

# Use of vapes among adults in Great Britain

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# Executive summary

This 2025 factsheet presents an overview of vaping behaviour among adults in Great Britain. Drawing from ASH Smokefree GB survey data (n=13,314), key findings include:

- **10% of GB adults vape**, equal to an estimated **5.5 million people**.
- **13% of GB adults smoke**, which has been at the same level since 2021.
- **55% of people who currently vape used to smoke but have now given up (2 million people)**, though 40% are still smoking (2.2 million people).
- Misconceptions about vaping harms have increased: **53% of people who smoke believe vaping is as harmful or more harmful than smoking**.
- **Disposable vape use peaked in 2023** and is now in decline.

# 1. Trends in vaping behaviour

## Prevalence over time

- From 2012 to 2025, vaping prevalence rose from 1.7% to 10.4%. Growth slowed after 2024, suggesting a plateau.
- Currently there are an estimated 5.5 million vapers in Great Britain.

## Vaping by smoking status

- Current smokers: 33% vape (2.2 million).
- Ex-smokers: 18% vape (3.0 million).
- Never-smokers: 0.9% vape (260,000).

## Vaping by age and socioeconomic status (SES)

- Vaping has plateaued across all age groups under 55.
- Vaping is less common among smokers in social grades C2DE than smokers in social grade ABC1.

## Duration and frequency

- Daily vaping has increased, so now 7.6% of people vape every day, up from 4.5% in 2020.
- Of ex-smokers who vape, 91% vape daily and just under half of dual users do (49%).
- 58% of ex-smokers who vape have done so for over 3 years.

## 1.1 Prevalence over time

- From 2012 to 2024, vaping prevalence rose from 1.7% to 10.7%. In 2025, 10.4% vaped, suggesting a plateau
- Currently there are an estimated 5.5 million vapers in Great Britain

**Table 1.** Number of current vapers in Great Britain (2012-2025)

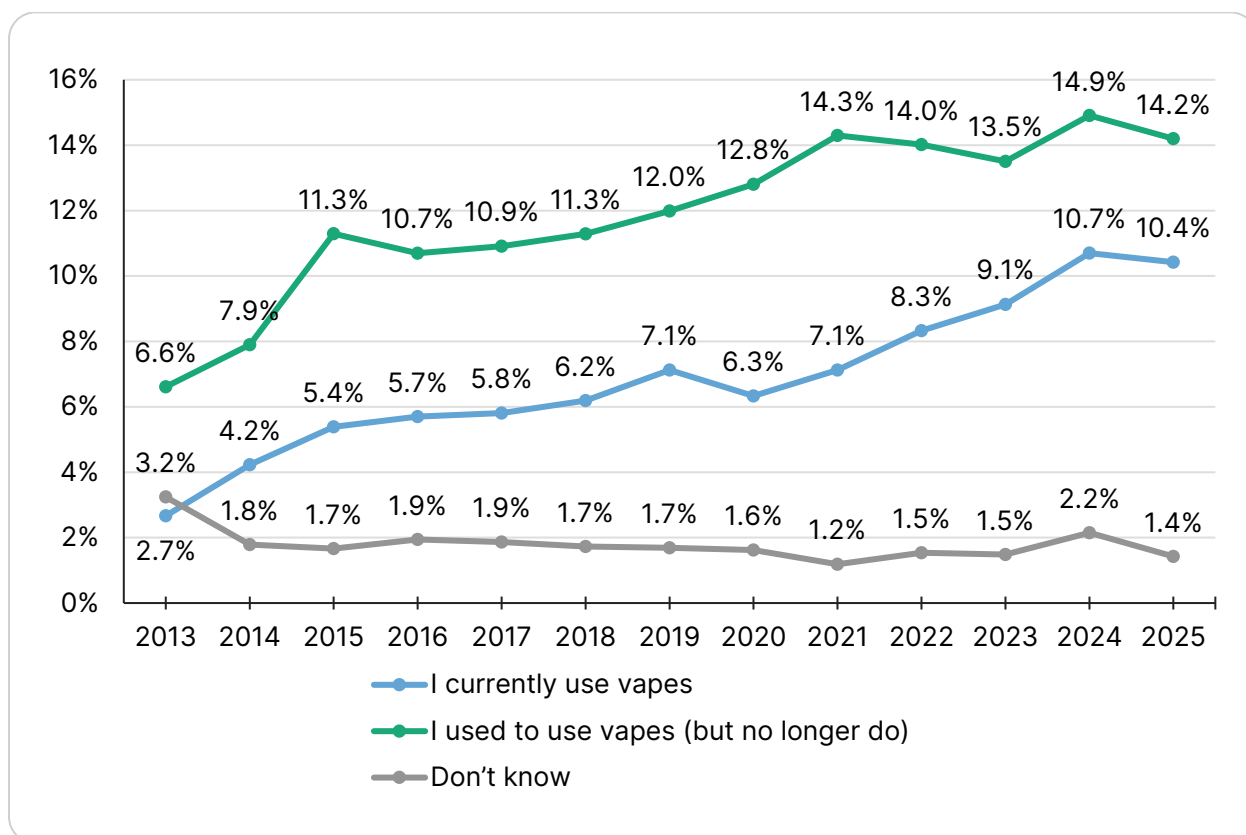
	% population who currently vape	Percentage point change (YoY)	Rate of Growth (YoY)	Number of current vapers (millions)
2012	1.7%	-	-	0.8
2013	2.7%	1.0%	+62%	1.3
2014	4.2%	1.6%	+60%	2.1
2015	5.4%	1.2%	+29%	2.7

2016	5.7%	0.3%	+7%	2.9
2017	5.8%	0.1%	+3%	2.9
2018	6.2%	0.4%	+7%	3.2
2019	7.1%	0.9%	+16%	3.6
2020	6.3%	-0.8%	-11%	3.3
2021	7.1%	0.8%	+13%	3.7
2022	8.3%	1.2%	+18%	4.3
2023	9.1%	0.8%	+10%	4.8
2024	10.7%	1.6%	+17%	5.6
2025	10.4%	-0.3%	-3%	5.5

Estimates are based on the most recently available GB adult population figures (in this case, both 2024 and 2025 estimates are calculated using 2023 GB population<sup>1</sup>).

Current vaping has grown more rapidly since 2020, with smaller increases in those who have vaped in the past but no longer do. The majority (74%) of GB adults have never tried a vape.

**Figure 1.** Vaping by GB adults (2013-2025)



**ASH Smokefree GB Adult Surveys 2013-2025.** Unweighted base: All adults (2013=12,171, 2014=12,269, 2015=12,055, 2016=12,157, 2017=12,696, 2018=12,767, 2019=12,393, 2020=12,809, 2021=12,247, 2022=13,088, 2023=12,271, 2024=13,266, 2025=13,314)

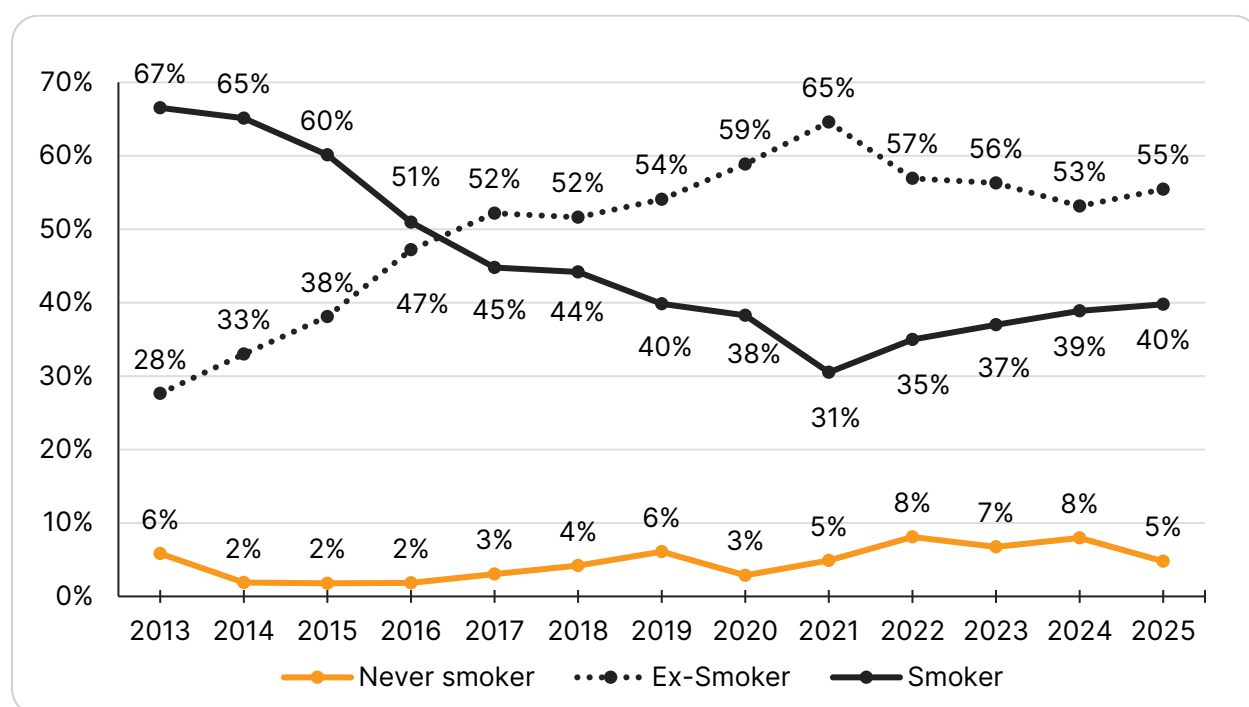
Among the group who used to vape but no longer do, 44% used to smoke but have also given that up, 35% currently smoke and 20% have never smoked.

## 1.2 Vaping by smoking status

- **Current smokers:** 33% vape (2.2 million)
- **Ex-smokers:** 18% vape (3.0 million)
- **Never-smokers:** 0.9% vape (260,000)

Vaping is much more common among current and ex-smokers. Of the 10.4% of current vapers (an estimated 5.5 million adults), 55% (3.0 million) are ex-smokers, 40% (2.2 million) are current smokers and 5% (260,000) are never smokers. Since 2013, the proportion of people who vape and who also smoke tobacco has generally fallen, while the proportion who are ex-smokers has risen (Figure 2). However, this trend reversed after 2021. There has been a significant decrease in the proportion of current vapers who are ex-smokers, from 65% in 2021 to 53% in 2024. The proportion of vapers who have never smoked has fallen significantly over the last year, from 8% in 2024 to 5% in 2025.

**Figure 2.** Smoking status of vapers, GB adult vapers (2013–2025)



**ASH Smokefree GB Adult Surveys 2013–2025.** Unweighted base: Adult current vapers (2013=325, 2014=498, 2015=614, 2016=667, 2017=669, 2018=738, 2019=854, 2020=787, 2021=826, 2022=1,089, 2023=1,079, 2024=1,408, 2025=1,328)

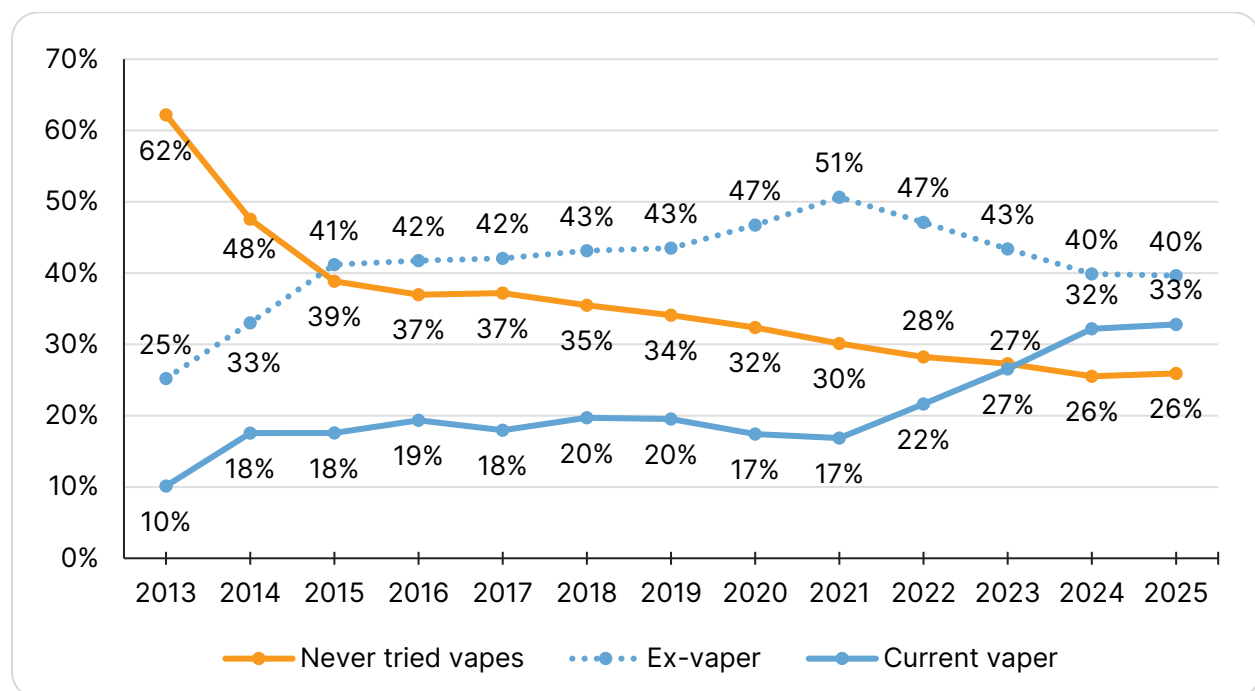
## Vaping prevalence among smokers

Vaping among smokers increased rapidly between 2013 and 2014 remaining at a similar level until 2021, after which it rapidly increased coinciding with the arrival on the market of modern disposable vapes. This increase was largely fuelled by smokers who had previously tried vapes starting to use them again.

As a result, there remains a fair proportion of smokers who have never tried vaping, 26% in 2025 (Figure 3).

The increase in vaping among smokers has stalled in 2025 with no change in the levels of use since 2024. An estimated 2.2 million smokers currently vape, 2.6 million have tried vaping but no longer vape and 1.7 million have never vaped.

**Figure 3.** Vaping by smokers, GB adult smokers (2013-2025)

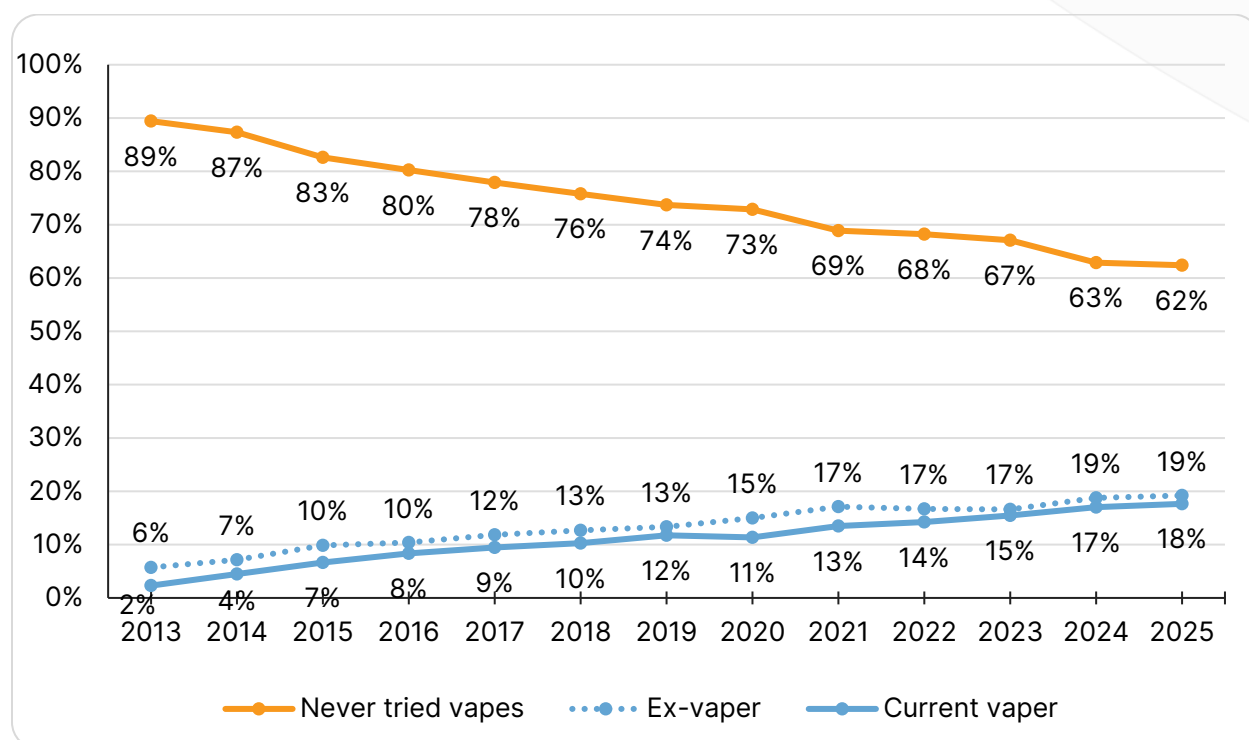


**ASH Smokefree GB Adult Surveys 2013-2025.** Unweighted base: Adult current smokers (2013=1,895, 2014=1,776, 2015=2,037, 2016=1,704, 2017=1,632, 2018=1,633, 2019=1,777, 2020=1,694, 2021=1,512, 2022=1,751, 2023=1,517, 2024=1,695, 2025=1,628)

## Vaping prevalence in ex-smokers

About one in six ex-smokers currently vape (18%, Figure 4), and a further 19% have tried vaping but no longer vape. This means there are an estimated 3.0 million ex-smokers who are current vapers and 3.3 million ex-smokers who have tried vaping but no longer do it. Current vaping among ex-smokers has not grown between 2024 and 2025.

**Figure 4.** Vaping by ex-smokers, GB adult ex-smokers (2013-2025)



**ASH Smokefree GB Adult Surveys 2013-2025.** Unweighted base: Adult ex-smokers (2013=4,303, 2014=4,498, 2015=3,889, 2016=4,354, 2017=4,438, 2018=4,388, 2019=4,150, 2020=4,283, 2021=4,228, 2022=4,207, 2023=4,105, 2024=4,232, 2025=4,196)

Over a quarter (26%) of ex-smokers say they used a vape to quit, amounting to 4.4 million people. Some ex-smokers quit many years ago, before the current generation of e-cigarettes were available.

More than half of ex-smokers who quit in the last five years say they used a vape in their last quit attempt, (55%) which amounts to 2.4 million ex-smokers. Among those who quit smoking in the last 5 years using a vape, 60% are still vaping while 32% have quit vaping as well (Table 2). The remaining 8% can't recall or gave an invalid answer.

**Table 2.** Current vaping status in GB adult ex-smokers who quit smoking in the last five years using a vape (2025)

GB adult ex-smokers who quit smoking in the last five years using a vape	Currently vape	Have quit vaping	Can't recall/ invalid answer	ALL
%	60%	32%	8%	100%
Approx. number of people	1.4 million	760K	200K	2.4 million

**ASH Smokefree GB Adult Survey 2025.** Unweighted base: Adult ex-smokers who quit in the last 5 years using a vape n=591

Our findings are consistent with the Smoking Toolkit Study (an ongoing series of monthly surveys of the adult population of England) which shows that vapes are the most popular quitting aid and that there is a clear association between changes in population rates of quitting smoking and prevalence of vaping.<sup>2</sup> For further discussion of the STS, see Appendix 1. If the association is causal, then the use of e-cigarettes in quit attempts appears to have helped in the region of 30,000 to 50,000 additional smokers to successfully quit each year in England since 2013.<sup>3</sup>

Our findings are also consistent with randomised controlled trials which provide good evidence that vapes that contain nicotine are an effective quitting aid. A Cochrane systematic review of the evidence concludes that there is high certainty evidence that vapes that contain nicotine increase long-term quit rates to a greater extent than Nicotine Replacement Therapy (NRT).<sup>4</sup> Furthermore, there is high certainty evidence that nicotine e-cigarettes, varenicline and cytisine are the stop-smoking aids most likely to help people quit smoking.<sup>5</sup> Varenicline and cytisine are only available on prescription and were used in less than 1% of quit attempts in 2022.<sup>6</sup>

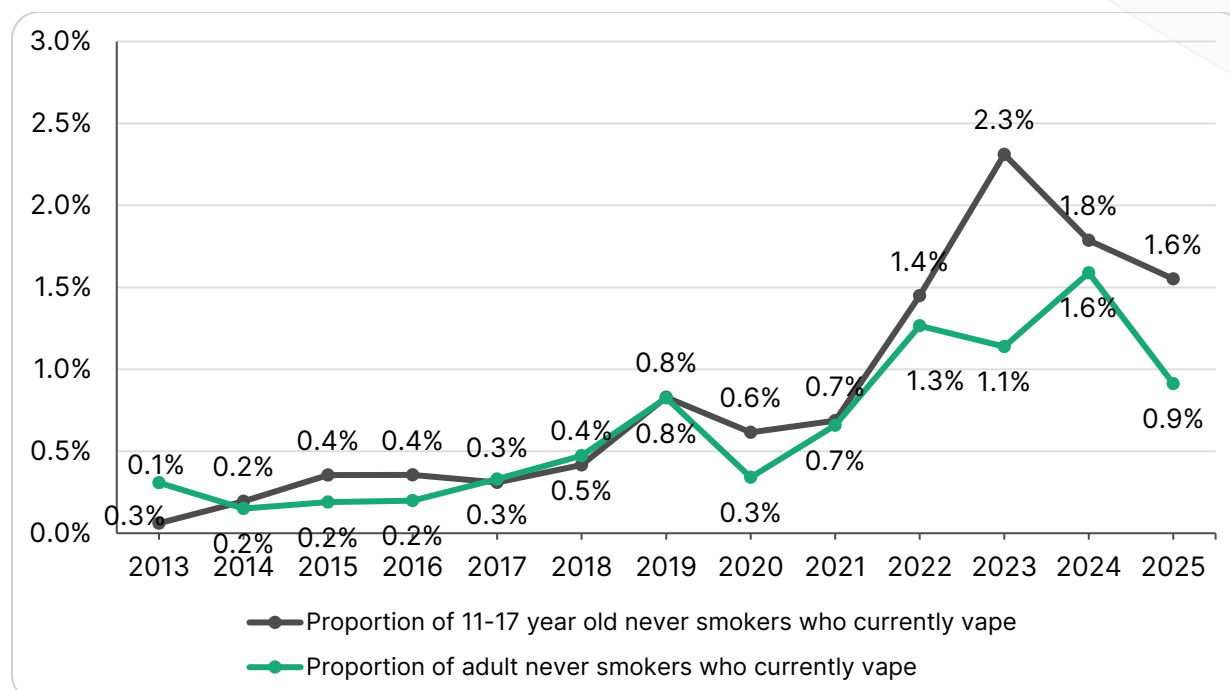
### **Vaping behaviour in never smokers**

Vaping among never smokers has fallen significantly between 2024 and 2025 from 1.6% to 0.9% equivalent to 260,000 GB adults in 2025 (Figure 5 & Table 1). It is unclear from our survey why this has declined. While it may be because never smokers have stopped vaping or not taken it up it may also be because some people who had never smoked but had vaped have started to smoke.

Vaping among 11–17-year-olds who have never smoked also remains low at 1.6%. For more information on vaping among young people see [Use of vapes \(e-cigarettes\) among young people in Great Britain](#).



**Figure 5.** Proportion of never smokers who currently vape, GB adult never smokers and youth never smokers aged 11-17 (2013-2025)

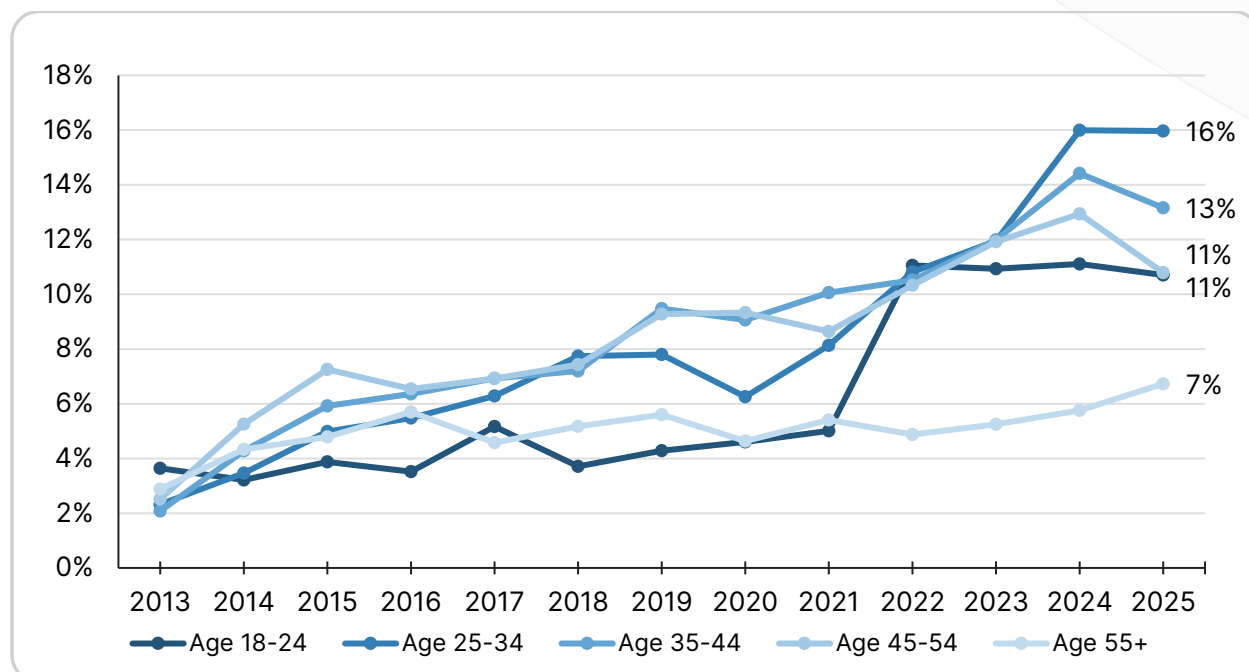


**ASH Smokefree GB Adult & Youth Surveys, 2013-2025.** Unweighted base: youth never smokers, adult never smokers. See counts Table 6 in appendix.

### 1.3 Vaping by age and SES

In the ASH/ YouGov survey vaping is most common in 25–34-year-olds (16%, Figure 6) and 35–44-year-olds (13%). This differs from insights from the Smoking Toolkit Study run by UCL which finds vaping to be most common among those under 25. The difference is likely linked to different sampling, questions and definitions in the two surveys. Common across both surveys is that vaping among younger adults has plateaued over the last couple of years.

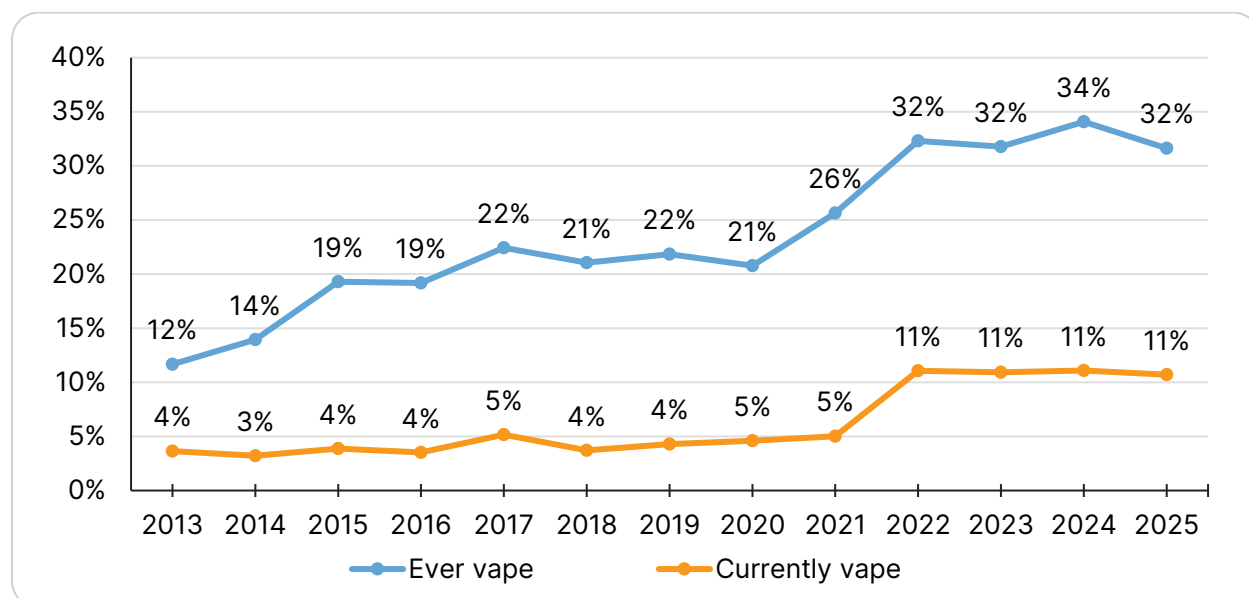
**Figure 6.** Current use of vapes in different age groups over time, GB adults (2013-2025)



**ASH Smokefree GB Youth and Adult Surveys 2013-2025.** Unweighted base: see counts Table 7 in appendix

Ever having tried vapes is nearly three times the level of current use among 18–24-year-olds in the ASH survey, though this too has plateaued, after increasing between 2021 and 2022 (Figure 7).

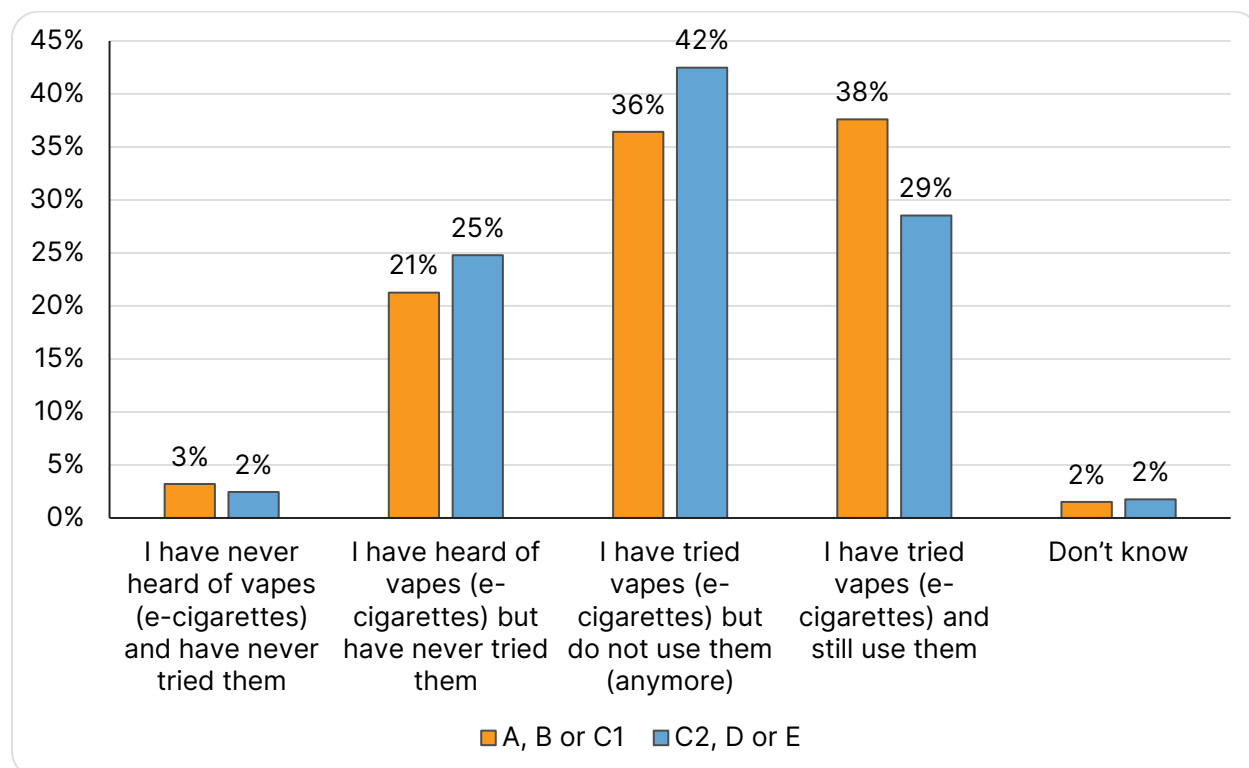
**Figure 7.** Use of vapes by 18–24-year-olds (2013-2025)



**ASH Smokefree GB Adult Survey 2013-2025.** Unweighted base: (2013=1,324, 2014=1,026, 2015=1,305, 2016=1,181, 2017=1,246, 2018=1,300, 2019=1,604, 2020=1,336, 2021=1,194, 2022=2,127, 2023=1,407, 2024=2,365, 2025=2,241)

Vaping is more common among more disadvantaged groups reflecting that smoking is also concentrated in these populations. However, within the population of people who smoke, those in the more disadvantaged social grades C2DE were less likely to be currently vaping (29%, Figure 8) and those in social grades ABC1 were more likely to be currently using a vape (38%). There is a breakdown of vaping, SES and age in the appendix, section 4.

**Figure 8.** Vaping among smokers by social grade (2025)



**ASH Smokefree GB Adult Survey 2025.** Unweighted base: Adult current smokers (A, B or C1=830, C2, D or E=798)

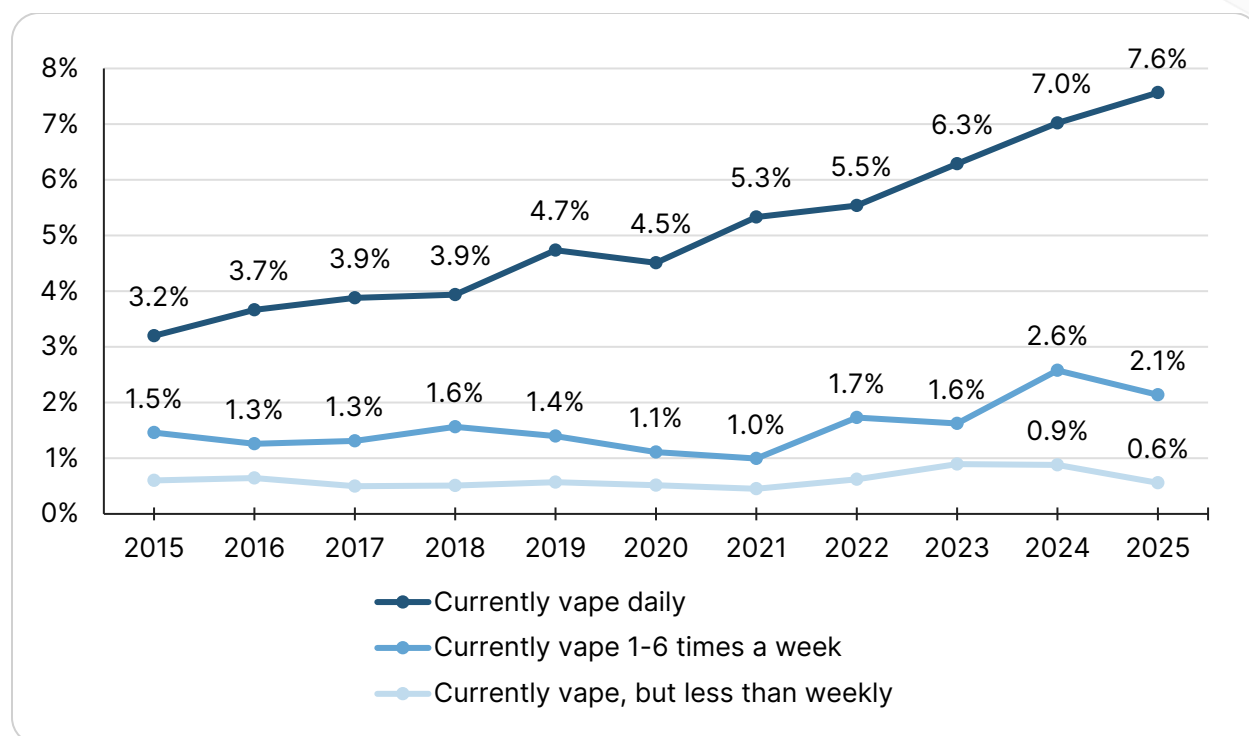
#### 1.4 Duration and frequency

- Daily vaping has increased, so now 7.6% of people vape every day up from 4.5% in 2020 (Figure 9)
- At the same time daily smoking has declined so now 7.4% smoke daily compared to 9.7% in 2020 (Figure 10)
- 91% of ex-smokers who vape, vape daily and just under half of dual users do (49%) (Figure 11)
- 58% of ex-smokers who vape have done so for over 3 years

Daily vaping has increased significantly in recent years from 4.5% of the population in 2020 to 7.6% in 2025 (Figure 9). From 2020 to 2025 non-daily vaping has remained at a

similar level suggesting that the rise in vaping during this time has largely been in daily use.

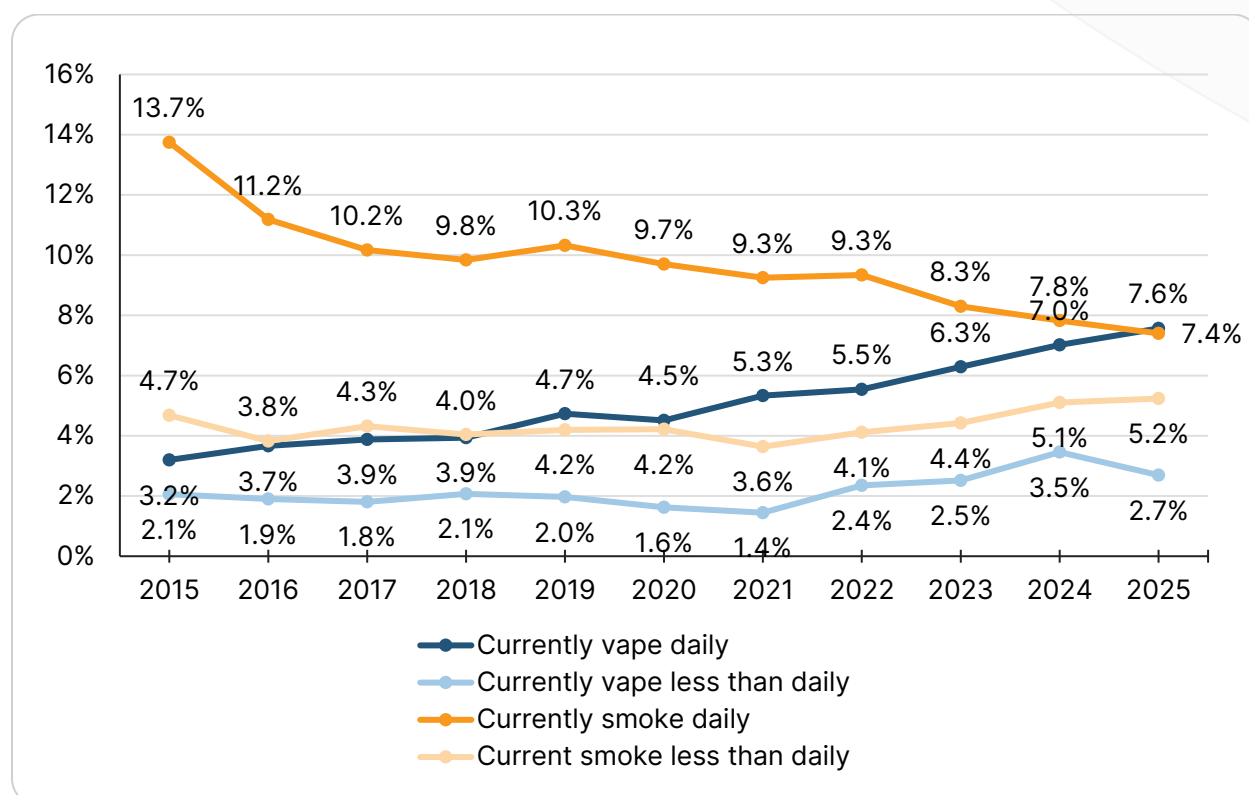
**Figure 9.** Vaping frequency, GB adults (2015-2025)



**ASH Smokefree GB Adult Survey 2015-2025.** Unweighted base: All adults (2015=12,055, 2016=12,157, 2017=12,696, 2018=12,767, 2019=12,393, 2020=12,809, 2021=12,247, 2022=13,088, 2023=12,271, 2024=13,266, 2025=13,314)

It seems likely that daily vaping is displacing at least some smoking. Daily smoking has dropped from 9.7% in 2020 to 7.4% in 2025 during the period that daily vaping has grown (Figure 10).

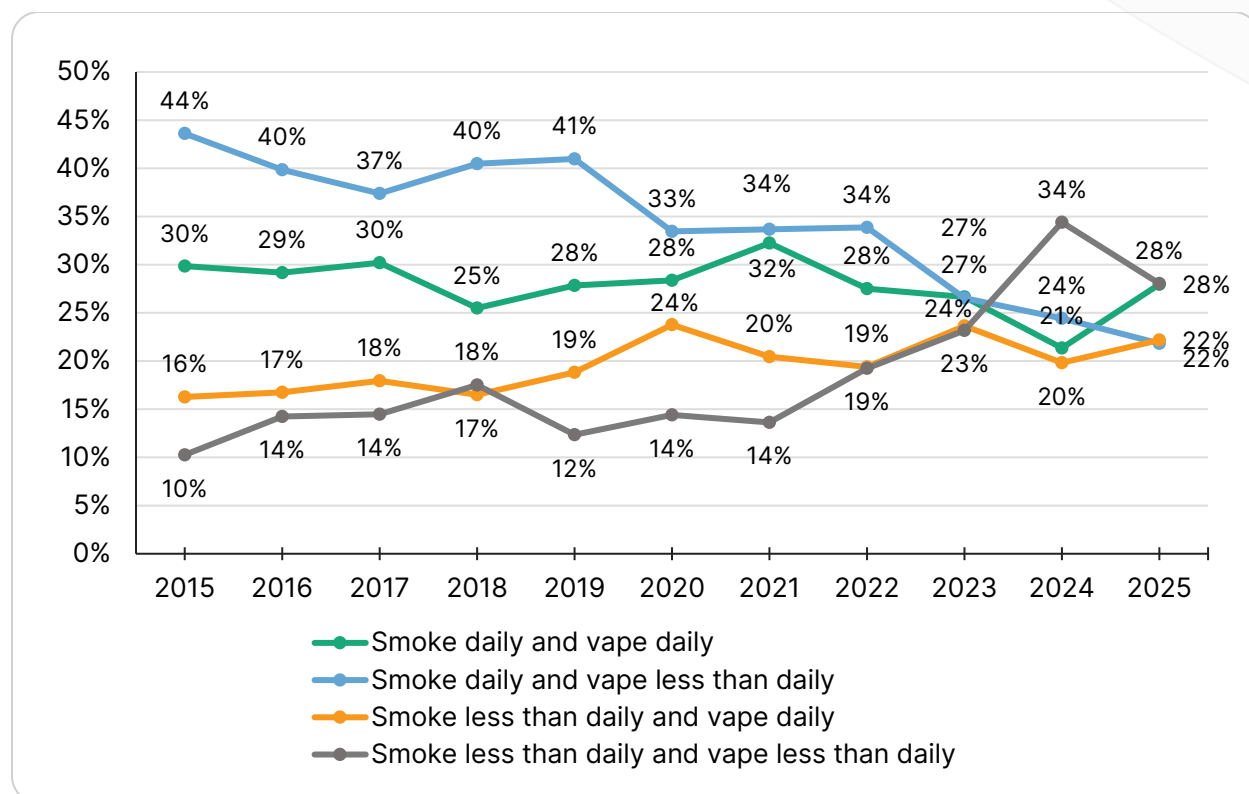
**Figure 10.** Vaping and smoking frequency, GB Adults (2015-2025)



**ASH Smokefree GB Adult Survey 2015-2025.** Unweighted base: All adults (2015=12,055, 2016=12,157, 2017=12,696, 2018=12,767, 2019=12,393, 2020=12,809, 2021=12,247, 2022=13,088, 2023=12,271, 2024=13,266, 2025=13,314)

In 2015 it was most common for people to vape non-daily and smoke daily (44% of dual users, Figure 11), but in 2025 this is now less common (22%). Over the same period there has also been an increase in proportion of dual users who both vape and smoke non-daily (from 10% to 28%).

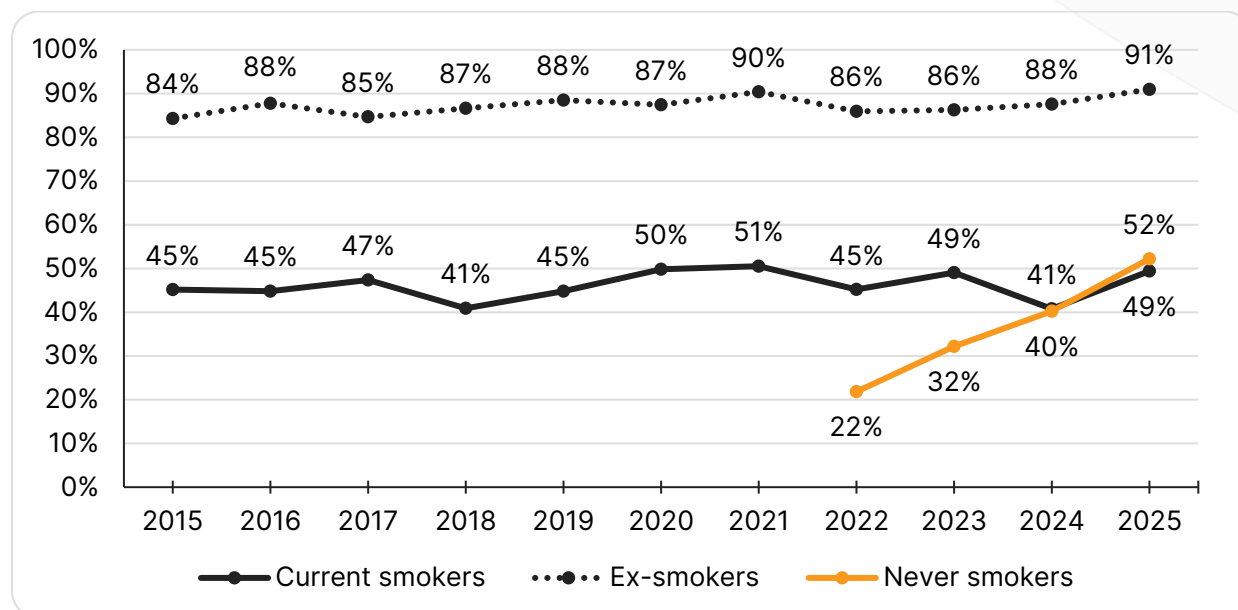
**Figure 11.** Vaping and smoking daily and non-daily combinations, GB dual users (2015-2025)



**ASH Smokefree GB Adult Survey 2015-2025.** Unweighted base: Current smokers who also currently vape, excluding those who have vaped 'once or twice' or don't know their frequency of vaping (2015=359, 2016=321, 2017=288, 2018=300, 2019=320, 2020=280, 2021=239, 2022=381, 2023=379, 2024=541, 2025=523).

While daily vaping has long been common among ex-smokers and current smokers, it has increased significantly in never smokers. In 2022, 22% of never smokers who vaped did so daily but in 2025 over half do (52%) (Figure 12). The proportion of vapers who are never smokers has fallen in 2025 (see Figure 5).

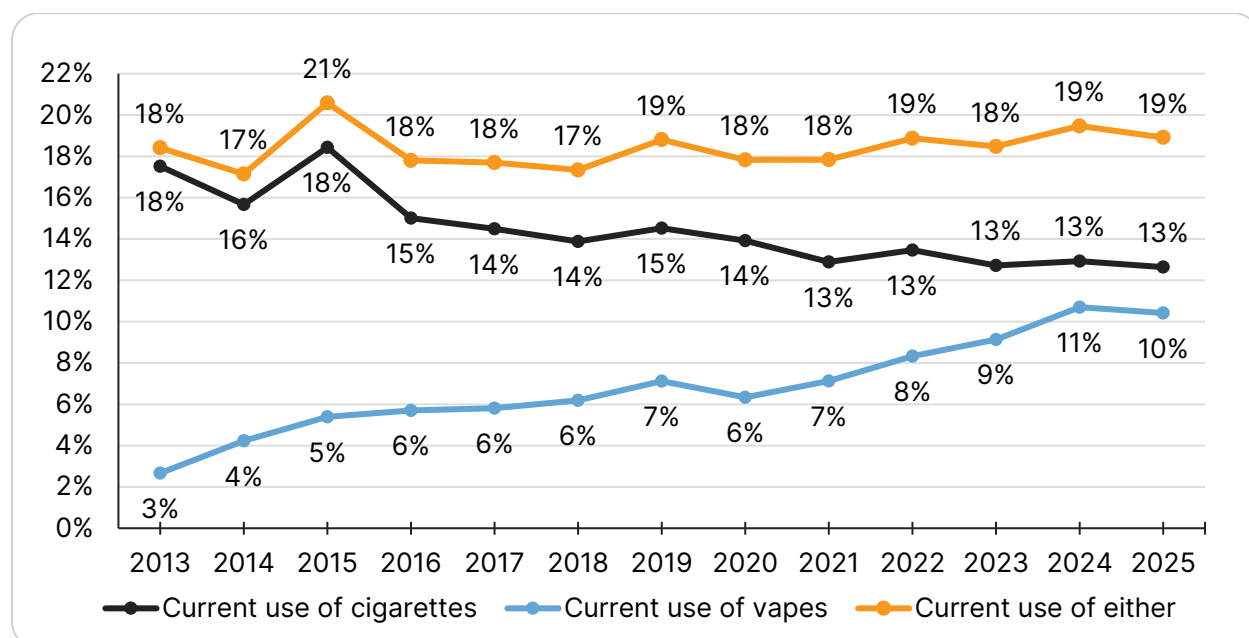
**Figure 12.** Daily vaping by smoking status, GB adult vapers (2013-2025)



**ASH Smokefree GB Adult Surveys 2015-2025.** Unweighted base: Adult vapers, see counts Table 8 in appendix. Never smokers sample size too small to display before 2022.

The overall proportion of people who are vaping, smoking or doing both has remained similar since 2015. However, recent increases in vaping have not been matched by declines in smoking which have remained at around 13% for the last few years (Figure 13).

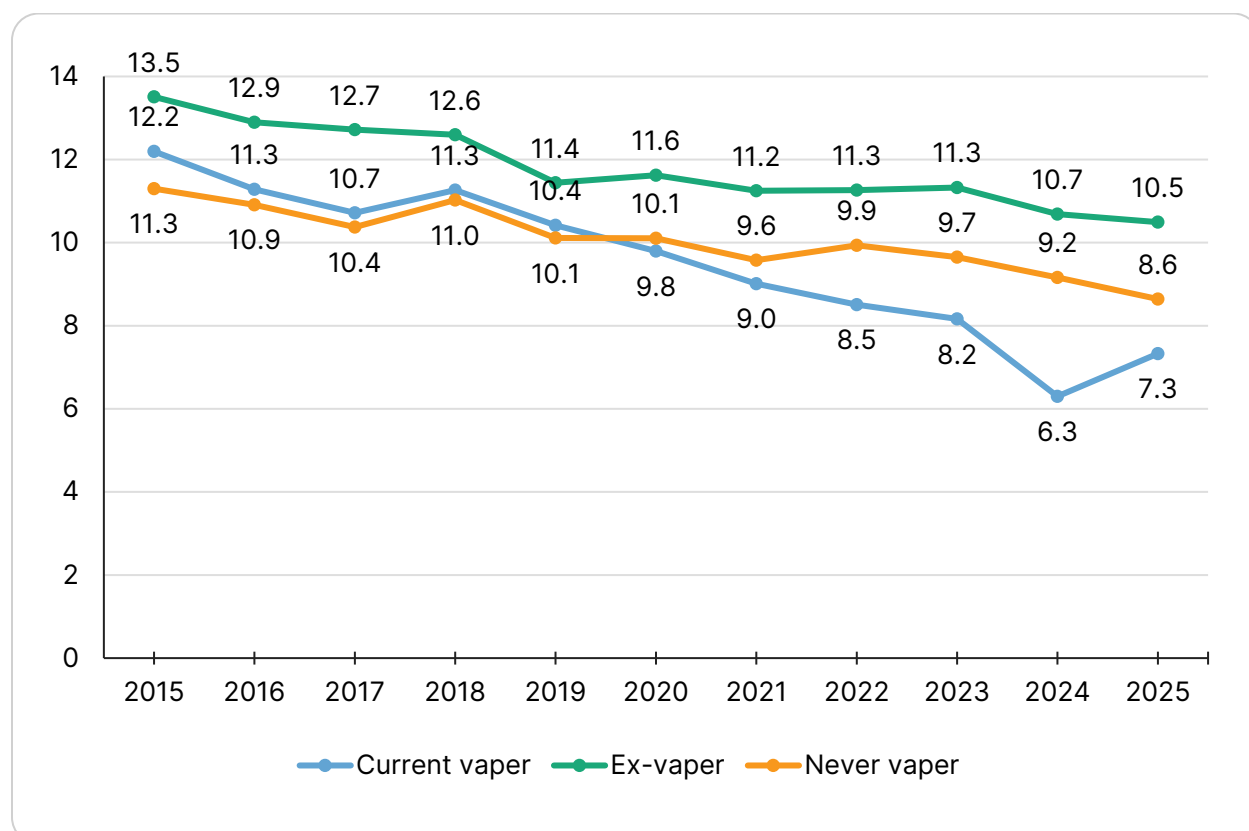
**Figure 13.** Current use of cigarettes, vapes and either over time, GB adults (2013-2025)



**ASH Smokefree GB Adult Surveys 2013-2025.** Unweighted base: All adults (2013=12,171, 2014=12,269, 2015=12,055, 2016=12,157, 2017=12,696, 2018=12,767, 2019=12,393, 2020=12,809, 2021=12,247, 2022=13,088, 2023=12,271, 2024=13,266, 2025=13,314)

While the rate of smoking in the survey has remained the same the number of cigarettes smoked by those who smoke and vape has fallen further in current vapers (from 12.2 per day in 2015 to 7.3 in 2025, Figure 14), than in ex-vapers or never vapers.

**Figure 14.** Average number of cigarettes per day by vaping status, GB Adult smokers (2015-2025)



**ASH Smokefree GB Adult Surveys 2015-2025.** Unweighted base: Adults who currently smoke, see counts Table 9 in appendix. Answers to number of cigarettes per day are banded, so average cigarette numbers are approximated by using the middle values.

### Vaping duration in ex-smokers

Among those who have vaped or currently vape, vaping over a number of years after quitting smoking is common. Our survey finds that 58% of people who no longer smoke but still vape have vaped for more than 3 years.

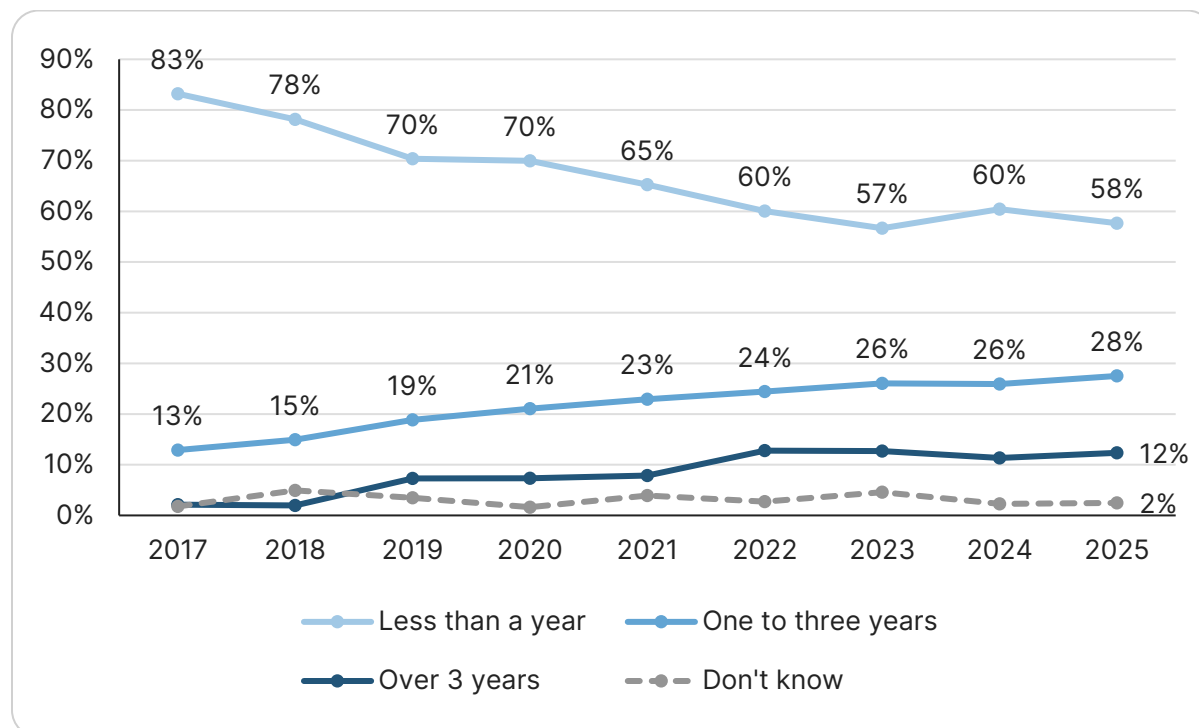
However, many people also stop vaping after they have quit smoking. The duration of use varies but on average among those who used a vape to quit smoking the average duration of vaping is around 3 years.

The proportion of ex-smoker, ex-vapers that used vapes for less than a year has fallen over time from 83% in 2017 to 58% in 2025. (Figure 15) The proportion using vapes for



over a year before stopping has more than doubled from 15% in 2017 to 40% in 2025, with 12% saying they vaped for more than three years before stopping.

**Figure 15.** Duration of vaping by ex-cigarette smokers who have also stopped vaping, GB adult ex-smoker ex-vapers (2017-2025)

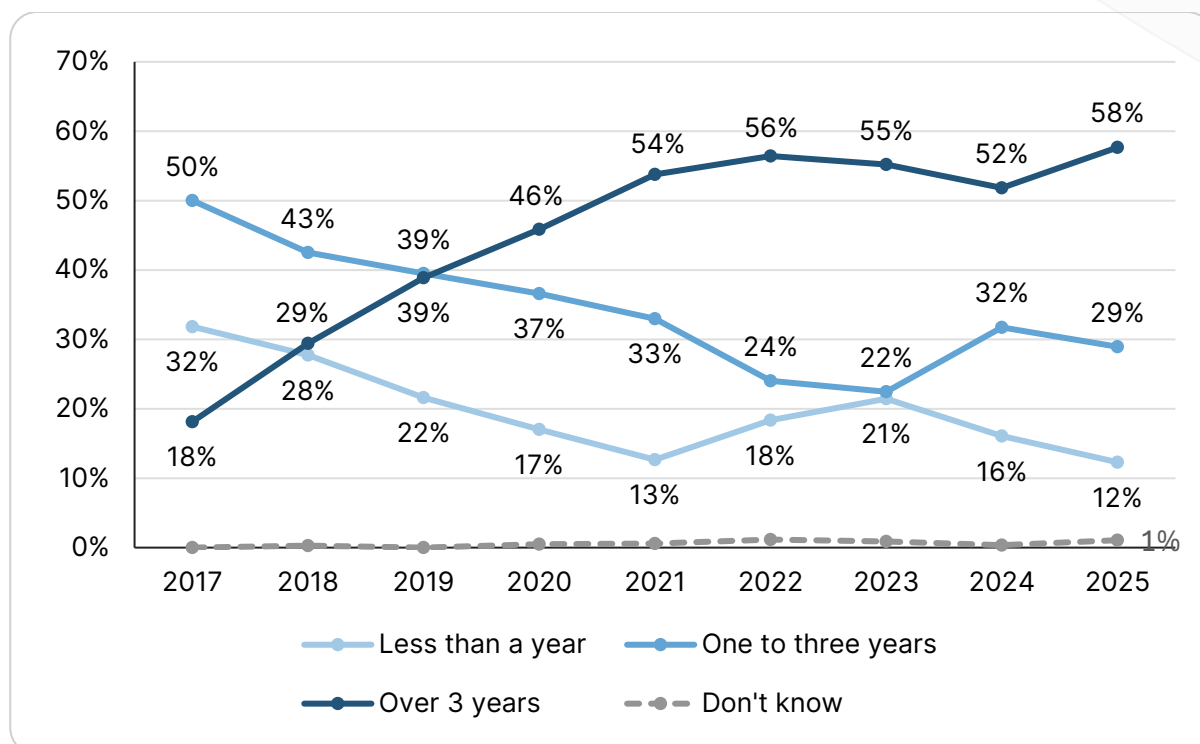


**ASH Smokefree GB Adult Surveys 2017-2025.** Unweighted base: Adult ex-smokers who no longer vape but once did, excluding those who have vaped 'once or twice' or don't know their frequency of vaping (2017=233, 2018=242, 2019=272, 2020=321, 2021=402, 2022=418, 2023=407, 2024=461, 2025=536)

More than half of current vapers who are ex-smokers in 2025 said they had been vaping for over 3 years (58%), compared with 18% in 2017 when we started asking this question. (Figure 16).

- 12% have vaped for under 1 year
- 29% have vaped for 1 - 3 years
- 19% have vaped for 3 - 5 years
- 29% have vaped for 5 - 10 years
- 10% have vaped for over 10 years

**Figure 16.** Duration of vaping by ex-cigarette smokers who currently vape, GB adult ex-smokers who currently vape (2017-2025)



**ASH Smokefree GB Adult Surveys 2017-2025.** Unweighted base: Adult ex-smokers who currently vape, excluding those who have vaped 'once or twice' or don't know their frequency of vaping (2017=357, 2018=399, 2019=456, 2020=473, 2021=533, 2022=586, 2023=604, 2024=722, 2025=713)

Many people who were both ex-smokers and ex-vapers had previously vaped regularly, with 37% saying they vaped daily and 51% at least weekly. Most ex-smokers who currently vape do so daily (91%), with 96% vaping at least weekly.

## 2. Motivations and attitudes

### Reasons for use

- Ex-smokers: quitting (26%), relapse prevention (20%)
- Smokers: reduce smoking (16%), enjoyment (13%)
- Never-smokers: stress (35%), enjoyment (31%)

### Satisfaction and barriers

- 65% of ex-smokers find vaping as or more satisfying than smoking
- Barriers faced by smokers to vaping: fear of substituting one addiction for another (25%), safety concerns (15%)

### Misperceptions of harm

- 56% of people believe vaping is as/more harmful than smoking
- Misperceptions are highest among smokers who have never vaped
- Misperceptions are higher among smokers in social grades C2DE than ABC1

### 2.1 Reasons for use

- Ex-smokers: quitting (26%), relapse prevention (20%)
- Smokers: reduce smoking (16%), enjoyment (13%)
- Never-smokers: stress (35%), enjoyment (31%)

#### Reasons for vaping

Among those who vaped more than once or twice, the four main reasons for vaping are as an aid to quitting smoking (19%) followed by preventing relapse (14%), because they enjoy the experience (13%) and to help with stress or mental health (13%).

About one in five responses are 'Other'. The most common response to 'Other' is 'Because I am addicted to vapes'. Some other repeated responses were:

- For use in situations where you can't smoke
- To be social (especially with alcohol)
- A specific health diagnosis causing a switch from cigarettes
- Wanting something to do with your hands
- They smell better than cigarettes

### **Reasons for vaping by smoking status**

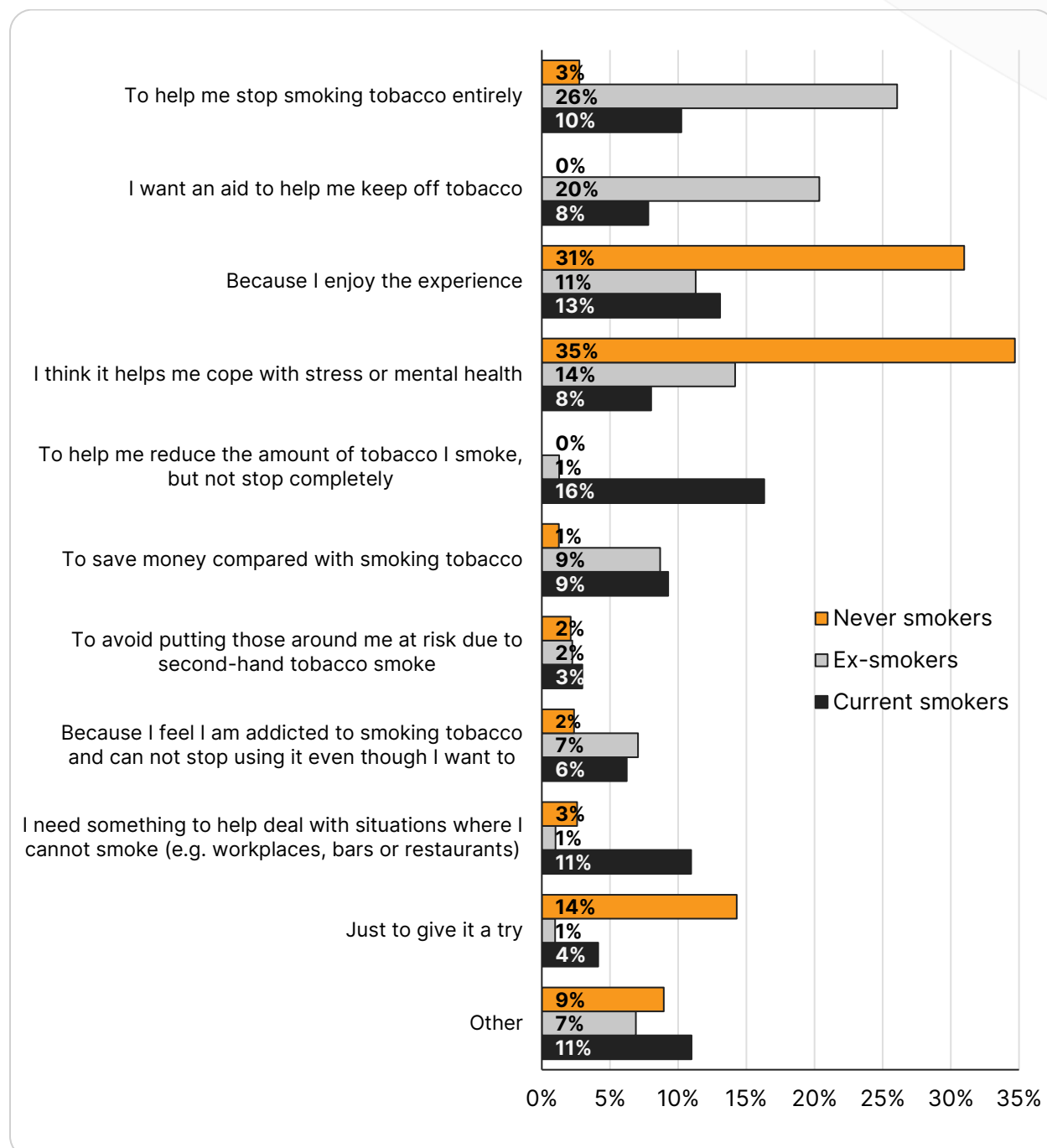
When current vapers who are ex-smokers are asked for their main reason for vaping, the most frequently cited reasons are: to help them quit smoking (26%), as an aid to keep them off tobacco (20%), to cope with stress or mental health (14%) and because they enjoy it (11%). (Figure 17)

The main reasons current vapers who also smoke (dual users) give for vaping are to help them to help cut down the amount smoked (16%), because they enjoy it (13%), to deal with situations where they cannot smoke (11%) and to try to help them quit (10%).

The three main reasons for vaping among never smokers are to cope with stress or mental health (35%), enjoying the experience (31%) and just to give it a try' (14%).

Coping with stress or mental health was first added as an available option in 2024.

**Figure 17.** Main reason for vaping, GB adult vapers with different smoking statuses (2025)



**ASH Smokefree GB Adult Survey 2025.** Unweighted base: Adults who currently vape, excluding those who have vaped 'once or twice' or don't know their frequency of vaping (Smokers=523, Ex-smokers=713, Never smokers=70)

Other options to choose are grouped under 'Other':

'It was advised by a health professional'

'It was suggested or recommended by a friend'

'I think it helps me control my weight'

'Other'

These were all chosen by less than 10% of any group.

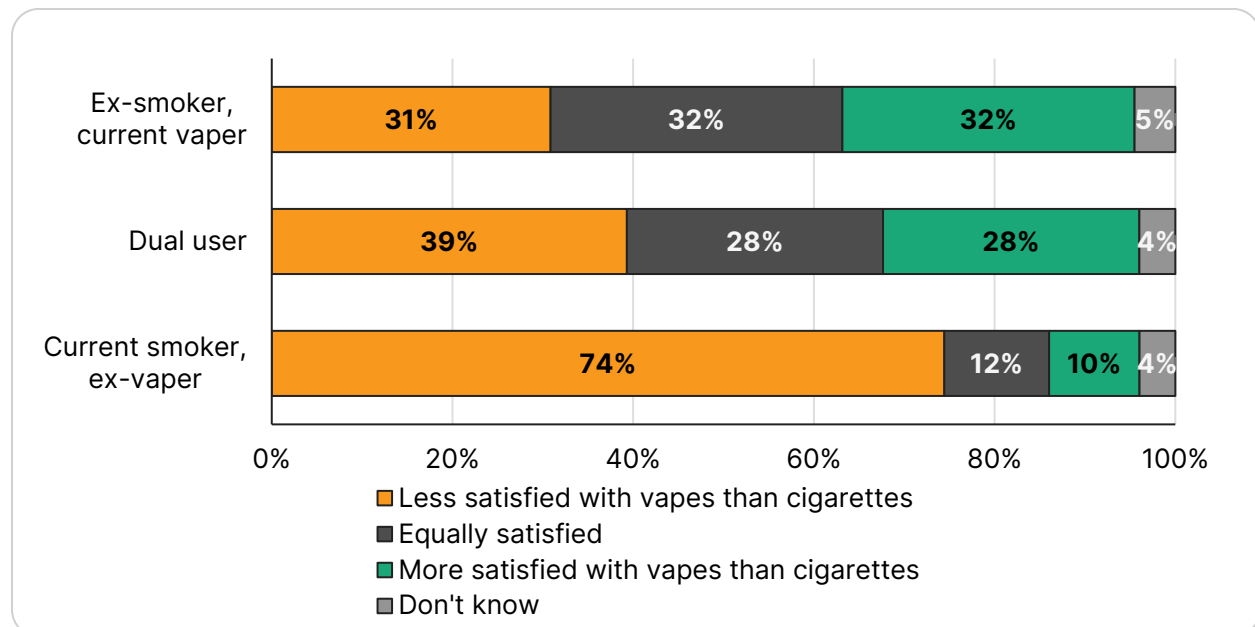
## 2.2 Satisfaction and barriers

- 65% of ex-smokers find vaping as or more satisfying than smoking
- Barriers: fear of substituting one addiction for another (25%), safety concerns (15%)

Those who tried vaping were also asked how satisfying they found it in comparison with smoking:

- **Ex-smokers who currently vape:** Around two thirds of e-cigarette users who no longer smoke find vaping more or equally satisfying compared with smoking (65%). The proportion finding it less satisfying is 31% (Figure 18).
- **Smokers who currently vape (dual user):** More than half (57%) of vapers who also smoke find it more or equally satisfying compared with smoking, while 39% find it less satisfying.
- **Smokers who are ex-vapers:** Three quarters of current smokers who tried vaping but stopped find vapes less satisfying than cigarettes (74%).

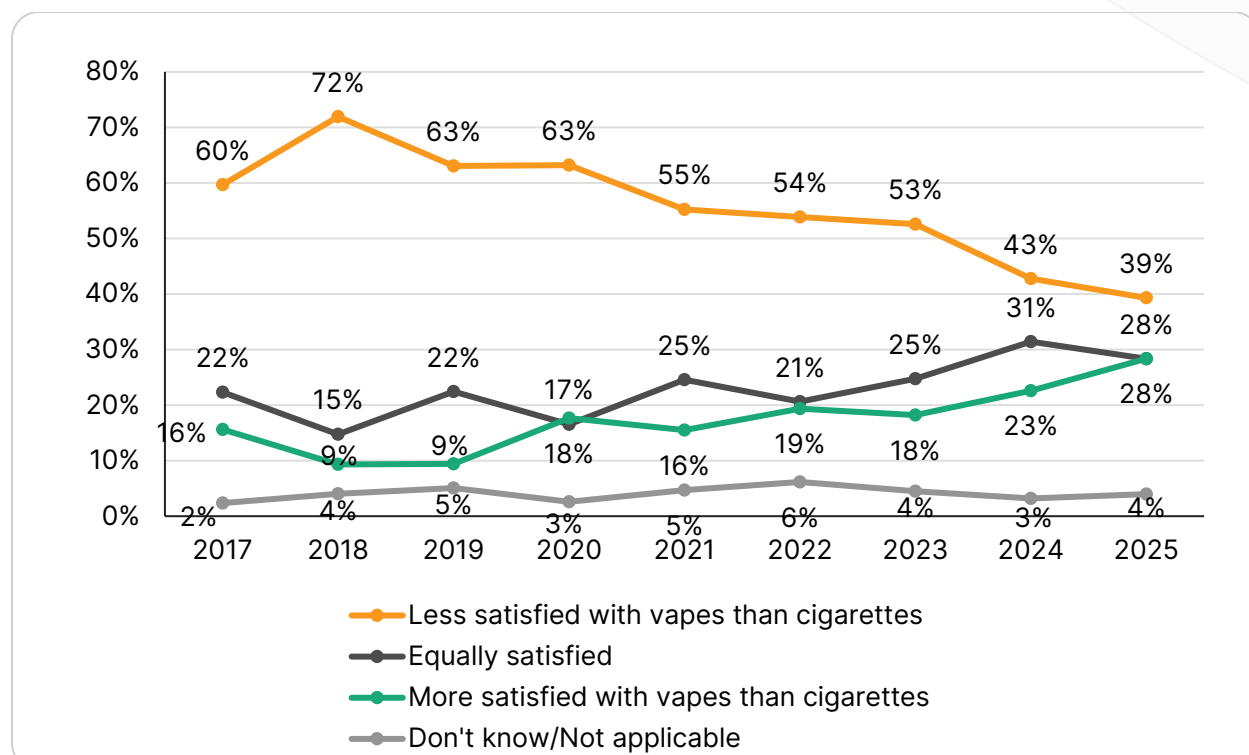
**Figure 18.** Vaping satisfaction levels compared with cigarette smoking, GB adults (2025)



**ASH Smokefree GB Adult Surveys 2025.** Unweighted base: Adults who have ever smoked and ever vaped, excluding those who have vaped 'once or twice' or don't know their frequency of vaping (current smoker, ex-vaper=364, dual user=523, ex-smoker current vaper=713)

Among dual users, there has been a fall over the last 8 years in the proportion who think vaping is less satisfying, and a growth in those finding vaping as or more satisfying (Figure 19).

**Figure 19.** Vaping satisfaction levels, GB Adults who currently smoke and vape (2017-2025)



**ASH Smokefree GB Adult Surveys 2017-2025.** Unweighted base: Adults who currently smoke and currently vape, excluding those who have vaped 'once or twice' or don't know their frequency of vaping (2017=288, 2018=300, 2019=320, 2020=280, 2021=239, 2022=381, 2023=379, 2024=541, 2025=523)

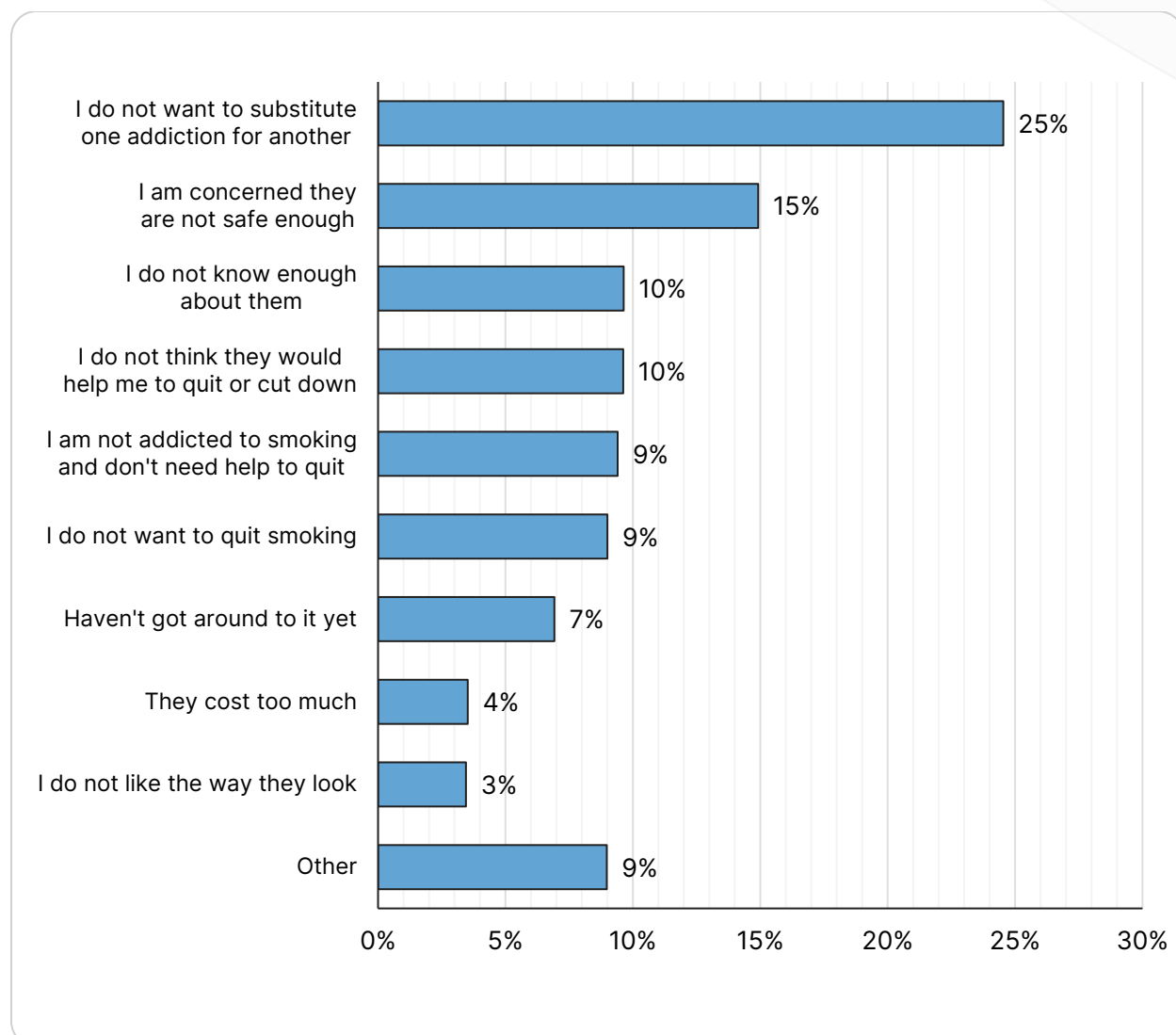
### Barriers to smokers switching to vaping

Just over a quarter of smokers (26%) have not yet tried vapes. The top four reasons given for not trying vapes are:

- I don't want to substitute one addiction for another (25%, Figure 19)
- I am concerned they are not safe enough (15%)
- I do not think they will help me quit or cut down (10%)
- I do not know enough about them (10%)

These reflect a lack of confidence in the safety and effectiveness of vapes (Figure 20). Some smokers didn't view themselves as requiring a quit aid, with 9% not wanting to quit smoking, 9% saying they were not addicted to cigarettes and didn't need help to quit and 7% saying they hadn't got around to trying vapes yet.

**Figure 20.** Main reason for not trying vaping among smokers, GB adult smoker never-vapers who have heard of vapes (2025)



**ASH Smokefree GB Adult Surveys 2025.** Unweighted base: Adults who are current smokers, who have not tried vapes but had heard of them (n=386)

Other options to choose are grouped under 'Other':

'I'm using other things to help me quit smoking'

'I would be embarrassed to use them in public'

'There are too many products to choose from'

'They are difficult to get hold of'

'Other'

'Other' was chosen by 3.7% and the other options by less than 2% of the 2025 cohort.

Four in ten smokers (40%) have tried but no longer use vapes. The main reasons cited for stopping using them were the same as last year:

- 25%: vaping did not feel like smoking a cigarette (24% in 2024)
- 18%: vaping did not help them deal with cravings (22% in 2024)



- 12%: they had only tried them to see what they were like (13% in 2024)
- 10% made them feel unwell
- 9% not safe enough
- 7% didn't like the taste

Some of this group stopped vaping some time ago (35% more than two years ago, 17% more than five years ago). The design of vape products has changed in the last few years, and some of these issues might apply less to vapes currently on the market.

## 2.3 Misperceptions of harm

- 56% of the public believe vaping is as/more harmful than smoking
- Misperceptions are highest among smokers who have never vaped
- Misperceptions are higher among smokers in social grades C2DE than ABC1

While vaping is unlikely to be completely risk-free, the level of risk is known to be much lower than for smoking. However, despite growing evidence to support this, NICE recommendation of vapes as a quitting aid and government investment in a 'swap to stop' scheme harm misperceptions are now as inaccurate as they have been at any point this survey has been conducted.

### All adults

From 2016 to 2019 around one in four adults inaccurately believed vaping to be as, or more harmful than smoking, with between 43% and 50% believing it to be less harmful. (Figure 21) In 2020 inaccurate views rose significantly to 37% and accurate views declined to 39%. The likely driver for this change in public perception was significant media coverage of injuries to health in the US from products banned in the UK.<sup>78</sup>

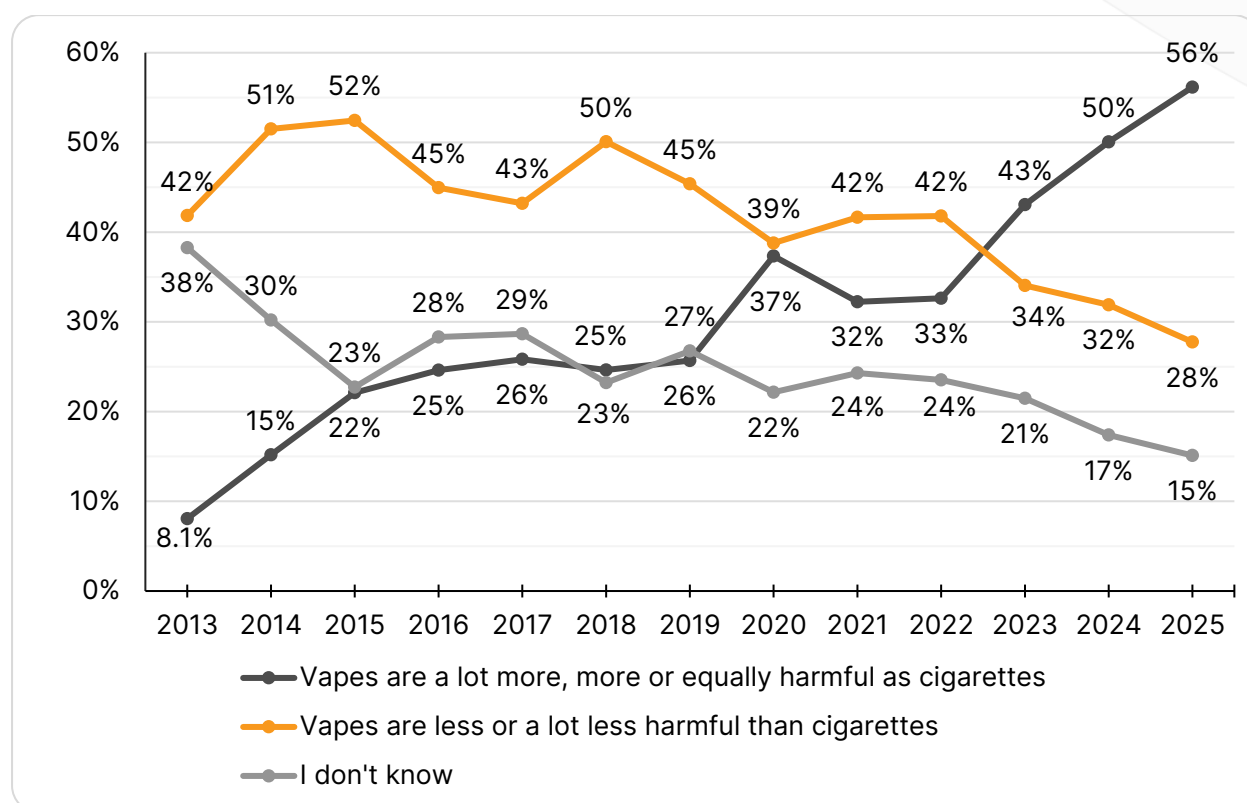
Since 2022, misperceptions about the harms of vaping have risen sharply each year, with over half (56%) of adults in 2025 believing vaping to be more or equally harmful compared with cigarettes.<sup>i</sup> Three people in ten (28%) correctly believe that vapes are less harmful than tobacco cigarettes (22% "less", 6% "a lot less").

The drop in the accurate public understanding that vaping is less harmful than smoking in the past two years could be linked with widespread media coverage of youth vaping which has not always clearly distinguished the differences between the harms from smoking and vaping.

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<sup>i</sup> Before 2024, the wording referred to "regular cigarettes". Due to concern that "regular cigarettes" implied that vapes were a type of cigarette, in 2024, the sample was split, with a random assignment to either the "regular cigarettes" wording or a new "tobacco cigarettes" wording. The "tobacco cigarettes" 2024 responses are shown in the graph, but results were very similar across the two conditions. From 2025, the "tobacco cigarettes" wording is used.

**Figure 21.** Perceptions of harm of vapes compared with cigarettes, GB adults who have heard of vapes (2013-2025)

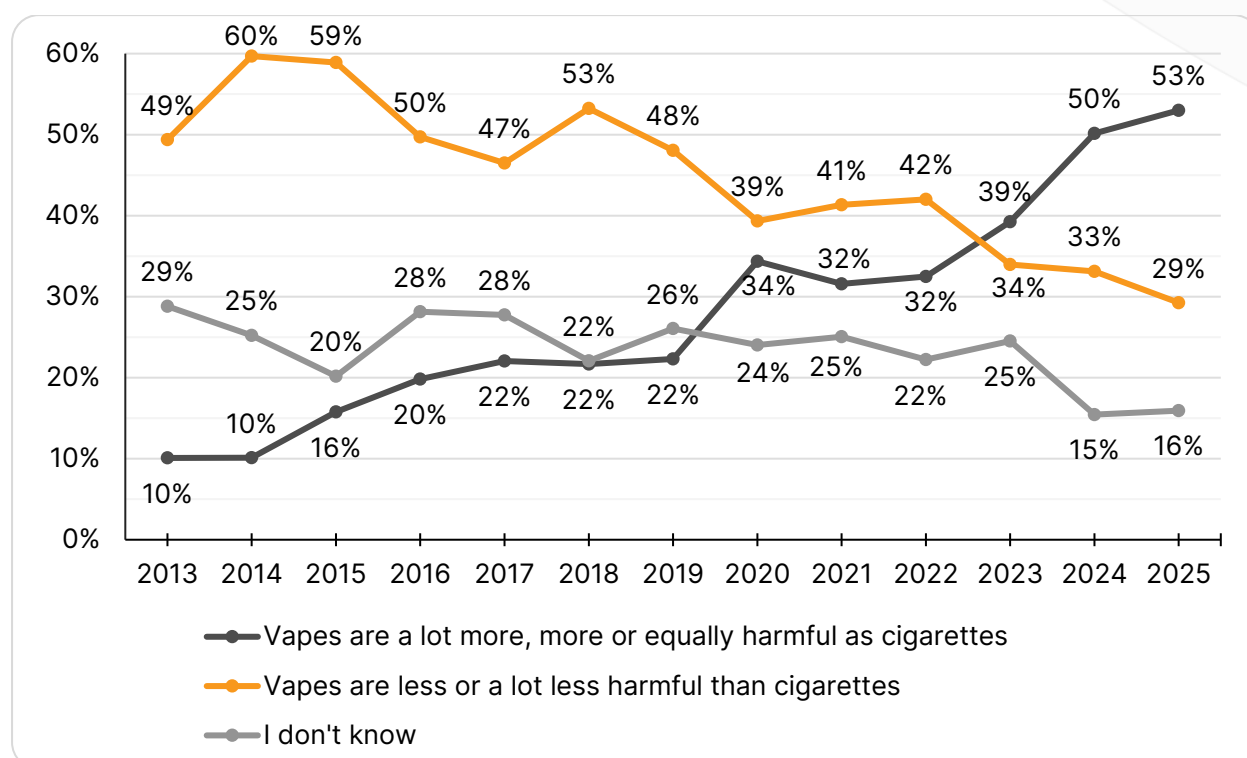


**ASH Smokefree GB Adult Surveys 2013-2025.** Unweighted base: Adults who have heard of vapes (2013=8,936, 2014=11,307, 2015=11,340, 2016=11,489, 2017=12,101, 2018=12,070, 2019=11,634, 2020=11,954, 2021=11,429, 2022=12,039, 2023=11,327, 2024=6,107, 2025=12,362). Options not shown on the graph are 'Vapes are completely harmless' (0.4% in 2025) and 'NA – I believe cigarettes are harmless' (0.6% in 2025). See also footnote i.

### Smokers' perceptions of harm

A similar pattern can be seen among smokers' perceptions of harm. In 2025 (Figure 22) more than half (53%) believing vaping was more or equally harmful. The proportion thinking that vaping is less or a lot less harmful than smoking is similar to that among the general population (29% of smokers and 28% of all adults).

**Figure 22.** Perceptions of harm of vapes compared with cigarettes, GB adult smokers who have heard of vapes (2013-2025)



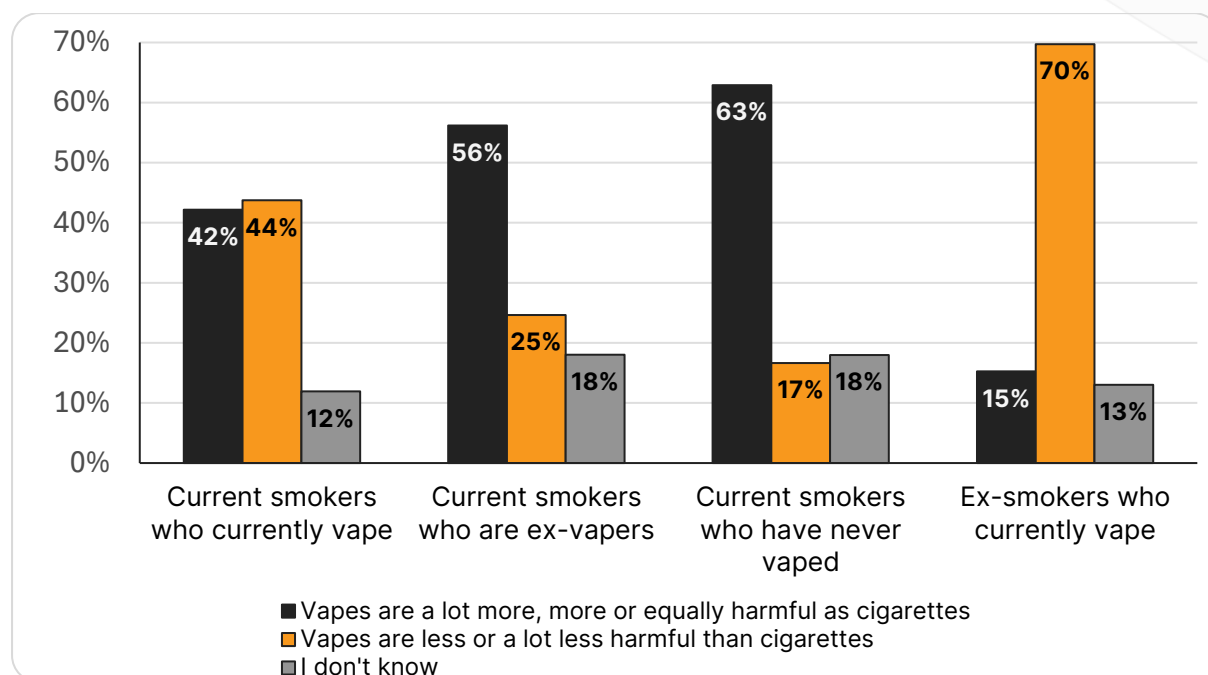
**ASH Smokefree GB Adult Surveys 2013-2025.** Unweighted base: Adult current smokers who have heard of vapes (2013=1,720, 2014=1,705, 2015=1,945, 2016=1,639, 2017=1,569, 2018=1,566, 2019=1,679, 2020=1,599, 2021=1,438, 2022=1,641, 2023=1,426, 2024=816, 2025=1,555). Options not shown on the graph are 'Vapes are completely harmless' (0.9% in 2025) and 'NA – I believe cigarettes are harmless' (0.9% in 2025). See also footnote i.

Smokers who currently vape have slightly more accurate perceptions of their harm, with 44% thinking that vapes are less harmful and 42% thinking that they are more or equally harmful. (Figure 23). This has deteriorated in the last few years too. In 2019, 9% thought vaping was as or more harmful as smoking.

Ex-smokers who currently vape have the most accurate perceptions of the harm of vapes, but the trend in misperceptions is still upwards. In 2025, 70% of them correctly thought that vapes are less harmful than smoking and 15% said that vapes are more or equally harmful (5% in 2019 and 3% in 2014). (Figure 23).

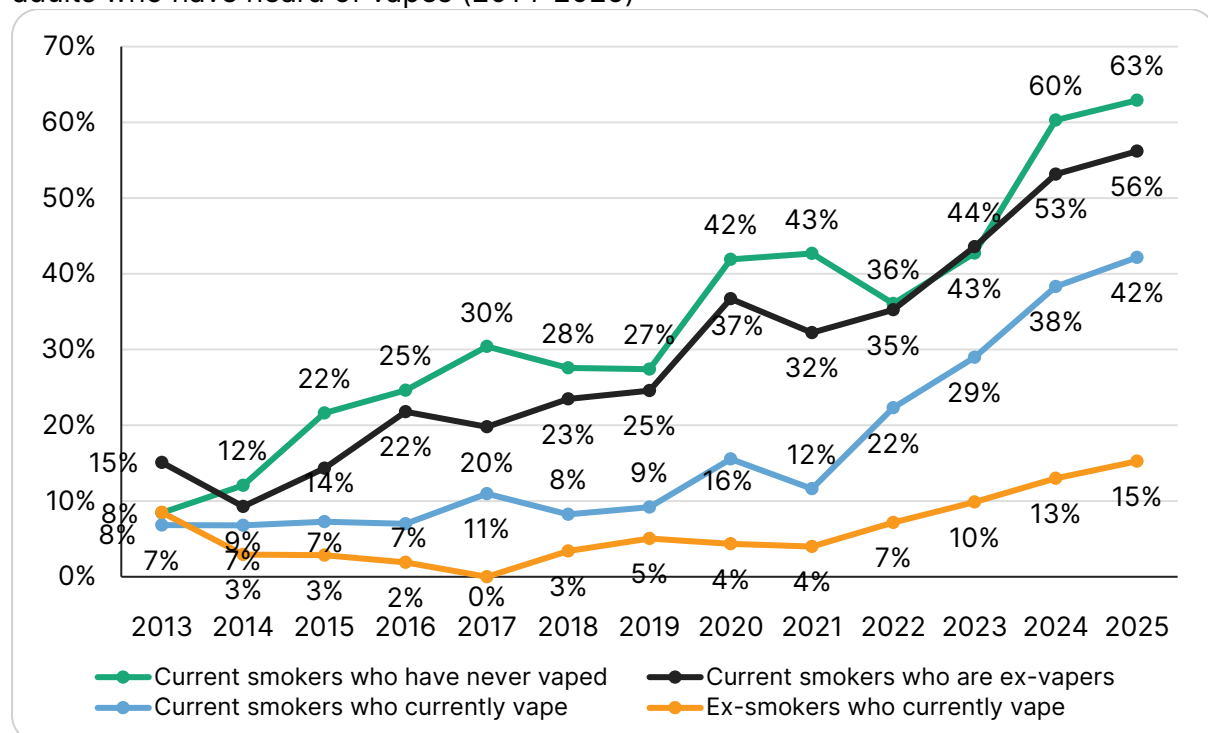
Misperceptions about the relative harms of vapes compared with cigarettes among smokers are highest among those who have never tried vaping. The proportion of current smokers who have never tried vapes who believe they are more than or equally as harmful as cigarettes has increased from 27% in 2019 to 63% in 2025. (Figure 24).

**Figure 23.** Perceptions of harm of vapes compared with cigarettes among different groups, GB adults who have heard of vapes (2025)



**ASH Smokefree GB Adult Survey 2025.** Unweighted base: Adults who have heard of vapes (Current smokers who currently vape=531, Current smokers who are ex-vapers=638, Current smokers who have never vaped=386, Ex-smokers who currently vape=721). Options not shown on the graph are 'Vapes are completely harmless' and 'NA – I believe cigarettes are harmless'. See also footnote i.

**Figure 24.** Incorrect perceptions of relative harm of vaping among different groups, GB adults who have heard of vapes (2014-2025)

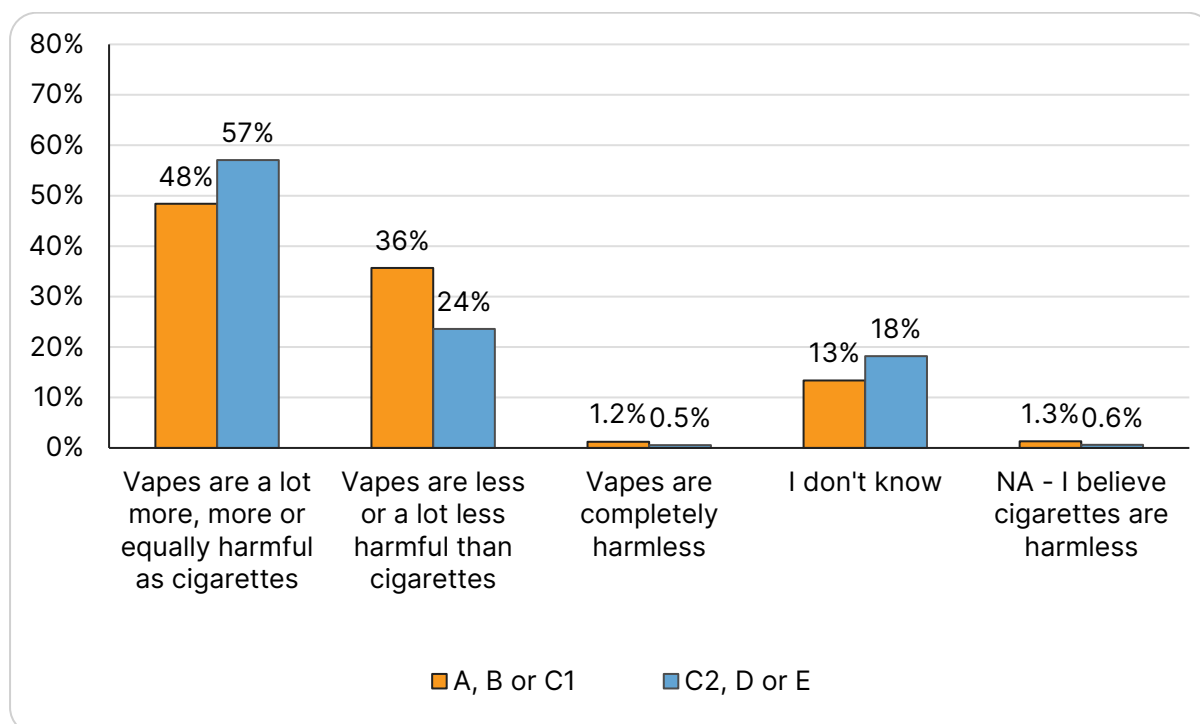


**ASH Smokefree GB Adult Surveys 2014-2025.** Unweighted base: Adults with different smoking and vaping statuses who have heard of vapes – proportion who believe that vapes are more or equally harmful as cigarettes. See counts Table 10 in appendix.

### Differences by SES

Among people who smoke there is a difference in the accuracy of views by social grade. Among smokers in social grades C2DE 57% believe they are more or as harmful as smoking compared to 48% in social grades ABC1 (Figure 25).

**Figure 25.** Perceptions of harm of vapes compared with cigarettes by social grade, GB adult smokers who have heard of vapes (2025)



**ASH Smokefree GB Adult Survey 2025.** Unweighted base: Smokers who have heard of vapes (ABC1=790, C2DE=765)

### The views of health professionals

In this year's survey we were also able to look at the views of different groups of professionals. While not everyone who works in health and social care roles will have a patient facing role it is notable that 60% of the 854 people working in these professions in the survey believe that vaping is as or more harmful as smoking.

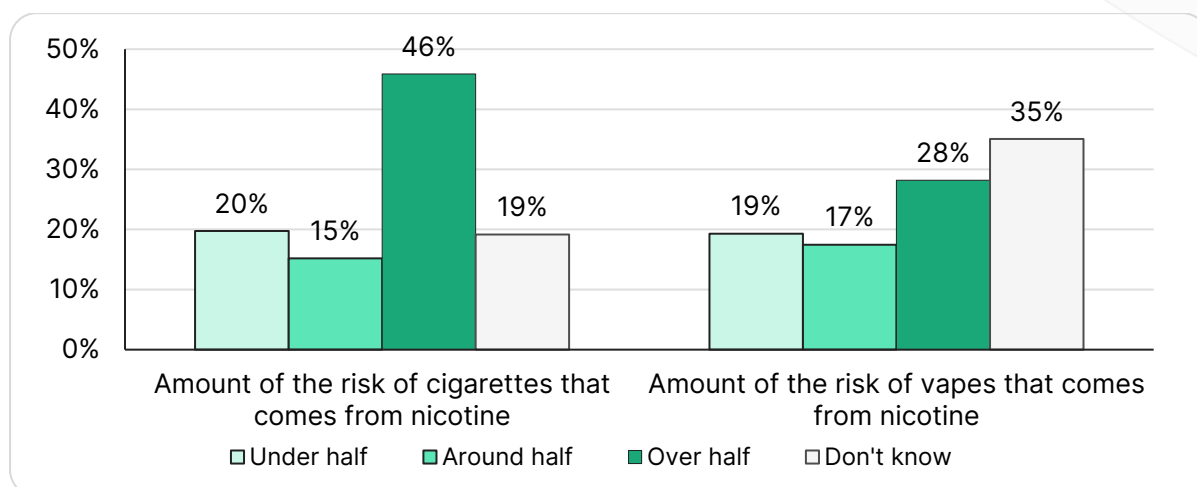
### Inaccurate views about nicotine

The public have long held inaccurate views about the harms from nicotine. While people are addicted to nicotine it is the other components in tobacco smoke that pose the health risks. This is poorly understood by nearly every group including health professionals.

Among all adults 61% believe that half or more of the health risks of smoking are due to nicotine (for question wording, see Appendix 5).

This year the survey also asked people for their views as to contribution of nicotine to any health harms from vaping. While it is difficult to estimate the exact health harms from vaping, it is expected that any harms from nicotine will be low. While 'don't know' was the most common response (35%), 46% still believed that half or more of the health risk of vaping came from nicotine (Figure 26).

**Figure 26.** Perception of the health risk of vapes that comes from nicotine, GB Adults (2025)



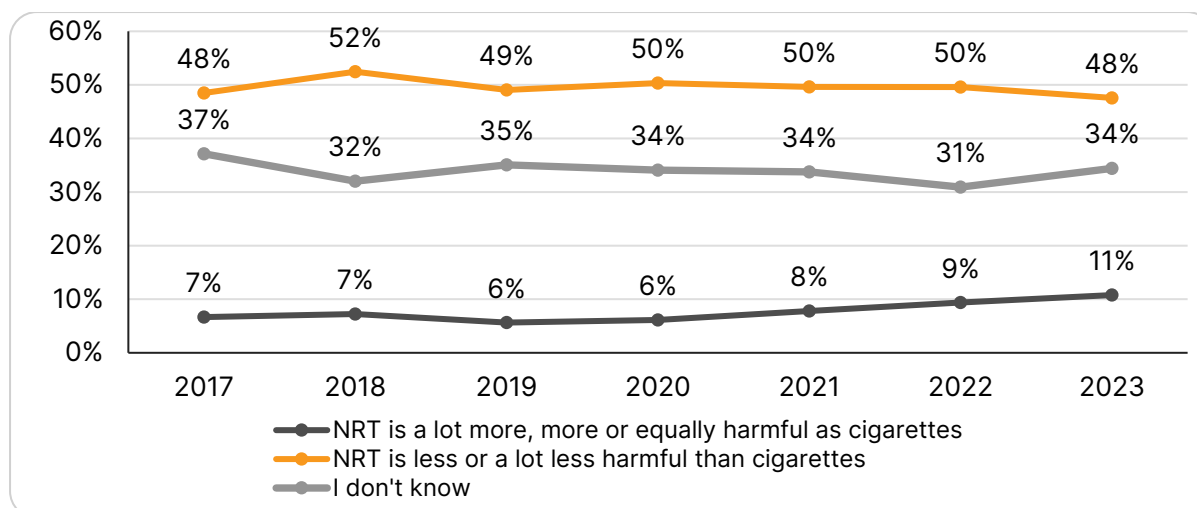
ASH Smokefree GB Adult Survey 2025. Unweighted base: GB adults (13,314)

### Perceptions of harm from Nicotine Replacement Therapies (NRT)

From 2017 to 2023 we also asked people for their views of the relative harms of NRT compared with tobacco smoking. NRT is a licensed medication with minor side effects, which is recognised as an essential medicine by the WHO.<sup>9</sup>

Understanding of the relative risk of NRT compared to smoking among smokers remains poor. (Figure 27). However, it is considerably better than their understanding of the relative risk of vaping and smoking. (Figure 22). In 2023 a third (34%) of smokers said that they did not know how harmful NRT is compared to smoking, 11% thought it was more than or equally as harmful as smoking, and 48% correctly identified NRT as being less harmful than smoking.

**Figure 27.** Adult smokers' perception of NRT compared with regular cigarettes, GB adult smokers (2017-2023)



**ASH Smokefree GB Adult Surveys 2014-2023.** Unweighted base: Adult current smokers (2017=1,632, 2018=1,633, 2019=1,777, 2020=1,694, 2021=1,512, 2022=1,751, 2023=1,517). In the 2024 factsheet, the text and graph erroneously reported NRT harm perceptions for all adults as if they were for just smokers. The proportion thinking that NRT was less harmful than cigarettes were also incorrectly given as the proportion thinking it was a lot less harmful.

## 3. Devices, flavours, and nicotine use

### Device types

- Main device: 50% tank systems, 25% pod devices, 24% disposables,
- Disposable use peaked in 2023 and appears to be declining
- Most popular brands:
  - Disposables: Elf Bar (38%), Crystal Bar (35%), Lost Mary (33%)
  - Pod devices: Blu (15%), Elf Bar (15%), Vopoo (14%), Lost Mary (14%)
  - Tank systems: Aspire (19%), Vaporesso (18%), Smok (14%)

### Flavour preferences

- Most popular: Fruit (51%), Menthol/Mint (20%), Tobacco (11%)
- 41% of vapers sometimes or always use 'ice' flavours

### Nicotine strength and consumption

- 84% use strength within legal limits ( $\leq 20\text{mg/ml}$ )
- 30% of vapers have reduced nicotine strength over time
- 10% currently use "shake and vape" products

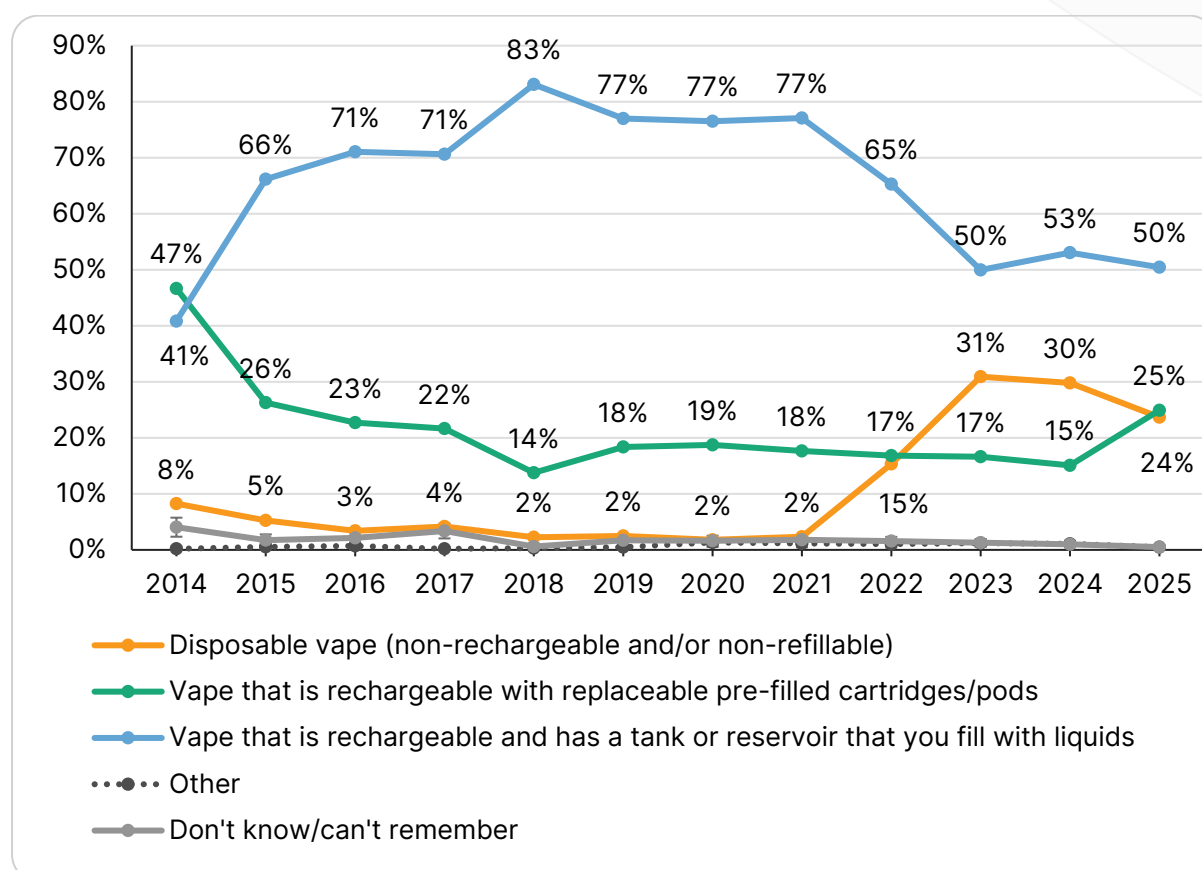
### 3.1 Device types

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  - Pod devices: Blu (15%), Elf Bar (15%), Vopoo (14%), Lost Mary (14%)
  - Tank systems: Aspire (19%), Vaporesso (18%), Smok (14%)

#### Vape device types

The most commonly used type of vape remains a refillable tank system, with 50% of current vapers reporting that they currently use this as their main vaping device. (Figure 28). However, their popularity among vapers has fallen since 2021 (77%). The relative popularity of disposable vapes rose rapidly between 2021 and 2023 from 2% to 31% of current vapers but has since fallen with 24% of current vapers reporting these as their main device in 2025 a similar proportion to those who use pod devices (25%). As the use of disposables has fallen there has been an increase in use of pod devices (15% in 2024, 25% in 2025) likely due to disposable brands moving into these products. This pattern is also found in the Smoking Toolkit Study.<sup>10</sup>

**Figure 28.** Main type of vape used, GB adult vapers (2014-2025)



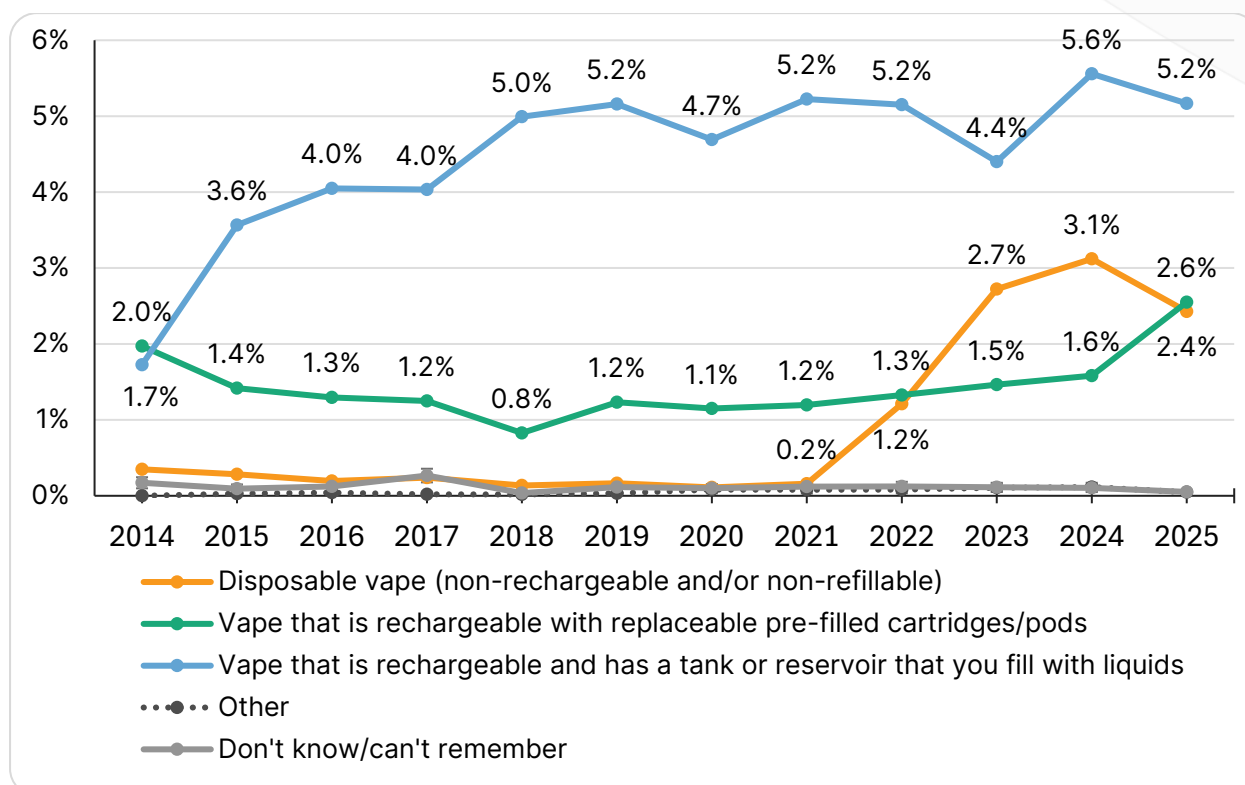
**ASH Smokefree GB Adult Surveys 2014-2025.** Unweighted base: Adults who currently vape, from 2017 onwards excluding those who have vaped 'once or twice' or don't know their frequency of vaping (2014=498, 2015=614, 2016=667, 2017=657, 2018=715, 2019=800, 2020=767, 2021=790, 2022=1,033, 2023=1,042, 2024=1,374, 2025=1,306)

As vaping prevalence increased over the period 2021-2024, it is useful to see the prevalence of vaping by device type over the entire population. The fall in the relative popularity of tank-type devices (Figure 28) didn't correspond with a fall in the absolute numbers of people using these devices (Figure 29), due to an increase in the number of vapers over the same period. In 2021, 5.2% of all adults used tank type devices, the same level as in 2025.

In 2021, 0.2% of all adults used disposable type devices, compared with 3.1% in 2024. The proportion fell to 2.6% in 2025, representing a significant reduction in the number of disposable vape users in GB, from about 170K to 130K.



**Figure 29.** Proportion of adult population currently vaping by device type, GB Adults (2014-2025)

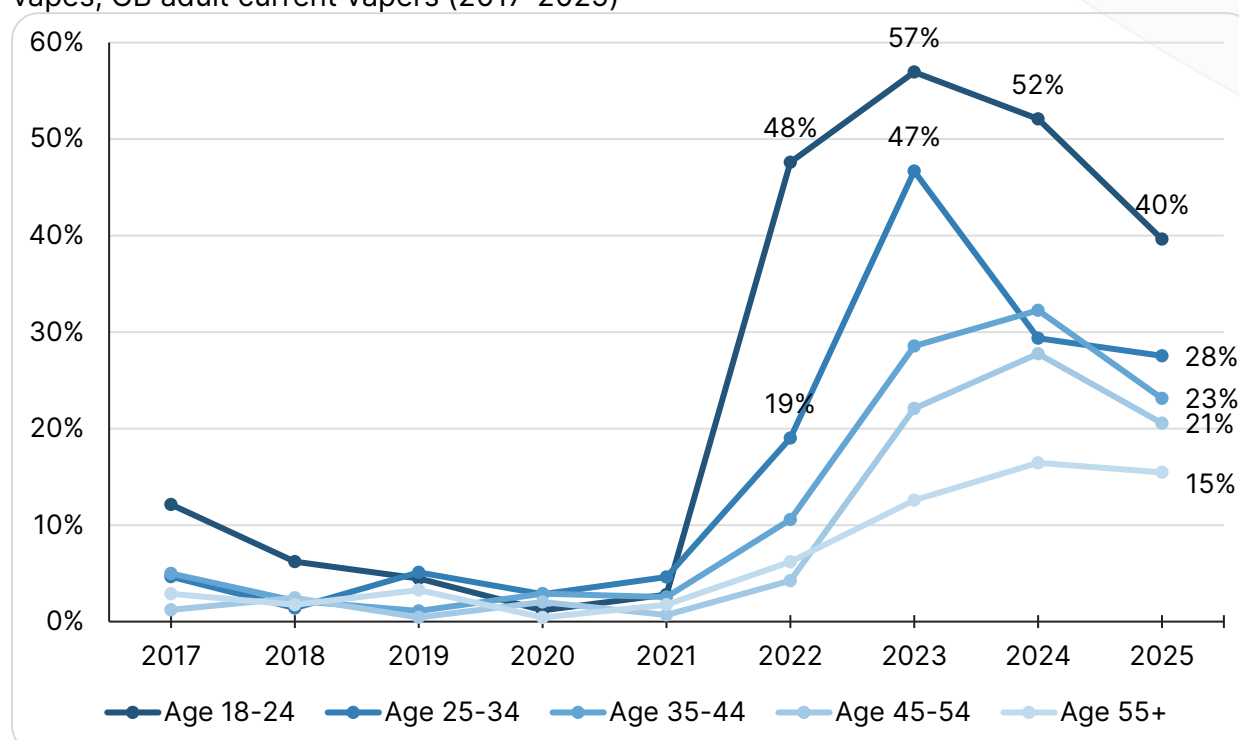


**ASH Smokefree GB Adult Surveys 2013-2025.** Unweighted base: All adults (2013=12,171, 2014=12,269, 2015=12,055, 2016=12,157, 2017=12,696, 2018=12,767, 2019=12,393, 2020=12,809, 2021=12,247, 2022=13,088, 2023=12,271, 2024=13,266, 2025=13,314). Proportion of all adults who currently vape using a given type of device (from 2017 onwards excluding those who have vaped 'once or twice' or don't know their frequency of vaping)

Younger adults were the primary driver of the rapid rise in using disposable vapes as the main type of vape between 2021 and 2023. (Figure 30). For 18–24-year-olds, more than half of current e-cigarettes users (57%) used disposables as their main type in 2023, an increase from only 3% in 2021. In 2025, disposable vapes were also the most popular main device type among 11–17-year-old vapers (42%).<sup>11</sup>

However, the overall popularity of disposable vapes among adult vapers appears to have peaked in 2023 (Figure 30), a decline following the announcement in January 2024 that the government would implement a ban on the sale of disposable vapes.<sup>12</sup> This decline has been largest among 18–34-year-olds. The use of disposable vapes also peaked among youth vapers aged 11–17 in 2023 (69%).<sup>11</sup>

**Figure 30.** Proportion of different age groups of vapers who choose mainly disposable vapes, GB adult current vapers (2017-2025)



**ASH Smokefree GB Adult Surveys 2017-2025.** Unweighted base: Adult current vapers, excluding only tried once or twice and don't know freq. of use. See counts Table 11 in appendix.

### Brands of vapes

Vapers were asked about all the brands of vapes they used, with multiple responses encouraged.

- For current vapers who mainly use disposable vapes, the most popular brands in 2025 were Elf Bar (38%), Crystal Bar (35%), Lost Mary (33%), Vuse Bar (14%), Hayati (14%) and BluBar (14%).
- For current vapers who mainly use cartridge type devices, the most popular brands were Blu (15%), Elf Bar (15%), Vopoo (14%), Lost Mary (14%) and Vuse (12%).
- The most popular brands for current tank device users were Aspire (19%), Vapresso (18%), Smok (14%), Innokin (13%) and Vopoo (11%)

## 3.2 Flavour preferences

- Most popular: Fruit (51%), Menthol/Mint (20%), Tobacco (11%)
- 41% of vapers sometimes or always use 'ice' flavours

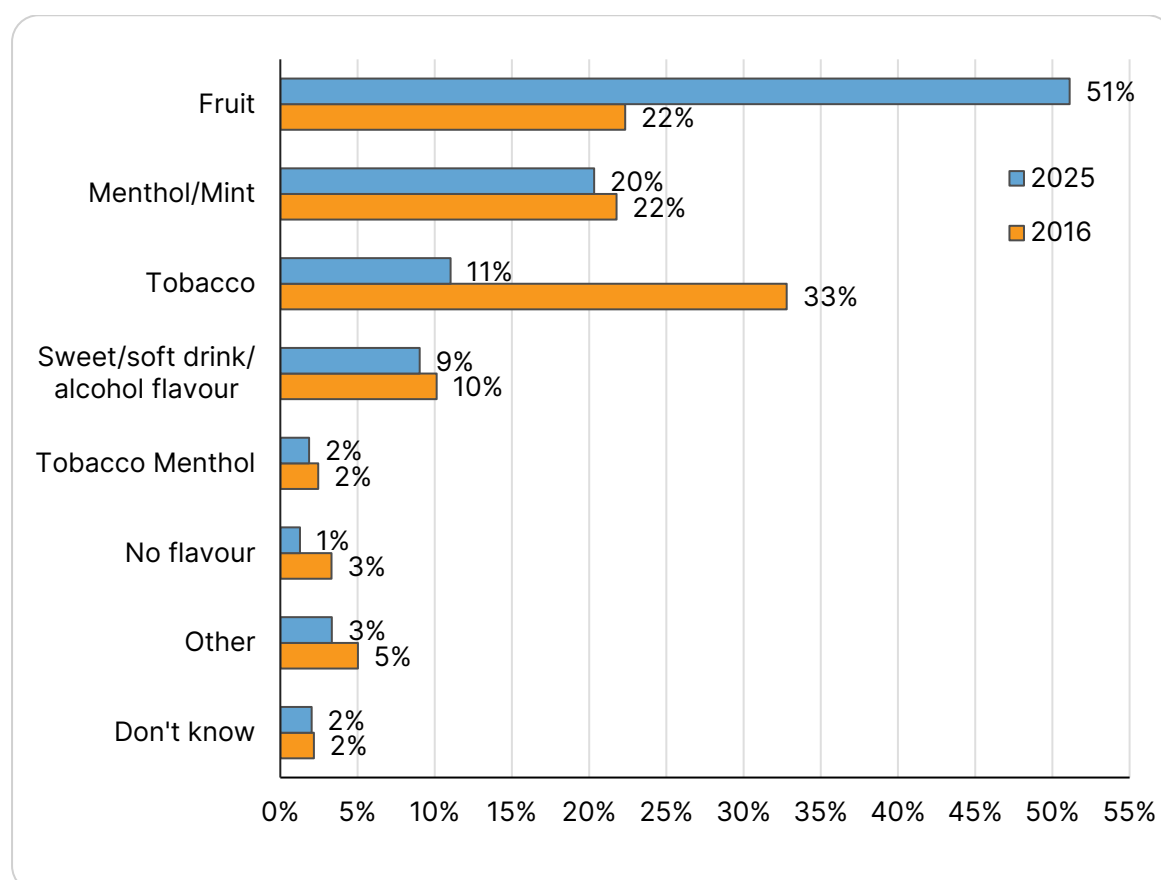
There were significant changes in the most popular flavours used by adult vapers between 2016 and 2025. In 2016, tobacco was the most popular flavour (33%), followed by fruit and menthol/mint (both chosen by 22%). By 2025 fruit flavours were by far the most popular (51%), followed by menthol/mint (20%) and tobacco (11%). The

next most popular are sweet or drink flavours, little changed between 2016 and 2025 at 10% and 9% respectively (Figure 31).

Changes in flavour preference took place steadily over 2016-2022 and appear to have settled. In 2023 and 2024 fruit flavours were chosen by 47% of vapers, and tobacco was chosen by 12% and 16% respectively.

In 2020, we last asked vapers to say whether their use of flavours had changed over time. A higher proportion of ex-smokers who currently vape (74%) said they stick to the same flavours compared to dual users (61%).

**Figure 31.** Main choice of flavour of vape, GB adult vapers (2016 & 2025)

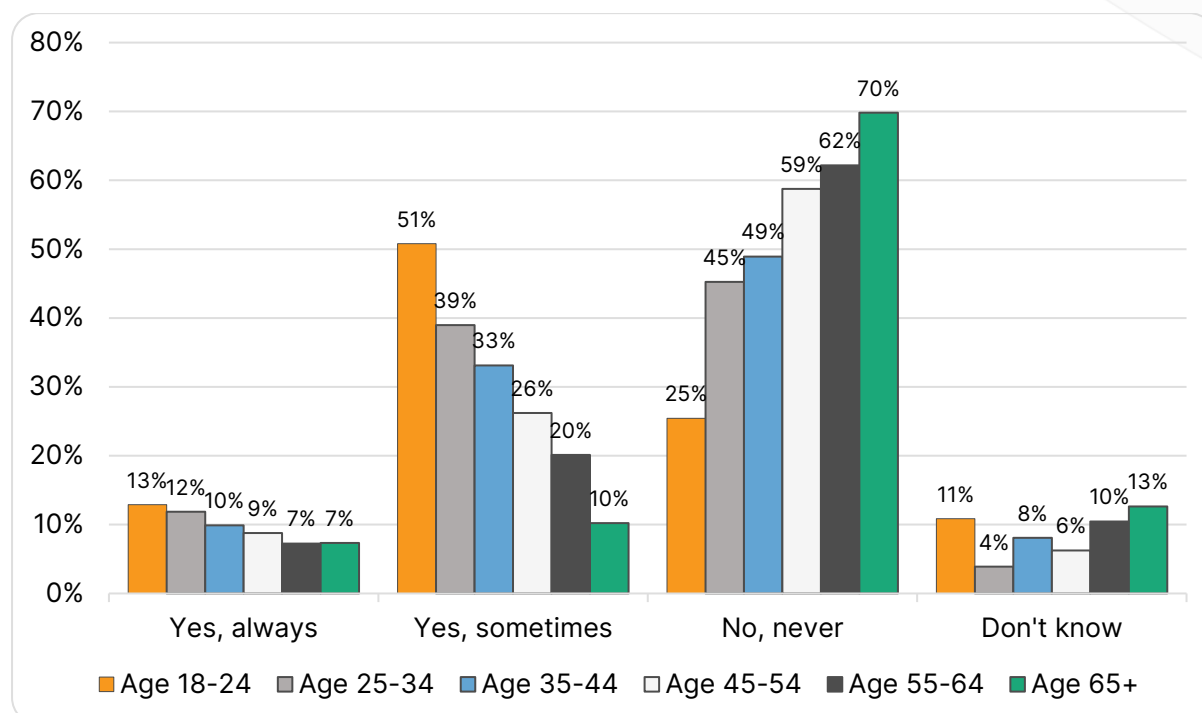


**ASH Smokefree GB Adult Surveys 2016 & 2025.** Unweighted base: adult current vapers 2016=667, 2025=1,328. Sweet/soft drink/alcohol category includes chocolate, desserts, sweets, vanilla, coffee, candy, soft drink, energy drink and alcoholic flavours.

Fruit flavour vapes are the preference for the majority of never smokers who vape (70%). Fruit flavours are also popular with current (49%) and ex-smokers (51%).

In 2025 the survey asked respondents if they used 'ice' flavours. These are products with ingredients designed to give a cooling sensation when used. These flavourings have been shown to increase the appeal of products<sup>13</sup>. Among all vapers, 41% use ice flavours sometimes (31%) or always (10%). The use of ice flavours varies by age with younger vapers more likely to use them than older vapers (Figure 32).

**Figure 32.** Use of ice flavours in vapes, GB Adult current vapers of different ages (2025)



**ASH Smokefree GB Adult Survey 2025.** Unweighted base: Adult current vapers. Age 18-24: 240, Age 25-34: 305, Age 35-44: 247, Age 45-54: 192, Age 55-64: 204, Age 65+: 140

### 3.3 Nicotine strength and consumption

- 84% use strength within legal limits ( $\leq 20\text{mg/ml}$ )
- 30% of vapers have reduced nicotine strength over time
- 10% currently use "shake and vape"<sup>2</sup> products

The Tobacco Products Directive (TPD)<sup>14</sup> imposed a cap on nicotine levels of 20 mg/ml or 2%. In 2016, before the legislation was introduced, more than three quarters of current or former vapers surveyed by ASH vaped liquids with concentrations of nicotine of 18 mg/ml or less (77%), with nearly half (49%) using e-liquid containing 12 mg/ml or less. One in ten (10%) used more than 18 mg/ml (the legal limit of 20 mg/ml was only included as a specific break point from 2017 onwards). In 2017, at the time the sell through period was coming to an end, 5.9% of current vapers were using above the TPD limit, falling to 0.9% by 2022 (Table 3).

In 2025, 2% of current vapers who vape with nicotine said they use nicotine strengths above the legal limit, and 13% did not know what strength they used.

<sup>2</sup> Larger bottles of zero-strength liquid are on sale alongside smaller bottles with the highest legal limit nicotine strength liquid, sold to be mixed together, also known as short-fills.

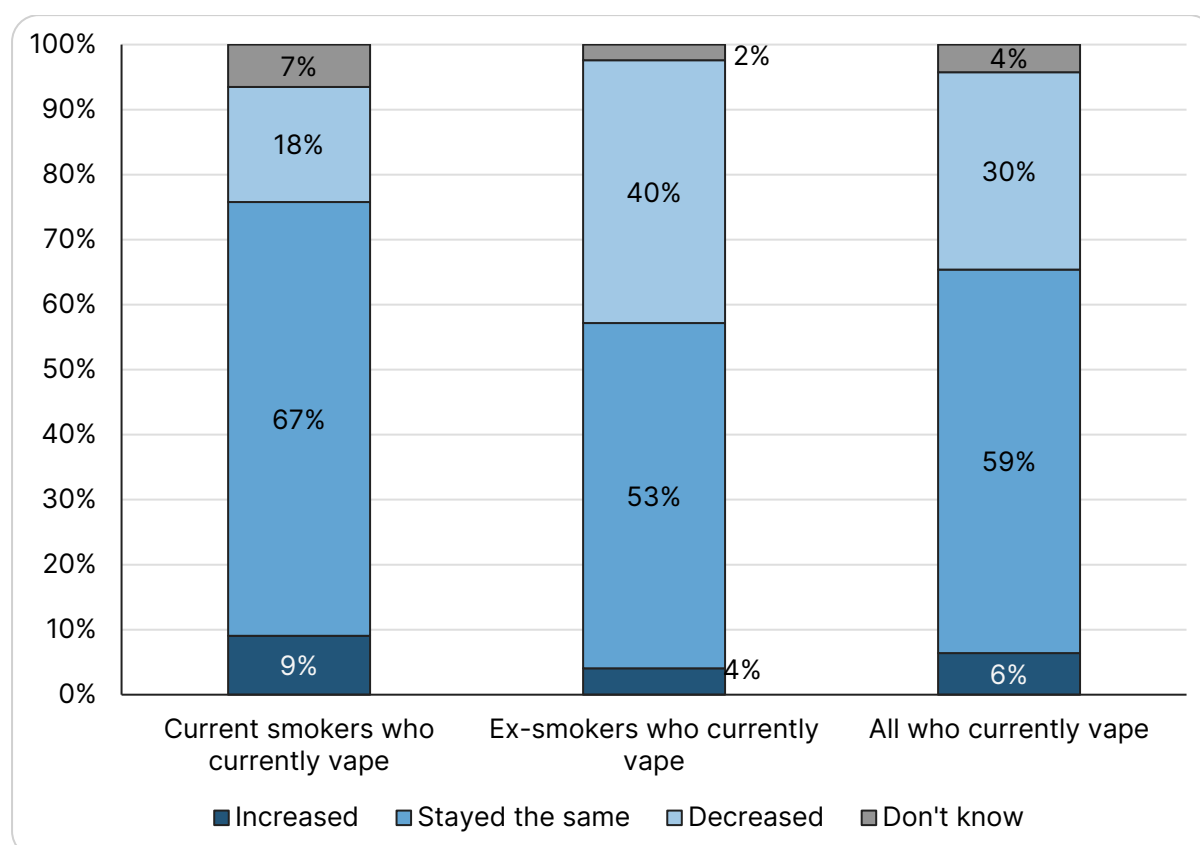
**Table 3.** Strength of nicotine used, GB adult current vapers, excluding those who don't use nicotine (2017-2025)

Strength	2017	2018	2019	2020	2021	2022	2023	2024	2025
TPD level (20mg/ml) and lower	85%	90%	88%	91%	92%	90%	86%	86%	84%
Higher than TPD (20mg/ml)	5.9%	2.1%	2.0%	2.1%	1.5%	0.9%	1.2%	2.3%	2.4%
Don't know	9.5%	8.4%	9.8%	7.0%	6.5%	9.0%	12.9%	11.7%	13.2%

**ASH Smokefree GB Adult Surveys 2017-2025.** Unweighted base: Current adult vapers, excluding those who don't use nicotine (2017=597, 2018=365, 2019=720, 2020=693, 2021=633, 2022=938, 2023=953, 2024=1,311, 2025=1,240)

In 2025, 59% of current vapers say they use the same strength e-liquid as when they started, while 30% have decreased the strength. Only 6% have increased the strength over time. (Figure 33). Vapers who have quit smoking are more likely than dual users to report using a lower nicotine strength over time (40% of ex-smokers who vape say the strength they use has decreased compared with 18% of current dual users).

**Figure 33.** Change over time of e-liquid nicotine strength among current vapers, GB adult current vapers (2025)



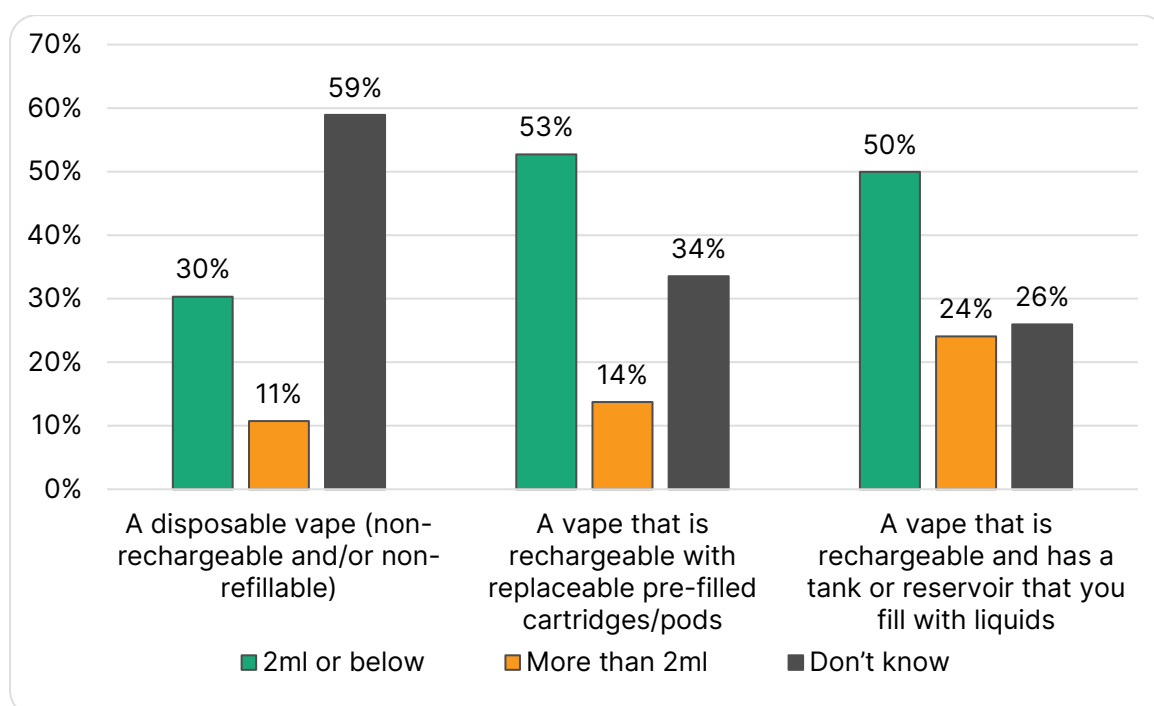
**ASH Smokefree GB Adult Surveys 2025.** Unweighted base: Adult current vapers excluding those who have vaped 'once or twice' or don't know their frequency of vaping (Current smokers=523, Ex-smokers=713, All = 1,306)

### Volume of e-liquid used

Legislation limits the volume of e-liquid in a vape to less than 2ml and dedicated refill bottles for tank-type devices to 10ml. In 2016, prior to this legislation coming into force, 44% of those vaping daily and using a tank device reported using 2ml or less a day with 0.2% reporting using more than 10ml of liquid a day. In 2023, 28% of all daily vapers who mainly use a tank device used 2ml or less a day and 3.1% more than 10ml a day.

In 2025 we asked people what volume of liquid their device usually contained (Figure 34). The majority of disposable vape users didn't know (59%), while more users of pods and tank devices were aware, 'don't know' was still a common answer (34% and 26%). Those using tank devices were most likely to report their products where above the legal tank size (24%) however this remains uncommon for users of disposables (11%) and pods (14%).

**Figure 34.** Volume of liquid usually used in vapes by device type, GB Adult vapers (2025)

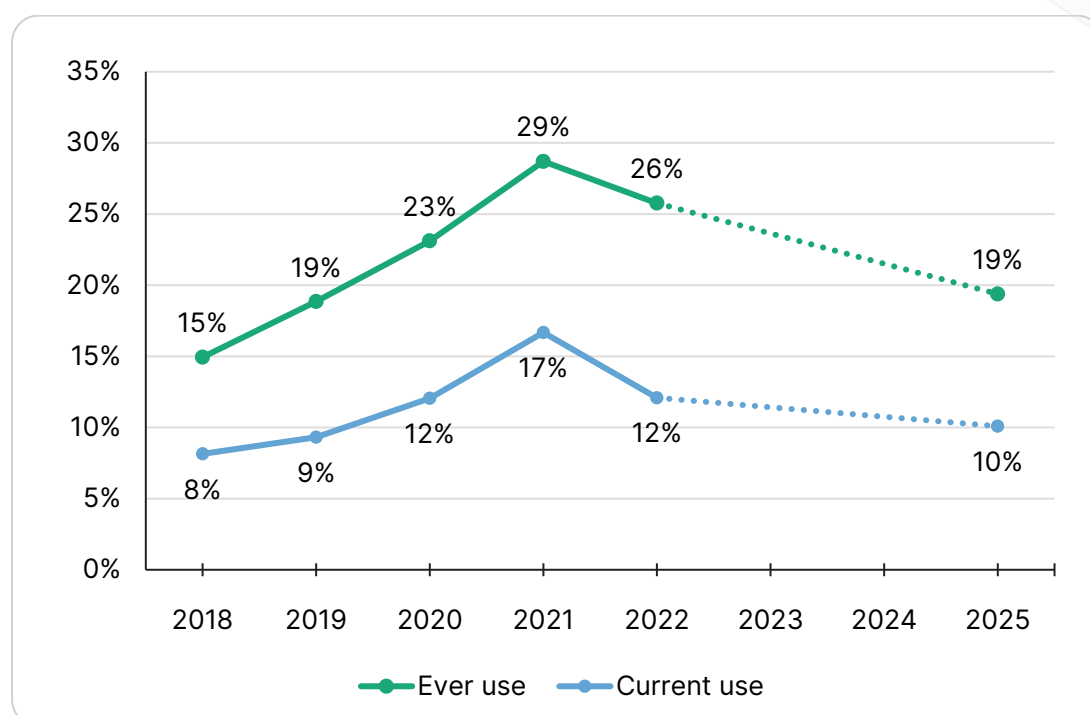


**ASH Smokefree GB Adult Survey 2025.** Unweighted base: Current vapers (Mainly disposable users=327, Mainly cartridge users=320, Mainly tank users=646)

### Shake and vape

To get around the volume limits, larger bottles of zero-strength liquid are on sale alongside smaller bottles with the highest legal limit nicotine strength liquid, sold to be mixed together. This is sometimes marketed as short-fills or 'shake and vape'. In 2025, 19% of current vapers who mainly use tank devices or who use nicotine reported ever using 'shake and vape' products, and 10% reported using them currently. (Figure 35) This trend has been declining since 2021, although note that the structure of the question changed substantially between 2022 and 2025.

**Figure 35.** Use of shake and vape, GB adult current vapers (2018-2022; 2025)



**ASH Smokefree GB Adult Surveys 2018-2022; 2025.** Unweighted base: All adult current vapers (excluding those who have vaped 'once or twice' or don't know their frequency of vaping), who use tank in main device or use nicotine in vapes or both (2018=696, 2019=775, 2020=742, 2021=768, 2022=992, 2025=1,263). Question not asked in 2023-2024. The 2025 answers are rebased to make it possible to compare with earlier years. The wording of the question was different before 2025, so the comparison is not exact. The ever use/current use wording aligns with the new wording, with older wording asking about regular/on occasion/never use. Use 'on occasion' is interpreted as 'ever' but not 'current' use.

## 4. Source of products and awareness of promotion

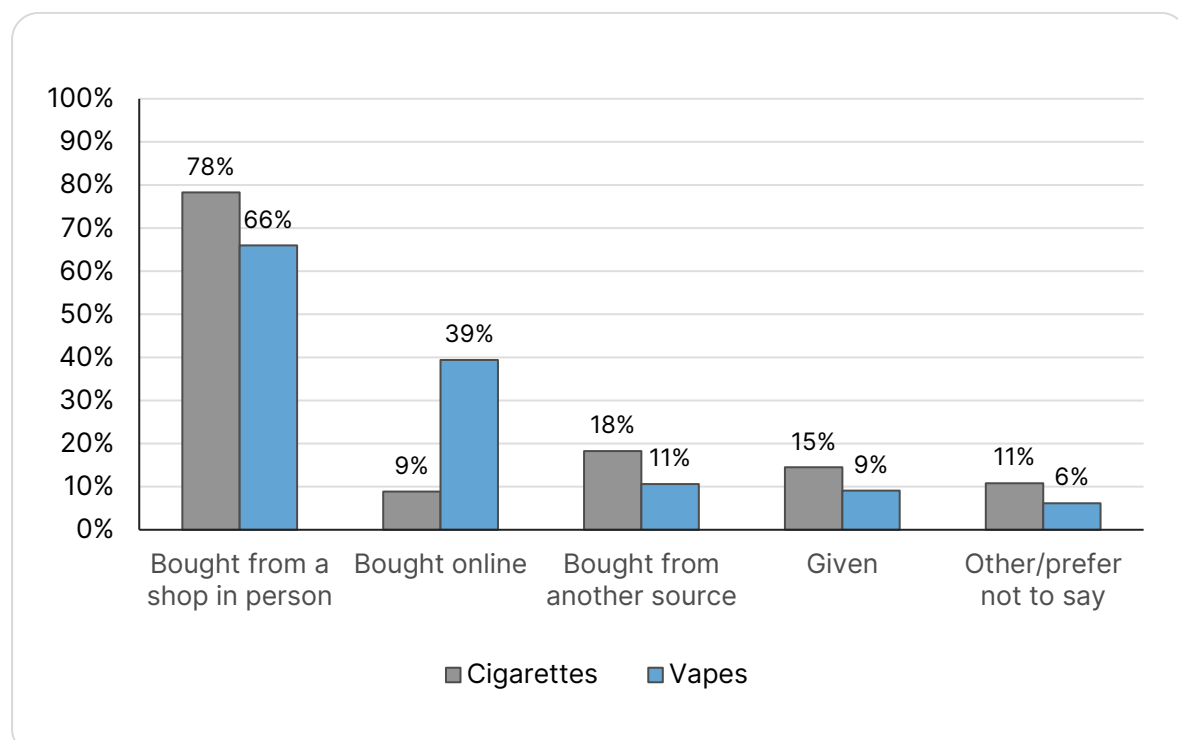
### 4.1 Product source

- 29% of vapers use vape shops; 39% purchase online
- Smokers favour supermarkets and corner shops

There are some differences in the way in which people who smoke and people who vape access their products of choice. While 57% of smokers usually buy their cigarettes from supermarket, only 24% of vapers get their vapes there (Figure 36). Smokers are also more likely to get them from a newsagent, corner shop or off-license (35% vs 22% of vapers) or from a petrol station or garage (17% vs 9% of vapers).

About 3 in 10 of vapers (29%) get their vapes from a vape shop. Far more vapers get their vapes from the internet than smokers buy their cigarettes (39% vs 9%, Figure 34). These patterns are similar if you compare only dual users, which suggests that it is something about the products rather than the people which means purchasing patterns are different. play (Figure 37).

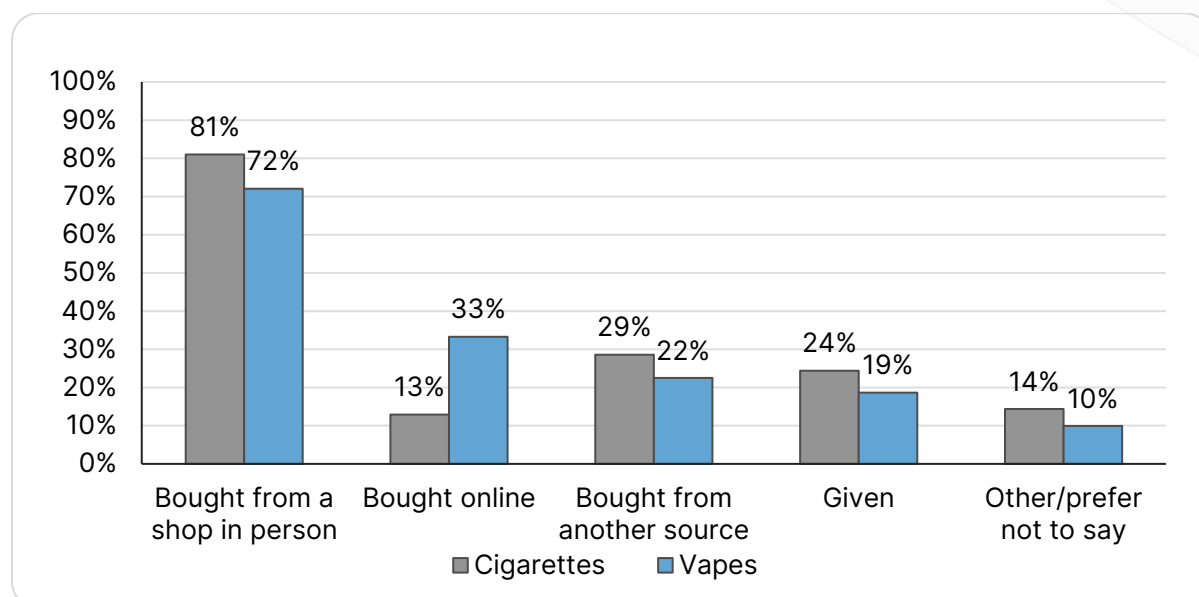
**Figure 36.** Usual source of vapes and usual source of cigarettes, GB Adult vapers and GB adult smokers (2025)



**ASH Smokefree GB Adult Survey 2025.** Unweighted base: Adult current vapers, excluding those who have vaped 'once or twice' or don't know their frequency of vaping (1,306), adult current smokers (1,628). Multiple answers permitted.



**Figure 37.** Usual source of vapes and usual source of cigarettes, GB adult dual users (2025)

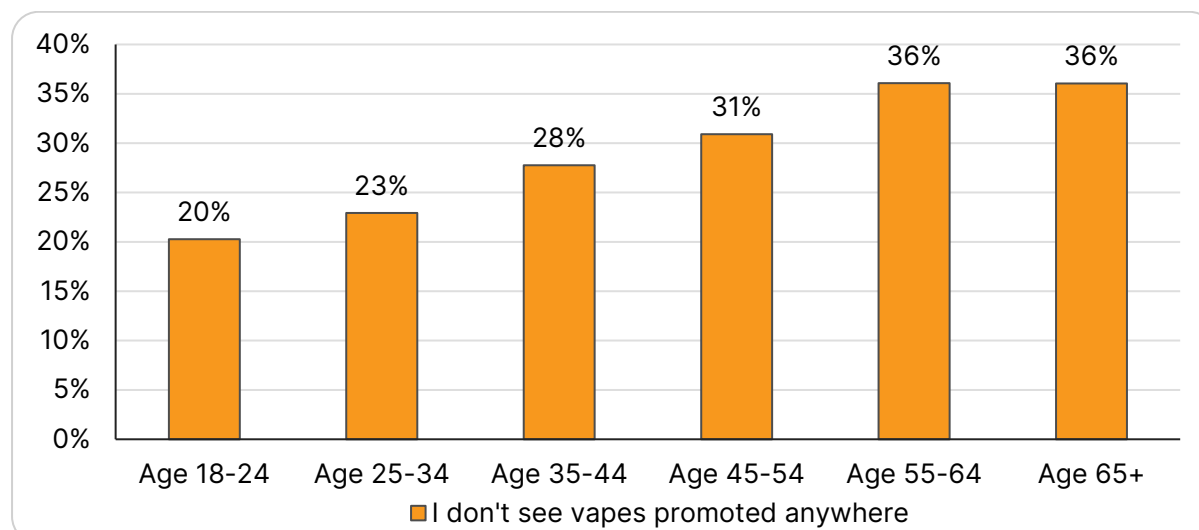


**ASH Smokefree GB Adult Survey 2025.** Unweighted base: Adult current smokers who vape, excluding those who have vaped 'once or twice' or don't know their frequency of vaping (n=523). Multiple answers permitted.

## 4.2 Awareness of promotion

A majority of adults (60%) believe they have seen vapes being promoted. However, this varies by age. Older adults are more likely to say they are unaware of vape promotion and younger adults least likely to say they are unaware (20% of 18–24-year-olds compared to 36% of people aged 65 or over, Figure 38).

**Figure 38.** Lack of awareness of vape promotion by age, GB adults aware of vapes (2025)

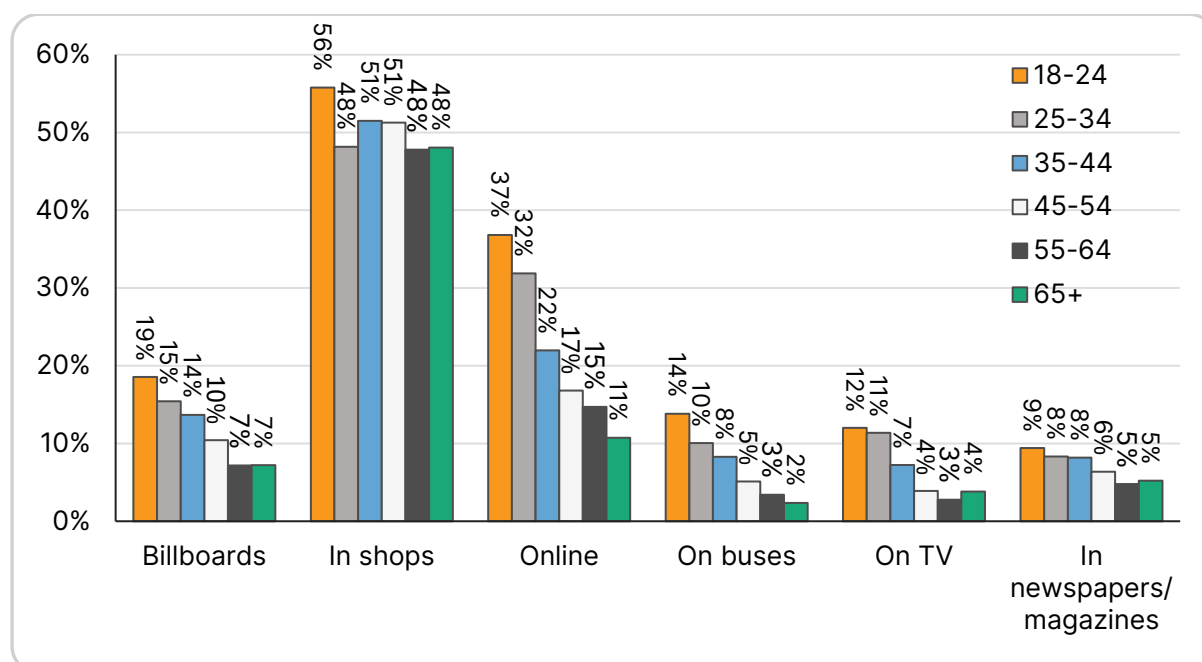


**ASH Smokefree GB Adult Survey 2025.** Unweighted base: GB adults who have heard of vapes (Age 18-24: 2,018, Age 25-34: 1,837, Age 35-44: 1,870, Age 45-54: 1,784, Age 55-64: 1,931, Age 65+: 3,123)

The most common source of vape promotion is in shops with half of adults reporting they have seen vapes promoted in these settings (50%). The next most common place is online (20%).

This again varies by age. Younger adults are more likely to be aware of vape promotion in all settings than older adults, particularly online when they are nearly 4 times as likely to be aware of promotion if they are 18-24 than 65 or over (37% versus 11%, Figure 39).

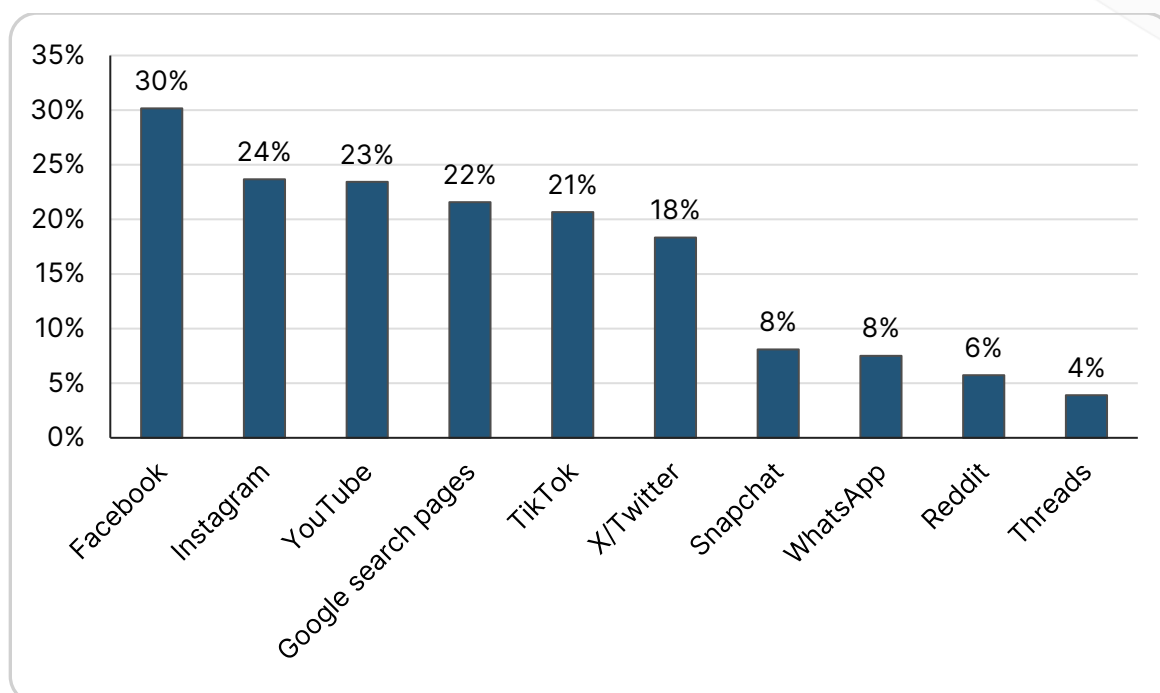
**Figure 39.** Source of vape promotion by age, GB adults aware of vapes (2025)



**ASH Smokefree GB Adult Survey 2025.** Unweighted base: GB adults who have heard of vapes (Age 18-24: 2,018, Age 25-34: 1,837, Age 35-44: 1,870, Age 45-54: 1,784, Age 55-64: 1,931, Age 65+: 3,123). Multiple responses allowed.

While a lot of people don't recall where they saw promotion online (26%, Figure 40) the most common place people report seeing vapes promoted is on Facebook (30%) followed by Instagram (24%) and YouTube (23%). However, again there was variation for the youngest adults. While Facebook was the most common place for all other age groups, among those 18-24 Facebook (24%) was the 5<sup>th</sup> most common place, with Instagram (43%), TikTok (39%) and Twitter/X (30%) and YouTube (28%) all being more common. This likely reflects different patterns of online activity.

**Figure 40.** Top 10 most common places people reported seeing online vape promotion, GB adults who have seen vapes promoted online



**ASH Smokefree GB Adult Survey 2025.** Unweighted base: GB adults who have heard of vapes and who have seen them promoted online (2,676). Multiple responses allowed.

## 5. Predicted behaviour with policy change

- Users of disposable vapes are more likely to report that they will decrease than increase their vaping when disposable vapes are banned and 16% reported it will increase their smoking.
- Vapers are less likely to report behaviour changes if vape flavours are limited compared to when disposables are banned, however, of those who will continue to vape 19% report they will use illegal products and 12% report they will make their own liquid.

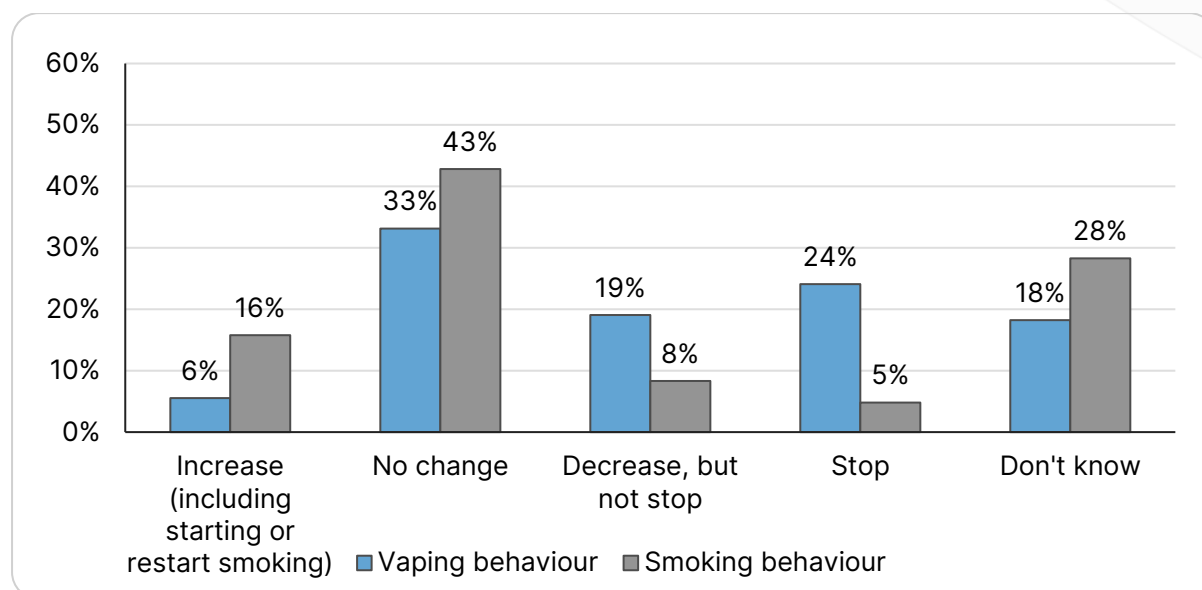
While it is difficult for people to accurately predict what their behaviour will be in the future in response to policy changes it is a way to assess what impact policies may have. In the 2025 survey ASH asked vapers how they would respond to one planned regulatory change (ban on disposable vapes) and one hypothetical regulation (restrictions on vape flavours).

### **Ban on disposable vapes**

This survey found that consumer behaviour had already started to shift so some of those who were previously disposable vape users have already moved to reusable products and were therefore not asked this question. Current disposable vape users at the time of the survey were asked what impact the ban on disposables would have on their vaping and smoking behaviours. They were more likely to report that they would stop (24%, Figure 41) or decrease their vaping (19%) than that they would maintain (33%) or increase (6%) their vaping and 18% did not know what they'd do. The majority of those who reported they would continue to vape said they would do so using reusable products (78%) but a minority said they would seek out illegal disposable vapes (22%).

The survey also asked these vapers what, if any impact, they thought the ban would have on their smoking behaviours. While a majority believed their smoking would be unchanged (43%) or decrease (13%) a minority believed their smoking would increase (16%).

**Figure 41.** Predicted behaviour when disposables are banned, GB adult vapers who mainly use disposables (2025)



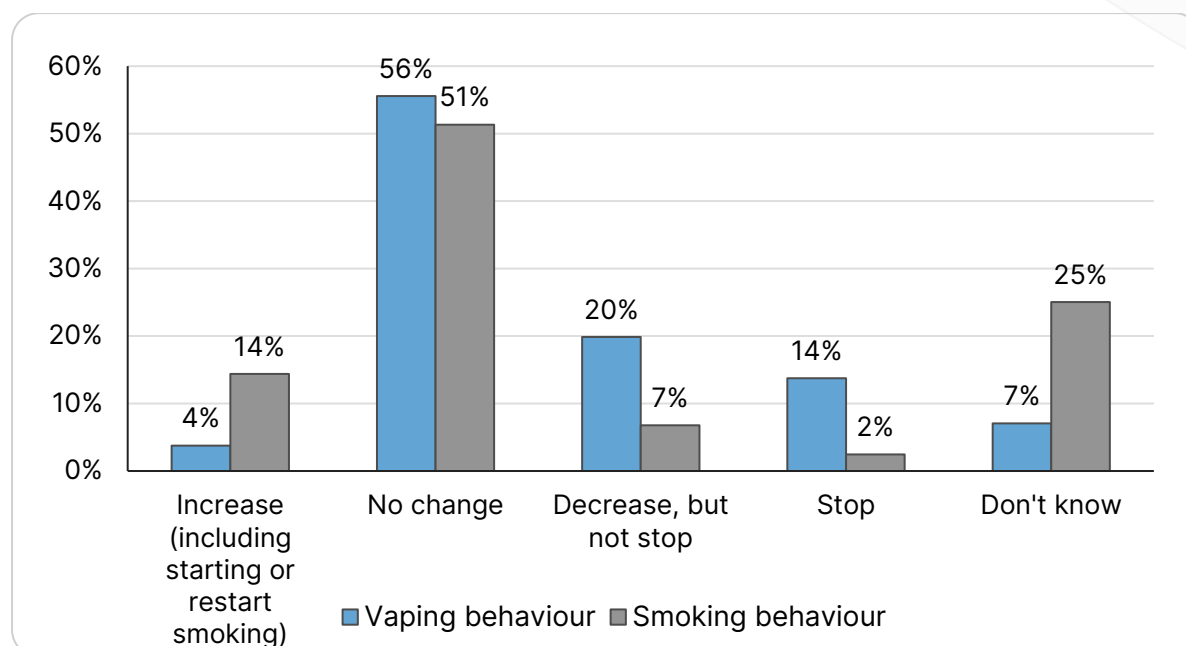
**ASH Smokefree GB Adult Survey 2025.** Unweighted base: Adults who currently mainly vape using disposables, excluding those who have vaped 'once or twice' or don't know their frequency of vaping (n=327)

### Hypothetical flavour restrictions

We asked current vapers what impact a flavour ban that limited flavours to tobacco, menthol and mint would have on their behaviours. A majority did not believe it would change their vaping (56%) or smoking (51%) behaviour (Figure 42). More reported that it would drive reduction in vaping behaviour (34%) than an increase (4%) and 7% didn't know. However, more believe it will cause an increase in their smoking (14%) than a decrease (9%).

Among those who report they would continue to vape a majority report they would use legal flavours (62%) or unflavoured products (10%). However, others also report that they would access illegal flavours (19%) or that they would make their own liquids (12%), both of which could expose users to greater risks.

**Figure 42.** Predicted behaviour if vape flavours are limited to tobacco, menthol and mint, GB adult vapers (2025)



**ASH Smokefree GB Adult Survey 2025.** Unweighted base: Adults who currently vape, excluding those who have vaped 'once or twice' or don't know their frequency of vaping (n=1,328)

# Appendices

**Appendix 1:** Methodology and survey weighting

**Appendix 2:** Sample sizes for figures

**Appendix 3:** Comparison with other surveys (ONS, STS)

**Appendix 4:** Regulatory summary

**Appendix 5:** Definitions and survey questions

**Appendix 6:** Vaping by age and socio-economic Status

## Appendix 1: Methodology and survey weighting

### Methods

This briefing reports the results of the ASH Smokefree GB surveys on the use of vapes among adults in Great Britain. All figures, unless otherwise stated, are from YouGov Plc. ASH included questions on vape use in this annual survey starting in 2010, with questions initially addressed only to smokers. ASH updated its annual survey with questions on e-cigarettes addressed to all respondents from 2012 onwards. (Appendix Table 5). These surveys have all been carried out online once a year in Spring by YouGov. All figures have been weighted and are representative of GB adults (aged 18+). Not all questions are asked every year, especially where answers have proven stable in the past. A few new questions are also introduced each year. ASH has also carried out a survey of youth vaping (11-18-year-olds) since 2013. This analysis is published separately.<sup>11</sup>

Calculations of the total number of vapers in Great Britain set out in Table 1 are by ASH. In each of the years we applied the proportions of e-cigarette use in the YouGov survey to the most recent available ONS mid-year GB population estimates at the time the YouGov data was gathered.<sup>1</sup> In 2024 and 2025 the 2023 population estimate was used. Percentages in this report are given to the nearest whole number, or to one decimal place in a context where it's helpful. As a result, some sums may appear out by  $\pm 1$  percentage points due to rounding error.

The word significant is used where 95% CI error bars don't overlap, and all comparisons that are emphasised in the text are significant differences. However, no specific hypothesis test was used and there is no correction for multiple comparisons.

**Table 5.** History of ASH Smokefree GB Surveys

Year	Sample Size	Dates
2008	3,329	20 <sup>th</sup> – 25 <sup>th</sup> February
2009	13,075	25 <sup>th</sup> – 30 <sup>th</sup> March
2010	12,597	17 <sup>th</sup> – 22 <sup>nd</sup> March
2012	12,436	27 <sup>th</sup> February – 16 <sup>th</sup> March
2013	12,171	1 <sup>st</sup> – 19 <sup>th</sup> February
2014	12,269	5 <sup>th</sup> – 14 <sup>th</sup> March
2015	12,055	26 <sup>th</sup> February – 12 <sup>th</sup> March
2016	12,157	2 <sup>nd</sup> – 23 <sup>rd</sup> March

2017	12,696	16 <sup>th</sup> February – 19 <sup>th</sup> March
2018	12,767	8 <sup>th</sup> February – 6 <sup>th</sup> March
2019	12,393	12 <sup>th</sup> February – 10 <sup>th</sup> March
2020	12,809	17 <sup>th</sup> February – 11 <sup>th</sup> March
2021	12,247	18 <sup>th</sup> February – 18 <sup>th</sup> March
2022	13,088	16 <sup>th</sup> February – 21 <sup>st</sup> March
2023	12,271	22 <sup>nd</sup> February – 15 <sup>th</sup> March
2024	13,266	29 <sup>th</sup> February – 18 <sup>th</sup> March
2025	13,314	10 <sup>th</sup> February – 10 <sup>th</sup> March

### COVID-19

The YouGov data collection for the ASH Smokefree surveys occurs in February and March, so we do not expect that the 2020 data was significantly affected by the COVID-19 pandemic. The data in subsequent years may capture changes in smoking and vaping attitudes and behaviours that are causally related to the pandemic or lockdown. In 2020, data collection for both the Annual Population Survey<sup>15</sup> and the Smoking Toolkit Study<sup>16</sup> had to be changed from face-to-face to telephone interviews. This means it is difficult to determine how far the changes in vaping patterns in these surveys were due to changes in the mode of data collection and how far they were directly due to COVID-19. To compensate for the change of modality, the APS made a statistical adjustment to the data for 2020 onwards.<sup>17</sup> The ASH Smokefree survey has always been online, so did not have a discontinuity in method during the pandemic.

## Appendix 2: Sample sizes for figures

**Table 6.** Sample sizes for Figure 5

Year	Youth never smokers	Adult never smokers
2013	1,552	5,973
2014	1,496	5,995
2015	1,478	6,129
2016	1,466	6,099
2017	1,764	6,626
2018	1,486	6,746
2019	1,600	6,466
2020	1,640	6,832
2021	1,785	6,507
2022	1,723	7,130
2023	1,673	6,649
2024	2,043	7,339
2025	2,070	7,490



**Table 7.** Sample sizes for Figure 6

Sample counts	Age				
	18-24	25-34	35-44	45-54	55+
2013	1,324	1,180	1,758	2,351	5,558
2014	1,026	957	1,496	2,252	6,538
2015	1,305	1,472	1,958	2,844	4,476
2016	1,181	1,056	1,733	2,281	5,906
2017	1,246	995	2,018	2,911	5,526
2018	1,300	1,085	1,926	2,936	5,520
2019	1,604	1,514	1,810	2,466	4,999
2020	1,336	1,807	1,953	1,955	5,758
2021	1,194	1,759	2,045	1,920	5,329
2022	2,127	1,856	2,193	1,891	5,021
2023	1,407	1,723	2,149	1,901	5,091
2024	2,365	1,982	2,146	1,939	4,834
2025	2,241	2,008	1,962	1,859	5,244

**Table 8.** Sample sizes for Figure 12

Year	Current smokers	Ex-smokers	Never smokers
2015	366	239	*
2016	330	329	
2017	293	361	
2018	308	403	
2019	335	465	
2020	292	475	
2021	250	541	
2022	394	594	101
2023	388	617	74
2024	547	727	134
2025	531	721	76

\*Never smokers sample size too small to use before 2022.

**Table 9.** Sample sizes for Figure 14

Year	Current smokers who vape	Current smokers who used to vape	Current smokers who have never vaped
2015	336	811	826
2016	330	703	645
2017	293	676	630
2018	308	710	594
2019	335	781	614
2020	292	815	540
2021	250	771	548

2022	394	815	484
2023	388	666	416
2024	547	676	427
2025	531	638	431

Answers to number of cigarettes per day are banded, so average cigarette numbers are approximated by using the middle values.

**Table 10.** Sample sizes for Figure 24

Year	Ex-smokers who currently vape	Current smokers who have never vaped	Current smokers who currently vape*	Current smokers who are ex-vapers	Never smokers who have never vaped
2013	93	1,058	221	441	3,945
2014	167	816	324	565	5,338
2015	239	768	366	811	5,608
2016	329	606	330	703	5,571
2017	361	600	293	676	6,146
2018	403	548	308	710	6,136
2019	465	563	335	781	5,767
2020	475	492	292	815	6,083
2021	541	417	250	771	5,672
2022	594	432	394	815	5,938
2023	617	372	388	666	5,607
2024	375	203	270	343	2,952
2025	721	386	531	638	6,219

\*This column of counts was incorrect in the 2024 factsheet, although the graph was correct

**Table 11.** Sample sizes for Figure 30

Year	18-24	25-34	35-44	45-54	55+
2017	52	53	127	190	235
2018	50	68	129	199	269
2019	56	101	159	223	261
2020	55	104	168	176	264
2021	52	129	177	156	276
2022	217	181	217	188	230
2023	147	192	238	207	258
2024	247	309	302	241	275
2025	234	299	246	191	336

## Appendix 3: Comparison with other surveys (ONS, STS)

Since the ASH-commissioned Smokefree GB survey first started, there have been a number of other surveys which have gathered data on e-cigarette use. The Smoking Toolkit Study is probably the most extensive of these and tracks both smoking and vaping throughout the year.<sup>18</sup> The study started in England in January 2007 and

expanded to Scotland and Wales in December 2020. The countries' surveys are reported separately rather than together as Great Britain, and only the England data are discussed here.

The trends are similar in both surveys,<sup>19</sup> although the vaping prevalence among never smokers has always been a little lower in the ASH survey. However, both surveys find a similar trend over time, with an increase in vaping among never smokers, appearing to peak in 2023-2024. The surveys differ in the rates of vaping among younger adults and those with lower socio-economic status, with STS finding a higher vaping rate among these groups compared with the ASH Smokefree Survey 2025. The difference is likely due to different sampling methods, question design or collection methods. For further information see the [Smoking Toolkit Study](#).

Another major survey covering vaping in GB is the Annual Population Survey, conducted by the ONS. In 2023, their most recent survey at the time of publication, they found that "Around 2.8% of those who had never smoked reported using an e-cigarette daily or occasionally.", which is an increase from 1.5% in 2021.<sup>20</sup> Like the STS, this rate is higher than was found in the 2021-2023 ASH surveys (0.7%, 1.3% and 1.1% respectively). However, all three surveys do find a significant recent increase of vaping among never smokers over the period 2021-2023/4.

## Appendix 4: Regulatory summary

### E-cigarette regulations

From the 1<sup>st</sup> June 2025, disposable vapes have been banned. The 2025 wave of this survey was conducted prior to this regulation coming into force. The Tobacco and Vapes Bill is currently before parliament and will bring in significant new powers to regulate products. This Bill has not yet been passed or come into force.

In 2015, a minimum age of sale for e-cigarettes of 18 was introduced, making it illegal to sell e-cigarettes containing nicotine to under 18s or to purchase them on behalf of under 18s.<sup>21</sup>

From 20<sup>th</sup> May 2016, a regulatory framework for e-cigarettes was introduced in the UK under the EU Tobacco Products Directive (TPD) Article 20.<sup>14</sup> The regulations are due to be updated and strengthened following a review in 2023, but the timescale and content of the revised regulations has still to be decided at time of publication of this factsheet.

In line with the TPD since 2016 the advertising or promotion, directly or indirectly, of electronic cigarettes and re-fill containers on a number of media platforms, including on television, radio, newspapers and magazines, was prohibited. The only advertising still allowed is at point of sale and other local advertising such as on billboards and public transport.

The new product rules under the TPD for electronic cigarettes introduced a notification process for manufacturers and importers in May 2016.<sup>22</sup> See below for a summary of the key product standards:

### Nicotine strength of e-liquid

- Electronic cigarettes which contain up to 20 mg per ml of nicotine are regulated as consumer products.
- Products containing over 20mg per ml of nicotine cannot be sold unless they have a medicinal licence.<sup>23</sup>
- Zero nicotine products are not included in the TPD and do not require a medicinal licence.

### Quantity of e-liquid

- Disposable electronic cigarettes, cartridges and tanks can contain a maximum of 2ml of e-liquid, while dedicated refill containers can contain up to 10ml.

### Safety

- Products must be child-resistant and tamper evident.

### Health warnings

- The pack must carry a health warning covering 30% of the surfaces of the unit packet and any outside packaging stating *'This product contains nicotine which is a highly addictive substance.'*

The Medicines and Healthcare products Regulatory Agency (MHRA) is the competent authority for the notification scheme for e-cigarettes and refill containers in the UK.<sup>24</sup> Consumers and healthcare professionals can report side effects and safety concerns with e-cigarettes or refill containers to the MHRA through the Yellow Card reporting system.<sup>25</sup> They can also report products suspected to be defective or non-compliant to their local Trading Standards service or to [TPDsafety@mhra.gov.uk](mailto:TPDsafety@mhra.gov.uk).

The Yellow Card Scheme was put in place for e-cigarettes on 20 May 2016. Between then and January 2022, MHRA received 257 Yellow Card adverse reaction reports covering 720 adverse reactions.<sup>26</sup> The MHRA assesses all reports received in associated with nicotine-containing e-cigarettes and should any potential safety concerns be identified regulatory action would be taken and communicated as appropriate. The MHRA also receives reports of potential safety concerns and works with local Trading Standards teams to investigate as needed.

ASH asks vapers questions about the type of product they use to inform our understanding of the impact of the current regulations and how the market for vapes is evolving.

## Appendix 5: Definitions and survey questions

### Vaping and smoking questions and definitions

This is the question that adults were asked about their vaping status:

**The following question relates to vapes. These products are sometimes called e-cigarettes. Which of the following statements BEST applies to you?**

- 1) I have never heard of vapes (e-cigarettes) and have never tried them
- 2) I have heard of vapes (e-cigarettes) but have never tried them
- 3) I have tried vapes (e-cigarettes) but do not use them (anymore)

- 4) I have tried vapes (e-cigarettes) and still use them
- 5) Don't know

"Current vapers" are defined as those answering 4)

"Ex-vapers" are defined as those answering 3)

"Never vapers" are defined as those answering 1) or 2)

Before 2024, the question was phrased as "E-cigarettes are also sometimes called vapes or vaping devices. Which of the following statements BEST applies to you?". Before 2024 answers had the words "vapes" and "e-cigarettes" in swapped positions.

This is the question that adults were asked about their smoking status:

**Smoking in this survey refers to all burnt tobacco products. It does NOT include vapes (e-cigarettes). Which of the following statements BEST applies to you?**

- 1) I have never smoked
- 2) I used to smoke but I have given up now
- 3) I smoke but I don't smoke every day
- 4) I smoke every day

"Current smokers" are defined as those answering 3) or 4)

"Ex-smokers" are defined as those answering 2)

"Never smokers" are defined as those answering 1)

Before 2024 the question had the words "vapes" and "e-cigarettes" in swapped positions.

These questions asked people about the portion of smoking and vaping health harms that come from nicotine:

**According to what you know or believe, what proportion, if any, of the health risks of smoking comes from nicotine in cigarettes?**

and

**According to what you know or believe, what proportion, if any, of the health risks of vaping comes from nicotine in vapes (e-cigarettes)?**

- 1) None or very small
- 2) Some but well under half the risk
- 3) Around half the risk
- 4) Much more than half the risk
- 5) Nearly all of the risk
- 6) Don't know

## **Appendix 6: Vaping by age and socio-economic status**

### **Socio-economic status, age and vaping**

Most surveys find that people from higher socio-economic groups are less likely to vape than those with lower SES.

Our 2025 survey matches this result, with 9.5% of people in socio-economic group A, B or C1 currently vaping, significantly less than those in group C2, D or E (11.4%, Table 10). However, **smokers** with higher SES are **more** likely to vape (38%, Figure 8) than smokers with lower SES (29%).

**Table 10.** Vaping prevalence by age and SES, GB adults (2025)

<b>Current vaping</b>	<b>18-24</b>	<b>25-34</b>	<b>35-44</b>	<b>45-54</b>	<b>55+</b>	<b>All ages</b>
A, B or C1	9.6%	16.4%	12.7%	8.8%	4.2%	<b>9.5%</b>
C2, D or E	13.5%	15.3%	13.8%	13.0%	8.7%	<b>11.4%</b>
<b>All SES</b>	<b>10.7%</b>	<b>16.0%</b>	<b>13.2%</b>	<b>10.8%</b>	<b>6.7%</b>	<b>10.4%</b>

# References

## Reviewers:

- Prof Leonie Brose, King's College London
- Dr Jamie Brown, Tobacco and Alcohol Research Group, University College London
- Prof Lion Shahab, Tobacco and Alcohol Research Group, University College London
- Prof Ann McNeill, King's College London

Data collected by YouGov for ASH.

**Please cite as:** Action on Smoking and Health (ASH). *Use of Vapes Among Adults in Great Britain*. 2025.

Online links last checked April 2025.

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<sup>1</sup> ONS. [Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland](#). Mid-2023 dataset.

<sup>2</sup> McNeill A, Brose LS, Calder R, Bauld L & Robson D. [Evidence review of ecigarettes and heated tobacco products 2018](#). A report commissioned by Public Health England. London: Public Health England.

<sup>3</sup> Jackson, S., Brown, J., & Beard, E. [Associations of prevalence of e-cigarette use with quit attempts, quit success, use of smoking cessation medication, and the overall quit rate in England: a time-series analysis of population trends 2007-2022](#). June 2024.

<sup>4</sup> Lindson N, Butler AR, McRobbie H, Bullen C, Hajek P, Begh R, Theodoulou A, Notley C, Rigotti NA, Turner T, Livingstone-Banks J, Morris T, Hartmann-Boyce J. [Electronic cigarettes for smoking cessation](#). Cochrane Database of Systematic Reviews 2024, Issue 1. Art. No.: CD010216. DOI: 10.1002/14651858.CD010216.pub8. Accessed 27 June 2024.

<sup>5</sup> Lindson N, Theodoulou A, Ordóñez-Mena JM, Fanshawe TR, Sutton AJ, Livingstone-Banks J, Hajizadeh A, Zhu S, Aveyard P, Freeman SC, Agrawal S, Hartmann-Boyce J. [Pharmacological and electronic cigarette interventions for smoking cessation in adults: component network meta-analyses](#). Cochrane Database of Systematic Reviews 2023, Issue 9. Art. No.: CD015226. DOI: 10.1002/14651858.CD015226.pub2. Accessed 27 June 2024.

<sup>6</sup> Jackson SE, Brown J, Tattan-Birch H, Shahab L. [Impact of the disruption in supply of varenicline since 2021 on smoking cessation in England: A population study](#). *Addiction*. 2024; 119(7): 1203–1210.

<sup>7</sup> East K, Reid JL, Burkhalter R, Wackowski OA, Thrasher JF, Tattan-Birch H, Boudreau C, Bansal-Travers M, Liber AC, McNeill A, Hammond D. [Exposure to Negative News Stories About Vaping, and Harm Perceptions of Vaping, Among Youth in England, Canada, and the United States Before and After the Outbreak of E-cigarette or Vaping-Associated Lung Injury \('EVALI'\)](#). *Nicotine Tob Res*. 2022 Aug 6;24(9):1386–1395. doi: 10.1093/ntr/ntac088. PMID: 35368062; PMCID: PMC9356695.

<sup>8</sup> Tattan-Birch H, Brown J, Shahab L, Jackson SE. [Association of the US Outbreak of Vaping-Associated Lung Injury With Perceived Harm of e-Cigarettes Compared With Cigarettes](#). *JAMA Netw Open*. 2020 Jun 1;3(6):e206981. doi: 10.1001/jamanetworkopen.2020.6981. PMID: 32539148; PMCID: PMC7296387.

<sup>9</sup> WHO. [WHO model list of essential medicines - 22nd list, 2021](#).v 30 September 2021.

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<sup>10</sup> Jackson SE, Shahab L, Tattan-Birch H, Buss V, Brown J. [Changes in vaping trends since the announcement of an impending ban on disposable vapes: A population study in Great Britain](#). Addiction. 2025.

<sup>11</sup> [ASH Smokefree Youth Survey 2025](#)

<sup>12</sup> UK government Press release. [Disposable vapes banned to protect children's health](#). 28 January 2024.

<sup>13</sup> Tackett AP, Han DH, Peraza N, et al. [Effects of 'Ice' flavoured e-cigarettes with synthetic cooling agent WS-23 or menthol on user-reported appeal and sensory attributes](#). Tobacco Control, April 2025.

<sup>14</sup> [EU Tobacco Products Directive 2014/40/EU](#)

<sup>15</sup> ONS information sheet [Data collection changes due to the pandemic and their impact on estimating personal well-being](#), February 2021

<sup>16</sup> Jackson S, Beard E, Angus C, Field M & Brown J. [Moderators of changes in smoking, drinking and quitting behaviour associated with the first COVID-19 lockdown in England](#), Addiction, August 2021.

<sup>17</sup> [Adult Smoking Habits in the UK methodology](#), ONS, December 2022

<sup>18</sup> [Smoking Toolkit Study](#)

<sup>19</sup> Beard E, West R, Michie S, Brown J. [Association between e-cigarette use and changes in quit attempts, success of quit attempts, use of smoking cessation pharmacotherapy, and use of stop smoking services in England: time series analysis of population trends](#). BMJ, September 2016.

<sup>20</sup> [Adult Smoking Habits in the UK: 2023](#). ONS. Report covers results from the Annual Population Survey 2023.

<sup>21</sup> [The Nicotine Inhaling Products \(Age of Sale and Proxy Purchasing\) Regulations 2015](#)

<sup>22</sup> [Tobacco and Related Products Regulations 2016](#)

<sup>23</sup> Medicines and Healthcare products regulatory agency. [Licensing procedure for electronic cigarettes as medicines](#), December 2017.

<sup>24</sup> [Medicines and Healthcare products regulatory agency guidance](#), February 2016.

<sup>25</sup> [Medicines and Healthcare products Regulatory Agency Yellow Card reporting site](#)

<sup>26</sup> Office for Health Improvement and Disparities. [Nicotine vaping in England: an evidence update including health risks and perceptions, 2022](#). A report commissioned by the Office for Health Improvement and Disparities. September 2022.