JOINT COMMISSION ON HEALTH CARE

PUBLIC HEALTH IMPACTS OF E-CIGARETTE USE AND E-CIGARETTE RETAIL ESTABLISHMENTS

REPORT TO THE GOVERNOR AND THE
GENERAL ASSEMBLY OF VIRGINIA

FINAL REPORT

COMMONWEALTH OF VIRGINIA
RICHMOND
2026

Code of Virginia § 30-168.

The Joint Commission on Health Care (the Commission) is established in the legislative branch of state government. The purpose of the Commission is to study, report and make recommendations on all areas of health care provision, regulation, insurance, liability, licensing, and delivery of services. In so doing, the Commission shall endeavor to ensure that the Commonwealth as provider, financier, and regulator adopts the most cost-effective and efficacious means of delivery of health care services so that the greatest number of Virginians receive quality health care. Further, the Commission shall encourage the development of uniform policies and services to ensure the availability of quality, affordable and accessible health services and provide a forum for continuing the review and study of programs and services.

The Commission may make recommendations and coordinate the proposals and recommendations of all commissions and agencies as to legislation affecting the provision and delivery of health care. For the purposes of this chapter, "health care" shall include behavioral health care.

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The *Final Report on the Public Health Impacts of E-cigarette Use and E-cigarette Retail Establishments* has been revised to clarify the funding source for the Virginia Foundation for Healthy Youth's Y-Street program as the Virgina's Tobacco Master Settlement Agreement and to reflect that all 132 public school divisions in Virginia are required to develop and implement a policy to prohibit the use and distribution of tobacco products on school buses, school property, or at school-sponsored activities, pursuant to § 22.1-79.5 of the *Code of Virginia*. These revisions are reflected on page 15 of the final report.

Public health impacts of e-cigarette use and e-cigarette retail establishments

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Public health impacts of e-cigarette use and e-cigarette retail establishments

Executive Summary

E-cigarettes are increasing in popularity, both nationally and in Virginia, compared to combustible cigarettes. Adolescents and young adults between 18 and 24 years old are the most prevalent users of e-cigarette products. While initially marketed as a safer alternative to combustible cigarettes, e-cigarettes pose both short- and long-term health risks to users. These health risks include potential respiratory harm, cardiovascular risks, and negative mental health outcomes. The primary method for obtaining e-cigarette products is through retailers such as gas stations, convenience stores, or specialty vape shops. Increased availability, density, and accessibility of e-cigarette retailers in communities are linked to higher rates of e-cigarette initiation and sustained use, particularly among adolescent and young adult populations. In response, Virginia has taken a multifaceted approach to reduce the demand for and use of e-cigarettes. The Commonwealth supports targeted education and prevention efforts through state agencies and community organizations, provides options for cessation services through quit lines and state regulated health plans, and enforces regulatory measures to increase oversight of e-cigarette product availability and retail establishment practices. Limited sustainable funding and resources across several agencies have created persistent gaps in the statewide, comprehensive regulation of e-cigarette retailers and the e-cigarette products they offer for sale. However, since 2024, the Commonwealth's e-cigarette product and retailer regulatory framework has evolved significantly to address these gaps. Specifically, legislation enacted during the 2026 General Assembly Session sought to further limit liquid nicotine and nicotine vapor product availability, create a comprehensive, statewide permitting framework for e-cigarette retailers, and strengthen state-level underage buyer enforcement practices.

Public health impacts of e-cigarette use and e-cigarette retail establishments

The use of e-cigarettes has become increasingly prevalent in the United States since the 2010s, becoming a common introduction to tobacco and nicotine use for adolescents and young adults. Electronic nicotine delivery systems (ENDS), including e-cigarettes and vapes, are battery-operated devices that heat liquid nicotine, flavoring, and other chemicals to create vapor. In 2024, 7.2 percent of Virginia adults reported using e-cigarette daily. Although federal and state laws prohibit the use of e-cigarettes for individuals under 21 years old, 8.1 percent of high school students and 4.2 percent of middle school students in Virginia used e-cigarettes in the last 30 days. Sustained e-cigarette use can lead to lung injury, long-term cardiovascular harm, and potential respiratory issues for users as well as those exposed to secondhand vapor.

Virginia has implemented prevention programming, cessation services, and product and retailer regulations to encourage a decline in e-cigarette use among Virginians. Yet, the number of retail establishments that advertise and sell e-cigarettes is increasing in Virginia expanding access to and the uptake of ENDS products. The retail and marketing environment is a key contributor of e-cigarette use patterns, especially for adolescents and young adults. Existing efforts to track and regulate these retailers are currently fragmented but strengthening in Virginia, presenting opportunities to further examine the legal and regulatory structure surrounding retailers and the products they offer.

To better understand the public health impacts of e-cigarette use and e-cigarette retail establishments in Virginia's communities, the Joint Commission on Health Care (JCHC) directed staff to:

- Identify current state or local efforts to address e-cigarette use and retailer presence;
- Describe how e-cigarette retailer/vape shop density impacts public health;
- Describe the legal and regulatory frameworks related to e-cigarette retailer/vape shop presence and proliferation; and
- Identify gaps or opportunities to further regulate e-cigarette retailers/vape shops in the Commonwealth.

JCHC staff used both qualitative and quantitative research methods to collect the evidence used to inform this study, including literature reviews, document reviews, and data analysis. See APPENDIX 1 for detailed methodology.

E-cigarettes are an increasingly popular smoking device, compared to combustible cigarettes

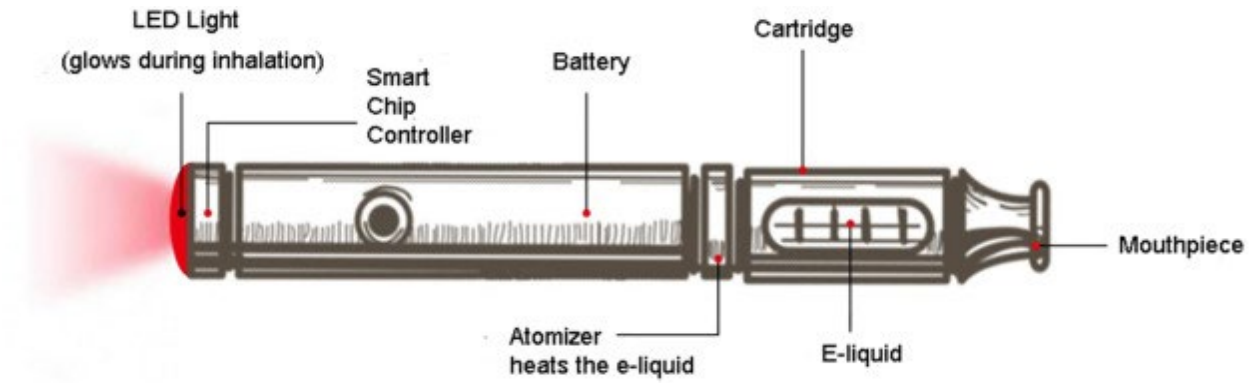
E-cigarettes are a type of battery-operated smoking device that heats liquids, commonly nicotine, flavorings, and chemicals, to create a vapor that is inhaled by the person using the device. Trends in the use of e-cigarettes vary between adults and youth. Adult use of e-cigarettes is increasing while youth use of e-cigarettes, in response to recent changes in state and federal law, is decreasing but still concerningly high.

E-cigarettes vaporize liquids containing nicotine and other substances for inhalation by the user

Electronic cigarettes, commonly known as vapes, vaporizers, vape pens, hookah pens, or e-cigarettes, are all types of electronic nicotine delivery systems (ENDS). ENDS are battery-operated smoking devices that primarily deliver heated e-liquids as vapor for inhalation.

E-liquids most often contain liquid nicotine, flavorings, and the chemicals glycerol and propylene glycol as humectants, but they can also be modified to aerosolize hemp, non-nicotine flavorings, and, illegally in Virginia, liquid cannabis. Since their introduction in 2006, e-cigarettes have been offered in a variety of product types, including disposable vapes, cigarette lookalikes, refillable pod kits, and vape pens. Each of these variations have similar components - the e-liquid cartridge, the atomizer/heating coil, the sensor/smart chip controller, the battery, and the mouthpiece - and function similarly in that the user will activate the heating element to aerosolize the e-liquid, then inhale the liquid aerosol and its substances before exhaling (FIGURE 1).

FIGURE 1. E-cigarette devices have common components and structure



SOURCE: Cao et al., Toxicity of electronic cigarettes: A general review of the origins, health hazards, and toxicity mechanisms, Science of The Total Environment, Volume 772, 2021.

The U.S. Food and Drug Administration regulates e-cigarette products offered for sale

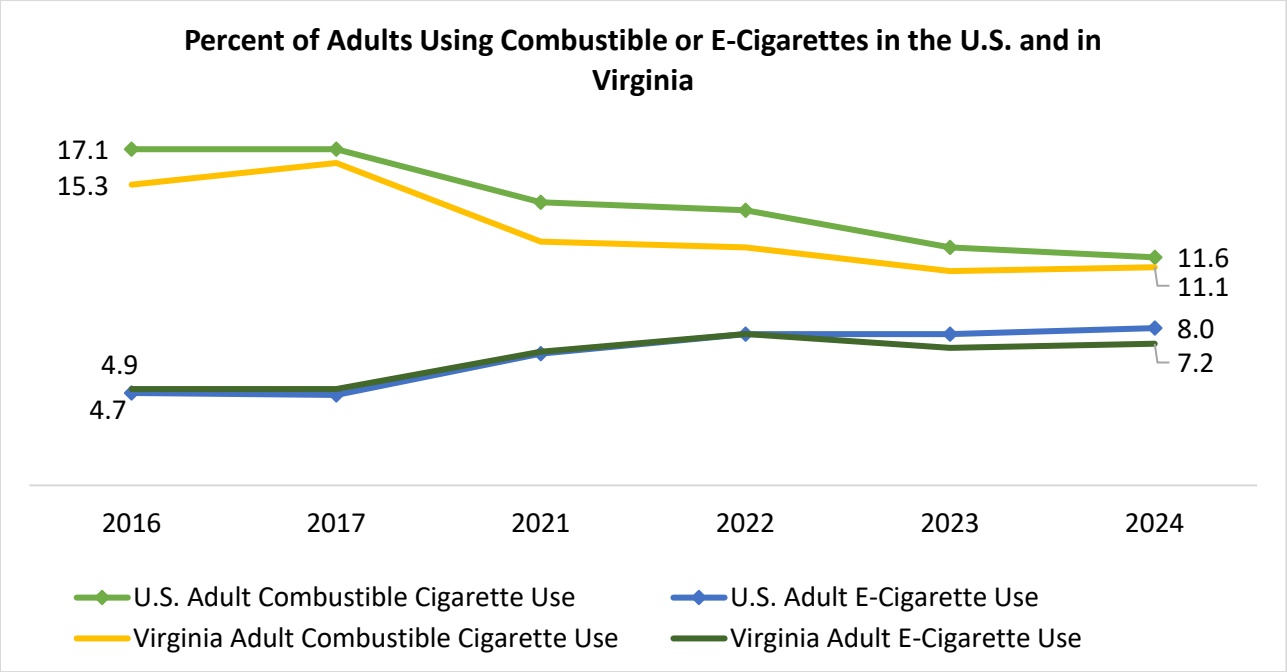
In 2009, the federal government amended § 910 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. § 301 et seq.) to establish the Food and Drug Administration's (FDA) regulatory authority over new tobacco products offered for sale in the United States. As amended, § 910 requires manufacturers of new tobacco products to receive approval through the Premarket Tobacco Product Application (PMTA) process before the product may be offered for sale. PMTA approval requires a manufacturer to demonstrate that their tobacco product is appropriate for the protection of public health prior to it being legally marketed.

E-cigarettes, which were initially positioned as a smoking cessation tool for adult users and a safer alternative to combustible cigarettes, were not subject to federal regulation or the PMTA process until 2016. The Federal Food, Drug, and Cosmetic Act was again amended to include these products in response to their growing use across the country and growing concerns about the health impact of e-cigarettes at that time. Beginning in 2016, manufacturers of e-cigarette products were required to obtain PMTA approval prior to offering new e-cigarette products for sale. E-cigarette products offered for sale prior to 2016 were temporarily grandfathered under the 2016 amendments, allowing a grace period during which such products could be sold without PMTA approval, but manufacturers of such products were required to submit PMTA applications by 2020 for their products to remain on the market. Applicants seeking PMTA approval must show that the new e-cigarette product is a less harmful alternative to combustible cigarettes.

The prevalence of adult e-cigarette use has increased by 3.3 percentage points since 2016

In the United States, the number of adults using e-cigarettes has nearly doubled since 2016, while the number of those who use combustible cigarettes has gradually decreased. From 2016 to 2024, adult e-cigarette use increased from 4.7 percent to 8.0 percent, as combustible cigarette smoking declined from 17.1 percent to 11.6 percent (FIGURE 2). While a slightly lower proportion of adults in Virginia report use of combustible cigarettes or e-cigarettes compared to national estimates, trends in use over time are similar. Between 2016 and 2024, adult e-cigarette use in Virginia increased from 4.9 percent to 7.2 percent, while adult combustible cigarette use declined from 15.3 percent to 11.1 percent. Overall, these trends indicate a gradual shift from combustible cigarettes to e-cigarettes as a source of tobacco consumption in Virginian adults, as total users of either product remained stable over time. For older adults, these trends may reflect a switch from traditional, combustible cigarettes to newer, e-cigarettes but for younger adults, e-cigarettes may be an introductory tobacco product. About 60 percent of young adults who use e-cigarettes in Virginia have never smoked combustible cigarettes.

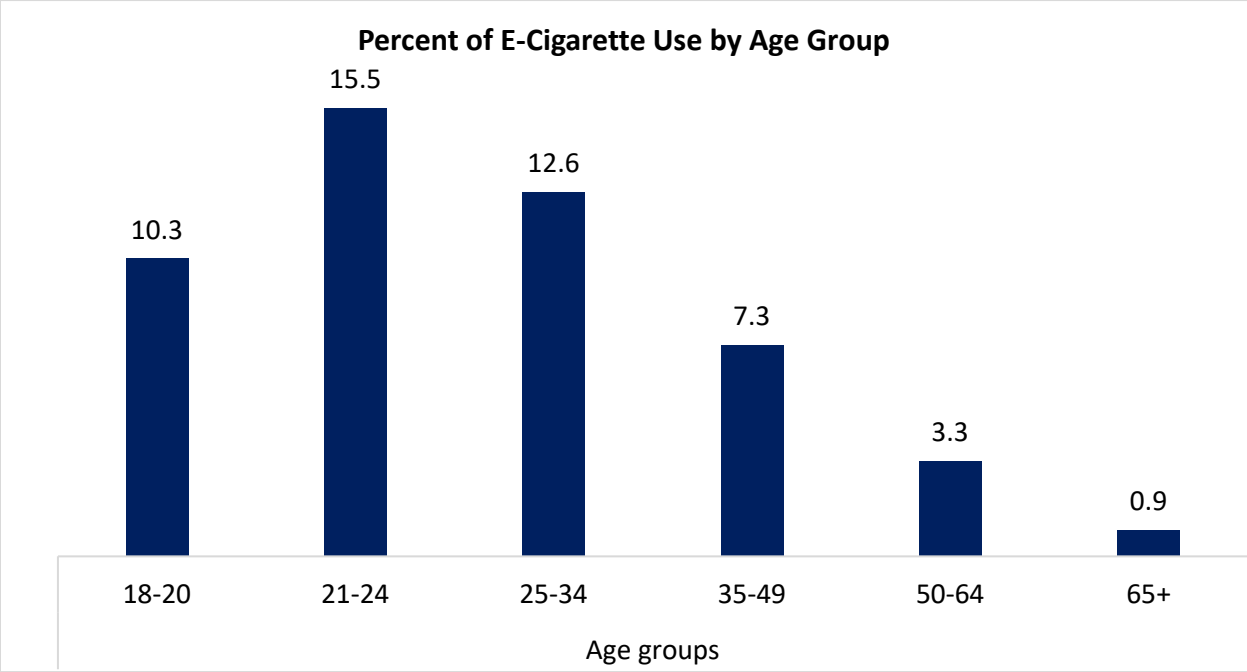
FIGURE 2. Adult combustible cigarette use has decreased, while e-cigarette use has increased



SOURCE: JCHC staff analysis of Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance Survey data, 2026.

Young adults make up the greatest proportion of e-cigarette users, both nationally and in Virginia, and e-cigarette use rapidly declines as age increases. In 2023, 15.5 percent of U.S. adults aged 21 to 24 used e-cigarettes, followed by 12.6 percent of adults aged 25 to 34 years old and declining to less than one percent of adults over age 65. (FIGURE 3). Available Virginia data reports different age groupings, but still indicates highest use of e-cigarettes, at 17.2 percent, among adults between the ages of 18 and 24 years old (see FIGURE 9 in APPENDIX 2).

FIGURE 3. National e-cigarette use decreased as age increased above 24 years old



SOURCE: JCHC staff analysis of National Center for Health Statistics, 2023 National Interview Survey.

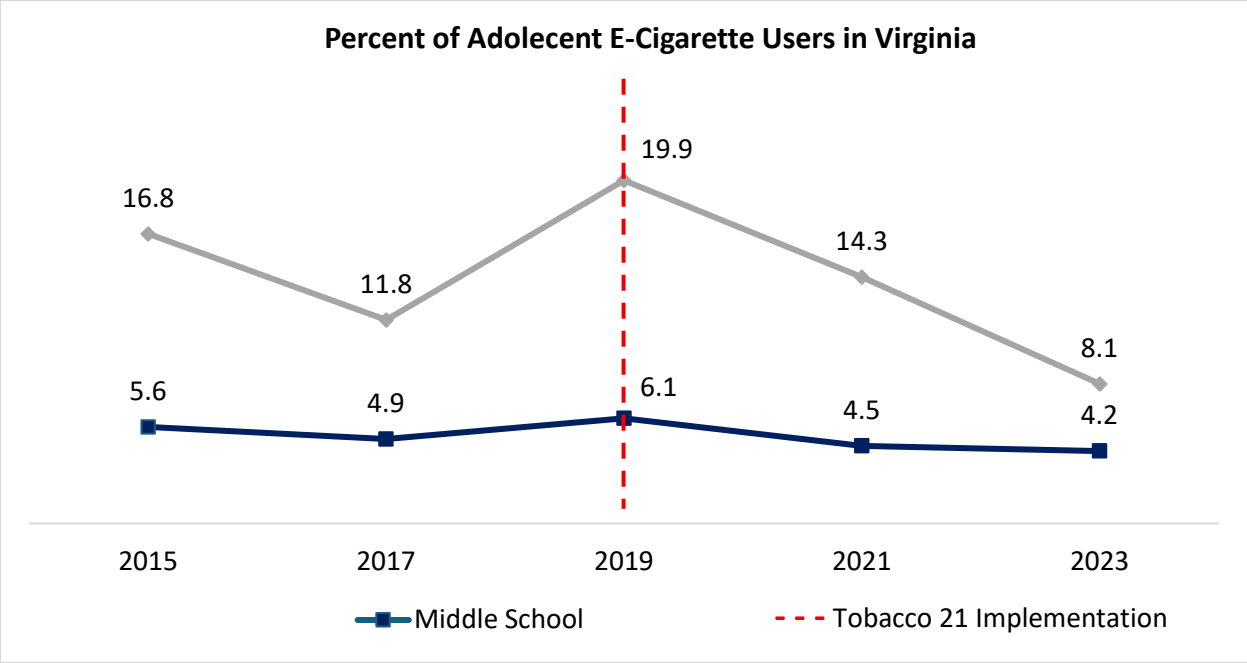
Use of e-cigarettes also varies by sex and across income and educational attainment levels. Since 2016, adult males have reported higher rates of e-cigarette use than adult females. As of 2024, eight percent of males reported e-cigarette use compared to 6.5 percent of females (see FIGURE 10 in APPENDIX 2). In 2024, adults whose household income was between $25,000 and $34,000 had the highest frequency of e-cigarette use in Virginia, while adults with lower incomes and with higher incomes reported less use (see FIGURE 11 in APPENDIX 2). Similar trends are observed in educational attainment, as 11.8 percent of adults with a high school diploma or General Education Development (GED) used e-cigarettes, compared to 8.7 percent of adults with some post-high school education and 3.4 percent of adults who were college graduates (see FIGURE 12 in APPENDIX 2).

Rates of youth e-cigarette use have fallen since the enactment of Tobacco 21 laws, but underage use still occurs

In 2015, 16.8 percent of high school students (generally aged 15 to 18 years old) and 5.6 percent of middle school students (generally aged 11 to 14 years old) in Virginia reported using e-cigarettes. From 2015 to 2019, both student populations experienced an increase in e-cigarette use. In 2019, Virginia and the federal government raised the minimum age for purchasing tobacco and nicotine products, including e-cigarettes, from 18 to 21 years old; this law is commonly referred to as Tobacco 21 or T21. Since then, middle and high school students' e-cigarette use has steadily decreased, with e-cigarette use among high school students decreasing by 59 percent and use among middle school students decreasing by 31

percent by 2023. While this decline indicates reduced initiation and less frequent use of e-cigarettes among youth, 8.1 percent of high school students and 4.2 percent of middle school students still report use as of 2023 (FIGURE 4).

FIGURE 4. Adolescent e-cigarette use in Virginia has declined since 2019



SOURCE: JCHC staff analysis of Centers for Disease Control and Prevention Youth Risk Behavior Survey data, 2026.

E-cigarette use has short- and long-term consequences for users' health

E-cigarette use can cause immediate respiratory and cardiovascular effects, including cough, throat irritation, and changes in heart rate. Sustained e-cigarette use is associated with higher risk of lung disease, worsened respiratory conditions, and potential long-term cardiovascular harm, especially among adolescents and young adults. Individuals who use e-cigarettes are not the only ones at risk of health impacts. People who are exposed to secondhand vapor may breathe in nicotine, e-liquid particles, and other potentially toxic chemicals released into indoor air, which can irritate the lungs and worsen respiratory and cardiovascular health.

Nicotine in e-cigarettes is addictive and can lead to increased risk of heart attack and stroke, decreased sleep quality, and poor mental health

Nicotine, a chemical compound found in many e-cigarettes, is addictive and harmful to users' health. Nicotine is a stimulant, and may result in short-term changes in heart rate, heart rate variability, and blood pressure. Constant nicotine stimulation increases workload

on the heart and significantly increases the risk of a heart attack or stroke, as well as some pulmonary health conditions. The repeated use of e-cigarettes increases the potential for nicotine addiction, a chronic, relapsing brain disease where an individual becomes physically and psychologically dependent on nicotine. Individuals who begin using e-cigarettes at an early age, when the brain is still developing, are particularly susceptible to addiction and are three times more likely than non-users of e-cigarettes to initiate subsequent smoking of combustible cigarettes and continue this behavior regularly.

Nicotine use also has lasting impacts on sleep hygiene and mental health. Nicotine use increases the risk of insufficient sleep by 38 percent, compared to non-users. Sleep deficiency places e-cigarette users at greater risk for developing chronic conditions, experiencing disruptions to immune functions, and living with impaired mental health. Depressive symptoms are more common among nicotine users than non-users. Young adults aged 18 to 24 years old in Virginia who use nicotine are more likely to screen positive for depression compared with those who do not use nicotine. In adolescent populations, frequent nicotine vaping is associated with an estimated 2.4 higher likelihood of being diagnosed with depression. Furthermore, adolescents who only used nicotine e-cigarettes, compared to non-users, report higher rates of suicidal ideating, suicidal planning, and suicide attempts.

E-cigarette use is associated with increased risk of long-term damage to lung tissue

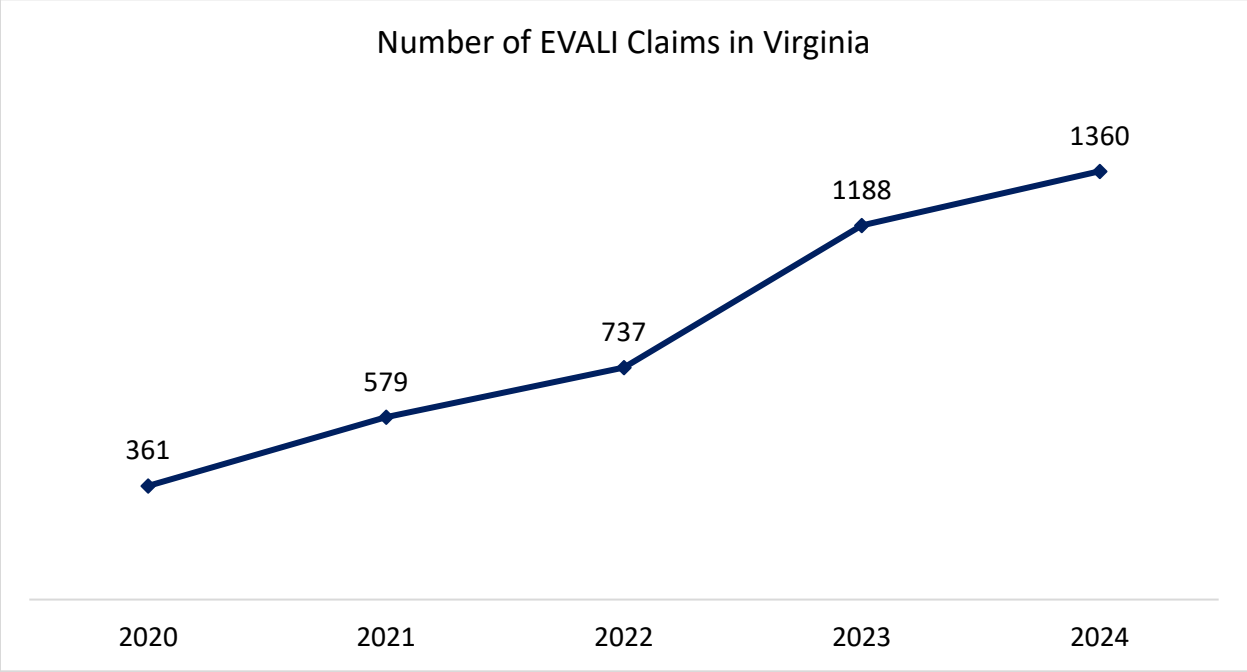
The use of e-cigarettes also results in significantly higher odds of developing pulmonary conditions, like asthma, chronic obstructive pulmonary disease (COPD), and e-cigarette or vaping use-associated lung injury (EVALI).

Asthma is a chronic, long-term condition that causes an individual's airways to swell and narrow, and their lungs to become inflamed. Asthma risk is 30 to 46 percent greater in users of e-cigarettes than in non-users, and this elevated risk is sustained even after vaping cessation for both adolescent and young adult populations. Similar correlations are observed in the risk of developing COPD, an ongoing lung condition caused by weakening and damaging of the lungs commonly attributed to long-term cigarette smoking. Compared to non-users, individuals who currently use e-cigarettes have 47 percent greater odds of developing COPD.

EVALI is a serious, sometimes fatal condition characterized by several respiratory symptoms, such as coughing, shortness of breath, and chest pain. Occurrence of EVALI has been linked to aerosolized vitamin E acetate in e-cigarettes, which can impair breathing and, when heated, decomposes into harmful compounds that can damage lung tissue. EVALI cases first began to cluster in the United States in June 2019, peaking a few months later in September, when more than two hundred cases were being reported weekly to the Centers for Disease Control and Prevention. Despite the overall decline in cases in late 2019, due to increased awareness and removal of vitamin E acetate from some products,

EVALI cases are still being detected, emphasizing the need for ongoing vigilance. In Virginia, there has been a steady increase in EVALI claims between 2020 and 2024, from 361 claims to 1,360 claims (FIGURE 5). On average, 23.3 percent of Virgina EVALI claims in the last five years are among individuals 20 years or younger. In 2024, EVALI claims accounted for over $553,000 in medical costs, averaging to about $400 per claim. The rise of EVALI claims in Virginia may reflect increasing availability of illegal, flavored e-cigarettes and the use of illegally modified e-cigarettes to aerosolize unregulated or illegal products, such as cannabis. Even as reported overall e-cigarette use declines, ongoing exposure to contaminated or unregulated products with unknown harms can still produce serious lung injury.

FIGURE 5. The number of EVALI claims in Virginia has increased by 276 percent since 2020



SOURCE: Virginia All-Payer Claims Database, administered by Virginia Health Information, 2026. EVALI = E-cigarette or vaping use-associated lung injury.

E-cigarette use poses risk of harm for non-users due to consequences of secondhand vapor exposure

E-cigarette users exhale secondhand vapors into the air that contain nicotine, flavoring chemicals, heavy metals, and volatile organic compounds. Exposure to secondhand vapors is not harmless and may have negative health consequences. The respiratory system is the first to experience the immediate impact of exposure to secondhand vapors because it directly enters and irritates the respiratory airways and lungs.

Self-reported secondhand vapor symptoms include persistent cough, shortness of breath, and asthma. The effects of secondhand exposure to vapors are exacerbated when individuals are in confined or indoor spaces, such as homes, vehicles, and restaurants. Confined, unventilated areas increase concentrations of these ultrafine particles, leading to respiratory irritation, aggravated asthma, and potential cardiac issues. In confined spaces like cars or small rooms, bystanders breathe in the same vapors that the user exhales for longer periods than in open-air environments.

Pregnant women who use e-cigarettes expose their unborn children to compounds found in liquid vapor products, a type of secondhand exposure that can have significant consequences for fetal development and birth outcomes. In comparison to pregnant women who did not use e-cigarettes, babies born to those who used e-cigarettes during pregnancy had significantly higher odds of low birth weight, being small for gestational age, and pre-term birth. Additionally, exposure to flavored e-cigarettes, particularly mint and menthol flavors, showed a higher risk of adverse fetal outcomes.

Access to e-cigarette retailers increases the likelihood of initiation and continued use of e-cigarette products

In Virginia, e-cigarette retailers are retailers that offer or sell any liquid nicotine product or other substance containing nicotine intended for use in a nicotine vapor product, to consumers at physical retail locations. This includes convenience stores, gasoline service stations, specialty vape shops, and other commercial retailers. These retail establishments impact public health by increasing adolescent and young adults' exposure to e-cigarette products, often through external and point-of-sale advertising. Such exposure is associated with susceptibility to and initiation of e-cigarette product use.

External and point-of-sale advertising increases the likelihood of initiation and continuation of use among adolescents and young adults

External advertising is defined as the placement of marketing materials, such as images, signs, and promotions, in the display window of a retailer to drive business and customer traffic into the establishment. This type of advertising is concerning for communities because it passively exposes individuals to messages about e-cigarettes without having to enter a retail location. External advertising is associated with increased susceptibility to e-cigarette use.

Similar behavior changes are associated with point-of-sale advertising, defined as the placement of marketing materials or the verbal marketing of products at the checkout counter of a retailer. This marketing strategy encourages impulsive purchases and can generate curiosity about products that are perceived as less harmful than combustible cigarettes, particularly when advertisements highlight flavored e-cigarettes.

Combined, external advertising and point-of-sale advertising at e-cigarette retailers increases community exposure and awareness of e-cigarette availability. Adolescents, who report being more willing and more likely to purchase e-cigarettes when they are exposed to flavor and taste-themed e-cigarette advertisements, may be more susceptible to e-cigarette retailer external and point-of-sale advertising. In Virginia, 47 percent of adolescents recalled seeing nicotine or tobacco advertisements at e-cigarette retail locations, emphasizing the likelihood that young people are passively exposed to advertising messages encouraging e-cigarette use.

E-cigarette retail establishments provide access to e-cigarettes and other products

Physical e-cigarette retail establishments are the primary source from which individuals obtain e-cigarette products. When these retailers proliferate in communities, opportunities for underage use increases, as well as exposure to products or substances other than nicotine that may be sold in e-cigarette retail establishments.

The number and density of retail establishments increase the likelihood of e-cigarette use

The increased presence of e-cigarette retail locations in communities and density of those retailers presents greater opportunity for access to products. Individuals who live in neighborhoods with greater e-cigarette retailer density have greater odds of e-cigarette use. When the concentration and the proximity of e-cigarette retailers to one another are greater, young people are more likely to be introduced to their products and to initiate, or continue, use. In 2023, 5.7 percent of Virginia high schoolers who used e-cigarettes obtained them directly from retail establishments. Increased prevalence and density also increases opportunities for adolescents and young adults to visit e-cigarette retailers. Adolescents who visit retailers at least once weekly had 1.51 times odds of e-cigarette use susceptibility and 1.79 times odds of e-cigarette initiation than those who never visited retailers. Access to e-cigarette retailers can also impact future dependence for adolescent populations. Adolescents that purchase e-cigarettes underage have 3.68 times the odds of developing a dependence on vaping and vaping more intensely one year after purchase.

E-cigarette retailers increase access to and use of other potentially harmful non-nicotine substances

E-cigarette retailers sell a wide range of additional products besides nicotine e-cigarettes, including nicotine analogs, kratom, and hemp products. These are classified as non-nicotine/tobacco products (NNTPs), as they contain substances or compounds other than nicotine that may impact an individual's health. Retailers often stock and market these products as "nicotine-free" or "zero-nicotine" to diversify their product offerings to

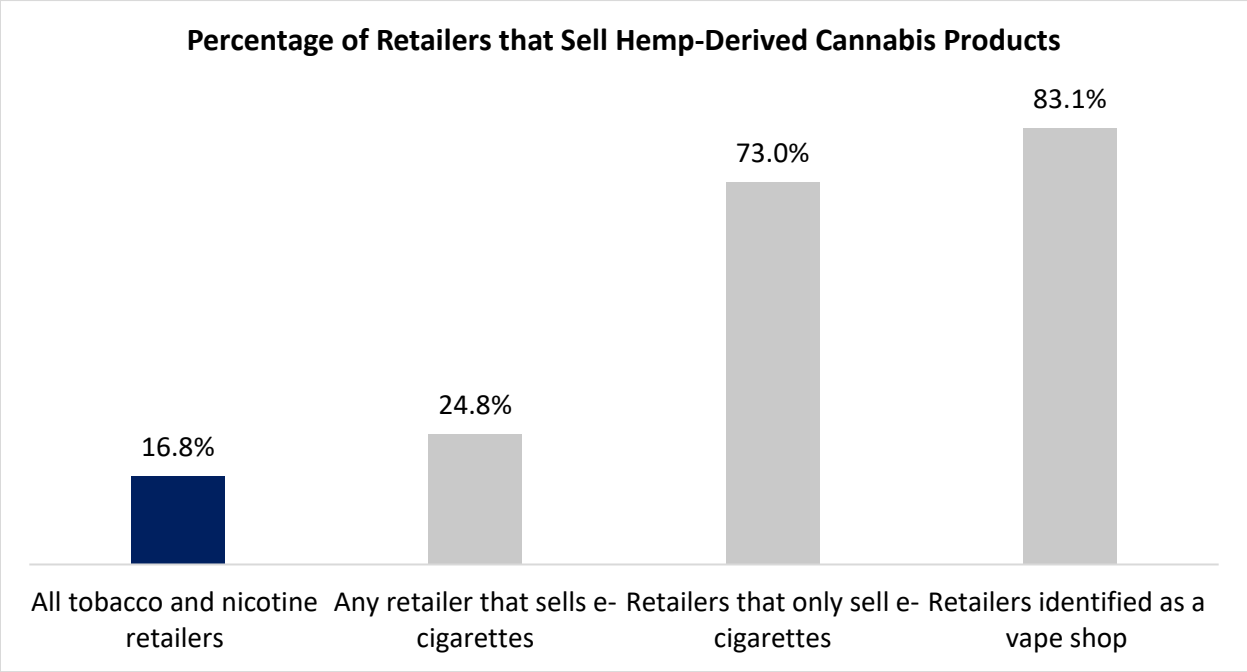
consumers. Due to their novelty, there is often limited regulation in the early introduction of these products to the public.

Nicotine analogs are chemicals that are structurally related to nicotine but are not legally nor chemically considered nicotine. As synthetic compounds, they are not derived from the tobacco plant but are chemicals that have been manipulated to replicate the stimulation and addictive qualities of nicotine. Products containing nicotine analogs circumvent current FDA regulations or other bans on tobacco products, allowing manufacturers to bypass tobacco regulations while introducing products with understudied addictive potential and health effects.

Kratom is a tropical tree native to Southeast Asia. The products made from its leaves can have stimulant effects in low doses and opioid-like sedative effects at higher doses. The product is not currently approved by the FDA and is considered a drug of concern by the Drug Enforcement Administration, as it carries risks of addiction, dependence, and serious health complications. In addition, the composition of products being sold as kratom can vary widely, meaning what is offered for sale in retail locations may be contaminated with other substances or have various concentrations of its active ingredient. The increased availability of kratom products may normalize use and increase the chance of poisoning, dependence, and polysubstance use. Due to these concerns, Virginia restricted the sale of kratom products to anyone under 21 years of age (Chapter 596 of the 2023 Acts of Assembly) and later required all products to have a label warning users about dependence and withdrawal risks as well as requiring that all products be placed behind the retail counter or in a locked display case that is not directly accessible to consumers (Chapter 595 of the 2026 Acts of Assembly).

The co-availability of hemp-derived cannabis products and e-cigarettes in retail settings may contribute to patterns of dual initiation and sustained use, especially among adolescents. Hemp or hemp-derived cannabis products are defined as substances that contain 0.3 percent or less of tetrahydrocannabinol (THC), the primary psychoactive constitute in cannabis. E-cigarette retailers offer many intoxicating hemp derivatives, like Delta-8, Delta-10, and THCA. In Virginia, 83.1 percent of tobacco retailers that are identified as vape shops, a specialized type of e-cigarette retailer that only sells vape products, also sell hemp-derived cannabis (FIGURE 6). Some retailers engage in the sale of illegal products, such as e-cigarettes that aerosolize cannabis liquid which has a higher concentration of THC than hemp. Local law enforcement, state police, and in some cases federal law enforcement partners have attempted to curb illegal activity at vape shops in Virginia. In 2025, the Virginia State Police led the largest state effort to stop the sale of illegal products at vape shops in Virginia, resulting in searches of 172 vape shops across the Commonwealth and recovering more than 248 pounds of marijuana and 160 pounds of cocaine.

FIGURE 6. Tobacco retailers in Virginia sell hemp-derived cannabis product



SOURCE: JCHC staff analysis of DBHDS CounterTools data, 2026.

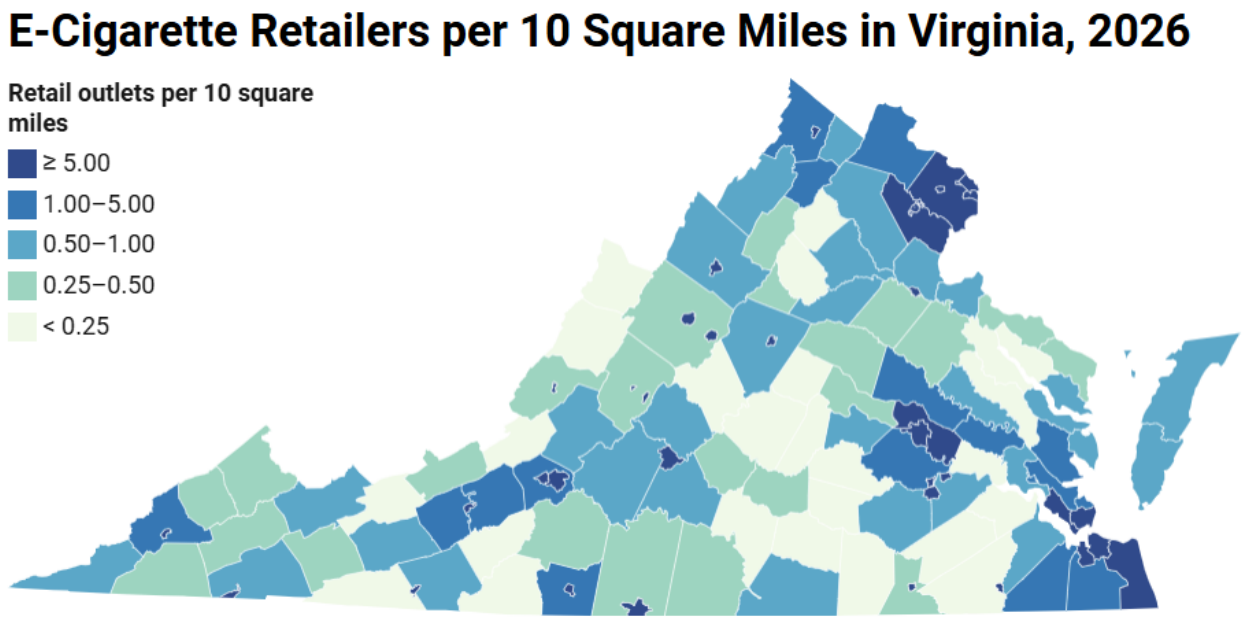
Information about products confiscated in Virginia's schools highlights the growing prevalence of substances other than nicotine in the e-cigarettes that adolescents use. Prior to 2023, 14 percent of confiscated e-cigarette devices from Virginia's public schools contained one or more cannabinoids, compounds derived from the cannabis plant, and 86 percent contained nicotine. After 2023, 19 percent of samples had one or more cannabinoids, while 81 percent had nicotine. Fluctuations in product composition show that the prevalence of e-cigarette products containing nicotine decreased with corresponding increase in cannabinoid-based products. This product diversification exposes consumers to unregulated or illegal products, like nicotine analogs, kratom, and cannabis, whose health risks and other impacts are unknown. The availability of NNTPs in retail locations presents a new concern for marketing, initiation, and use patterns of substances other than nicotine.

Retail locations that sell e-cigarettes have increased by 46 percent since 2018

There is no state-wide process dedicated to tracking the number or location of e-cigarette retailers currently operating in the Commonwealth. The Department of Behavioral Health and Developmental Services (DBHDS) hosts the most comprehensive database, CounterTools, initially created in 2016 and updated based on staff-collected information obtained during random assessments of tobacco retailers. As of April 2026, CounterTools identified 4,164 e-cigarette retailers operating in Virginia, representing a 46 percent increase from the 2,853 e-cigarette retailers operating in Virginia in 2018. This increase

indicates that several localities in Virginia are experiencing an increasingly dense presence of e-cigarette retailers. While there is no standard measure for oversaturation of retailers relative to distance, in 2025, there were 38 counties in Virginia that had five or more e-cigarette retailers per 10 square miles (FIGURE 7).

Figure 7. E-cigarette retailer density varies across Virginia's localities



SOURCE: JCHC staff analysis of DBHDS CounterTools data, 2026.

Virginia has taken a multifaceted approach to reduce the demand for and use of e-cigarettes

Virginia implements multiple tobacco or nicotine prevention efforts intended to prevent initiation and use of tobacco products and products containing nicotine through education and exposure reduction. While these programs focus on tobacco use prevention broadly, programming includes services intended to reduce the use of e-cigarettes. Programs are delivered in partnership through several state agencies, including the Virginia Department of Education (VDOE), the Virginia Foundation for Healthy Youth (VFHY), and the Virginia Department of Health (VDH), and are funded from a combination of federal and state sources. Tobacco cessation services intended to reduce the use of e-cigarettes and other tobacco products are offered through some health carriers in Virginia, including the state's Medicaid program.

Virginia supports education efforts to reduce initiation of e-cigarette use among youth

The Standards of Learning for health education include tobacco and nicotine use prevention for students in grades two through twelve. These standards are embedded within the context of education on substance use and misuse prevention. From second to ninth grade, students are required to describe the harmful effects of tobacco and nicotine products and demonstrate appropriate responses of refusal to tobacco and nicotine products, including cigarettes, e-cigarettes, and electronic smoking devices. Between ninth and twelfth grade, nicotine use prevention education focuses on expanding students' understanding of risks of tobacco and nicotine, developing individual skills to resist pressure to use these substances, and understanding the relationship between different drugs and chronic diseases. Statewide standards are reinforced by § 22.1-273.3 of the *Code of Virginia*, which requires local school boards to provide educational information to parents of students in kindergarten through twelfth grade on the health impacts of tobacco and nicotine vapor products.

VFHY, charged with empowering Virginia's youth populations to make healthy choices, prevents adolescent tobacco or nicotine use, substance use, and childhood obesity through school-based programs, grants to community organizations, and marketing campaigns. As mandated by § 22.1-206 of the *Code of Virginia*, VFHY developed Nicotine Products Prevention Lessons aligned with the state's Standards of Learning, which are available to school districts from the VFHY website. VFHY also supports additional educational programming for adolescents in the Commonwealth through Youth Development grants, funded by the state's Tobacco Settlement Fund and Electronic Nicotine Delivery Systems (ENDS) Fund. Grants are distributed to community organizations to provide evidence-based tobacco, nicotine, and vaping prevention or cessation instruction directly to Virginia adolescents.

State legislation and programming reduce exposure to second-hand smoke, but do not include statewide second-hand vapor prevention

The Virginia Indoor Clean Air Act, Chapter 28.2 (§ 15.2-2820 et seq.) of Title 15.2 of the *Code of Virginia,* prohibits smoking in various public places including restaurants, schools, child day centers, certain health care facilities, certain facilities owned or leased by the Commonwealth, and other public places such as indoor service lines and cashier lines. The Act also authorizes localities to enact ordinances regulating smoking in certain public spaces, but prohibits localities from adopting ordinances that are stricter than the provisions of the Act. Section 15.2-2820 defines smoking, for the purposes of the Virginia Indoor Clean Air Act, as the carrying or holding of any lighted pipe, cigar, or cigarette of any kind, or any other lighted smoking equipment, or the lighting, inhaling, or exhaling of smoke from a pipe, cigar, or cigarette of any kind. However, the definition has not been updated since the Act was initially codified in 2009 and does not include the use of e-

cigarettes. As a result, the provisions of the Virginia Indoor Clean Air Act do not apply to or permit localities to enact ordinances governing the use of e-cigarettes.

The Virginia Department of Health, through its Tobacco Control Program, provides educational presentations, technical assistance, and resources to communities to encourage the adoption of or strengthen comprehensive smoke- and vape-free policies applicable in public places, workplaces, college campuses, and multi-unit housing. Their engagement has resulted in eight public housing facilities or complexes in Virginia implementing a smoke-free housing policy. Tobacco-free campus policies have also been implemented at three colleges or universities in the state, while two additional postsecondary institutions are smoke- and vapor-free environments.

VFHY supports implementation of tobacco-, nicotine-, and vape-free environments through its volunteer initiative for high school students, called Y-Street, which is currently implementing a Share The Air campaign to create 100 percent tobacco-free and vape-free public spaces. Y-Street is a program of VFHY's marketing department and is funded by Virginia's Tobacco Master Settlement Agreement (MSA). Currently, 44 localities in Virginia have committed to tobacco- and vape-free policies for local parks. VFHY also supported a youth engagement campaign called "24/7" to encourage school divisions to adopt a 24/7 tobacco free campus policy. In 2019, all 132 local school divisions were required by § 22.1-79.5 of the *Code of Virginia* to develop and implement a policy to prohibit the use and distribution of tobacco products on school buses, school property, or at school-sponsored events.

Virginia supports tobacco and e-cigarette cessation strategies through state programming and state-regulated health plans

Comprehensive tobacco- and nicotine- cessation strategies include counseling and prescription or non-prescription pharmacotherapy. Virginians can access these resources through VDH's Tobacco Control Program quit services, Virginia's state Medicaid program, and some health carriers.

VDH's Tobacco Control Program provides cessation services using federal funds

The Tobacco Control Program manages the state's tobacco and nicotine quit services, including Quit Now Virginia and Vape Free VA hotlines. Quit Now Virginia provides free and confidential personalized cessation counseling by phone, text, or online and includes a referral service that allows registered health care providers to refer patients to quit coaches. Vape Free VA provides free and confidential resources for teens and young adults who want to stop vaping and for adults who want to support a young person in quitting vaping. In 2025, more than one-third of cessation program respondents were tobacco- and nicotine-free seven months after receiving treatment. VDH calculates that $4.38 was saved in medical expenditures and lost productivity for every $1 spent on the quit line and tobacco cessation media.

Recent cuts to federal Health and Human Services agencies eliminated the Office on Smoking and Health at the Centers for Disease Control and Prevention and scaled back the Center for Tobacco Products at the Food and Drug Administration, agencies that regulate tobacco products and monitor and attempt to reduce tobacco use. Due to this change, federal funding for VDH's prevention and cessation programs is only available on a year-to-year basis, rather than the 5-year funding cycle previously available. As the Tobacco Control Program is fully federally funded, the lack of continuous, long-term funding has limited their ability to maintain sustainable, multi-year projects and partnerships.

Cessation services are available through some health plans and from pharmacists without a prescription

Comprehensive tobacco cessation services are available through state regulated health plans. Virginia's state Medicaid program provides comprehensive coverage of cessation treatments in both fee-for-service and managed care plans. Guidance, counseling, and cessation services, including pharmacotherapy, are available to adults and children with no cost sharing. In addition, certain groups of Medicaid members, such as pregnant women enrolled in prenatal programs, can receive more intensive education and counseling on tobacco cessation. Virginia's state employee health plan also provides comprehensive coverage for tobacco cessation services. Coverage includes counseling, prescription medications, and over-the-counter nicotine replacement therapy (NRTs). NRTs, including products like nicotine gum and patches, are covered under the plan as prescription medications. In addition, § 38.2-3454 of the *Code of Virginia* permits, but does not require health carriers offering a health benefit plan to provide their members with a wellness program, which could include reimbursement for the cost of smoking cessation programs without regard to whether the individual quits smoking.

Beginning in 2020, the General Assembly enacted laws that granted authority to pharmacists to initiate treatment with and to dispense and administer certain vaccines, drugs, and devices to patients in the absence of a prescription issued by a prescriber. In 2022, pharmacists were permitted to initiate treatment with, dispense, or administer nicotine replacement and other tobacco cessation therapies, coupled with appropriate patient counseling, to persons 18 years of age or older.

Federally required enforcement of age verification laws limits underage purchases of e-cigarettes in Virginia

Since 1992, DBHDS has been responsible for implementing requirements of the Synar Amendment (§ 1926 of the Public Health Service Act, 42 U.S. Code § 300x-26), which requires states that receive federal block grants for substance use prevention, treatment, and recovery services to conduct annual random, unannounced inspections of retailers that sell tobacco products to ensure no sales occur to underage individuals. In 2019, when the federal government raised the age of legal tobacco sales to 21 years and defined tobacco

products as inclusive of liquid nicotine, the scope of the Synar Amendment was also modified to begin covering inspections of retailers that sell liquid nicotine products.

Consistent with federal requirements, DBHDS uses a random sampling strategy to identify and inspect approximately 10 percent of tobacco and liquid nicotine retailers in Virginia, in partnership with the Virginia Alcoholic Beverage Control Authority (ABC). In addition, Community Services Boards (CSBs) and their local community coalitions strive to maintain an inventory of tobacco retail locations and assess the types of products for sale at every retailer within a 2-year cycle, to support inspection efforts. CSBs also provide merchant education to inform retailers about restrictions on sales of tobacco products to underaged individuals. While these efforts represent the most thorough enforcement of underage tobacco sales in Virginia to date, DBHDS and ABC lack the resources to inspect more than 10 percent of retailers each year. In addition, efforts to maintain a list of retailers for inspection, which can change quickly as stores open and close, rely on input from local CSB staff and community coalitions, rather than any centralized licensing or permitting process.

Virginia's e-cigarette product and retailer regulatory framework has evolved significantly since 2024

Between 2024 and 2026, in response to growing concerns about the increasing availability and accessibility of e-cigarettes, the Virginia General Assembly enacted multiple pathways to regulate the sale of e-cigarette products and reduce sales of e-cigarette products to underage individuals in Virginia.

The Liquid Nicotine and Vapor Product Directory is intended to reduce access to non-certified e-cigarette products

The 2024 General Assembly enacted Chapters 796 and 821 of the Acts of Assembly, amending the *Code of Virginia* by adding §§ 59.1-293.12 through 59.1-293.19 and requiring the Attorney General to establish and maintain a Liquid Nicotine and Vapor Product Directory. Products must be included on the Directory to be legally sold in Virginia. A manufacturer of a liquid nicotine or nicotine vapor product that wishes to include a product on the Directory must certify, on an annual basis, that the product has received a marketing authorization from the FDA or that an application for approval of the product pursuant to the PMTA has been submitted to the FDA and either remains under review or a final decision on the application has not taken effect. Retailers who sell liquid nicotine or nicotine vapor products not included on the Directory were initially subject to civil penalties of $1,000 per product per day until the product is removed from the market or properly listed on the Directory. Amendments to the *Code of Virginia* during the 2026 General Assembly Session increased civil penalties to no less than $5,000 for the first violation, no less than $10,000 for the second violation, and no less than $15,000 for a third violation. The Directory is available on the Office of the Attorney General's (OAG) public website.

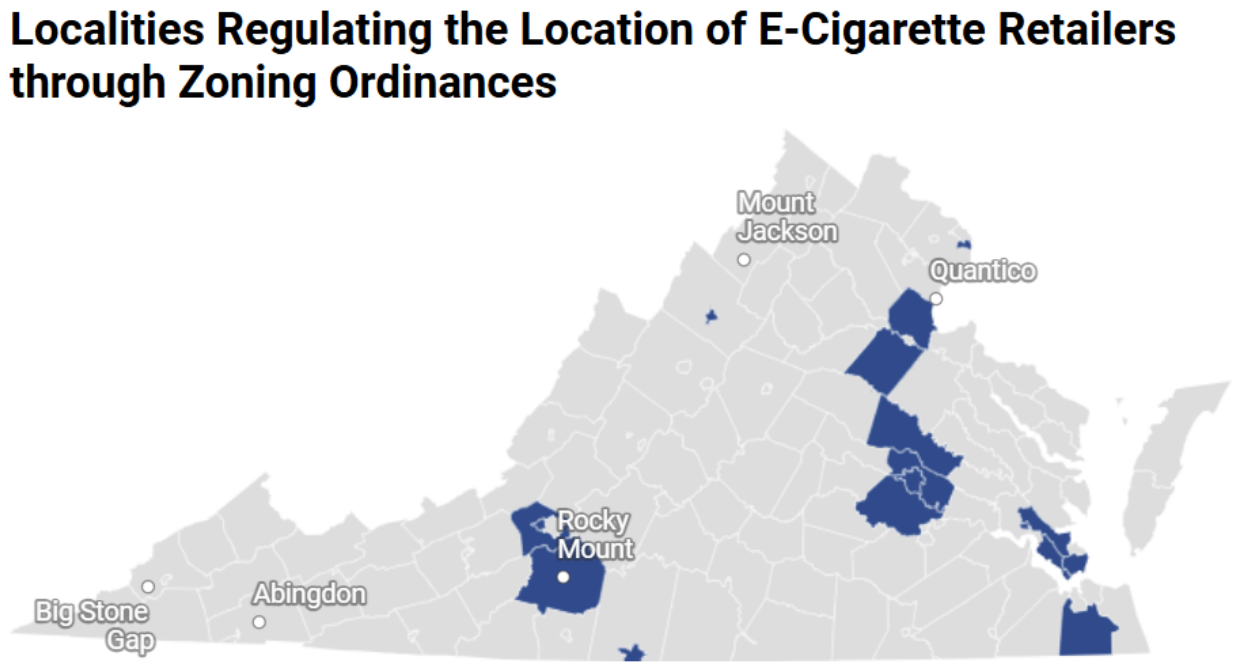
While a legal challenge initially prevented enforcement of the provisions of Chapters 796 and 821 of the Acts of Assembly of 2024, the U.S. Court of Appeals for the Fourth Circuit has since allowed enforcement to move forward. In a letter released in March 2026, Attorney General Jay Jones clarified that enforcement of the Directory would begin April 1, 2026 (see APPENDIX 3). The OAG, attorneys for the Commonwealth, and the attorney for any county, city, or town in Virginia may take action to enforce the provisions of Chapters 796 and 821 of the Acts of Assembly of 2024. However, the OAG has limited capacity to enforce the requirements of the Directory without additional resources. Prior to the 2026 General Assembly Session, OAG estimated that creation of a new Liquid Nicotine and Vapor Unit to enforce the provisions of Chapter 796 and 821 of the Acts of Assembly of 2024 would require 12 full-time equivalent positions and cost approximately $1.7 million per year. Item 489 #2s of the Senate budget provides funding and positions from the Electronic Nicotine Delivery Systems Fund; however, the final state budget has not passed as of this writing and funding for this purpose was not included in the budget adopted by the House of Delegates. As a result, the future availability of funding to support the Liquid Nicotine and Vapor Unit is not clear at this time.

Virginia law permits localities to enact ordinances to limit the location of e-cigarette retailers

In 2024, the General Assembly amended the *Code of Virginia* by adding § 15.2-912.4, authorizing Virginia localities to regulate the locations of retailers selling tobacco and hemp products, including e-cigarette retailers and vape shops. Specifically, § 15.2-912.4 allows localities to prohibit the location of a tobacco or hemp retailer within 1,000 linear feet of a day care center or school. Retail locations established prior to July 1, 2024, are not impacted by this law or any local ordinances enacted in response to this law.

As of April 2026, at least 22 localities have amended zoning ordinances to regulate the location of tobacco or hemp retailers (FIGURE 8). An additional 13 localities have not yet amended their ordinances but are considering doing so. Most localities with amended zoning ordinances restrict e-cigarette retailers to specific types of zoning districts, such as commercial or business zones, require such retailers to seek conditional use or special use permits establishing their business, or both. Restricting retailers to specific zoning districts is more permissive than requiring specific types of permits, as the latter typically involves public hearings, approval by a local board, and acceptance of specific conditions to mitigate anticipated impacts, such as crime prevention measures.

FIGURE 8. At least 22 localities in Virginia have amended their ordinances to regulate the location of e-cigarette retailers



NOTE: Cities and counties with amended ordinances are blue, towns with amended ordinances are labeled.
SOURCE: JCHC staff analysis of locality ordinance, media reports, and survey data, 2026.

Eighteen localities prohibit e-cigarette locations within a certain distance of schools and daycare centers, consistent with the permissions granted in state law. Ten localities also prohibit retail locations within a specified distance from other types of establishments, such as parks, libraries, places of worship, or community centers, or other e-cigarette retailers. Ten localities also include other types of restrictions on e-cigarette retailers, including prohibitions on drive-through sales, operating hours, lighting, and the extent to which windows can be covered or tinted.

Efforts to expand licensure of retailers through the Department of Taxation did not result in additional transparency regarding retail locations

The Virginia Department of Taxation ("Virginia Tax") manages a system of certification and licensure for the purposes of collecting taxes on tobacco products sold in Virginia. Tax obligations are generally structured around taxation on the distribution level rather than the retail level, resulting in Virginia Tax's licensing and reporting documentation focusing mainly on distributors rather than individual retail locations.

The *Code of Virginia* requires retailers who wish to offer cigarettes for sale in the Commonwealth to purchase cigarettes from a licensed wholesale dealer, which is the upstream distributor in the cigarette supply chain, or be licensed as a wholesale dealer.

Retail dealers who sell cigarettes must collect Retail Sales and Use Tax (RSUT) on the cigarettes sold and remit the amount collected to Virginia Tax. However, retailers may request a Cigarette Sales Tax Exemption Certificate (ST-10C) from Virginia Tax, which allows the retail dealer to purchase cigarettes from wholesalers for resale purposes without paying RSUT taxes at the time of the wholesale transaction. A retail dealer who has obtained an ST-10C from Virginia Tax must collect the RSUT on tax-exempt cigarettes from the retail purchaser, and remit the taxes to Virginia Tax monthly. While retailers that apply for the ST-10C exemption are known to Virginia Tax, retailers that do not apply for the ST-10C and instead pay the RSUT to the wholesale dealer at the time of purchase are not identified by Virginia Tax in any way and their retail sales locations are not documented.

Distributors of tobacco products other than cigarettes, such as e-cigarettes, must seek an Other Tobacco Products (OTP) Distributors License from Virginia Tax to sell or distribute those products to retailers in Virginia. Tobacco products tax on these products is paid at the time the products are sold by the distributor to the retail establishment and remitted to Virginia Tax by the distributor. While Virginia Tax collects information about the name and location of distributors who apply for the OTP Distributor License, Virginia Tax does not collect information about the location of retailers that purchase products from licensed distributors and does not maintain records of retailers of OTPs.

In 2024, to allow Virginia Tax to identify retail locations that sell e-cigarettes, the General Assembly enacted Chapter 828 of the 2024 Acts of Assembly, requiring any retailer selling liquid nicotine or nicotine vapor products in Virginia to obtain a Liquid Nicotine and Vapor Product (LNVP) license. Retailers that sell cigarettes and already hold an ST-10C license and retailers holding an OTP Distributors License are exempt from the LNVP licensing requirement. Because of these exemptions, very few retailers have applied for LNVP licenses since the law became effective on July 1, 2024. As of January 2026, only 55 retailers in Virginia had received the LNVP license.

Certification and licensure requirements implemented by Virginia Tax were designed to ensure the collection of taxes on the sale of cigarettes and other tobacco products, rather than regulate tobacco and nicotine products or retail locations. Exceptions and exemptions within the certification and licensure frameworks have historically limited Virginia Tax's ability to identify and oversee e-cigarette retailers in Virginia. The absence of a statewide system to identify retail locations hampers widescale enforcement of laws prohibiting underage sales.

Legislation enacted in 2026 may improve efforts to identify e-cigarette retail locations and enforcement of laws prohibiting underage sales

The growing number of e-cigarette retailers in Virginia, coupled with concerns about the ease with which underage youth obtain e-cigarette products, prompted introduction of House Bill 308 (Hope) and Senate Bill 620 (Ebbin) during the 2026 General Assembly session. As enacted, the bills add to the duties of the Board of Directors of ABC the

responsibility to grant, suspend, and revoke retail tobacco permits for the sale of retail tobacco products, creating a statewide permitting process for tobacco retailers. This permitting structure is similar to the permitting structure for the sale of alcoholic beverages and would apply to any retail establishment where tobacco products are available, including grocery stores, retail tobacco product shops, kiosks, convenience stores, gasoline service stations, bars, or restaurants. Permits are required for all retail tobacco establishments, regardless of any other certifications or licenses the retailer may have obtained from Virginia Tax. The permitting structure created by House Bill 308 and Senate Bill 620 is intended to allow for more comprehensive identification and oversight of tobacco retailers, including e-cigarette retailers, in the Commonwealth. House Bill 308 and Senate Bill 620 also require ABC to conduct an unannounced underage buyer operation for each tobacco retail permittee at least once every 24 months to ensure permit holders are not selling to those under 21 years old.

ABC estimates needing to hire 31 additional full-time equivalent positions to meet the permitting and enforcement requirements set forth in the legislation, costing approximately $3.8 million annually. Some of the costs to the state will be offset by initial application fees, but ABC estimates the application and renewal fees alone may not be sufficient to sustain permitting and enforcement operations. Item 489 #2s of the budget adopted by the Senate during the 2026 Session provides ABC with the requested funding and positions for implementation; however, the final state budget has not been passed as of this writing and funding for this purpose was not included in the budget adopted by the House of Delegates. The availability of funding for implementation of House Bill 308 and Senate Bill 620 is not clear at this time.

While the pace and scale of implementation of the regulatory program created by House Bill 308 and Senate Bill 620 will depend upon available resources, ABC intends to begin enforcement activities once the legislation becomes effective on October 1, 2026, by offering training and overtime compensation to its current inspection agents. Once fully resourced and implemented, the permitting and enforcement requirements of House Bill 308 and Senate Bill 620 will be more comprehensive than any other efforts in Virginia to date. However, the full impact of the legislation on underage sales will not be known for some time, with ABC submitting their first report on the efficacy of the underage buyer operation by December 1, 2026, and annually thereafter.

Appendix 1: Methods and data sources

JCHC staff used various data sources and methods to inform this study, including a literature review, document review, data analysis, and a comprehensive review of state strategies that included interviews with stakeholders of each strategy. Detailed methods for each source are documented below.

Literature Review

JCHC staff conducted a review of the available scientific literature on the individual health impacts of e-cigarette use and the public health impacts of the presence and practices of e-cigarette retailers. Based on existing literature, staff identified common words and phrases associated with these topics. Separate Boolean search phrases and databases were used for each topic's literature review process, as detailed below.

Individual health impacts of e-cigarette use

JCHC staff reviewed the scientific literature to understand the current state-of-the-science on the individual health impacts of e-cigarettes. Health impacts were defined broadly and could include impacts on any bodily system (e.g., cardiovascular, pulmonary, or oral), toxicity, acute injury, and second-hand exposure to e-cigarette aerosols. As such, this literature review prioritized umbrella reviews (i.e., reviews of systematic literature reviews or meta-analyses), followed by systematic literature reviews/meta-analyses not included in any umbrella reviews, then scoping reviews (i.e., reviews of the literature to determine the scope of evidence for a specific outcome) and finally, any individual studies not included in any other reviews and that added information on outcomes not fully addressed through other sources. All reviewed studies were published in the last five years, available in full text from PubMed, published in English, and reported on an outcome or impact of e-cigarette use on individual health. Search terms "e-cigarette AND 'health care'" and "e-cigarette AND health (systematic reviews)" in the title or abstract resulted in 153 total references. JCHC staff identified 48 studies as relevant following title and abstract review. Studies were reviewed in the following order: umbrella review (n = 5), systematic reviews/meta-analyses not included in umbrella reviews (n = 12), scoping reviews (n = 1), and single studies (n = 1). After reviewing 19 studies, JCHC staff determined that review of the remaining 29 studies would not yield new information. Across review types, a total of 441 articles were considered as part of this literature review.

Public health impacts of e-cigarette retailers

JCHC staff reviewed scientific literature to understand the impacts of e-cigarette retailers on public health by describing exposure to and use of legal, illegal, and regulated products due to retailer presence and practices, such as marketing tactics or promotions of certain products. As such, staff prioritized reviewing systematic reviews, scoping reviews, and longitudinal studies that examined the association between: e-cigarette retailer density; the presence of an e-cigarette retailer in U.S. communities; and/or the practices of e-cigarette

retailers, on access to tobacco/nicotine products and use of tobacco/nicotine and non-tobacco/nicotine products (e.g., cannabis-derived products, kratom, etc.) sold in retail establishments.

JCHC staff conducted a literature search of peer-reviewed literature from 2014 to 2025 across PubMed, Cochrane Library, and VCU Virginia Youth Tobacco Projects Research Database using the Boolean search string phase below. Articles were limited to studies published in the U.S., performed on U.S. populations in the English language, published in a credible peer-review journal, and that explicitly mention e-cigarette retailers or vape shops. Studies that were published internationally, published in a language other than English, had international sample populations, or were conference briefs/presentations were excluded.

Boolean phrase: (vape shop *OR* e-cigarette retailer *OR* tobacco vape shop *OR* retail vape) **AND** (health outcomes *OR* cost *OR* public health *OR* impact *OR* population health *OR* access)

Staff managed all the studies yielded from the search in EndNote and sorted articles based on PRISMA guidelines. This search identified 434 studies across all databases, with 4 duplicates removed, resulting in 430 studies. After screening titles for relevance to the desired study topic, staff excluded 122 studies. Next, staff screened abstracts for eligibility for a full text review, resulting in the exclusion of 257 studies, as they did not meet the inclusion criteria. Staff conducted a full-text review of the remaining 51 articles to ensure that studies met the inclusion criteria and study design priorities. Overall, 27 studies, published between 2018 and 2026, were included in the qualitative synthesis. Staff used content analysis to identify key themes.

Document Review

JCHC staff conducted a document review to identify state efforts to address the sale of illegal products at e-cigarette retail establishments in Virginia. JCHC staff used Lexis News to search all available news sources originating from the state of Virginia (97 sources) for media related to vape shops between January 1, 2025 and March 15, 2026. Articles included the word “vape,” “vaping,” or “e-cigarette” in the media headline or lead section of the article. Lexis News identified 179 media results. The headline of each article was reviewed, and 40 articles relevant to local practices, regulations, or criminal activity were reviewed for further analysis. The remaining articles were excluded because they were either not relevant to the topic of vaping (15 articles), were not relevant to the specific research questions (48 articles), or were duplicative of information covered in the included articles (76 articles).

Strategy Identification

JCHC staff conducted a review of state laws and regulations, documents, website, and reports to identify state-funded or state-administered strategies to address nicotine and tobacco use in Virginia. State-administered or state-funded strategies included any explicit effort to address tobacco or nicotine use that is funded by the state or administered using state resources.

JCHC staff conducted this review using the key words *tobacco, cigarette, nicotine, smok*, vap* and cessation* of state laws and regulations, state appropriations, state agency websites and federal grant tracker websites to identify tobacco prevention and cessation programs operating in Virginia. For each program identified, additional documentation was reviewed to determine the funding, purpose, and potential reach. Staff also conducted interviews with relevant state agency staff including the Virginia Department of Health, the Virginia Department of Behavioral Health and Developmental Services, the Virginia Foundation for Healthy Youth, and the Virginia Alcoholic Beverage Control Authority.

Locality Survey

JCHC partnered with the Virginia Association of Counties and the Virginia Municipal League to administer a brief survey to localities in Virginia. Survey questions asked if localities had adopted amendments to regulate the locations of e-cigarette retailers, the key features of the ordinances, and how the locality enforced the ordinances. JCHC staff administered the survey in April 2026 and received 70 responses from localities.

Data Analysis

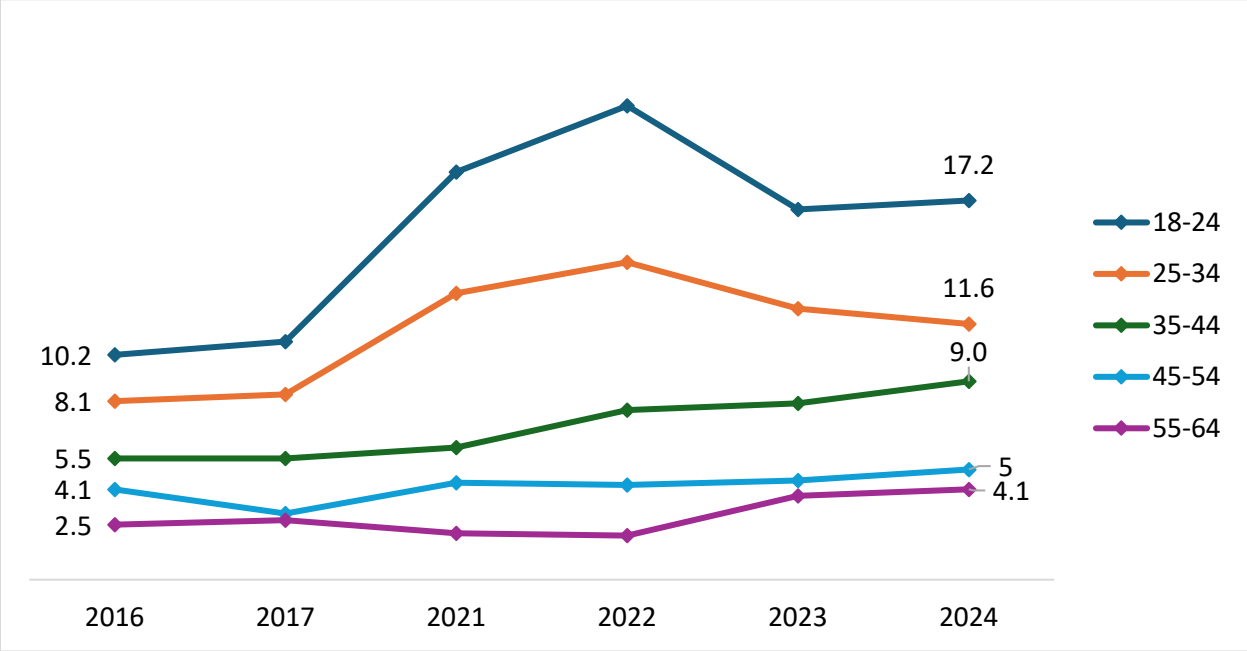
JCHC staff analyzed data from several sources to understand youth and adult trends in e-cigarette use, e-cigarette or vaping associated lung injury (EVALI) diagnoses, and youth access and exposure to tobacco/nicotine products in Virginia (TABLE 1). Findings from this analysis highlight how rates of e-cigarette use and access vary by age and other demographic characteristics.

TABLE 1. Data sources

Metrics	Data Sources
Adult and youth e-cigarette use prevalence	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Prevalence & Trends Data: 2026. Centers for Disease Control and Prevention. Youth Risk Behavior Survey Data Summary & Trends Report: 2023.
E-cigarette or vaping use-associated lung injury (EVALI) diagnoses	Virginia All Payer Claims Database, provided by Virginia Health Information.
Youth exposure to e-cigarette products and retailer marketing	Virginia Foundation for Healthy Youth. Virginia Teen Pilot Online Survey Report: 2026. Prepared by Rescue Agency.

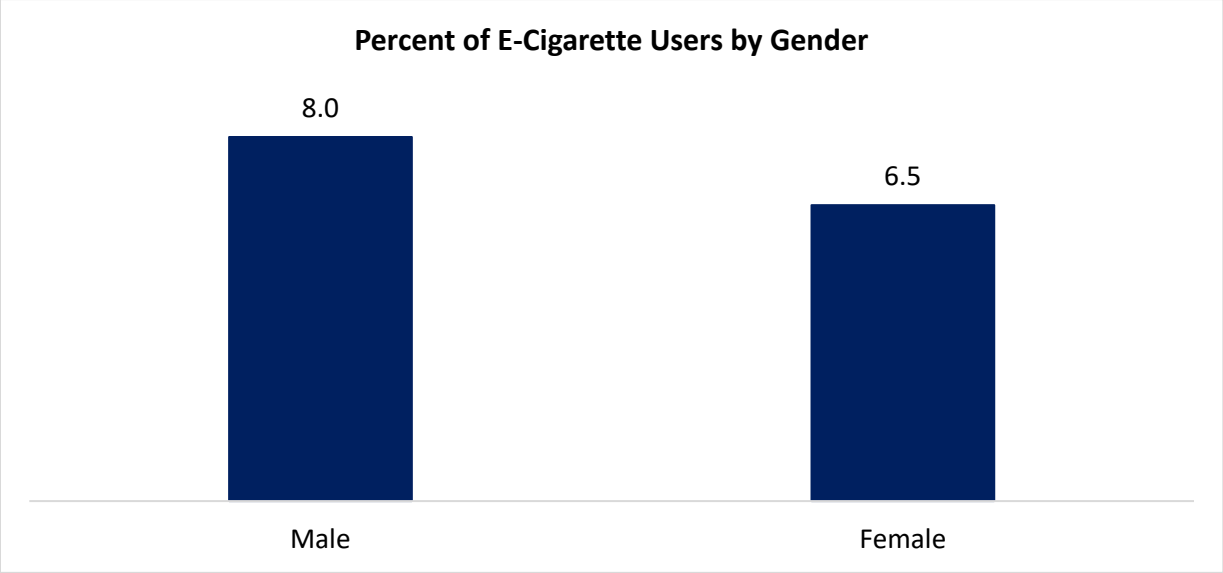
Appendix 2: Virginia e-cigarette use by select demographic characteristics

FIGURE 9. Virginia adults between 18 and 24 years old use e-cigarettes more than any other age group since 2016



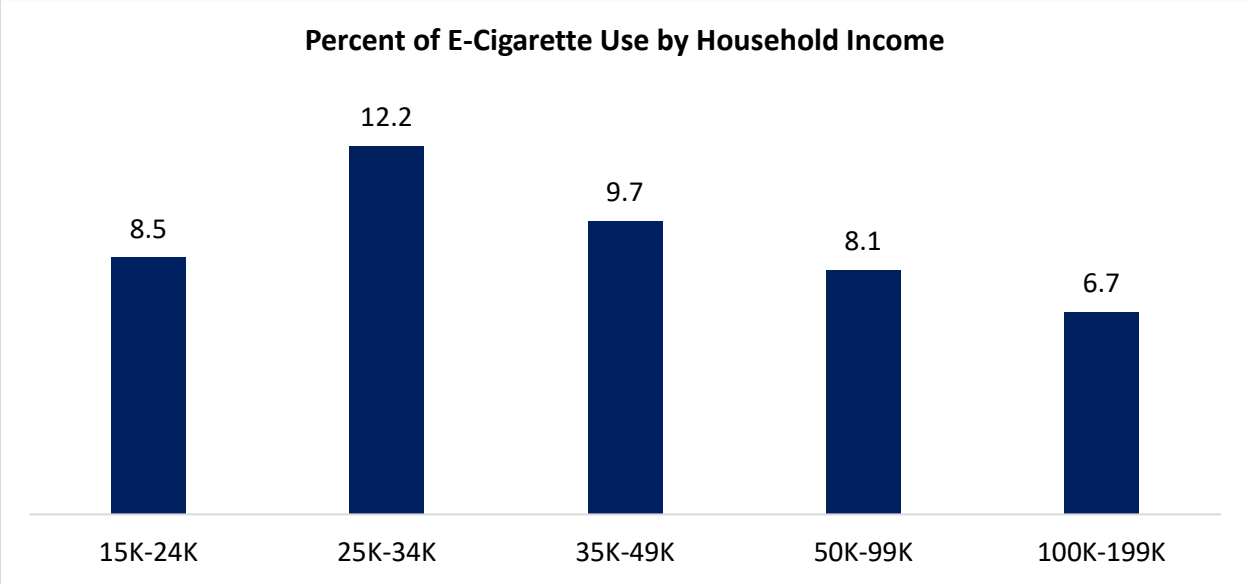
SOURCE: JCHC staff analysis of Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance Survey data, 2026.

FIGURE 10. Eight percent of adult males in Virginia use e-cigarettes compared to 6.5 percent of adult females in 2024



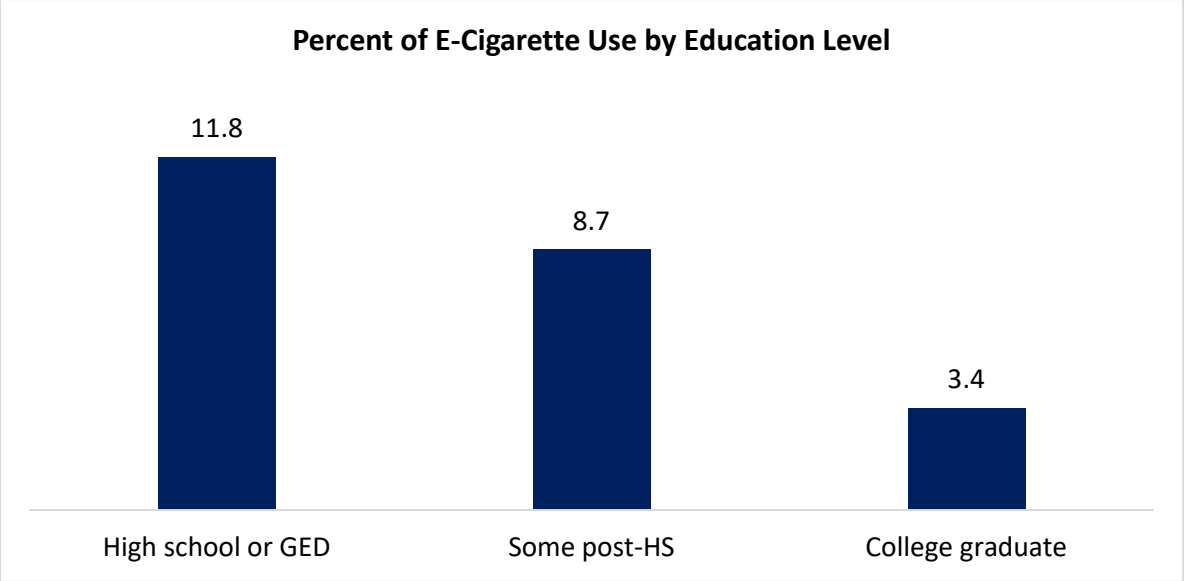
SOURCE: JCHC staff analysis of Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance Survey data, 2026.

FIGURE 11. Virginia adults with an annual household income between $25,000 and $34,000 were the most common users of e-cigarettes in 2024



SOURCE: JCHC staff analysis of Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance Survey data, 2026.

FIGURE 12. Virginia adult e-cigarette use decreases as the level of education attained increases in 2024



SOURCE: JCHC staff analysis of Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance Survey data, 2026.

Appendix 3: Letter from Attorney General Jay Jones on Liquid Nicotine and Vapor Product Directory enforcement

COMMONWEALTH *of* VIRGINIA
Office of the Attorney General

Jay Jones
Attorney General

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Richmond, Virginia 23219
804-786-2071
FAX 804-786-1991
Virginia Relay Services
800-828-1120

TO: Manufacturers, Wholesales, Distributors, Retailers & Similar Intermediaries of Liquid Nicotine and Nicotine Vapor Products

FROM: Office of the Attorney General

DATE: March 24, 2026

RE: Liquid Nicotine and Nicotine Vapor Product Enforcement

Please be advised, the Office of the Attorney General is recommending enforcement beginning April 1, 2026, against unauthorized liquid nicotine and nicotine vapor products that are not listed on the state directory. The information shared below explains the previous activity around enforcement and the basis of the Office of the Attorney General's current recommendation.

On Wednesday, February 4, 2026, the U.S. Court of Appeals for the Fourth Circuit granted a motion to stay the injunction granted by the U.S. District Court on December 19, 2025 that enjoined the Attorney General from enforcing Va. Code §§ 59.1- 293.17(D) and 59.1-293.20(A) through (D), as well as any enforcement actions predicated on those provisions, including enforcement actions under Va. Code §§ 59.1-293.16 and 59.1-293.21. The Fourth Circuit is holding the appeal in abeyance pending the decision in another case out of North Carolina, *Vapor Technology Association v. Wooten*, No. 25-1745). The law requiring retailers, distributors and wholesalers to either sell any liquid nicotine and nicotine vapor products not listed in the directory or remove them from their inventory and return them to the manufacturer for disposal within sixty (60) days from the date the Attorney General first made the directory available is currently in effect. As the directory was published on January 1, 2026, the sixty (60) day period imposed by Va. Code § 59.1-293.20 expires March 1, 2026. The directory is available online at https://www.oag.state.va.us/liquid-nicotine-nicotine-vape-product-directory/directory.

Because the injunction and its subsequent stay created confusion within the industry regarding the deadline for compliance, the Attorney General issued a recommendation to the Commonwealth's Attorneys to delay enforcement until April 1 to provide an adjustment period to allow retailers, distributors and wholesalers to comply with the removal and disposal requirements regarding products not listed in the directory. This adjustment period is intended to ensure that all affected parties have adequate time to comply with the law.

Beginning April 1, 2026, compliance with Va. Code § 59.1-293.20 will be enforced. Retailers, distributors and manufacturers found to be selling liquid nicotine or nicotine vapor products not included in the directory in violation of Va. Code § 59.1-293.20 are subject to a fine of $1,000 per product per day, until such product is either removed from the market or properly listed in the directory.

The Attorney General, the attorney for the Commonwealth, and the attorney for the county, city, or town where the violation occurs are all authorized to pursue enforcement action for such violations.

Thank you for your time and attention to this matter.



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