Advice from Former-Smoking E-Cigarette Users to Current Smokers on How to Use ECigarettes as Part of an Attempt to Quit Smoking

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Abstract: The substitution of e-cigarettes with nicotine will almost remove the harm linked to smoking. Strategies that improve smokers' desire to use e-cigarettes rather than tobacco cigarettes are important. This must be understood. Current smokers who have successfully used E-cigarettes to quit smoking may be very useful for growing existing smokers' curiosity in converting and willingness to use E-cigarettes. In an online poll, the advice offered to smocks who intend to use e-cigarettes with e-cigarettes was asked of a global self-selected group from 4,192 former smokers who are stopping the smoking process. The subject of qualitative analysis of participant feedback established the following four main themes: (i) the mix of vaporizing devices, e-liquid flavors and the nicotine level 'functioning for all' and (ii) smoking for some time after the vaporization is begun OK; Experienced smoking vapors are able to give smokers tips and practical vapor awareness that can be useful when attempting to move from smoking to vaping. Encouraging smokers of tobacco to communicate with seasoned vapors as they were once told by vapers themselves, who are now recommending them on vaping shops who web communities — may have a tremendous ability to make more smokers transition to e-cigarette.

Keywords: E-Cigarette, Smoking, Nicotine, Tobacco, Smoker

1. INTRODUCTION:

Tobacco smoking is more likely to kill, cause cancer and lead to socioeconomic disparities in countries with high incomes than in others. 1. Throughout the United Kingdom, smoking caused nearly 122,000 deaths throughout 2010 for adults. It constitutes about 70% of the deaths attributed to smoking in 2010 and were due to three causes: lung cancer, chronic obstroctive pulmonary disease (COPD) and vascular disorder. For a year smokers lose nearly three months of life after the age of 35 and almost ten years of age, which is missed by the non-smoker. Therefore the best step a person can take in the mid to long term to better their health is to quit cigarette smoking early. Given that more than 8 million deaths from smoking globally are predicted to occur by the year 2030, individuals who smoke already do not discover new and more effective ways to discourage people from smoking as easily as possible [1].

E-cigarettes have become the most common way to discourage or the the use of scooping items in many countries, including the UK. In 2015, Public Health England reported that vaporization of an e-cigarette may have a harmful content of at least 95% lower than smoking regular cigarettes, based upon a review of 176 studies. The Royal College of Physicians (RCP) confirmed this estimate in 2016 with the expectation that the risk by long-term ingestion by

e-cigarette smoking is unlikely to reach 5% of the long-term risk. While the complete abstinence of tobacco and nicotine use is the easiest option for smokers to increase their health both in the short and long term, the RCP insists that it would be safer if they switched completely to the use of nonfuel tobacco and nicotine goods that were considerably less toxic than inhaled tobacco smoke [2].

Nevertheless, an increasingly growing proportion of active adult smokers and ex smokers find it to be almost as dangerous to use an e-cigarette as even more harmful than regular cigarette smoking. Because cigars are assumed to be stronger based on the belief that cigars are less dangerous than conventional ones, this highly common myth can partially explain why in 2015, 36% of 8.8 million smokers in the UK have never been seen as an alternative to cigarettes. [3].

A major opportunity to raise the rate of converting from smoking to smoking would also be that smokers who are misinformed, uninformed or cynical of the considerable damage shown by choosing to smoke and are theoretically less dangerous by swapping regular tobacco with e-cigarettes. The RCP has demonstrated that the likelihood of successful cessations of e-cigarettes will actually be increased if smokers who chose to use them would still receive extra treatment for their behaviour, whether they be cuts or quits. It is therefore necessary to consider people who can inform, encourage, promote and help smokers to continue and use e-cigarettes as an alternative to smoking first and then to substitute e-cigarettes with conventional cigarettes entirely, as can be seen from the ceasefire surveys in steam shops [4].

On the basis of the theory of knowing a man who is to walk in his shoes, peers from non-professional cultures are involved for a long time, in addition to or otherwise in the provision of knowledge, encouragement, support, care and prevention in their own culturesPeer-leading programs in different contexts and societies have proved to be effective in promoting comportemental improvement in a number of physical outcome fields, including youth smoking reduction, prevention of smoking by people with intellectual disabilities, reduction of adolescent obessity and eating disorders, reduced risk injections by high-risk young people. It is not yet calculated the success of peers who aim to persuade smokers to move to e-cigarettes. There are also many reasons why peers who eventually quit smoking by transition to e-cigarettes will help smokers shift towards e-cigarette use [5].

First of all, the importance of peer-related approaches derives primarily from their peer rank non-professional people who share traits, situations or interactions with the target community or person. In spite of the direction the goal group has been through, is being moved through and will be in the near future, it values its colleagues not for the services they provide but for their 'one eye' with the goal group. Smokers may find like transitioning from smoking to vaping is a method like people can maybe appreciate better, and that they can truly comprehend the symptoms and consequences that they encounter and the obstacles they face in leaving the cigarette [6].

Peers can also assist in communicating and educating smokers who are interested in using electronic cigarettes instead of using regular cigarettes, mainly because the direction smokers have already been tracked, have culminated in smokers looking for them and are are excellent and better qualified to inform smokers. Past smoking cessation consultants would be well versed in the forms of advice, support and information that smokers may require and want ecigarettes in specific phases of their withdrawal effort, compared with non-tmoking, highly educated non-tmoking cessation advisors [7].

However, until 2015, when several public health agencies in Great Britain (e.g., public health organisations first endorsed the use of e-cigarettes as a means to mitigate their safety hazards, rather than smoking tobacco), steam consumption and steam manufacturer communities were, if not the only, the main reasons and incentives for smokers to replace e-cigarettes with regular cigarettes. Anecdotal data suggests that smokers never inject after

either testing goods or communicating with a sales associate for vapors or vapor shops as to whether they inject, how the feeling of vaping relates to smoking or whether their life and wellbeing improved when they become vapors. Notwithstanding government support for the use of e-cigarettes as an alternative to smoking by public health agencies, and in the face of the intense discouragement by other health departments that e-cigarettes be used as an alternative to smoking, many of the reforms that have been taking place in the UK. Previous to 2015, smokers typically read or learned of vapers' personal perspectives from smoking to vaping. The awareness, realistic advice and inspiration which smokers inevitably obtained through millions of these meetings with vaping peers is theoretically crucial for streamlining the décisions made by millions of smokers to replace conventional cigarettes by e-cigarettes [8].

This paper provides a trend overview of the contextual responses 4,192 former e-cigarette users provide to current smokers who recommend using e-cigarettes to help the effort to stop smoking, on the basis of the sort of guidance, knowledge and assistance provided.

2. METHODOLOGY

Method:

Research advertisements called on people 18 years of age or older who had used a single ecigarette or a single puff to join in an anonymous study of their views and perspectives on ecigarettes. 'E-cygarette-usage' is the use of any fully loaded or advanced personal vaporizer, cig-a-like unit, base tank, advanced tank, or pump. For each application form, photographs of samples were shown. This ad was invited to join the campaign for smokers, ex- smokers and former tobacco consumers, but only the details given by former smokers are recorded in this post. The report provides a web-link to the survey on www.nicotinesurveys.org, in seven languages (French ,English, Russian, Italian, Polish and German). The precision of the English version of the survey is tested by two native speakers of each language [9].

In an effort to quit, recruiting was aimed at individuals who have started smoking and used e-cigarettes. The research advertisements on e-cigarettes (for example the e-cigarette Network, The Planet of the Vapes), and social networking pages (such as Facebooking, Twitter and Reddit), were considered to be controlled or obtained, by individuals and organizations of technical or personal involvement in vaping, e-cigarettes and others, to maximize the recruiting of persons from this e-cigarette market subgroup. In turn, several public health agencies, e-cigarette manufacturers / sellers, advocacy groups for e-cigarette / tobacco risk prevention and e-cigarette advocates were encouraged to post advertisements via e-mail on the study's social media pages. The test sample was chosen by itself and therefore an answer rate was difficult to assess. No financial or other incentive was granted in exchange for participation [10].

Sample:

Individuals wishing to share in the research advertising accessed the survey website via the hyperlink. Participants then selected their mother tongue and were directed to the research details tab. The intent of the survey, requirements for qualifying and how participants' data would be used, and the confidentiality and privacy of participants' data were stated on this website. Persons were requested to press and continue the survey to demonstrate informed consent. There were no questions participants could miss which they did not answer. Upon completion, the page for debriefing data containing contact information for researchers should they have concerns on the analytics was redirected. Between 1 June and 1 July 2015, the session took about 20 minutes to complete on average. The University of Strathclyde Research Ethics Committee gave a positive ethical opinion on the issue [11].

Instrument:

The survey also gathered quantitative (fixed response) data from five participants in this survey. The survey covered demographics (age, class, race, country, education and employment); (ii) chronology of initiation, growth and cessation and restart of tobacco smoking and cigarette use; [11].

It was also questioned: "How would you tell people who smoke tobacco and consider using electric tobacco to help them stop smoking efforts?" An open text box was given to give them replies to the questions. It was allowed to type in however much or as little as they wanted in this box and to provide whatever guidance or recommendation they wished [12].

Data Collection:

Since excluding redundant and unvalid submissions, 7,310 participants completed the study. Among them, 4,987 (68.2 per cent) were listed as active smokers (i.e. they had smoken over 100 cigarettes in their lives and smoked at least 1 cigarette every 2-3 days at the time they first used an electric cigarette). 4,192 (57 percent of the 4,987 participants) quit smoking in all; abstained from smoking for at least the past 90 days (not just a puff), made daily use of electronic cigarettes (i.e. e-cigarettes used every 2-3 days) at the time of surveying, and used e-cigarettes frequently. For the analysis, the qualitative answers obtained from those 4,192 participants who were listed as 'ex tobacco consumers' have been retained [13].

The figures for this study were not maintained for 1.594 participants (21.8%) who first stopped smoking while using e-cigarettes, 63 (4%) of whom began smoking again following regular use of e-cigarettes. Moreover, 626 (8.6 percent), of which five (0.8 percent) have reported having started cigarettes after being frequent e-cigaretten users, never smoked cigarettes until they have first used e-cigarettes (i.e. after e-cigarette has been used by at least about two-thirds). Furthermore, 717 (14.4%) participants reported being a current smoker and a current vaper (i.e. dual user), and 78 (1.6%) participants did not disclose their current smoking status at the survey level [14].

Data Collection:

Mainly male (74 percent) and an average age of 42.5 (n = 4.190; SD = 11.6; range 18-89 years) participants were participating. The sample demographic was in the USA (29%); France (27%); Great Britain (12%); Spain (6%); Italy (4%), Canada (6%), Belgium (2%), Norway (2%); Finland (2%) and Tasmania (2%). The participants came from the Midwest (25%). The other 8% was from one of the other 67 countries. At age 16 (n = 4,184; SD = 3.2) and at age 40 (n = 3,865; SD = 11.5), on average, the participants started cigarettes. On average, participants smoken an average of 24.1 cigarettes a day by using the e-cigarettes at the point of initial use (SD = 12.7) and using e-cigarettes consistently at the sample stage for 22.8 months (SD = 13.5). Nearly all (97 percent) participants over the last six months have not consumed cigarettes and not even smoked cigarettes in the last three months [15].

In the most part (95%) the e-cigarette was actually used 'every day.' More than 50% (62,7%) actually use a rechargeable tank / tank system for charging; 0,5% use only e-cigarettes available to users; and 36,9% use all e-cigarettes for charging and unloading use. For the 2.630 rechargeable product exclusive consumers, 1798 (68.5%) used rechargeable tank equipment; 782 (29.8%) dripped liquid through the equipment; 16 (0,6%) used pre-filled bottle equipment. And 27 (1.1%) used e-cigarettes with any other type. In the most part (95%) the e-cigarette was actually used 'every day.' More than 50% (62,7%) actually use a rechargeable tank / tank system for charging; 0,5% use only e-cigarettes available to users; and 36,9% use all e-cigarettes for charging and unloading use. For the 2.630 rechargeable product exclusive consumers, 1798 (68.5%) used rechargeable tank equipment; 782 (29.8%)

dripped liquid through the equipment; 16 (0,6%) used pre-filled bottle equipment. And 27 (1.1%) used e-cigarettes with any other type.[16].

Data Analysis:

The qualitative data produced by 4 192 current e-cigarette users of previous smokers were analyzed thematically using the two-step Braun and Clarke methods27. The empirical method was triggered by the participants and focussed on the identification, detection and analysis of emergent patterns. In the first step, CR and TD read participants' answers independently to get to know the range and complexity of the responses. A code has been allocated for each address, words, sentences and sentences which represent the respondents' comprehension of the answer of each reviser. CR and TD merged and evaluated the separately generated codes and discussed similarities and repeat codes in the second level. Then, before consensus was found, CR and TD grouped codes into subtopics and subtopics in main topics. CR and TD have also used quotations to illustrate the key subjects. Supplementary material includes quotations listed. A third trained research specialist (NM) with access to the raw data, whose guidelines for changes have been adopted, has analyzed the key themes and codes that form part of the raw data [17].

3. RESULTS AND DISCUSSION

Participants tended to advise smokers to not buy "cheap equipment" and other equipment sold in gas stations, pharmaceutical stores and convenient stores because new vapors are unlikely to meet these products. Participants urged smokers instead to purchase their first steam products from a well-known steam shop, where they can receive advice from experts. Many participants made detailed recommendations about the formats, flavors and strengths of the product to be purchased by smokers while others said different devices, tastes and strength combinations of the nicotine work for different people [18].

Regarding participants' recommendation to find the right vapor mix, the participants strongly recommended smokers to "do their own work" before buying any vapor product. Smokers were encouraged to visit vapour shops, participate in online vapor discussions, read article, watch video tutorials, and talk about seasoned vapors (SM1D). Many of the participants shared the hope that familiarity with vapers will provide smokers with information and guidance about what vapor items should be bought, which items should be prevented and how to use such products online or in person. Many participants asked smokers to visit the online discussion website, the E-Cigarette Forum, to make questions to spent vapors (SM1E) [19].

Until the correct combination of the nicotine system, taste and intensity was established, smokers were advised that it would be OK and that smoking cigarettes should continue after the start of steam for a while. In the days, weeks and months after starting e-cigarette use, participants said that smokers are not to be disappointed when seeking a smoking cigarette. Although participants indicated that they had ceased to smoke on e-cigarettes, sometimes they tried to stop smoking and smoke cigarettes or two to relieve the cravings of cigarettes or to relieve stress. Participants felt that cravings can be allowed to smoke occasionally, because when people decide to quit smoking, they don't have to assume that the effort has failed. Participants told that if anyone doesn't smoke for a bit, they shouldn't be upset if they smoked one or two cigarettes after they began to steam [20].

It is fine if someone wants to keep smoking and using e-cigarettes for a time, but they also feel like mutual switchers are searching, cutting and giving up cigarettes as quickly as possible. Participants stressed that they are good. During the first day after using e-cigarette, participants indicated that they not plan or try to avoid smoking altogether until they are

confident that the effects of this rough break are coped with. The participants then suggested that tobacco usage be minimized because they were used to being a vapour. They stopped smoking smoking fairly quickly after using e-cigarettes, while some said it took many attempts and months to find the blend that succeeded to help them avoid smoking for longer. On the whole, participants encouraged smokers to be hopeful should they decide to change for longer than anticipated [21].

Finally, participants encouraged cigarettes that attempt to vaporize to 'only do everything you can,' to that the cigarettes which they smoke every day be minimized, and that is 'all that everyone would say.' The participants wished to make smokers know they have tried and struggled, on many occasions, to quit smoking by using other legal drugs and removing nicotine Participants wanted to let smokers know that life without smoking, dealing with depression and nicotine withdrawal effects and remaining cool, which can help people smoke to relieve pain which cravings can be challenging and stressful. Many visitors claimed that ecigarettes operated for them only, and other people believed that they possibly would still smoke if e-cigarettes were not discovered. Most people said they would urge all smokers to try electronic cigarettes, but especially those who have tried and struggled with approved cessation assistance [22].

Participants asked smokers what benefits they have gained specifically from cigars. Many participants said that after switching to vaping fully, they changed their physical and mental health and hygiene in a wide variety of ways, which encouraged them not to smoke again. Closed cough, less sugar, less frequent phlegm coughing and less breathless when you ascend or workout, as well as better perception of the scent and taste were all among the most common health benefits. It is no longer "smells like cigarette cigarettes" nor "smells like an ashtray," which was the main benefits of the described hygiene. dSome participants indicated that these andiffrent symptoms caused by smoking had diminished substantially, while others believed their symptoms had vanished altogether. Most participants said these health and hygiene benefits, along with the fun vaping, are the key reasons why they continue to vap today and why they do not need to smoke anymore. Finally, participants agreed to educate smokers of safety modifications of their own to focus upon smokers to be able to undergo these and other benefits should they turn to vaporisation. [23].

The present analysis gathered and evaluated qualitative data that 4 192 participants, i.e. people that have moved from tobacco to tobacco and are not smoking, are now providing advice to former smokers who are trying to use e-cigarettes to support their stopping attempts. The research also provided qualitative details on the kind of advice they got. Theme research established four key topics in the advice provided by former e-cigarettes consumers to current smokers about the transition to electric cigarettes: (i) consider a mix of spray system, e-liquid flavors & nicotine intensity that 'work for one'

The guidance the participants want to get on vaping appears to be very well matched with the kinds of information smokers have stated that they particularly want / require on vaping, information of the devices, aromas and nicotine strengths they should search for and purchase and where vape items should and should not be bought; '. "When I turn from smoking to damping, how does this affect my health? '. This results show that the kinds of information encountered in the vapors are most important for smokers to acquire from encountered vapours before a transition to vapour is envisaged [24].

Such counseling issues for current smokers show that in society, more than hundreds of people will choose to use electronic cigarettes in an effort to quit smoking and are keen to give guidance, information and encouragement to smokers who plan to turn to cigarettes. The qualitative reactions from the participants expressed sympathy and concern with smokers whose cessation of smoking and the use of approved medications have been challenging and who have repeatedly been unable to maintain long-term smoking abstention. The qualitative

reactions demonstrated sympathy for and solidarity for smokers. Responses were often able to meet smokers, whether personally in vapor-related steam shops or on-line fora, to educate and advice smokers on, and where to order or buy steam goods on machine, taste and nicotine strength mixtures they can seek and equipment [24].

Because of the evident eagerness of seasoned smokers to share the kinds of suggestions and knowledge related to smoker queries, seasoned vapors may have a valuable capacity to encourage smokers to move to e-cigarettes. So the question is, in what ways and in which outlets do smokers like to communicate much of the time about the use of vapor and vapor for cigarettes? A first approach from public health experts is to suggest that the safest place for vapors to occur is in primary health services and reduction schemes. While vapors may well have significant potential to increase smoking cessation levels by encouraging smokers to avoid smoking cessation counseling and to perform quantitative research on this topic-the idea that vapors are best able to transform smokers in established health care centers doesn't understand [25].

That has already been achieved, by millions of contacts between smokers and the Steaming Community – steam producers, retailers and consumers – from several thousand in 2007 to 1,5 million in 2017. Such pair-to-pair encounters primarily exist as steam products are sold on vapor forums and learning sites (e.g. message boards, blogs, educational updates, tutelage videos) and online (e.g. steam-to-steam shops). Smokers as well as new vapers may prefers to get to know about vapouring from the vapor community instead of from the public healthcare system for the best, reliable and affordable vapour-learning opportunities available in vapors and online shops. Over the past decade, hundreds of free online resources were developed to offer information for smokers involved over vaporizing, realistic guidance and opportunities [26].

In particular, over 17.7 million messages were shared by these leaders and visitors in over 632,000 different conversations. This may be likely that smokers continue by reading posts that are shared in wider forum forums (eg, "General Vaping Conversation" or "General Eliquid Debate") or in more specific conversation threads (eg, "Vaping History Histories," "Secure and Vaping Histories," "Requests for Opinions / Reviews" or "Asking Veterans"). Somokers can at any time of the day, despite leaving their home, or without a meeting, learn how to use thousands of different brands and models of vaping equipment and e-liquids. Similarly, www.vaping.com (VDC), a sister of the ECF, provides a series of 'Vaping Tips' – frequently updated brief posts, written in plain non-technical terms by seasoned vapors and offering practical guidance, guidance and answers to several of the most important questions raised by new vapors as well as questions where new vapors may not have taking into account. The new posts are 'How to Clean A Vape Disposal: Newbie Maintenance Guide' and 'Look for Start Vaping in five quick stages' as well as 'Look for Starters.'

Not only can they educate smokers or new vapers, the ECF dialog lines and the Vaping Guidelines on vapor are informative for withdrawal counselors and primary health providers who work regularly with smokers but do not feel comfortable or willing to discuss vapor items with them. This electronic skills will educate health providers about vaporization of vernacular products, the nature of vapor products, and patterns in the vaporisation of their consumers' behaviors. Smoking prevention services or other health care facilities may even aim to benefit about and also recruit the volunteers or pay for local e-cigarette customers and vapor vendors. Qualitative responses in this research suggest that, even though they are casual, rare, unpaid, they can not only be interested in helping smokers but can consider opportunities and invites to discontinue smoking and other health services. At the moment consumers and manufacturers of vapor devices remain largely idle resources in most smoking quit services (SSS) and of other key wellness systems, which can only leave workers without a credible instructional outlet, but may also decrease a smoker 's ability to partake in the

system. Reducing or disregarding these people's knowledge and experience may provide health providers, researchers and e-cigarette makers with a huge incentive to encourage more people stop smoking and reduce reoccurrence. Longitudinal research should consider to what degree, brief or ongoing encouragement from vaping peers can improve smokers' chances to quit or decrease their daily smokes, in particular among the smokers who have attempted and struggled to quit on multiple occasions through the use of NRTs and cessation drugs [27].

4. CONCLUSION

Smoking replacement is now the most common method of avoiding smoking in the UK and the US, with low-risk nicotine products like cigars. Through sharing their stories of leaving an e-cigarette and their lives after their transformation, former e-cigarette consumers will give existing smokers a powerful motivation, insight, guidance and incentivism to try an e-cigarette and eventually to make a positive transition from scooping up to vaporisation. It is not unreasonable to say, though, that the connection between a smoker who wishes to use an e-cigarette to stop smoking, might turn one quitter into two (i.e., 'quitter which produces quitters').). Moreover, it may not be reasonable. Encouraging smokers and fresh smoking vapors to connect with seasoned e-cygarette consumers who already have stopped smoking, either in vapor shops or on vapor blogs, or in smoking reduction facilities, will speed up the existing trend of change from tobacco cigarettes to e-cigarettes.

Studies and awareness strategies to gather, document and convey opinions and experiences of committed ex-users to existing users as well as to those responsible for regulating nicotine vapor products are still a critical necessity. Background of how a man switched from smoking to vaping when presented by thousands, will become a credible source of objective knowledge of the ways in which e-cigarettes make people quit smoking.

When laws do not stifle the creation of more effective and more safe e-cigar products and smokers are enabled and advised to take e-cigarettes as an alternate to smoking, learn about relative safety hazards and benefits of vapour, and learn how to use and control their devices properly, the customer and the public are

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