

Vape Gods, Vape Lords, and Fiends: The Language of Vaping

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Abstract: Little attention has been devoted to understanding the language surrounding e-cigarette use. Researchers employ terms such as users of e-cigarettes or ENDS, but language employed outside scholarly writing is relatively unexamined. Thus, this study examined the language used by college students to refer to people who use e-cigarettes. College students ($N = 1037$; $M_{age} = 20.67$, $SD = 3.81$; 72.1% female; 69.6% White) at a southern U.S. university responded to the open-ended question: “What do you call a person who uses e-cigarettes?” Of 1086 responses, e-cigarette users’ ($n = 591$) and nonusers’ ($n = 495$) responses were examined separately. Although users and nonusers had the same two top terms (“vaper” and “smoker”), a clearer consensus existed among users where “vaper” was most common (51.3%) followed by “smoker” (21.0%). These same terms were endorsed by 37.0% and 31.5% of nonusers, respectively. The third most popular responses of users related to addiction (e.g., “addict”, “fiend”; 8.46%), whereas nonusers’ responses indicated they did not know what to call an e-cigarette user (e.g., “I don’t know”; 7.1%). Users were equally likely to use positive (e.g., “Vape God”) and negative (e.g., “fool”) terms, whereas nonusers were nearly six times more likely to use negative terms. Therefore, it may be useful to capitalize on these language trends in health campaigns as well as develop separate messaging for users vs. nonusers.



Citation: Walker, K.L.; McLeish, A.C.; Wood, L.A.; Hart, J.L. Vape Gods, Vape Lords, and Fiends: The Language of Vaping. *Youth* **2023**, *3*, 1421–1428. <https://doi.org/10.3390/youth3040089>

Academic Editor: Todd Michael Franke

Received: 26 September 2023
Revised: 5 December 2023
Accepted: 5 December 2023
Published: 13 December 2023



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Keywords: e-cigarette; language; young adults; college students; vaper

1. Introduction

Words provide insight into our social and psychological worlds, and language simultaneously reflects and shapes understanding. Despite exponential increases in e-cigarette use, especially among youth and young adults [1–4], and a growing body of research examining the health effects of such use, little attention has been devoted to understanding the language surrounding e-cigarette use. Certainly, researchers’ understanding of the language employed by people who use e-cigarettes has not kept pace with the proliferation and increased use of these products.

Since their introduction into the U.S. marketplace nearly 20 years ago, e-cigarettes have become popular among youth and young adults, resulting in public health concerns. These devices, which typically consist of a heating element, battery, and e-liquid storage area, are available in an array of sizes and types [5]. The use of an e-cigarette produces an aerosol that is inhaled and usually contains nicotine [6,7]. Recent results indicate that e-cigarette use among college students, ages 19–22 years, rose from 6% to 18.6% between 2017 and 2020 [8]. Use by young adults may exceed that of high schoolers [9] and is a cause for concern as the early adult years are a key developmental period for establishing substance use patterns [10,11]. Although longitudinal studies are needed to assess effects across time, research to date has linked the use of e-cigarettes to negative health outcomes, such as harm to brain development [12], asthma [13], and adverse effects on the cardiometabolic and pulmonary systems [14], as well as the potential for nicotine addiction [15].

As an array of new tobacco products has entered the marketplace, new language has been employed in their labeling, marketing, and use. O'Connor and colleagues (2021) categorize this language as new words (neologisms, such as electronic nicotine delivery systems or ENDS), distinguishing words (retronyms, such as combustible cigarette vs. electronic cigarette), or blended words (portmanteaus, such as e-cigarette), among others, and note that staying abreast of these language shifts is challenging for researchers and public health advocates [16]. Further, the terms employed evolve and often differ across researchers, health providers, health advocates, and people who use the products [17,18].

Across recent years, the advertising and marketing of e-cigarettes has been ubiquitous, with such content especially pervasive on social media platforms. The results of content analyses have revealed the positive orientation of most tobacco-related social media content [19], and, although paid advertisements are widely banned, many social media platforms do not restrict influencer-promoted content [20]. Additionally, young adults engage with friend and peer groups via social media and may be influenced by their content. Exposure to tobacco content on social media has repeatedly been associated with tobacco use [21], including e-cigarettes, further highlighting the importance of understanding the language employed by tobacco advertisers and marketers, health advocates, and consumers and potential consumers of these products. In addition, beyond e-cigarette content on social media, much work remains to investigate the overall effects of tobacco industry promotion, such as through linguistic framing [22].

O'Connor and colleagues (2021) further stress the importance of accurate terminology as well as using terminology that serves public health interests and not the interests of tobacco companies [16]. Language affects public perception, including understanding of risks, concerns viewed as pressing and important to public health, and locus of responsibility [23–26]. Use of different and inconsistent terms can result in challenges to tobacco control, making it harder to craft policy, to convey ideas to the public, and to enforce regulations [16,18].

Certainly, in health messaging, understanding the language used by and the preferences of others is vital in designing approaches that may influence perceptions and behavior as well as achieve maximum public health benefit [23]. Across contexts (e.g., health, work, school, government, research), avoiding stigmatizing language, equating the person with their behavior, is encouraged. For example, rather than labels such as “addict” or “user”, “people-first language” (e.g., “people who...”) is recommended [23,27,28]. Despite this focus on language used by researchers and health practitioners, there has been infrequent examination of the terminology employed by people who use e-cigarettes. An analysis of focus groups with adults who use e-cigarettes found a lack of clarity on various products (i.e., confusion across product types, such as vape pens, e-pens, and e-hookah, and their differences) and language differences based on age (e.g., younger participants were more likely to refer to vapor and vaping than smoke and smoking) [29]. Results of an online survey in 2021 that asked what “people inhale and exhale when they vape” indicated that, for both closed-ended items and open-ended responses, vapor and smoke were the most common terms used and that aerosol, a term commonly employed in the research literature, was infrequently used [30]. A study of over 9000 electronic health records from 2006 to 2015 of patients aged 12 years and older examined words recorded in open-ended comments regarding ENDS use [31]. Compared to the records of adults, the term “vape” appeared more often in the records of adolescents and young adults and the terms “e-cig” or “electronic cigarette” appeared less often [31], though these latter terms are more often employed by researchers. When developing health communication campaigns, screening patients, and/or collecting data, it is important to employ terminology that the public understands [29,30].

Despite the increase in products available in the marketplace and their popularity, few studies have examined language surrounding e-cigarette use. Because understanding such terminology is important in creating effective health campaigns, providing quality health screening and care, and developing easily comprehensible data collection instruments,

this study examined the language used to describe people who use e-cigarettes. Although empirical studies frequently employ terms such as people who use e-cigarettes or people who use electronic nicotine delivery systems (ENDS), little is known regarding descriptors used outside academic research. Thus, the aim of this study is to examine descriptors for the users of e-cigarettes.

2. Materials and Methods

As part of an ongoing study of college student health, undergraduates at a large university in the southern U.S. were eligible to participate and could learn more about this study via a Sona Systems research platform. If they were at least 18 years old and elected to do so, they could complete informed consent documents. Once informed consent was obtained, they could then access study questionnaires.

Data were collected from March 2020 to April 2021 using REDCap (Research Electronic Data Capture) [32,33]. To ensure anonymity, the participants' IP address information was not collected. The participants could receive course credit for participating in this study. Prior to data collection, this study's materials and procedures were reviewed and approved by the university's Institutional Review Board (IRB # 19.1013).

For this analysis, the participants were 1037 college students ($M_{age} = 20.67$, $SD = 3.81$; 72.1% female; 69.6% White) who responded to the open-ended question: "What do you call a person who uses e-cigarettes?". A total of 1086 terms or phrases were generated by the participants, and the responses of people who used e-cigarettes ($n = 591$; ever used an e-cigarette, response "yes") and people who did not use e-cigarettes ($n = 495$; ever used an e-cigarette, response "no") were examined separately. The groups were separated for analysis due to their differing experience with these devices (e.g., those who use e-cigarettes likely have more familiarity with and perhaps different opinions regarding these products). Moreover, as health communication messaging often focuses on either prevention or cessation/intervention, understanding these group differences would help identify the best terms to use for each type of communication in future messaging.

After the data were divided into use and nonuse groups, two authors coded participant responses. Following the constant comparative analysis method, the participant responses were read and re-read, and, through a process of iterative, open coding, categories emerged and were refined [34,35]. Frequencies for terms within the use and nonuse groups were calculated. Chi-square analyses and analyses of variance were used to determine whether there were sociodemographic differences in the terms endorsed within each use group.

3. Results

The participants who did not use e-cigarettes were, on average, 20.80 years old ($SD = 4.78$). In terms of gender identity, 72.6% identified as female, 25.8% as male, 0.8% as transgender, 0.4% as nonbinary, and 0.4% as other. The racial breakdown of this group was 60.8% White, 20.3% Black or African American, 8.5% Asian, 7.2% multi-racial, 0.4% American Indian or Alaska Native, 0.2% Native Hawaiian or Other Pacific Islander, and 2.6% other. Approximately 8% of those who did not use e-cigarettes were Hispanic.

The participants who used e-cigarettes were, on average, 20.55 years old ($SD = 2.75$). In terms of gender identity, 71.6% identified as female, 27.2% as male, 1.0% as nonbinary, and 0.2% as transgender. The racial breakdown of this group was 77.1% White, 8.0% Black or African American, 7.3% multi-racial, 3.8% Asian, and 3.8% other. Approximately 11% of those who used e-cigarettes were Hispanic.

The participants who used e-cigarettes and those who did not use the devices responded with the same top two terms (i.e., "vaper" and "smoker"); however, a clearer consensus existed among people who used e-cigarettes, where "vaper" was the most common term (51.3% of responses) followed by "smoker" (21.0%) (Table 1). Of the participants who did not use e-cigarettes, 37.0% endorsed "vaper" and 31.5% "smoker".

Table 1. Responses ($N = 1086$) classified by participant e-cigarette use.

Users ($n = 591$)	Nonusers ($n = 495$)
Vaper 51.3%	Vaper 37.0%
Smoker 21.0%	Smoker 31.5%
Addiction-related terms 8.5%	"I don't know" 7.1%

Among participants who used e-cigarettes, the third most popular response was terms related to addiction (e.g., "addict", "fiend", "nic addict", "nic fiend", "stoner", "druggies"; 8.5%). For people who did not use e-cigarettes, the third most common response area consisted of terms indicating ambiguity (e.g., "I don't know", "not sure", "no clue"; 7.1%).

People who used e-cigarettes were equally likely to use positive terms (e.g., "Vape God", "Vape Lord", "cool") as they were to use negative terms (e.g., "fool", "addicted", "dumbasses"). However, people who did not use these devices were nearly six times more likely to use negative terms (e.g., "sad", "bad decision makers", "addict", "crackheads", "nasty vaper", "attention seekers") than positive terms.

Table 2 illustrates the most common terms by category and their frequencies. After variations of "fiend", "addict" was the second most common response related to addiction among users of e-cigarettes ($n = 9$) as well as nonusers ($n = 7$). Although there were some similarities in the frequently used terms in each category for positive, negative, and addiction descriptors, people who used e-cigarettes listed more addiction-related terms, and people who did not use the devices listed more negative terms.

Table 2. Most common responses ($N = 1086$) by category and participant e-cigarette use.

Users ($n = 591$)	Nonusers ($n = 495$)
Positive	Positive
Vape God/Vape Lord ($n = 9$)	Vape God/Vape Lord ($n = 3$)
Negative	Negative
Dumb ($n = 7$)	Dumb ($n = 7$)
Addiction-related terms	Addiction-related terms
Fiend/feen/fien ($n = 28$)	Fiend/feen/fien ($n = 8$)

Further analysis based on sociodemographic characteristics revealed significant differences in some areas. There were significant differences between those who did and did not use e-cigarettes in the terms used ($X^2(6) = 50.85, p < 0.001$). The participants who did not use e-cigarettes were more likely than those who used e-cigarettes to use the term smoker (31.5% vs. 20.9%) or negative terms (e.g., "fool", "dumbasses", "crackheads"; 6.3% vs. 1.9%). Those who used e-cigarettes were more likely to use the term vaper (51.3% vs. 37%) or addiction-related terms (8.5% vs. 5.0%).

Among those who did not use e-cigarettes, there were no significant differences in the terms endorsed based on gender identity ($X^2(12) = 16.17, p = 0.184$), race ($X^2(6) = 7.31, p = 0.293$), ethnicity ($X^2(6) = 5.36, p = 0.510$), or age ($F(6, 407) = 0.82, p = 0.552$). Among those who did use e-cigarettes, there were no significant differences based on race ($X^2(6) = 6.34, p = 0.387$) or ethnicity ($X^2(6) = 8.19, p = 0.225$). There were significant differences among those who used e-cigarettes related to gender identity ($X^2(12) = 25.62, p = 0.012$) and age ($F(6, 495) = 4.37, p < 0.001$). Individuals who identified as nonbinary, transgender, or another gender identity were more likely to use positive terms (e.g., "Vape God", "Vape Lord", "cool") than those who identified as female (14.3% vs. 0.7%). Those who used addiction-related terms or were unsure what term to use were younger than those who used the terms smoker or vaper.

4. Discussion

These results help us understand how the language surrounding e-cigarette use has evolved as well as how it reflects beliefs about e-cigarette safety. Among people who use

e-cigarettes, it appears that the term “vaper” is most popular and that there is also an awareness of nicotine addiction. Linked to the use of the word “vapor”, often used to refer to the aerosol produced by e-cigarettes, slang terms such as “vaping” (i.e., the act of using an e-cigarette) and “vapes” (i.e., e-cigarettes) have caught hold. From these terms, which have increasingly gained acceptance, “vaper” has gained traction as a descriptor for someone who uses e-cigarettes or vapes. Although vaper was the more frequently employed term, approximately one-fifth of people who used e-cigarettes and nearly one-third of those who did not use the label smokers to refer to e-cigarette users. The relatively frequent use of this label, especially by people who use e-cigarettes, may reflect terminology preferred in this region or preferences for how to characterize the behavior; however, additional research is needed to understand these language choices more fully.

Similar to previous work with adults that found that younger participants used the term “vaping” more frequently [29], this study found a greater use of “vaper” than “smoker” among both people who used and those who did not use e-cigarettes. “Vaping” and “vaper” have become commonly employed terms across time and among younger populations, such as college students. Employing terminology that the public understands is important in public health work (e.g., data collection, health campaigns, patient screening) [29,30], and staying abreast of terms that resonate with key audiences is important in developing clear messaging.

Despite their rapid rise in popularity and continued sustained use [3,36–38], e-cigarettes pose some health risks to users [12,13,39–43]. Some research has indicated that people perceive these devices as safe to use or safer than other tobacco products [44,45], but perceptions regarding safety may be shifting, especially in terms of recognizing the potential for addiction to nicotine. More frequently than people who did not use the devices, people who used e-cigarettes referred to the addiction or addiction potential of e-cigarettes. Several variations of “fiend”, such as “pheen” and “feen”, were listed. Further conveying addiction, other phrases listed included “always has e-cig”, “addict”, “addicted”, and “vapeheads”. Despite these concerns, however, people who used e-cigarettes also included several positive descriptions of consumers of e-cigarettes. These positive terms included “friends”, “Vape God”, and “Vape Lord”.

Terms reflecting the negative perceptions of e-cigarettes were more common among people who did not use the devices, with those who did not use them about six times more likely to employ negative terms than positive terms. Some negative descriptors focused on addiction (e.g., “addict”, “crackheads”) but also questioned intelligence (e.g., “dumb”, “idiot”, “very stupid”, “bad decision makers”), health (e.g., “unhealthy”, “sad”, “needs counseling”), and/or fitness/hygiene (e.g., “gross”, “nasty”, “losers”) or indicated social pressures (e.g., “pretend to be cool”, “attention seekers”).

Interestingly, although people who did not use e-cigarettes were significantly more likely to use negative terms to describe such use, people who did use e-cigarettes were significantly more likely to use addiction-related terms to describe use. Among the people who used e-cigarettes, gender identity and age appeared to influence language choices. The prevalence rates of tobacco use, including e-cigarette use, are disproportionately high for people who identify as members of sexual and gender minority groups; however, much work remains to understand the factors influencing such use [46]. Our finding that people who identified as members of gender minority groups used more positive terms to describe e-cigarette use warrants consideration in future studies.

The results also underscore differences between general language use and language used by researchers and health practitioners. Much of the academic literature on e-cigarettes classifies study participants by behavior (e.g., people who use e-cigarettes, e-cigarette users). Several recent calls underscore the importance of not stigmatizing people who use e-cigarettes or other substances through labels that equate the person with the behavior (e.g., addict, user) and instead suggest “people-first” language [23,27,28]. Although attention to language is a highly important consideration for researchers and practitioners, especially in areas such as prevention and cessation programs, provision of health care, and health

campaigns, the results of this study indicate that the participants used several labels focused on behavior (e.g., “vaper”, “addict”) or that conveyed judgement regarding behavior or shared insight into how others are seen (e.g., “druggies”, “stoner”, “fool”, “dumbasses”, “cool”, “Vape God”). Thus, although it is important that campaigns, treatment programs, and the academic literature avoid labels that classify people by one facet of their behavior (e.g., “user”) or that emphasize disapproval (i.e., stigmatize), it is simultaneously important that health professionals understand general language use surrounding these products and associated behaviors, which can be helpful in facilitating provider–patient communication and increased understanding. Such terminology is also important to understand in health advocacy and counter-marketing efforts designed to reach specific audiences. Further, an enhanced understanding of tobacco industry communications, especially via popular channels such as social media platforms, may provide useful insights toward better adapting health promotion and health practitioner messaging as well as researcher language.

The findings of this study should be considered in the context of its limitations. First, responses reflect language used at one school in a particular geographic area and, thus, may not represent terminology used across all U.S. university campuses. Because language is culturally distinct, future research in additional locations will be useful. Also, this study examined college students and participants’ average age was aligned with that of a traditional college population. Other age groups, such as adolescents among whom e-cigarette use is also common, may employ differing terminology and different understandings of addiction. Further study is needed to examine developmental differences in the language surrounding e-cigarette use. Second, the data were collected during a specific time period. Given the proliferation of e-cigarette products, evolving technology, and possible changes in use and perceptions of use, repeated inquiry is needed. Additionally, the responses analyzed were related to a single questionnaire prompt, and the responses included terms beyond those specific to use (e.g., descriptors conveying how such use is regarded with phrases like “nasty” and “cool”). Future investigations may benefit from examining language generated in individual or focus group interviews where use of labels, phrases, and positive or negative sentiment can be discussed.

Despite these limitations, this study is one of few to examine the language used to describe people who use e-cigarettes. It may be useful to capitalize on these language trends in public health campaigns as well as to develop separate messaging for people who use e-cigarettes vs. those who do not. Further, it will be important to continue to monitor language trends in order to facilitate effective communication with key audiences.

5. Conclusions

Language conveys how products and their use are regarded, reflecting underlying attitudes and behavior. Effective health communication is rooted in understanding key audiences, such as college students, and their language systems as well as in tailoring messages accordingly. Health messaging on e-cigarette prevention and cessation employing language familiar to and used by young adults may contribute to effectiveness.

Author Contributions: Conceptualization, K.L.W., A.C.M. and J.L.H.; project administration, J.L.H.; data collection, all authors; funding K.L.W. and J.L.H.; data analysis, K.L.W., A.C.M. and J.L.H.; data interpretation, all authors; writing—original draft, A.C.M. and J.L.H.; writing—review and editing, all authors. All authors have read and agreed to the published version of the manuscript.

Funding: This research was supported, in part, by the National Institutes of Health and the Center for Tobacco Products (Award Number U54HL120163) and the American Heart Association (Award Number 20YVNR35500014). The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health, the Food & Drug Administration, or the American Heart Association.

Institutional Review Board Statement: This study was conducted in accordance with the Declaration of Helsinki and approved by the Institutional Review Board of the University of Louisville (protocol 19.1013, approved 18 November 2019; reapproved through 17 November 2025).

Informed Consent Statement: Informed consent was obtained from all participants involved in this study.

Data Availability Statement: Data are available from the corresponding author upon reasonable request.

Conflicts of Interest: The authors declare no conflict of interest. The funders had no role in the design of the study; in the collection, analyses, or interpretation of data; in the writing of the manuscript; or in the decision to publish the results.

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