

# Review of: "Purchasing and sourcing of e-cigarettes among youth in Scotland and England following Scotland's implementation of an e-cigarette retail register and prohibition of e-cigarette sales to under-18s"

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This study is of importance, because youth protection from e-cigarettes had been found insufficient in the U.K., being partly sacrificed to business interests of the industry producing nicotine products (1-3). Contrary to their hypothesis the authors confirmed poor compliance with age-of-sale regulations in force since 2015 in England and since 2017 in Scotland. In minors they did not find a reduction of vaping prevalence or dual use of nicotine cigarettes and not even a slowdown of rising e-cigarette use by minors like North America (4,5), Australia and some Asian and European countries after the ban, but the opposite. Obviously reduction of sales of e-cigarettes to minors failed in U.K., which is not surprising after the irresponsible whitewashing of these tobacco industry products by „Public Health England“. It is remarkable that the compliance with the law was lowest in vape shops and „regular shops“, but the authors did not provide details, neither for circumvention of the law by „social sources“. Some shortcomings of the present study like cross-sectional comparisons, small sample size of Scottish minors and self-reporting were mentioned by the authors as limitations, but no attempt was made to correct results for selection bias: Motivation for participation was probably different in Scotland and England and original numbers of questionnaires distributed are not given. Hammond et al. 2019 (6) listed 1,175 participants from Scotland, with 436 found eligible and 492 completed questionnaires in wave 1. Hammond et al. 2020 (7) wrote 459 wave 1 respondents were invited to participate in wave 2, but only 68 completed it, so that another 4,628 invitations had to be sent to youth (age not given) and 15,908 to parents. Only 396 of these 20,536 completed the survey and presumably a minority of these 396 were under age 18. Two other limitations of the present study by East et al. are that it stays unclear if sale refusal and source of cigarettes for minors were only assessed by questionnaire received from underaged or parents and that smoking and dual use (of tobacco and e-cigarettes) was not considered as a possible outcome of vaping.

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