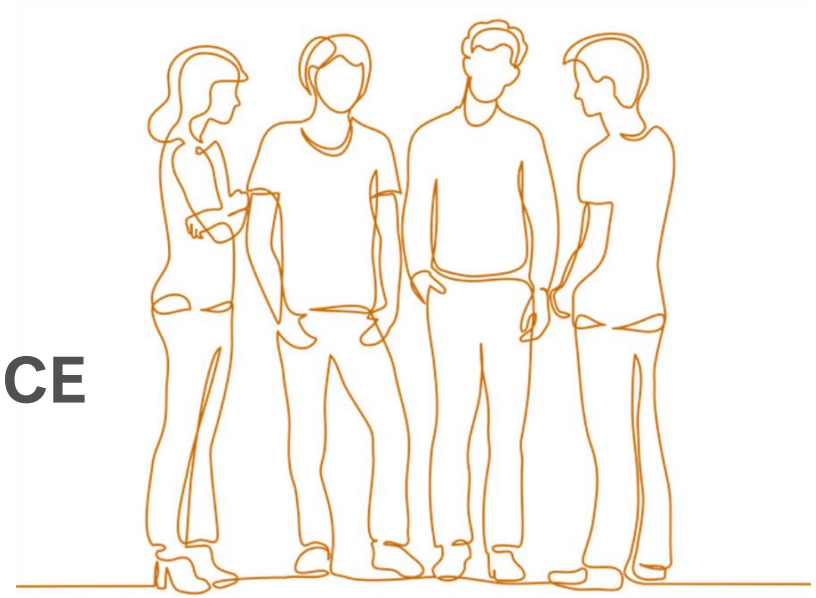
“I thought this was very well done and very easy to access and understand, thank you very much for this opportunity!” [Year 9/10, male, vapes]

“I really enjoyed this survey. I like the different questions I was asked and how we had a group discussion on one of the questions, and I like how we got to see other people’s responses. It has made me think about if I still want to vape.” [Year 11/12, female, vapes]

“This online discussion was pretty good, and good at making me reflect on myself vaping.” [Year 9/10, female, vapes]

“The feedback I have is all positive. The way this survey was put out was amazing. It was really easy to understand, and the questions weren’t off topic, they were all relevant to what I signed up for.” [Year 11/12, male, vapes]

“I really enjoyed this survey, and it definitely opened my mind a lot more.” [Year 9/10, female, does not vape]



“I think it is done well. It's a good amount of questions that don't take a really long time but they still give lots of information.” [Year 9/10, male, vapes]

“I think it’s a great idea to get the information you’re using off of kids who might have a better understanding on the topic.” [Year 9/10, female, does not vape]

“Thank you for letting me take part in this investigation. I really enjoyed it and I think what you’re doing is a great idea.” [Year 7/8, male, vapes]

"I really liked this forum and being able to interact with you and ask questions if I didn't understand the question properly or missed something." [Year 11/12, female, does not vape]

THE BEHAVIOUR CHANGE COLLABORATIVE

To obtain a copy of *Being Gen Vape – Exploratory research on the knowledge, perceptions, attitudes and influences on teen vaping in Western Australia* please visit our website.

For more information, or to explore opportunities to collaborate with us on the design, implementation or evaluation of programs to address teen vaping, please email us at hello@thebcc.org.au

Suite 2, Ground Floor
1318 Hay Street WEST PERTH 6005

W: www.thebcc.org.au

The Behaviour Change Collaborative acknowledges the traditional owners of country throughout Australia and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to the elders of the past, present and emerging.



Influencing Behaviours. Improving Lives.