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# **RESEARCH NEWS**

March 2020

## E-Cigarette Marketing: Theory, Evidence and Regulatory Policy

This Research News update provides an overview of recent work produced under a grant from Health Canada's Substance Use and Addictions Program (SUAP) on which OTRU is partnering with Physicians for Smoke Free Canada.

### **Executive Summary**

This report focuses on options for e-cigarette marketing regulations. There are a range of regulatory policies regarding e-cigarette marketing that could curtail development of dependence and possible uptake of smoking by young non-smokers. In considering which regulatory policy options to pursue, it is important to consider their likely effects on both young non-smokers and adult smokers. This report outlines evidence, global practice and analysis of six regulatory policy options regarding marketing restrictions.

### **Research Evidence Regarding the Effects of E-Cigarette Marketing**

The 2018-19 Canadian Student Tobacco, Alcohol and Drugs Survey reported current e-cigarette use doubled (20%) among students in grade 7 to 12 since 2016-17, with prevalence highest among students in grade 10 to 12 (29%)<sup>1</sup> and forty percent of e-cigarette youth e-cigarette users reporting daily use. E-cigarette dependence is of concern both as an endpoint and as a determinant of long-term, regular use and its associated potential harms.

As Kreitzberg et al have conclusively shown through a review of studies on the effects of e-cigarette marketing through laboratory experiments, including randomized control trials, e-cigarette advertising affects attitudes and susceptibility to using e-cigarettes.<sup>2</sup>

In the first real-world study of the effects of e-cigarette marketing, Kreitzberg et al followed 5,478 students from 24 2-year and 4-year Texas colleges over a period of 18 months. Error! Bookmark not defined. They found that exposure to e-cigarette marketing predicted e-cigarette initiation and sustained e-cigarette use.

### Jurisdictional Scan of E-Cigarette Flavour Regulations

#### Canada

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Canada's Tobacco and Vaping Products Act provides a framework for regulating vaping products in the country. Health Canada has proposed new regulations to put limits on advertising and promotion, particularly advertising that is done in a manner that can be seen or heard by young person. Canadian provinces and territories have a mosaic of regulation related to marketing and advertising.<sup>3</sup> Saskatchewan, Manitoba, Quebec, Nova Scotia, and Prince Edward Island have banned e-cigarette advertising on billboards and outdoor signs. Manitoba, Quebec,

Nova Scotia, and Prince Edward Island have also prohibited broadcast advertising. British Columbia, Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick, Nova Scotia, Prince Edward Island, and Newfoundland have measures in place that ban ads in stores and on displays.

#### The United States

There are no federal regulations of e-cigarette advertisements on television, radios, in print, and digital marketing. However, the Food and Drug Administration (FDA) released its enforcement policy in early 2020, through which the FDA aims to prohibit the false or misleading labeling and/or advertising that resemble kid-friendly products. The FDA sends warning letters to e-cigarette manufacturers cautioning against policy breaches, including marketing that contains unauthorized cessation claims and marketing practices that appear to target youth. The Federal Cigarette Labeling and Advertising Act prohibits states and jurisdictions from regulating the marketing and sale of cigarettes, however this law does not apply to other non-cigarette tobacco products like e-cigarettes. While some states have taken advantage of this, advertising.

#### The European Union

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Under the EU's Tobacco Products Directive (2014/40/EU) (Directive), Member States must prohibit promotion of e-cigarettes in the press, printed publications, radio, audiovisual communications and contributions.

To our knowledge, no direct studies have been published that evaluate the effectiveness of e-cigarette marketing restrictions. One study that compared e-cigarette use in Canada, the US and the England, found lower rates of youth use in England. The authors consider that marketing restrictions may contribute to these lower rates alongside England's promotion of e-cigarettes to smokers as a cessation mechanism.<sup>4</sup>

Table 1 outlines six policy options for regulating e-cigarette marketing. In deciding which e-cigarette flavour policy option to adopt, policymakers face a tension between wanting to prevent e-cigarette use by non-smoking youth and facilitating e-cigarette use for cessation and harm reduction by adults who smoke combustible cigarettes. A more comprehensive analysis, undertaken in the full report, assesses each policy option using four criteria: effect on nicotine use by youth and adults; technical feasibility, political viability and alignment with international trade obligations.

	Effect on nicotine e-cigarette use by youth and adults	Technical Feasibility	Political Viability	Alignment with international trade obligations
No restrictions				
Restrict to not youth appealing				
Industry self-regulation				
Restrict to adult only venues and channels/targeted marketing to smokers				
Partial marketing bans: prohibit broadcast advertising, billboards				
Comprehensive ban				

#### **Table 1: Regulatory Policy Options**

### **No Marketing Restrictions**

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Studies on the effects of e-cigarette marketing on initiation and sustained use, as well as American experience to date make it abundantly clear that not imposing any restrictions on marketing would not protect young non-smokers from e-cigarette use. There have been no direct comparisons of changes in the prevalence of combustible cigarette use, initiation and cessation between countries that ban and do not ban e-cigarette marketing outright.

### **Restrict to Not Youth Appealing**

This is the approach currently in place in Canada. While it has not been rigorously evaluated, it is evident from Health Canada Public Opinion Research studies that youth are being exposed to large amounts of marketing from a variety of sources despite this restriction. Moreover, there is abundant evidence from experience with non-youth appealing marketing stipulations for tobacco, food and alcohol demonstrating that marketing that is appealing, but not exclusively appealing to youth, is effective in attracting them to using these products. This would also include provisions that specific youth-friendly spaces (e.g. particular YouTube channels and social media outlets) not allow for any vaping advertisements.

### **Industry Self-Regulation**

Evidence from alcohol industry marketing self-regulation is very clear about its failure to protect youth. As noted in the full report, systematic reviews of industry self-regulation demonstrate that it has not effectively protected youth from alcohol marketing. Considering the track record of the tobacco industry, which owns or partially owns major e-cigarette companies, there is strong reason to expect that e-cigarette industry marketing self-regulation would not be effective.

#### Restrict to Adult-Only Venues and Channels/Restrict to Targeted Marketing to Smokers

Essentially, restricting to adult venues/channels has been the regulation in place for tobacco advertising in Canada. If it were possible to assure that marketing was indeed only in strictly adult venues and channels it would likely have some effect. However, the evidence presented

above on partial bans on marketing suggest strongly that this would not work well in protecting youth from exposure to e-cigarette advertising. Allowing only targeted marketing to smokers is untried. One way to do this is to allow, or even require, that e-cigarettes be promoted through inserts in cigarette packages. The attractiveness of this option is that it would allow marketing to reach smokers who might use e-cigarettes for cessation or harm reduction while not exposing young non-smokers.

#### Partial Bans - e.g. on Broadcast Advertising, on Billboards

Research, cited above, on partial tobacco marketing bans indicates that partial they are largely ineffective. Experience shows that prohibitions on marketing in only certain channels leaves open for the e-cigarette industry many alternative channels including social media, print advertising and streaming service advertising.

#### **Comprehensive Bans**

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A truly comprehensive ban on e-cigarette marketing would apply to all venues and channels and include stipulations requiring plain packaging. Research, cited above, on the effects of comprehensive marketing bans for tobacco indicates that they are effective at reducing youth uptake. At the same time, a comprehensive ban on marketing would leave no way for e-cigarette companies to promote their products to smokers for harm reduction and cessation

purposes. Approving e-cigarettes as approved therapeutic devices that health care providers could prescribe or promote to smokers would perhaps be the only avenue through which they could be promoted for this purpose. The likely effect would be that fewer smokers would attempt to switch from combustible cigarettes to e-cigarettes.

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Full publication available on request. Email publications@otru.org with the name of the publication you're requesting.



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### References

<sup>1</sup> Government of Canada. 2019. "Summary of results for the Canadian Student Tobacco, Alcohol and Drugs Survey 2018-19".

<sup>2</sup> Kreitzberg, Daniel S., Keryn E. Pasch, C. Nathan Marti, Alexandra Loukas, and Cheryl L. Perry. 2019. "Bidirectional Associations between Young Adults' Reported Exposure to e-Cigarette Marketing and e-Cigarette Use." *Addiction* 114 (10): 1834–41. doi:10.1111/add.14710.

<sup>3</sup> Physicians for a Smoke-Free Canada (PSFC). 2020. Regulatory measures.

<sup>4</sup> Hammond, David, Jessica L Reid, Vicki L Rynard, Geoffrey T Fong, K Michael Cummings, Ann Mcneill, Sara Hitchman, et al. 2019. "Prevalence of Vaping and Smoking among Adolescents in Canada, England, and the United States: Repeat National Cross Sectional Surveys." *BMJ*, I2219. doi:10.1136/bmj.I2219.