

The impact of the COVID-19 pandemic on smoking, vaping and smoking cessation services in the UK: A qualitative study

Emily Johnston (PhD), E.Johnston@shu.ac.uk, [School of Medicine, University of Nottingham, NG5 1PB](#)

Manpreet Bains (PhD)*, manpreet.bains@nottingham.ac.uk, School of Medicine, University of Nottingham, NG5 1PB, [Tel: +44115 8231360](#)

Abby Hunter (PhD), Abby.hunter@phe.gov.uk, Public Health England

Tessa Langley (PhD), <https://orcid.org/0000-0001-9560-1148>, tessa.langley@nottingham.ac.uk, School of Medicine, University of Nottingham, NG5 1PB & [SPECTRUM Consortium, UK](#)

*Corresponding author

The impact of the COVID-19 pandemic on smoking, vaping and smoking cessation services in the UK: A qualitative study

Abstract:

Background

Existing evidence suggests that while the COVID-19 pandemic triggered quit attempts among many smokers, it led some to smoke more and others to relapse back to smoking. These diverse effects have the potential to have a long-term impact on individuals' smoking and vaping behaviours. This study explored the effect of COVID-19 on smokers and vapers, vape shops and stop smoking services.

Methods

39 semi-structured interviews were conducted with stop smoking practitioners, tobacco control leads, smokers and/or vapers, and vape shop owners. Interviews were transcribed verbatim and analysed thematically.

Results

Four themes were identified: Lockdown as a barrier to becoming/remaining smoke free; COVID as a catalyst for quitting and remaining smoke free; changes in vaping and challenges for vapers and vape shops; and changes and challenges for stop smoking support. Fear of COVID resulting in severe health implications for smokers facilitated behaviour change; however the boredom and monotony of lockdown and associated stress created difficulties in remaining a smoke-free. Results showed that the enforced switch from face-to-face to remote provision of stop smoking services was beneficial for improving engagement, particularly for vulnerable groups such as pregnant women. Stop smoking professionals and vapers disagreed with the forced closure of vape shops because it created unnecessary difficulties for vapers to access supplies.

Conclusions

COVID-19 was both a barrier and facilitator for smoking cessation. Remote provision of stop smoking services implemented due to lockdown was beneficial for hard-to-reach groups; services should look to incorporate these changes into day-to-day practice.

Implications

This study is one of the first to explore how the COVID-19 pandemic directly affected smokers, vapers, stop smoking services, tobacco control leads and vape shops. It provides evidence for the continued use of remote **provision of smoking cessation services** to increase engagement **among** hard-to-reach groups and provides information on how pandemics can be a catalyst for health **behaviour** change. This study is unique in that it incorporates the views of different stakeholders.

INTRODUCTION

The COVID-19 pandemic has had a varied impact on smoking behaviour within smoking populations. The first COVID-19 lockdown in England saw increases in the rate of cessation (+156%) and quit attempts (+40%), compared with the same time-period in 2018/19, mostly likely as a result of concerns about the potential increased risk of severe illness and mortality from COVID-19 among smokers, which are supported by numerous studies.(1) (2, 3) In contrast, evidence suggests smoking rates increased in the under-35s in England and that nearly half of smokers smoked more after lockdowns began; a finding also reported elsewhere.(1, 4, 5) Low-income groups have also been reported to smoke more during the pandemic, indicating a potential exacerbation of health inequalities.(5) Research considering four countries (England, Australia, Canada and the United States) found that, on average, the COVID-19 pandemic was related to 46.7% of smokers considering quitting, although this did not translate to cessation behaviour, with only 1.1% of smokers attempting to quit.(6)

Quit attempts made during the pandemic are likely to have been affected by changes in the availability of services and products typically used to support such attempts. In England, NHS stop smoking services (SSS) were required to adapt during lockdowns, for example by offering a remote service.(7, 8) A number of randomised controlled trials and observational studies have found that e-cigarettes are effective for smoking cessation (9-11), although the existing evidence is inconsistent.(12) E-cigarettes are currently the most commonly used smoking cessation aid in England (13); however, they were not included on the government's list of 'essential items', thus forcing bricks and mortar vape shops to close during lockdowns. This had an impact on the sustainability and economic success of bricks and mortar vape shops, particularly smaller businesses (5). While vapers could still purchase vaping products in convenience stores, supermarkets and online, the accessibility of these products was significantly reduced. This is likely to have affected the vapers who purchase their products exclusively in vape shops (14), and may have influenced the effectiveness of quit attempts during lockdown among those who may have chosen an e-cigarette to quit.

These diverse effects have the potential to have a long-term impact on individuals' smoking and vaping behaviour and, as a result, health outcomes and health inequalities. This study aimed to understand the impact of the pandemic on smoking and vaping behaviour, and the impact on vape shops and on the delivery of smoking cessation services in the UK.

METHODS

Design

This research was an addition to a two-phase study exploring the potential for delivering smoking cessation interventions within vape shops. The COVID-19 pandemic provided an opportunity to explore impacts on smoking, vaping, vape shops and stop smoking services. The study was approved by the University of Nottingham Faculty of Medicine and Health Sciences Ethics Committee (404-1920). The Standards for Reporting Qualitative Research (SRQR) guideline was adopted.(15)

Recruitment and sampling

Recruitment methods varied depending on stakeholder group. **Smoking cessation training providers and individuals working in Tobacco Control at Public Health England (England's Public Health Agency at the time of the study) circulated study information to their contacts working as stop smoking professionals (SSP) and Tobacco Control Leads (TCL) on our behalf** (purposive), and participants were also asked to forward this on to others who worked in the same capacity (snowballing).

Smokers, vapers and dual users (SVD) were recruited using a convenience approach, via Facebook adverts. Those interested in participating completed a short online survey to check eligibility: over 18 years old, able to participate in an English language interview, and identifying as one of our stakeholder groups, and to provide contact details to arrange interviews.

Vape shops (VS) were contacted directly by the researcher. A database of vape shops in the UK was created by the researchers using online listings from ecigdirectory.co.uk, and the database was then stratified by area, index of multiple deprivation (IMD) and urban rural classification in order to maximise generalizability. For maximum variation, vape shops from different geographical areas, with differing IMD classifications were contacted about the study using a simple random sampling technique.

Data collection and procedure

We added topics to the existing guide for the main study, to cover the impact of the pandemic on smoking and vaping behaviours, services, and products. Separate semi-structured interview guides were developed for each stakeholder group (see supplementary online material). All stakeholders were asked basic demographic questions including location, age, gender identity and smoking/vaping status. Smokers and/or vapers were asked about changes to smoking and/or vaping behaviors and specific challenges faced. We also explored how SSS had adapted during the pandemic and any resulting impact. Vape shop owners were asked about impacts of the pandemic on their business. Interviews were conducted by EJ via telephone between May and September 2020 and were digitally audio-recorded. Data management, confidentiality, right to withdraw and consent was reaffirmed before interview commencement.

Data Analysis

Interviews were transcribed verbatim by an external specialist transcription company. Transcripts were checked for accuracy and personal identifiers were removed. Transcripts were stored and managed using NVivo 12. Data were analysed using thematic analysis (16). To facilitate familiarisation, each transcript was read several times by EJ where initial impressions and points of interest were noted, at the semantic level, to facilitate data immersion. Further readings employed a line-by-line and open-coding approach, where codes were generated, inductively. This involved axial coding where data and codes that were linked in terms of meaning was considered, which is indicative of moving from semantic to latent coding. These stages led to the generation of an initial codebook that was verified by TL and MB. Further readings and interpretation by EJ led to the generation of more substantive themes and sub-themes. Data were double coded by TL and MB to ensure validity of interpretations (17), and that themes were internally homogenous and externally heterogenous. Double coded transcripts were then compared and any disagreements were resolved between the researchers. Themes and sub-themes were discussed between the research team, allowing clarification. The final set of agreed themes was applied across all transcripts.

RESULTS

Demographics

The initial survey generated interest from 301 SVD, and 109 SSP/TCL. 2309 VS in the UK were identified. Vape shops were stratified by geographical area, deprivation and classified as rural/urban shops. Shops were then randomly selected from these stratifications to **maximise representativeness** and invited to interview. Thirty-nine interviews were conducted and comprised 20 SSP, 7 TCLs, 7 SVD and 5 VS staff. Interviews were between 32-59 minutes in length. Vape shops were located in the East Midlands, West Midlands, London, Southampton and Yorkshire. Recruitment numbers were lower in three of the stakeholder groups (TCL, SVD & VS) due to difficulties with COVID-19. **A number of participants expressed initial interest, but interviews could not be completed due to scheduling difficulties as a result of the recurrent lockdowns, along with some stakeholders having to work on COVID-19 related projects, which took priority;** however preliminary analysis indicated thematic saturation was reached. Participant characteristics are shown in Table 1.

Table 1 here

Qualitative results

Four themes were identified with corresponding sub-themes: Lockdown as a barrier to becoming/remaining smoke free; COVID as a catalyst for quitting and remaining smoke free; changes in vaping and challenges for vapers and vape shops; changes and challenges for stop smoking support (**see Supplementary table 1 for themes and supporting quotes**).

Lockdown as a barrier to becoming/remaining smoke free

For some participants, boredom and stress resulting from national lockdowns made it harder to quit or remain smoke free. Some people reported having returned to smoking as a coping mechanism, whereas others found it very difficult to quit smoking or remain smoke free. This was often attributed to the stresses that COVID posed, including home schooling, homeworking, job insecurity, concerns for family members and isolation. Not being able to participate in usual activities, such as going to the gym, also resulted in relapse to smoking, with seemingly little desire to resist or abstain as **smoking** was perceived as something to do (Supplementary table 1).

SSP said that some clients had decided the timing was not ideal to embark on a quit attempt, due to stress and boredom associated with the pandemic. These individuals had openly discussed with

practitioners that they would delay any attempts to quit smoking until the COVID situation improved. Comments also highlighted that these challenges and intentions were particularly apparent among those **at very high risk of severe illness from COVID-19 and therefore having to protect themselves by not leaving their homes and minimising face-to-face contact (known as shielding)**. Stop smoking practitioners also shared that follow-up conversations with existing clients who had previously quit revealed that some clients had relapsed to smoking, due to the stresses of national lockdown and boredom (Supplementary table 1. (b)).

COVID is a catalyst for quitting and remaining smoke free

Although COVID and lockdown were barriers to quitting for some individuals, for others it was a catalyst for quitting or remaining smoke free. Some participants shared that this was due to the reduction of smoking triggers, such as socialising with friends or visiting the pub.

SVD and SSP mentioned that people were fearful of COVID-19 due to it being a respiratory disease, and thus smokers seemed to perceive themselves as having an increased risk of contracting the disease. Some of the smokers also acknowledged and considered additional risk factors that seemed to heighten perceptions of vulnerability (c). Matters around increased vulnerability among smokers was also discussed by SSP and TCLs, who often reported greater numbers of referrals and quit attempts throughout the pandemic, particularly amongst older and more vulnerable populations. They highlighted clients with respiratory diseases such as COPD and pregnant women. Some of these individuals went on to state that this was perhaps one of the positive outcomes of the pandemic (d).

Most participants felt that COVID had had a positive impact on smoking cessation (e). SSP and TCL also discussed how they felt the pandemic was a teachable moment and described examples of how COVID was being used to promote smoking cessation, including the 'quit for COVID' campaign (a national campaign that encouraged people to quit to reduce their risk from COVID-19 which began in March 2020), which comprised targeted social media adverts aimed at educating the public that smoking increased their risks of complications from the coronavirus. All stop smoking services within our sample had promoted the campaign. **TCLs reported asking stop smoking services to encourage smokers to quit to reduce the risk of severe illness if they caught COVID-19** (f). However, this was not

always perceived favourably by smokers and vapers. For instance, two of the SVD felt the information they had seen online for 'quit for COVID', and information from stop smoking services they had used in the past, was scaremongering. These individuals went further and stated that such initiatives resulted in them having less trust in the stop smoking services, as it added further stresses to people who were already struggling (g).

Changes in vaping behaviour and challenges for vapers and vape shops

Most vapers reported changes in their vaping behaviours, such as increased vaping, being more conscious of hygiene in relation to their vapes and changes to how they vaped out in public. This centred around working from home where, unlike working from an office, participants could vape as and when they wished (h).

Participants did have some health concerns about breathing vapour into lungs during a respiratory disease outbreak, with SSP being approached for help to stop vaping during the pandemic. Some highlighted the logistical challenges of being able to vape whilst on daily exercise walks and having to wear a mask. The visible clouds that vaping produces was also a challenge for vapers, who felt other members of the public would perceive the 'clouds' as a visual representation of germs spreading.

Challenges were also reported around the hygiene of vaping. Public health messaging at this time highlighted the importance of not touching your face and washing your hands thoroughly to reduce the risk of catching COVID, which caused vapers to reflect on the hygiene of their vapes. Vapers were more aware that they would touch their vape, and then put it to their mouth, so took extra care to sanitise their vape mouth pieces regularly (i).

Certain challenges were provided as reasons for such changes. For instance, the enforced closure of vape shops was reported as a reason for changes in vaping behaviours, such as changing regular suppliers and trying new juices, where the authenticity or quality of some products was questioned, which led to higher expenditure. Many participants, including SSP and TCL, felt that vape shops should have been treated as an essential service, and some had actively campaigned for them to remain open but felt "...that message didn't get through" (TCL48). Some SVD were incredulous that

they could walk to the shop and buy cigarettes during the lockdowns but were unable to visit their vape shop for supplies. Many shops, and vapers, turned to online trading to purchase devices, coils and liquids; however, disruptions to the postal services created further barriers, which led to delays. Whilst this did not directly lead to any of the participants returning to smoking, it was highlighted as a potential impact (j). All the vapers in this study had pre-empted this becoming a concern and had brought vape supplies in bulk at the start of the pandemic but remarked on how many others would have struggled. All stakeholder groups suggested that some vapers could have returned to smoking, as a result. The closures had a detrimental economic impact on vape shops; products with expiry dates had to be discarded and some larger outlets had to permanently close down stores (k).

VS participants also highlighted that vape shops were more than just a place to purchase vaping products, and that they were ideally placed to share expertise with the many smokers that visit to try or find out about vaping, which would not have been possible during closures. VS participants highlighted that the implications of this may have been some smokers may have resorted to vape pens over the counter from supermarkets, and without proper guidance and understanding may have had a negative experience of vaping and would be reluctant to try vaping in the future (l).

Changes and challenges to SSS

SSP had to change their normal way of working to a remote model, which included changing from face-to-face to telephone support. Clients would receive text reminders about appointments which would be scheduled for telephone only. Such changes to service provision resulted in barriers, such as logistical issues for SSP who were working from home and home schooling, managing decent telephone signals/connections and being unable to verify self-reported smoke free status using carbon monoxide monitors, which was cited as a challenge. However, despite such challenges, SSP and TCL were quite positive about changes to service provision, and TCL and SSP revealed that many services are hoping to adopt a hybrid model of support, comprising either telephone or in-person sessions, in the future. Moving to telephone appointments was seen to improve attendance and break down some of the barriers SSS normally face, such as missed appointments and engaging with vulnerable groups such as pregnant smokers and transient workers. This was particularly true for pregnant women, who were far more engaged with the service. It was felt this was due to it being

easier (not having to physically attend somewhere), and to reducing the stigma of walking into a stop smoking appointment as a pregnant woman (m).

One of the issues identified with the remote model by SSP, was the availability and accessibility of NRT. Whilst some services were able to quickly convert to mailing out NRT in larger quantities, other services struggled. This was either due to issues with GP prescription services or pharmacies. For some who did not initially have the ability to use the postal services, prescriptions were sent electronically to pharmacies; however, pharmacies were extremely busy and due to social distancing, clients had to queue for a long time, sometimes only to find out their prescription for NRT had not been received yet, or that they were currently out of stock. Some SSS clients were told to shield by the government and were therefore unable to collect their NRT. Even those services using the postal service encountered difficulties when the postal service became overwhelmed and understaffed (n).

The demands of the pandemic and new ways of working led to some changes in the roles of SSP. Some were drafted into infection control roles to cover the demand for additional health care staff, while others found themselves dealing with new safeguarding situations, such as dealing with grief, mental health concerns and intimate partner violence, that necessitated further training. This led to an increased personal strain on SSS professionals, some of whom struggled to cope with working remotely during a global pandemic. This was noted by those in senior positions who tried to find ways of managing staff needs (o).

DISCUSSION

Summary of findings

This study offers novel insights into how the COVID-19 pandemic affected smokers, vapers, smoking cessation professionals and those working in vape shops. COVID was a catalyst for health-related change, encouraging people to become or remain smoke free. However, isolation through lockdowns, additional stressors such as job insecurity, working from home and homeschooling were barriers to remaining smoke free. There was some indication that those who already vaped had found themselves vaping more; similar to those who struggled to remain smoke free, an increase in vaping was often attributed to stress and working from home. Vapers had difficulties getting vape supplies,

due to enforced closures as part of the national lockdowns; these closures were not supported by TCL and SSP. Vape shop managers reported substantial economic losses, in some cases leading to the permanent closure of shops. For others there was a boost in online sales; however this was not enough to offset the economic loss of wasted products. SSP found themselves managing difficult situations, caring not only for clients' stop smoking needs but also safeguarding concerns that necessitated further training. They were also under immense pressures due to working from home.

Discussion of findings

Our study shows that the pandemic motivated some smokers to attempt to quit; for others it hindered quitting or attempts to remain smokefree. We found that the fear of COVID-19 being more severe in those who smoke was a catalyst for change, which has been reported previously.(1, 18) SSP also reported an increase in referrals from clients seeking stop smoking support. In this study some ex-smokers also reported fear of the increased risk of severe COVID as a protective factor against relapsing to smoking, **which has been found in** other studies.(19-22) However, barriers such as boredom and stress related to national lockdowns hindered quit attempts or remaining smoke free, which is in line with data published by Public Health England.(4) Recent work by Naughton et al. found no change in smoking prevalence both prior to, and after, the initial lockdowns of the pandemic, reflecting that although some smokers made quit attempts during lockdowns, some also relapsed to smoking.(23) Subgroup analysis revealed that younger age was associated with relapse to smoking.(23) In our study, SSP outlined the difficulties for some of their clients, including ex-clients who had successfully quit relapsing to smoking, due to lockdown. A Dutch study found that smoking increased when perceived **pandemic-related** stress increased.(24) Like our study, the Dutch study concluded that pandemic conditions could be a protective factor or a barrier to remaining smokefree.

There were some reported changes in vaping behaviour. Vapers discussed vaping more because they were home more. An increase in vaping during the pandemic has also been observed in a recent study; however, as SSP in our study also reported some increased motivation to quit or reduce vaping due to COVID being a respiratory disease.(20)

Vapers faced challenges in accessing supplies. There is limited research on vaping supplies during the pandemic; however, a recent small study of 202 vapers in Belgium, which had a similar lockdown to the UK, identified the difficulties vapers faced, including having to vape different concentrations of nicotine and the lack of availability of certain vape products and hardware.(25) The closure of vape shops led to concerns amongst our sample that some vapers may return to smoking, due to cigarettes being more readily available than vape supplies, however vapers in this sample had adapted their purchasing behaviours, similar to purchasing patterns seen in American vapers; primarily via online purchases and stockpiling.(26)

Those involved in stop smoking campaigns capitalised on COVID as a respiratory disorder in order to promote smoking cessation. The 'Quit for COVID campaign' was reported to be successful; with around 300,000 people reportedly quitting via the campaign, with a further 550,000 quit attempts credited to the campaign.(27) Previous research documents the value and cost-effectiveness of media campaigns to promote smoking cessation.(28) However, one smoker perceived this as being 'fear mongering', and theorised that the messages about COVID risk and smoking could have had the opposite effect to what was intended. This has been identified in research which has found that the use of 'fear' to promote health-related behaviour change can be counterproductive.(29, 30) However, research has identified that both positive and negative campaigns for quitting smoking are effective.(31)

Stop smoking services were able to adapt to telephone-based methods, as reported in previous UK research.(5) Although some SSP reported initial concerns, they suggested the new telephone service improved engagement, particularly amongst hard-to-reach groups such as pregnant smokers. SSP reported a decline in missed appointments and better quality discussions. Evidence shows that telephone consultations for health-related behaviour change are popular amongst the public.(32) Continuing with changes to service delivery provides an opportunity to engage populations who are normally difficult to reach with traditional services. The lack of face-to-face interaction can foster a feeling of anonymity and encourage disclosure; smoking is surrounded by stigma which may be a barrier for some smokers to accessing support.(33) Logistically, telephone appointments could overcome some barriers people face when accessing stop smoking support. For example, those with

young children, mobility issues or who have to use public transport may find it easier to attend appointments they do not have to physically get to. It can also be an opportunity for people who work and are unable to attend appointments during working hours. It also may reduce the stigma that pregnant smokers face, as pregnant women who smoke often report a fear of judgement from health care professionals as a barrier to accessing support.(34) Given the risk to both mother and baby, reducing smoking during pregnancy remains a key priority in the UK.

SSP reported a shift in their roles at work, identifying that the remote working style came with some barriers. Some of these were logistical; SSP were, like the majority of the UK, working from home and many were home schooling. This was identified as being difficult, and it was felt that conducting telephone appointments was somewhat intrusive to their household. They also reported having to manage safeguarding concerns, particularly domestic violence, which is unsurprising given the increase in intimate partner violence during lockdowns.(35)

Limitations

This study offers novel insights into the impact of COVID on smoking and vaping from a variety of stakeholder perspectives. However, some limitations are acknowledged. Recruitment of vape shops and SVD was lower than anticipated and thus the transferability of findings may be limited for particular groups. However, data indicates thematic saturation was reached, and results for each theme reflect the views of all stakeholder groups. A further limitation of this study is due to the limited sample of SVD; there are differences between people who smoke, vape and dual use that this sample was too small to consider and explore; however given the novelty of this paper it does provide a framework for further research to explore.

CONCLUSION

Whilst COVID-19 was a catalyst for some to quit smoking, the impact of national lockdowns made it more difficult to remain smoke free. The closure of vape shops had a detrimental impact on businesses and led to struggles for those who vaped, appearing to undermine the UK policy stance

which promotes e-cigarettes as being a safer alternative to smoking. Although changes in the way stop smoking services operated created some difficulties, overall they led to positive changes for improving smoking cessation support for vulnerable groups, including changes some services plan to sustain post-pandemic. Continuing to offer this remote model of service provision for stopping smoking is likely to increase engagement with hard-to-reach and vulnerable groups. Future research should look to quantitatively assess whether changes in smoking/vaping throughout the COVID-19 pandemic are sustained beyond the pandemic. Research should also aim to consider the impact of vape shop closures on future vaping behaviours, and on quit rates of those who access remote support going forwards.

Declarations of interest

None to declare.

Funding

This work was funded by Cancer Research UK (C40274/A28918).

Data availability

Data not publicly available.

REFERENCE

1. Jackson S, Beard E, Angus C, et al. Moderators of changes in smoking, drinking and quitting behaviour associated with the first COVID-19 lockdown in England. *Addiction*. 2021.
2. Clift A, von Ende A, Tan P, et al. Smoking and COVID-19 outcomes: an observational and Mendelian randomisation study using the UK Biobank cohort. *Thorax*. 2022;77:65-73.
3. Simons D, Shahab L, Brown J, et al. The association of smoking status with SARS-CoV-2 infection, hospitalization and mortality from COVID-19: a living rapid evidence review with Bayesian meta-analyses (version 7). *Addiction*. 2021;116(6):1319-68.
4. Public Health England. Smokers encouraged to take part in Stoptober, as they report smoking more during pandemic. 20 September 2021. Available from <https://www.gov.uk/government/news/smokers-encouraged-to-take-part-in-stoptober-as-they-report-smoking-more-during-pandemic> [Accessed 19/10/21].
5. Chen L, Li J, Xia T, et al. Changes of Exercise, Screen Time, Fast Food Consumption, Alcohol, and Cigarette Smoking during the COVID-19 Pandemic among Adults in the United States. *Nutrients*. 2021;13(10):3359.

6. Gravelly S, Craig LV, Cummings KM, et al. Smokers' cognitive and behavioural reactions during the early phase of the COVID-19 pandemic: Findings from the 2020 ITC Four Country Smoking and Vaping Survey. *PloS One*. 2021;16(6):e0252427.
7. Cox S, Ward E, Ross L, et al. How a sample of English stop smoking services and vape shops adapted during the early COVID-19 pandemic: a mixed-methods cross-sectional survey. *Harm Reduct J*. 2021;18(95).
8. Action on Smoking and Health and Cancer Research UK. Stepping up: The response of stop smoking services in England to the COVID-19 pandemic. 2021. <https://ash.org.uk/wp-content/uploads/2021/01/ASH-CRUK-Stepping-Up-FINAL.pdf> [Accessed 19/10/21].
9. Hartmann-Boyce J, McRobbie H, Lindson N, et al. Electronic cigarettes for smoking cessation. *Cochrane DB Syst Rev*. 2020; <https://doi.org/10.1002/14651858.CD010216.pub4>.
10. Brown J, Beard E, Kotz D, et al. Real-world effectiveness of e-cigarettes when used to aid smoking cessation: a cross-sectional population study. *Addiction*. 2014;109(9):1531-40.
11. McDermott M, East K, Brose L, et al. The effectiveness of using e-cigarettes for quitting smoking compared to other cessation methods among adults in the United Kingdom. *Addiction*. 2021;116(10):2825-36.
12. Chen R, Pierce J, Leas E, et al. Effectiveness of e-cigarettes as aids for smoking cessation: evidence from the PATH Study cohort, 2017–2019. *Tob Control*. 2022.
13. Kock L, West R, Beard E, et al. Trends in electronic cigarette use in England. *Smoking Toolkit Study*; updated 18th October 2021. <https://smokinginengland.info/graphs/e-cigarettes-latest-trends>.
14. Pattinson J, Lewis S, Bains M, et al. Vape shops: who uses them and what do they do? *BMC Public Health*. 2018;18(541).
15. O'Brien BC, Harris IB, Beckman TJ, et al. Standards for reporting qualitative research: a synthesis of recommendations. *Acad Med*. 2014;89(9):1245-51.
16. Clarke V, Braun V. Thematic analysis. *Encyclopedia of critical psychology*: Springer; 2014. p. 1947-52.
17. Patton MQ. Enhancing the quality and credibility of qualitative analysis. *Health Serv Res*. 1999;34(5 Pt 2):1189.
18. ASH. A million people have stopped smoking since the COVID pandemic hit Britain. 15 July 2020. Available from <https://ash.org.uk/media-and-news/press-releases-media-and-news/pandemicmillion/> [Accessed 19/10/21].
19. Elling JM, Crutzen R, Talhout R, et al. Tobacco smoking and smoking cessation in times of COVID-19. *Tob Prev Cessation*. 2020;6.
20. Tattan-Birch H, Perski O, Jackson S, et al. COVID-19, smoking, vaping and quitting: a representative population survey in England. *Addiction*. 2021;116(5):1186-95.
21. Rigotti NA, Chang Y, Regan S, et al. Cigarette Smoking and Risk Perceptions During the COVID-19 Pandemic Reported by Recently Hospitalized Participants in a Smoking Cessation Trial. *J Gen Intern Med*. 2021:1-8.
22. Siddiqi K, Siddiqui F, Khan A, et al. The impact of COVID-19 on smoking patterns in Pakistan: findings from a longitudinal survey of smokers. *Nicotine Tob Res*. 2021;23(4):765-9.
23. Naughton F, Ward E, Khondoker M, et al. Health behaviour change during the UK COVID-19 lockdown: Findings from the first wave of the C-19 health behaviour and well-being daily tracker study. *Br J Health Psychol*. 2021;26(2):624-43.
24. Bommel e J, Hopman P, Walters BH, et al. The double-edged relationship between COVID-19 stress and smoking: implications for smoking cessation. *Tob Induc Dis*. 2020;18.
25. Adriaens K, Van Gucht D, Van Lommel S, et al. Vaping during the COVID-19 lockdown period in Belgium. *BMC Public Health*. 2021;21(1):1-10.
26. Berg CJ, Callanan R, Johnson TO, Schliecher NC, Sussman S, Wagener TL, et al. Vape shop and consumer activity during COVID-19 non-essential business closures in the USA. *Tob Control*. 2020.
27. Alliance LA, Initiative Q. Physician's Twitter Campaign Boosts UK Quit Smoking Efforts.

28. Villanti AC, Curry LE, Richardson A, et al. Analysis of media campaign promoting smoking cessation suggests it was cost-effective in prompting quit attempts. *Health Aff.* 2012;31(12):2708-16.
29. Goldenbeld C, Twisk D, Houwing S. Effects of persuasive communication and group discussions on acceptability of anti-speeding policies for male and female drivers. *Transp Res Part F Traffic Psychol Behav.* 2008;11(3):207-20.
30. Ruiter RA, Kessels LT, Peters GJY, et al Sixty years of fear appeal research: Current state of the evidence. *Int J Psychol.* 2014;49(2):63-70.
31. Sims M, Langley T, Lewis S, et al. Effectiveness of tobacco control television advertisements with different types of emotional content on tobacco use in England, 2004–2010. *Tob Control.* 2016;25(1):21-6.
32. Car J, Sheikh A. Telephone consultations. *BMJ.* 2003;326(7396):966-9.
33. Hammett P, Fu SS, Nelson D, et al. A proactive smoking cessation intervention for socioeconomically disadvantaged smokers: the role of smoking-related stigma. *Nicotine Tob Res.* 2018;20(3):286-94.
34. Grant A, Morgan M, Gallagher D, ET AL. Smoking during pregnancy, stigma and secrets: Visual methods exploration in the UK. *Women Birth.* 2020;33(1):70-6.
35. Yahya AS, Khawaja S, Chukwuma J. Association of COVID-19 with intimate partner violence. *Prim Care Companion CNS Disord.* 2020;22(3):20com02634. doi: 10.4088/PCC.20com02634

Table 1. Participant characteristics

| Stakeholder group | N (%) | Smoking status by stakeholder group: N(%) | | | |
|-------------------|-----------|---|----------|----------|---------|
| | | Smoke | Vape | Dual | None |
| Smokers/vapers | 7 (17.9) | 2 (28.6) | 3 (42.8) | 2 (28.6) | 0 (0) |
| SSS | 20 (51.2) | 0 (0) | 2 (10) | 0 (0) | 18 (90) |
| TCL | 7 (17.9) | 0 (0) | 0 (0) | 0 (0) | 7 (100) |
| Vape shops | 5 (12.8) | 0 (0) | 4 (80) | 1 (20) | 0 (0) |
| Total | 39 (100) | | | | |
| Gender | | | | | |
| Female | 23 (59) | | | | |
| Male | 16 (41) | | | | |

| | | | | | |
|-------|-----------|--|--|--|--|
| | | | | | |
| Age | | | | | |
| 20-30 | 5 (12.8) | | | | |
| 30-40 | 14 (35.9) | | | | |
| 40-50 | 9 (23.1) | | | | |
| 50-60 | 7 (17.9) | | | | |
| 60+ | 4 (10.3) | | | | |