

Lost in the vapour: Denial of dependence among adolescent e-cigarette users

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Introduction: E-cigarette use, or vaping, has risen dramatically among Australian youth and young people in the past decade. This has triggered community, clinician and academic concerns that this may result in a new generation of individuals dependent on nicotine. Denial of dependence, defined as a refusal to endorse addiction despite endorsing signs of dependence, may undermine cessation and help-seeking behaviours. Understanding who is most likely to deny dependence and what cognitions and behaviours are associated is critical for targeting intervention efforts.

Method: Data are drawn from the annual repeated cross-sectional ITC Youth and Young Adult Tobacco and Vaping Survey, conducted in Australia, Canada, England, New Zealand and the United States. Data are drawn from the Australian waves 8 and 9 (N = 4,646). The analytic sample was restricted to current e-cigarette users (past 30-day vaping) who met criteria for nicotine dependence, defined as endorsement of items such as "When I haven't been able to vape for a few hours, the craving gets intolerable.". Denial of dependence was defined as a discord between endorsement of dependence items, and a negative response to the item "Do you consider yourself addicted to using e-cigarettes/vaping?".

Results: Multivariate logistic regression was used to identify sociodemographic, cognitive and behavioural predictors of denial, with survey weights applied to account for the non-probability sampling design.

Discussions: Recognition of dependence is associated with higher rates of quit attempts among tobacco and nicotine users. Denial, by contrast, reinforces continued use by allowing individuals to attribute their behaviour to choice rather than addiction, reducing the perceived urgency of cessation. A deeper understanding of the sociodemographic correlates can identify individuals or communities that warranted targeted interventions. Cognitive and behavioural factors that are associated with and drive denial of dependence highlight modifiable targets for intervention.

Implications on communities, practice, policy and/or First Nations communities: Our results could identify focus areas for public health intervention and messaging.

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