Protected by copyright, including for uses related to text and data mining, Al

Awareness of electronic cigarette industry practices and their associations with anti-electronic cigarette attitudes among susceptible US young adults

Lilianna Phan (b), 1,2 Kelvin Choi (b) 1

► Additional supplemental material is published online only. To view, please visit the journal online (http://dx.doi. org/10.1136/tc-2023-058245).

¹Division of Intramural Research, National Institute on Minority Health and Health Disparities, Bethesda, Maryland, USA ²Department of Community Health and Prevention, Dornsife School of Public Health and Division of Graduate Nursing, College of Nursing and Health Professions, Drexel University, Philadelphia, Pennsylvania, USA

Correspondence to

Dr. Lilianna Phan; lp954@drexel.edu

Received 29 June 2023 Accepted 18 November 2023 Published Online First 8 December 2023

ABSTRACT

Background Public education exposing cigarette industry practices have been effective in changing attitudes and preventing smoking among young people. It is unclear how much young adults are aware of e-cigarette industry practices, and how this awareness relates to anti-e-cigarette attitudes. We examined demographic correlates of awareness of e-cigarette industry practices and anti-e-cigarette attitudes, and the association between awareness of these practices with anti-e-cigarette attitudes.

Methods A US sample of young adults aged 18—30 years who do not use commercial tobacco products but are susceptible to e-cigarette use were cross-sectionally surveyed through online panel services from August 2021 to January 2022. Respondents reported their demographics, awareness of cigarette industry practices, awareness of e-cigarette industry practices and their level of agreement with four anti-e-cigarette attitude statements. We used multivariable linear regressions to examine demographic associations and the relationship between awareness of e-cigarette industry practices with each anti-e-cigarette attitude, adjusting for demographics and awareness of cigarette industry practices.

Results Generally, Hispanic and Black young adults (vs White) and those with <US\$75 000 annual household income (vs ≥US\$75 000) knew of fewer e-cigarette industry practices. Black young adults (vs White) and those with <US\$75 000 annual household income (vs ≥US\$75,000) also had lower levels of agreement with anti-e-cigarette attitudes. Awareness of e-cigarette industry practices (vs awareness of zero practices) were associated with stronger agreement with each of the four anti-e-cigarette attitudes.

Discussion Public education exposing e-cigarette industry practices may promote anti-e-cigarette attitudes among susceptible young adults who do not use commercial tobacco products. Future research should investigate the utility of anti-e-cigarette industry messaging.

Check for updates

© Author(s) (or their employer(s)) 2025. No commercial re-use. See rights and permissions. Published by BMJ Group.

To cite: Phan L, Choi K. *Tob Control* 2025:**34**:302–308.

INTRODUCTION

US young adults have a high prevalence of electronic cigarette (e-cigarette) use overall (9.4% in 2020). In 2021, 61.4% of US young adults (18–24 years) who used e-cigarettes have never smoked cigarettes. Thus, a notable proportion of young adults who never smoked cigarettes are using e-cigarettes and are not engaging in e-cigarette use behaviour as a tobacco harm reduction strategy. Previous studies have shown that e-cigarette use

WHAT IS ALREADY KNOWN ON THIS TOPIC

- ⇒ Exposing the cigarette industry's tactics is an effective cigarette smoking prevention approach.
- ⇒ It is unclear if young adults are aware of ecigarette industry practices and if that relates to anti-e-cigarette attitudes.

WHAT THIS STUDY ADDS

- ⇒ Young adults from minoritised populations in the USA may be less aware of e-cigarette industry practices.
- ⇒ Awareness of e-cigarette industry practices were associated with stronger agreement with anti-e-cigarette attitudes.

HOW THIS STUDY MIGHT AFFECT RESEARCH, PRACTICE OR POLICY

- ⇒ Findings provide support for strategies that expose e-cigarette industry marketing practices among young adults.
- ⇒ Future prevention research should continue to test the effects of messaging about e-cigarette industry practices on related attitudes and use intentions among all age groups.

alone may pose substantial health risks including respiratory harm,^{6–8} susceptibility to illness⁶ and negative consequences of nicotine to the developing brain.^{9 10} Previous research has also found associations between e-cigarette use and subsequent initiation of cigarette smoking among young adults, ^{11 12} which can lead to cumulative negative health effects from potential dual or poly commercial tobacco use.¹³ Therefore, preventing e-cigarette use initiation among young adults, especially those who have not used commercial tobacco products, is an important public health concern.

The e-cigarette industry brands itself as 'do-gooders' ¹⁴ ¹⁵ despite its deployment of the same insidious marketing practices the cigarette industry once used to sell cigarettes to young people. ¹⁶ For example, during the mass launch of e-cigarette products in the tobacco marketplace, the e-cigarette industry used models depicting young adults, ¹⁴ compensated social media influencers to promote e-cigarettes, ¹⁷ sponsored social events and music concerts, ¹⁸ and gave away free e-cigarette products at sampling events. ¹⁴ ¹⁸ In fact, JUUL Labs, an e-cigarette company playing a disproportionately large role in the vaping epidemic among young people, ¹⁹ ²⁰ illegally marketed its e-cigarettes



as less harmful than cigarettes without authorisation from the US Food and Drug Administration, ²¹ pitched their e-cigarettes as a 'switching programme' offering discount prices to current cigarette smokers in Indigenous communities,²² misrepresented their e-cigarettes as 'totally safe' in schools, and sponsored youth summer programmes. 14 23 Other e-cigarette industry marketing practices currently offered this year in 2023 also include discount programmes to veterans, ²⁴ subscription programmes ²⁵ and money-back guarantees for their e-cigarette products.²⁵

Previous research and cigarette smoking prevention efforts have shown that exposing the cigarette industry's marketing practices through public education campaigns can influence young people's attitudes about cigarette smoking and the cigarette industry, to in turn help prevent cigarette smoking initiation. 26-28 Drawing from these effective cigarette smoking prevention strategies, perhaps exposing the e-cigarette industry may be one effective public education approach to help prevent e-cigarette use among susceptible young adults. Little is known about young adults' awareness of the e-cigarette industry's marketing practices, and how awareness of these practices may influence attitudes about the e-cigarette industry and e-cigarette use. To help fill these research gaps and inform future e-cigarette prevention research, we examined demographic correlates of awareness of e-cigarette industry practices and anti-e-cigarette attitudes given the variability in e-cigarette advertising exposure, 29 30 susceptibility 31 and use behaviours among young adults. 32 33 We also assessed a sample of young adults' awareness of e-cigarette industry practices and examined the relationship between this awareness of e-cigarette industry practices with anti-e-cigarette attitudes. We hypothesised that awareness of e-cigarette industry practices would be associated with stronger agreement with anti-e-cigarette attitudes.

METHODS

Study design

Eligible respondents were young adults 18-30 years old who reported never using any commercial tobacco products but were susceptible to using e-cigarettes. Respondents were recruited and completed a cross-sectional survey through Qualtrics online panel services from August 2021 to January 2022. Qualtrics online panellists are recruited through several panellist provider channels, including website intercept recruitment, member referrals, targeted email lists, gaming sites, customer loyalty web portals, permission-based networks and social media. Qualtrics US online panellists aged 18-30 years were invited to participate in this study through an email invitation sent from Qualtrics. We characterised never use of commercial tobacco products as reporting 'no' not even one or two times/puffs of cigarettes, electronic vaping products (eg, e-cigarettes, vape pens, personal vaporisers and mods, e-cigars, e-pipes, e-hookahs and hookah pens), large cigars, little filtered cigars, cigarillos, hookah tobacco (eg, shisha, waterpipe), smokeless tobacco (eg, snus pouches, loose snus, moist snuff, dip, spit and chewing tobacco), and heated tobacco products (eg, IQOS). To assess respondents' susceptibility to e-cigarette use, respondents were first provided a written description of e-cigarettes adapted from the Population Assessment of Tobacco and Health (PATH) Study: 34 'The following questions ask about electronic vaping products, such as e-cigarettes, vape pens, personal vaporizers and mods, e-cigars, e-pipes, e-hookahs and hookah pens. These products are battery-powered and produce vapor or aerosol instead of smoke. Some electronic vaping products can be bought as one-time, disposable products, while others can be bought as reusable

kits with cartridges or a tank system. They typically use a nicotine liquid called "e-liquid", although the amount of nicotine can vary and some may not contain any nicotine at all. Some common brands include Vuse, Blu, Logic, MarkTen, NJOY, eGo, and iTaste.' Respondents were then asked the following four e-cigarette susceptibility questions: Do you think that you will use a vape soon?; Do you think that you will use a vape in the next year?; Do you think that in the future you might experiment with vapes?; If one of your best friends were to offer you a vape, would you use it? Response options included: 'definitely ves', 'probably ves', 'probably not' and 'definitely not'. Respondents were considered susceptible to e-cigarettes if they reported any combination of response other than 'definitely not' to all four of these questions. Respondents were considered susceptible if they reported 'definitely not' to only one of the four questions. Overall, 17831 US online panellists were screened, and 1329 were eligible and completed the survey after providing their informed consent. Respondent compensation was based on Qualtrics panel provider compensation systems, which included rewards, membership points and gift cards.

MEASURES

Demographics

As a part of the survey, we asked respondents to report their age (coded as a continuous variable), race and ethnicity (coded as Hispanic (any race); Black/African American; White; or another race (ie, American Indian or Alaska Native, Asian, multiracial, Native Hawaiian or Pacific Islander, or 'other' race)), gender identity (coded as man; or woman), educational level (coded as ≤ high school or GED degree; vocational school or some college; or ≥ a college degree), annual household income (coded as <US\$75,000; or ≥US\$75,000), and sexual orientation (coded as heterosexual; or LGB+ (lesbian or gay, bisexual, or 'something else')). We assessed gender identity with the response options of 'man', 'woman', 'non-binary', 'transgender' and 'none of these describe me'. We excluded gender identities of 'non-binary', 'transgender', and 'none of these describe me' from the analysis due to small sample sizes. We also used a cutpoint of <US\$75 000 vs ≥US\$75 000 for annual household income in the analysis to capture the median annual household income of the sample.

Awareness of cigarette industry practices

Respondents were instructed that for the purpose of this study, the 'cigarette industry' refers to companies that are active in the production, distribution or marketing of cigarettes in the USA. Respondents were then asked whether they thought cigarette and counted the number of cigarette industry practices participants were aware of to create an overall score ranging from 0 to 11 practices.

Awareness of e-cigarette industry are Respondents were income he 'electron's reported and responses to represent awareness of and counted the number of cigarette industry practices participants were aware of to create an overall score ranging from 0 to 11 practices.

the 'electronic vaping industry' refers to companies that are active in the production, distribution or marketing of electronic vaping products in the USA and excluded heated tobacco products. Respondents were asked whether they thought the e-cigarette industry engaged in 12 e-cigarette industry practices (eg, 'Sponsoring youth summer camps using their brand names';

Original research

'Offering programs with exclusive benefits for certain groups [eg, military members/veterans and their spouses, teachers, first responders]'; and 'Offering subscription services that include discounts, free shipping, auto-shipping, concierge hotlines, and exclusive deals') (see all e-cigarette industry practices and overall proportions of awareness of each practice in online supplemental materials) with response options of 'yes', 'no', and 'don't know'. We recoded responses to represent awareness of each e-cigarette industry practice (ie, yes=1; no/don't know=0). We counted the number of practices respondents were aware of to create an overall score ranging from 0 to 12 practices. We also created an ordinal variable (1=0 practices, 2=1-4 practices, 3=5-8 practices, 4=9-12 practices) to examine the non-linear relationships between awareness of e-cigarette industry practices and each of the four anti-e-cigarette attitudes.

Anti-e-cigarette attitudes

Statistical analysis

We used descriptive statistics (eg, frequencies, proportions, means and SD) to summarise sample characteristics. We used multivariable linear regression models to examine demographic associations with awareness of e-cigarette industry practices and each of the four anti-e-cigarette attitudes. We also used multivariable linear regression models to examine associations between awareness of e-cigarette industry practices with each anti-e-cigarette attitude statement, adjusting for demographics and awareness of cigarette industry practices. Since scatterplots revealed non-linear relationships between awareness of e-cigarette industry practices and each of the four anti-e-cigarette attitudes, we used the categorical (as opposed to the continuous) awareness of e-cigarette industry practices variable as the inde-

Table 1	Sample characteristics by awareness of e-cigarette industry practices and anti-e-cigarette attitudes (n=1329)
	Audi a singuata addituda

Anti-e-cigarette and Respondents were 1=strongly disagnititude statement elated research and assessed attitudes on express independents; 'I want to be und 'I would like pusiness.'). 36-38 For boutcome variable	stitudes e asked to regree to 4=stro ts adapted from those and young a towards e-ciga endence.') ²⁶ and Taking a stand the involved wit to see electron or the analysis, of with stronger	port their lengty agree) m previous adults. 26 36 37 arette use ('Nead reactions against vapich efforts to nic vaping coeach statement agreement s	evel of agreement to four e-cigarette cigarette smoking- These statements to vaping is a way toward the e-cigang is important to get rid of vaping'; ompanies go out of nt was treated as an accores representing	rette industry practices and each of the four anti-e-cigarette attitudes, we used the categorical (as opposed to the continuous) awareness of e-cigarette industry practices variable as the independent variable for these multivariable linear regression models. We adjusted for awareness of cigarette industry practices to account for potential confounding relationships between awareness of cigarette industry practices, e-cigarette industry practices and anti-e-cigarette attitudes. All analyses were conducted in SPSS V.28 (IBM Corp, Armonk, New York, USA). RESULTS Sample demographics Sample demographics Sample demographics and the four anti-e-cigarette attitudes are shown in table 1. Overall, the mean age of sampled young adult respondents was 24.44 years (SD=3.40 years). A large					
tronger anti-e-cig Table 1 Sample o			e-cigarette industry pi	proportion of re	tte attitudes (n=		winte (01.270),		
Demographic	Sample		Awareness of e- cigarette industry practices	Express independence by not using e-cigarettes		Involvement to get rid of e- cigarettes	Support for e-cigarette companies to go out of business		
characteristics	% (n)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)		
Overall	_	_	5.12 (3.05)	2.92 (0.88)	2.90 (0.88)	2.99 (0.86)	2.99 (0.85)		
Age	-	24.44 (3.40)	_	-	-	-	-		
Race and ethnicity									
Hispanic	14.1 (187)		4.10 (3.11)	2.69 (0.85)	2.72 (0.87)	2.84 (0.85)	2.79 (0.85)		
DI I	16.3 (216)		3.90 (3.99)	2.59 (0.97)	2.62 (0.90)	2.75 (0.96)	2.78 (0.88)		
Black					, ,	()			
White	61.2 (811)		5.70 (2.79)	3.10 (0.82)	3.06 (0.84)	3.11 (0.82)	3.12 (0.82)		
	61.2 (811) 8.5 (112)		5.70 (2.79) 4.92 (2.97)	3.10 (0.82) 2.71 (0.78)					
White Other race					3.06 (0.84)	3.11 (0.82)	3.12 (0.82)		
White Other race	8.5 (112) 49.8 (645)		4.92 (2.97) 5.71 (2.95)	2.71 (0.78) 3.04 (0.86)	3.06 (0.84) 2.62 (0.82) 3.01 (0.89)	3.11 (0.82) 2.81 (0.83) 3.05 (0.88)	3.12 (0.82) 2.81 (0.83) 3.09 (0.86)		
White Other race Gender Men Women	8.5 (112)		4.92 (2.97)	2.71 (0.78)	3.06 (0.84) 2.62 (0.82)	3.11 (0.82) 2.81 (0.83)	3.12 (0.82) 2.81 (0.83)		
White Other race Gender Men Women Education	8.5 (112) 49.8 (645)		4.92 (2.97) 5.71 (2.95) 4.57 (3.07)	2.71 (0.78) 3.04 (0.86) 2.83 (0.88)	3.06 (0.84) 2.62 (0.82) 3.01 (0.89)	3.11 (0.82) 2.81 (0.83) 3.05 (0.88)	3.12 (0.82) 2.81 (0.83) 3.09 (0.86)		
White Other race Gender Men Women Education ≤high school/GED	8.5 (112) 49.8 (645) 50.2 (651) 39.4 (523)		4.92 (2.97) 5.71 (2.95) 4.57 (3.07) 4.64 (3.10)	2.71 (0.78) 3.04 (0.86) 2.83 (0.88) 2.82 (0.90)	3.06 (0.84) 2.62 (0.82) 3.01 (0.89) 2.81 (0.85) 2.82 (0.90)	3.11 (0.82) 2.81 (0.83) 3.05 (0.88) 2.94 (0.85) 2.93 (0.88)	3.12 (0.82) 2.81 (0.83) 3.09 (0.86) 2.92 (0.83) 2.90 (0.87)		
White Other race Gender Men Women Education ≤high school/GED Some college	8.5 (112) 49.8 (645) 50.2 (651) 39.4 (523) 26.9 (357)		4.92 (2.97) 5.71 (2.95) 4.57 (3.07) 4.64 (3.10) 5.07 (3.03)	2.71 (0.78) 3.04 (0.86) 2.83 (0.88) 2.82 (0.90) 3.01 (0.82)	3.06 (0.84) 2.62 (0.82) 3.01 (0.89) 2.81 (0.85) 2.82 (0.90) 2.96 (0.81)	3.11 (0.82) 2.81 (0.83) 3.05 (0.88) 2.94 (0.85) 2.93 (0.88) 3.03 (0.85)	3.12 (0.82) 2.81 (0.83) 3.09 (0.86) 2.92 (0.83) 2.90 (0.87) 3.07 (0.82)		
White Other race Gender Men Women Education ≤high school/GED Some college ≥college degree	8.5 (112) 49.8 (645) 50.2 (651) 39.4 (523)		4.92 (2.97) 5.71 (2.95) 4.57 (3.07) 4.64 (3.10)	2.71 (0.78) 3.04 (0.86) 2.83 (0.88) 2.82 (0.90)	3.06 (0.84) 2.62 (0.82) 3.01 (0.89) 2.81 (0.85) 2.82 (0.90)	3.11 (0.82) 2.81 (0.83) 3.05 (0.88) 2.94 (0.85) 2.93 (0.88)	3.12 (0.82) 2.81 (0.83) 3.09 (0.86) 2.92 (0.83) 2.90 (0.87)		
White Other race Gender Men Women Education ≤high school/GED Some college ≥college degree Annual household income	8.5 (112) 49.8 (645) 50.2 (651) 39.4 (523) 26.9 (357) 33.8 (449)		4.92 (2.97) 5.71 (2.95) 4.57 (3.07) 4.64 (3.10) 5.07 (3.03) 5.71 (2.92)	2.71 (0.78) 3.04 (0.86) 2.83 (0.88) 2.82 (0.90) 3.01 (0.82) 2.97 (0.88)	3.06 (0.84) 2.62 (0.82) 3.01 (0.89) 2.81 (0.85) 2.82 (0.90) 2.96 (0.81) 2.95 (0.89)	3.11 (0.82) 2.81 (0.83) 3.05 (0.88) 2.94 (0.85) 2.93 (0.88) 3.03 (0.85) 3.02 (0.85)	3.12 (0.82) 2.81 (0.83) 3.09 (0.86) 2.92 (0.83) 2.90 (0.87) 3.07 (0.82) 3.04 (0.85)		
White Other race Gender Men Women Education ≤high school/GED Some college ≥college degree Annual household income <us\$75 000<="" td=""><td>8.5 (112) 49.8 (645) 50.2 (651) 39.4 (523) 26.9 (357)</td><td></td><td>4.92 (2.97) 5.71 (2.95) 4.57 (3.07) 4.64 (3.10) 5.07 (3.03)</td><td>2.71 (0.78) 3.04 (0.86) 2.83 (0.88) 2.82 (0.90) 3.01 (0.82) 2.97 (0.88) 2.62 (0.92)</td><td>3.06 (0.84) 2.62 (0.82) 3.01 (0.89) 2.81 (0.85) 2.82 (0.90) 2.96 (0.81)</td><td>3.11 (0.82) 2.81 (0.83) 3.05 (0.88) 2.94 (0.85) 2.93 (0.88) 3.03 (0.85)</td><td>3.12 (0.82) 2.81 (0.83) 3.09 (0.86) 2.92 (0.83) 2.90 (0.87) 3.07 (0.82)</td></us\$75>	8.5 (112) 49.8 (645) 50.2 (651) 39.4 (523) 26.9 (357)		4.92 (2.97) 5.71 (2.95) 4.57 (3.07) 4.64 (3.10) 5.07 (3.03)	2.71 (0.78) 3.04 (0.86) 2.83 (0.88) 2.82 (0.90) 3.01 (0.82) 2.97 (0.88) 2.62 (0.92)	3.06 (0.84) 2.62 (0.82) 3.01 (0.89) 2.81 (0.85) 2.82 (0.90) 2.96 (0.81)	3.11 (0.82) 2.81 (0.83) 3.05 (0.88) 2.94 (0.85) 2.93 (0.88) 3.03 (0.85)	3.12 (0.82) 2.81 (0.83) 3.09 (0.86) 2.92 (0.83) 2.90 (0.87) 3.07 (0.82)		
White Other race Gender Men Women Education ≤high school/GED Some college ≥college degree Annual household income	8.5 (112) 49.8 (645) 50.2 (651) 39.4 (523) 26.9 (357) 33.8 (449)		4.92 (2.97) 5.71 (2.95) 4.57 (3.07) 4.64 (3.10) 5.07 (3.03) 5.71 (2.92)	2.71 (0.78) 3.04 (0.86) 2.83 (0.88) 2.82 (0.90) 3.01 (0.82) 2.97 (0.88)	3.06 (0.84) 2.62 (0.82) 3.01 (0.89) 2.81 (0.85) 2.82 (0.90) 2.96 (0.81) 2.95 (0.89)	3.11 (0.82) 2.81 (0.83) 3.05 (0.88) 2.94 (0.85) 2.93 (0.88) 3.03 (0.85) 3.02 (0.85)	3.12 (0.82) 2.81 (0.83) 3.09 (0.86) 2.92 (0.83) 2.90 (0.87) 3.07 (0.82) 3.04 (0.85)		
White Other race Gender Men Women Education ≤high school/GED Some college ≥college degree Annual household income <us\$75 000<="" td=""><td>8.5 (112) 49.8 (645) 50.2 (651) 39.4 (523) 26.9 (357) 33.8 (449) 48.8 (648)</td><td></td><td>4.92 (2.97) 5.71 (2.95) 4.57 (3.07) 4.64 (3.10) 5.07 (3.03) 5.71 (2.92) 4.40 (3.11)</td><td>2.71 (0.78) 3.04 (0.86) 2.83 (0.88) 2.82 (0.90) 3.01 (0.82) 2.97 (0.88) 2.62 (0.92)</td><td>3.06 (0.84) 2.62 (0.82) 3.01 (0.89) 2.81 (0.85) 2.82 (0.90) 2.96 (0.81) 2.95 (0.89)</td><td>3.11 (0.82) 2.81 (0.83) 3.05 (0.88) 2.94 (0.85) 2.93 (0.88) 3.03 (0.85) 3.02 (0.85)</td><td>3.12 (0.82) 2.81 (0.83) 3.09 (0.86) 2.92 (0.83) 2.90 (0.87) 3.07 (0.82) 3.04 (0.85)</td></us\$75>	8.5 (112) 49.8 (645) 50.2 (651) 39.4 (523) 26.9 (357) 33.8 (449) 48.8 (648)		4.92 (2.97) 5.71 (2.95) 4.57 (3.07) 4.64 (3.10) 5.07 (3.03) 5.71 (2.92) 4.40 (3.11)	2.71 (0.78) 3.04 (0.86) 2.83 (0.88) 2.82 (0.90) 3.01 (0.82) 2.97 (0.88) 2.62 (0.92)	3.06 (0.84) 2.62 (0.82) 3.01 (0.89) 2.81 (0.85) 2.82 (0.90) 2.96 (0.81) 2.95 (0.89)	3.11 (0.82) 2.81 (0.83) 3.05 (0.88) 2.94 (0.85) 2.93 (0.88) 3.03 (0.85) 3.02 (0.85)	3.12 (0.82) 2.81 (0.83) 3.09 (0.86) 2.92 (0.83) 2.90 (0.87) 3.07 (0.82) 3.04 (0.85)		
White Other race Gender Men Women Education ≤high school/GED Some college ≥college degree Annual household income <us\$75 000="" 000<="" td="" ≥us\$75=""><td>8.5 (112) 49.8 (645) 50.2 (651) 39.4 (523) 26.9 (357) 33.8 (449) 48.8 (648)</td><td></td><td>4.92 (2.97) 5.71 (2.95) 4.57 (3.07) 4.64 (3.10) 5.07 (3.03) 5.71 (2.92) 4.40 (3.11)</td><td>2.71 (0.78) 3.04 (0.86) 2.83 (0.88) 2.82 (0.90) 3.01 (0.82) 2.97 (0.88) 2.62 (0.92)</td><td>3.06 (0.84) 2.62 (0.82) 3.01 (0.89) 2.81 (0.85) 2.82 (0.90) 2.96 (0.81) 2.95 (0.89)</td><td>3.11 (0.82) 2.81 (0.83) 3.05 (0.88) 2.94 (0.85) 2.93 (0.88) 3.03 (0.85) 3.02 (0.85)</td><td>3.12 (0.82) 2.81 (0.83) 3.09 (0.86) 2.92 (0.83) 2.90 (0.87) 3.07 (0.82) 3.04 (0.85)</td></us\$75>	8.5 (112) 49.8 (645) 50.2 (651) 39.4 (523) 26.9 (357) 33.8 (449) 48.8 (648)		4.92 (2.97) 5.71 (2.95) 4.57 (3.07) 4.64 (3.10) 5.07 (3.03) 5.71 (2.92) 4.40 (3.11)	2.71 (0.78) 3.04 (0.86) 2.83 (0.88) 2.82 (0.90) 3.01 (0.82) 2.97 (0.88) 2.62 (0.92)	3.06 (0.84) 2.62 (0.82) 3.01 (0.89) 2.81 (0.85) 2.82 (0.90) 2.96 (0.81) 2.95 (0.89)	3.11 (0.82) 2.81 (0.83) 3.05 (0.88) 2.94 (0.85) 2.93 (0.88) 3.03 (0.85) 3.02 (0.85)	3.12 (0.82) 2.81 (0.83) 3.09 (0.86) 2.92 (0.83) 2.90 (0.87) 3.07 (0.82) 3.04 (0.85)		

Other race category includes individuals identifying as American Indian or Alaska Native, Asian, Native Hawaiian or Pacific Islander, multiracial or 'other'; LGB+ category includes individuals identifying as lesbian, gay, bisexual or 'something else'; some n totals for categories within variables do not sum to total sample size due to sporadic missing data (<3% of cases for any individual variable); anti-e-cigarette attitude level of agreement 1=strongly disagree to 4=strongly agree.

Protected by copyright, including for uses related to text and

Table 2 Demographic correlates of awareness of e-cigarette industry practices and anti-e-cigarette attitudes (n=1232)

			Anti-e-cig	garette attitudes						
Demographic	Awareness of e-cigarette industry practices		Express independence by not using e-cigarettes		Stand against e-cigarette use		Involvement to get rid of e-cigarettes		Support for e-cigarette companies to go out of business	
characteristics	В	95% CI	В	95% CI	В	95% CI	В	95% CI	В	95% CI
Age	0.01	-0.05 to 0.06	0.01	0.00 to 0.03	0.00	-0.01 to 0.02	0.01	-0.01 to 0.03	-0.01	-0.02 to 0.01
Race and ethnicity										
Hispanic	-0.95	−1.46 to −0.42	-0.04	-0.18 to 0.11	-0.17	−0.32 to −0.02	-0.10	-0.25 to 0.05	-0.09	-0.24 to 0.07
Black	-1.47	−1.97 to −0.98	-0.11	-0.25 to 0.03	-0.30	−0.44 to −0.16	-0.21	−0.35 to −0.07	-0.21	−0.35 to −0.06
White	REF	_	REF	_	REF	_	REF	_	REF	_
Other race	-0.50	-1.11 to 0.11	-0.08	-0.25 to 0.09	-0.21	−0.38 to −0.03	-0.27	−0.45 to −0.10	-0.12	−0.30 to −0.06
Gender										
Men	0.63	0.30 to 0.97	0.02	-0.07 to 0.11	0.06	-0.04 to 0.16	0.06	-0.03 to 0.16	-0.00	-0.10 to 0.10
Women	REF	_	REF	_	REF	_	REF	_	REF	_
Education										
≤high school/ GED	-0.41	-0.82 to 0.01	0.10	-0.02 to 0.21	0.07	-0.05 to 0.18	0.11	-0.02 to 0.22	0.07	-0.06 to 0.19
Some college	-0.50	−0.93 to −0.08	0.11	-0.01 to 0.23	0.14	0.02 to 0.27	0.10	-0.02 to 0.22	0.08	-0.05 to 0.20
≥college degree	REF	_	REF	_	REF	_	REF	_	REF	_
Annual household income										
<us\$75 000<="" td=""><td>-0.54</td><td>−0.90 to −0.17</td><td>-0.44</td><td>−0.54 to −0.34</td><td>-0.47</td><td>−0.58 to −0.37</td><td>-0.45</td><td>−0.55 to −0.34</td><td>-0.41</td><td>−0.52 to −0.30</td></us\$75>	-0.54	−0.90 to −0.17	-0.44	−0.54 to −0.34	-0.47	−0.58 to −0.37	-0.45	−0.55 to −0.34	-0.41	−0.52 to −0.30
≥US\$75 000	REF	_	REF	_	REF	_	REF	_	REF	_
Sexual orientation										
Heterosexual	REF	_	REF	_	REF	_	REF	_	REF	_
LGB+	-0.47	-1.03 to 0.08	-0.21	−0.37 to −0.05	-0.08	-0.24 to 0.08	-0.02	-0.18 to 0.14	-0.03	-0.19 to 0.13

Other race category includes individuals identifying as American Indian or Alaska Native, Asian, Native Hawaiian or Pacific Islander, multiracial or 'other'; LGB+ category includes individuals identifying as lesbian, gay, bisexual or 'something else'; B indicates unstandardised beta coefficient; bold values indicate statistical significance p<0.05.

with smaller proportions of respondents self-identifying as Black (16.3%), Hispanic ((any race); 14.1%), or of other racial groups (8.5%). Half of the sampled young adults identified as women (50.2%) (vs men, 49.8%). Approximately a third of the sample had completed a \leq high school education (39.4%), some college education (26.9%) or a \geq college degree (33.8%), with about equal proportions reporting an annual household income of < US\$75 000 (48.8%) and \geq US\$75 000 (51.2%). The majority of respondents identified with heterosexual sexual orientation (88.3%) compared with LGB+ sexual orientation (11.7%). On average, respondents were aware of 5.12 (SD=3.05) of the 12 e-cigarette industry practices included and agreed with antiecigarette attitudes, as indicated with a mean range of 2.90–2.99 (SD range=0.85–0.88) across the four anti-e-cigarette attitudes.

Associations with awareness of e-cigarette industry practices and anti-e-cigarette attitudes

Sample proportions by awareness of e-cigarette industry practices and the four anti-e-cigarette attitudes are described in table 1. Table 2 describes demographic associations with awareness of e-cigarette industry practices and the four anti-e-cigarette attitudes. Hispanic and Black respondents (vs White respondents), those with some college education (vs ≥college degree), and those with <US\$75 000 annual household income (vs ≥US\$75 000 annual household income (vs e-cigarette industry practices, whereas men (vs women) were aware of more e-cigarette industry practices. In comparison to White respondents, Hispanic respondents had lower agreement with taking a stand against e-cigarette use. Additionally, Black respondents and those who self-identify with a race captured as 'other race' in this analysis (ie, American Indian or Alaska Native, Asian,

Native Hawaiian or Pacific Islander, multiracial or 'other') also had lower agreement with taking a stand against e-cigarette use, involvement with efforts to get rid of e-cigarettes and support for e-cigarette companies going out of business compared to White respondents. Those with <US\$75 000 annual household income (vs ≥US\$75 000 annual household income) had lower agreement with all four anti-e-cigarette attitudes including not using e-cigarettes is a way to express independence, taking a stand against e-cigarette use is important, wanting to be involved with efforts to get rid of e-cigarettes and wanting to see e-cigarette companies go out of business.

Lastly, table 3 describes the associations between awareness of e-cigarette industry practices and each of the four anti-e-cigarette attitudes. The multivariable linear regression models, adjusted for demographics and awareness of cigarette industry practices, showed that awareness of e-cigarette industry practices (ie, awareness of 1–4 practices, 5–8 practices, and 9–12 practices vs 0 practices) were associated with stronger agreement with each of the four anti-e-cigarette attitudes.

DISCUSSION

Overall, we found that racial and ethnic minority young adults and those with lower annual household income in this sample knew of fewer e-cigarette industry practices and had lower agreement with anti-e-cigarette attitudes compared with White young adults and those with higher annual household income, respectively. Among this sample of US young adults who have not used commercial tobacco products but are susceptible to e-cigarette use, we also found that being aware of e-cigarette industry practices was associated with stronger anti-e-cigarette attitudes, which may suggest that increasing awareness of

Table 3 Associations between awareness of e-cigarette industry practices with anti-e-cigarette attitudes (n=1232)

	Outcome variables Anti-e-cigarette attitudes									
	Express independence by not using e-cigarettes		Stand against e-cigarette use		Involvement to get rid of e- cigarettes		Support for e-cigarette companies to go out of business			
Independent variable	В	95% CI	В	95% CI	В	95% CI	B	95% CI		
Awareness of e-cigarette industry practices										
0 practices	REF	-	REF	-	REF	-	REF	-		
1–4 practices	0.24	0.07 to 0.40	0.18	0.01 to 0.35	0.19	0.02 to 0.36	0.26	0.09 to 0.43		
5–8 practices	0.39	0.22 to 0.57	0.47	0.30 to 0.65	0.47	0.29 to 0.65	0.46	0.28 to 0.64		
9–12 practices	0.30	0.07 to 0.52	0.40	0.17 to 0.62	0.45	0.22 to 0.69	0.37	0.14 to 0.60		

Multivariable linear regression models adjusted for age, race and ethnicity, gender, education, annual household income, sexual orientation, and awareness of cigarette industry practices; B indicates unstandardised beta coefficient; bold values indicate statistical significance p<0.05.

e-cigarette industry practices may influence attitudes that protect against e-cigarette use initiation.

against e-cigarette use initiation. We found that awareness of e-cigarette industry practices was associated with stronger agreement that not using e-cigarettes is a way to express independence, support for taking a stand against e-cigarette use, wanting to be involved with efforts to get rid of e-cigarettes, and wanting to see e-cigarette companies go out of business. Using attitudinal measures adapted within this present study, previous cigarette smoking-related research has found that attitudes supporting actions against the tobacco industry were negatively associated with current smoking behaviour and positively associated with quitting smoking intentions among young adults.^{36 38} Future research is needed to examine associations between anti-e-cigarette attitudes with intentions to avoid e-cigarette use and investigate whether anti-e-cigarette attitudes affect e-cigarette use initiation and use behaviours. Previous research has also found that mass media campaigns exposing the tobacco industry's tactics, like the Truth Campaign, have been effective in lowering the risk of smoking initiation among young people.²⁶ Thus, public education messaging revealing the e-cigarette industry's marketing practices may potentially resonate with young adults' values, and may be useful in helping to prevent e-cigarette use during the crucial period between susceptibility and initiation. Formative e-cigarette prevention research used to inform the Truth campaign to reduce the prevalence of e-cigarette use among young people also identified social acceptability of e-cigarette use, independence from e-cigarette use and anti-e-cigarette industry sentiments as potential messaging themes. 40 This present study provides additional support that exposing e-cigarette industry practices in messaging may help shape attitudes among young adults. However, other previous research has also found that anti-e-cigarette industry public education messaging did not perform as well as other messaging themes. 41 Another important consideration may be identifying e-cigarette prevention themes that resonate with young adults, while not minimising intentions for older adults who smoke cigarettes and are interested in using e-cigarettes to quit smoking cigarettes. Overall, our findings suggest that future research should examine whether educating young adults about e-cigarette industry practices can help intervene on the progression from susceptibility to e-cigarette use initiation among young adults who do not use commercial tobacco products. In addition to e-cigarette prevention messaging, other potential avenues for prevention interventions may include engaging young adults as tobacco control peer health educators and capacity building for

active participation in implementing tobacco control policies (eg, smoking bans).

Overall, young adult respondents on average were aware of 5.12 of the 12 e-cigarette industry practices we included in this study. This also suggests that public health and prevention strategies have the opportunity to provide young adults with new information and increase their awareness and knowledge about e-cigarette industry practices, which in turn may influence their anti-e-cigarette attitudes. Demographic correlates of awareness of e-cigarette industry practices and anti-e-cigarette attitudes suggest that racial and ethnic and other minoritised populations (ie, those with lower income) in the USA may know of fewer e-cigarette industry practices and have less agreement with antie-cigarette attitudes than White respondents at this time. While future research is needed to better understand and contextualise these findings, racial and ethnic minoritised populations have lower prevalence of ever and current use of e-cigarettes, 42 though may also have varying use patterns (eg, higher dual and occasional use compared with frequent use)³³ compared with White populations. Previous research has also found that young people with higher socioeconomic status, in which income is a proximal measure, have higher exposure to e-cigarette advertising through various channels than those with lower income.⁴³ Differential exposure may impact awareness of some of these e-cigarette industry practices including offering subscription services (eg, discounts, free shipping, auto-shipping, concierge hotlines and exclusive deals), programmes with exclusive benefits for certain groups (eg, military members/veterans and their spouses, teachers, first responders) and 30-day 100% satisfaction guarantees that are a part of the e-cigarette industry's marketing practices. Future research should explore young adults' perceptions of these practices and whether these practices in particular have utility in e-cigarette prevention strategies compared with educating young adults about more deliberately. compared with educating young adults about more deliberately targeted practices like approaching Indigenous health agencies to start 'switching' programmes from cigarettes to e-cigarette products. Given the demographic associations with the variables of interest, future research may explore the potential impact of public education messages that expose e-cigarette industry marketing practices among subgroups like Black gender and sexual minority young people. 44 45 Perhaps, public health efforts that increase awareness of e-cigarette industry practices can help shift e-cigarette-related attitudes and interest in use, and help reduce these disparities that are present at intersectional identities.

There are limitations to this study. Young adult respondents in this analysis were recruited through Qualtrics online panel services and may not be representative of e-cigarette-susceptible young adults who have not used commercial tobacco products in the USA. Our survey question assessing educational level did not specify whether 'college degree' indicated an Associate's or Bachelor's degree. Additionally, we did not assess respondents' geographical region, which may impact their e-cigaretterelated attitudes, given geography and regional differences are a segmentation dimension of the tobacco industry's targeted marketing. 46 Future studies should explore potential variation in e-cigarette-related attitudes between these college education levels and across US geographical regions among young adults. Due to small sample sizes, we were unable to include gender minority populations. Future research should examine associations between awareness of e-cigarette industry practices and anti-e-cigarette attitudes among gender minority populations including transgender, non-binary and queer identifying individuals. Future research should also disaggregate data to examine these associations among subpopulations to further understand whether raising awareness about e-cigarette industry practices may be an effective public health strategy and can help address e-cigarette use disparities at intersectional identities. It would also be important to examine patterns of awareness of e-cigarette industry practices or subgroup variations to identify awareness of which e-cigarette industry practices may be most beneficial in shaping attitudes. While our written e-cigarette description was adapted from a national survey, we did not specify in our description of e-cigarettes to exclude cannabis vapes, which may have influenced respondents' e-cigarette-related responses. Despite these study limitations, this research helps inform future e-cigarette prevention research and offers a potential public education messaging strategy for investigation. Importantly, public health and prevention strategies are needed to help prevent susceptibility and also change the attitudinal and behavioural pathway during the critical period from e-cigarette susceptibility to use.

X Lilianna Phan @liliannaphan

Contributors LP and KC contributed equally to conceptualising the study design, data analysis and interpretation of findings. LP drafted the initial manuscript, led data analysis, and is responsible for the overall content as guarantor. KC supervised, reviewed and revised the manuscript. All authors provided critical revision of the manuscript for important intellectual content and approved the final version of the manuscript to be published.

Funding This research was supported by the National Institute on Minority Health and Health Disparities, Division of Intramural Research (NIMHD DIR), National Institutes of Health (NIH) and Food and Drug Administration's Center for Tobacco Products (FDA CTP). LP was supported by the NIH FIRST Program (U54CA267735), with funding support from the Office of Director (OD), NIH and the Pathway to Independence Award in Tobacco Regulatory Research by the National Cancer Institute (NCI), NIH/FDA (R00CA272919). NIMHD DIR and NIH/FDA had no role in the study design, collection, analysis or interpretation of the data, writing the manuscript, or the decision to submit the paper for publication. The content was not reviewed by the FDA but underwent the standard manuscript clearance process for scientific papers published from the NIH Intramural Research Program.

Disclaimer The content, opinions and comments expressed in this paper are solely the responsibility of the authors and do not necessarily represent the official views of the US Government, Department of Health and Human Services, Food and Drug Administration, National Institutes of Health, and National Institute on Minority Health and Health Disparities.

Competing interests No, there are no competing interests.

Patient consent for publication Not applicable.

Ethics approval This study involves human participants but the National Institutes of Health Office of Human Subjects Research Protections exempted this study from Institutional Review Board (IRB) review. Participants gave informed consent to participate in the study before taking part.

Provenance and peer review Not commissioned; externally peer reviewed.

Data availability statement Data are not publicly available. The data sets generated and/or analysed during the current study are not publicly available due to the proprietary nature of the data but are available from the corresponding author on reasonable request.

Supplemental material This content has been supplied by the author(s). It has not been vetted by BMJ Publishing Group Limited (BMJ) and may not have been peer-reviewed. Any opinions or recommendations discussed are solely those of the author(s) and are not endorsed by BMJ. BMJ disclaims all liability and responsibility arising from any reliance placed on the content. Where the content includes any translated material, BMJ does not warrant the accuracy and reliability of the translations (including but not limited to local regulations, clinical guidelines, terminology, drug names and drug dosages), and is not responsible for any error and/or omissions arising from translation and adaptation or otherwise.

ORCID iDs

Lilianna Phan http://orcid.org/0000-0003-4583-2911 Kelvin Choi http://orcid.org/0000-0002-6753-2883

REFERENCES

- 1 Cornelius ME, Loretan CG, Wang TW, et al. Tobacco product use among adults -United States, 2020. MMWR Morb Mortal Wkly Rep 2022;71:397–405.
- 2 Zavala-Arciniega L, Meza R, Hirschtick JL, et al. Disparities in cigarette, e-cigarette, cigar, and smokeless tobacco use at the intersection of multiple social identities in the US adult population. results from the tobacco use supplement to the current population survey 2018-2019. Nicotine Tob Res 2023;25:908–17.
- 3 Quickstats: percentage distribution of cigarette smoking status among current adult Eecigarette users, by age group — national health interview survey, United States, 2021. MMWR Morb Mortal Wkly Rep 2023;72:270.
- 4 Leventhal AM, Dai H, Barrington-Trimis JL, et al. Disposable e-cigarette use prevalence, correlates, and associations with previous tobacco product use in young adults. Nicotine Tob Res 2022;24:372–9.
- 5 Bandi P, Cahn Z, Goding Sauer A, et al. Trends in e-cigarette use by age group and combustible cigarette smoking histories, U.S. adults, 2014–2018. Am J Prev Med 2021:60:151–8
- 6 Wills TA, Soneji SS, Choi K, et al. E-cigarette use and respiratory disorders: an integrative review of converging evidence from epidemiological and laboratory studies. Eur Respir J 2021:57:1901815.
- 7 Bozier J, Chivers EK, Chapman DG, et al. The evolving landscape of E-cigarettes: a systematic review of recent evidence. Chest 2020;157:1362–90.
- 8 Xie W, Tackett AP, Berlowitz JB, et al. Association of electronic cigarette use with respiratory symptom development among U.S. young adults. Am J Respir Crit Care Med 2022:205:1320–9
- 9 England LJ, Bunnell RE, Pechacek TF. Nicotine and the developing human: a neglected element in the electronic cigarette debate. Am J Prev Med 2015;49:286–93.
- 10 Alzoubi KH, Batran RM, Al-Sawalha NA, et al. The effect of electronic cigarettes exposure on learning and memory functions: behavioral and molecular analysis. Inhal Toxicol 2021;33:234–43.
- 11 Khouja JN, Suddell SF, Peters SE, et al. Is E-cigarette use in non-smoking young adults associated with later smoking? A systematic review and meta-analysis. *Tob Control* 2021;30:8–15.
- 12 Soneji S, Barrington-Trimis JL, Wills TA. Association between initial use of e-cigarettes and subsequent cigarette smoking among adolescents and young adults: a systematic review and meta-analysis (vol 171, PG 788, 2017). *Jama Pediatr* 2020;174:509.
- 13 U.S. Department of Health and Human Services. The health consequences of Smoking—50 years of progress: A report of the surgeon general. Atlanta, GA: U.S. Department of health and human services, centers for disease control and prevention, national center for chronic disease prevention and health promotion, office on smoking and health; 2014.
- 14 Jackler RCC, Getachew B, Whitcomb M, et al. JUUL advertising over its first three years on the market: Stanford University; 2019. Available: http://tobacco.stanford.edu/ tobacco_main/publications/JUUL_Marketing_ Stanford.pdf [Accessed 20 Jun 2023].
- 15 Truth initiative. spinning a new tobacco industry: how big tobacco is trying to sell a do-Gooder image and what Americans think about it. 2019. Available: https:// truthinitiative.org/research-resources/tobacco-industry-marketing/spinning-newtobacco-industry-how-big-tobacco-trying [Accessed 20 Jun 2023].
- 16 Ling PM, Glantz SA. Why and how the tobacco industry SELLS cigarettes to young adults: evidence from industry documents. Am J Public Health 2002;92:908–16.
- 7 Vassey J, Valente T, Barker J, et al. E-cigarette brands and social media Influencers on Instagram: a social network analysis. *Tob Control* 2023;32:e184–91.
- 18 McCarthy M. E-cigarette companies target youth, US congressional study finds. BMJ 2014;348:q2871.
- 19 Besaratinia A, Tommasi S. The consequential impact of JUUL on youth Vaping and the landscape of tobacco products: the state of play in the COVID-19 era. Prev Med Rep 2021;22:101374.

Protected by copyright, including for uses related to text and data mining, Al training, and similar technologies

Original research

- 20 Wang Y, Duan Z, Weaver SR, et al. Consumption of JUUL vs. other E-cigarette brands among U.S. e-cigarette users: evidence from wave 5 of the PATH study. Int J Environ Res Public Health 2022;19:10837.
- 21 U.S. Food and Drug Administration. FDA warns JUUL labs for unauthorized modified risk tobacco products, including in outreach to youth; 2019. Available: https:// www.fda.gov/news-events/press-announcements/fda-warns-juul-labs-marketingunauthorized-modified-risk-tobacco-products-including-outreach-youth
- 22 Ducharme J. It's insidious': how Juul pitched e-cigs to American tribes. February 16, 2020. Available: https://time.com/5778534/juul-native-american-tribes/
- 23 Azad A. Juul spent hundreds of thousands of dollars to fund youth programming, documents show. CNN Health July 25, 2019. Available: https://www.cnn.com/2019/ 07/25/health/juul-summer-camps-influencers-house-subcommittee [Accessed 20 Jun 2023].
- 24 Fahey MC, Krukowski RA, Talcott GW, et al. JUUL targets military personnel and veterans. *Tob Control* 2020;29:e163–4.
- 25 Blu. What is a Vape subscription? Available: https://www.blu.com/en-GB/vape-subscription [Accessed 24 Jun 2023].
- 26 Farrelly MC, Healton CG, Davis KC, et al. Getting to the truth: evaluating national tobacco countermarketing campaigns. Am J Public Health 2002;92:901–7.
- 27 Farrelly MC, Nonnemaker J, Davis KC, et al. The influence of the national truth® campaign on smoking initiation. Am J Prev Med 2009;36:379–84.
- 28 Farrelly MC, Davis KC, Haviland ML, et al. 'Evidence of a dose-response relationship between 'truth' antismoking ads and youth smoking prevalence'. Am J Public Health 2005;95:425–31
- 29 Tan ASL, Hanby EP, Sanders-Jackson A, et al. Inequities in tobacco advertising exposure among young adult sexual, racial and ethnic minorities: examining Intersectionality of sexual orientation with race and ethnicity. Tob Control 2021;30:84–93
- 30 Grilo G, Crespi E, Cohen JE. A Scoping review on disparities in exposure to advertising for e-cigarettes and heated tobacco products and implications for advancing a health equity research agenda. Int J Equity Health 2021;20:238.
- 31 Gaiha SM, Rao P, Halpern-Felsher B. Sociodemographic factors associated with adolescents' and young adults' susceptibility, use, and intended future use of different e-cigarette devices. *Int J Environ Res Public Health* 2022;19:1941.
- 32 Hoffman L, Delahanty J, Johnson SE, et al. Sexual and gender minority cigarette smoking disparities: an analysis of 2016 behavioral risk factor surveillance system data. Prev Med 2018;113:109–15.

- 33 Dai H, Ramos AK, Faseru B, et al. Racial disparities of E-cigarette use among US youths: 2014–2019. Am J Public Health 2021;111:2050–8.
- 34 Weaver SR, Kim H, Glasser AM, et al. Establishing consensus on survey measures for electronic nicotine and non-nicotine delivery system use: current challenges and considerations for researchers. Addict Behav 2018;79:203–12.
- Phan L, Choi K. U.S. young adults' awareness of the master settlement agreement and cigarette industry practices and their associations with electronic cigarette industry and health risk perceptions. BMC Public Health 2023;23:615.
- 36 Ling PM, Neilands TB, Glantz SA. The effect of support for action against the tobacco industry on smoking among young adults. Am J Public Health 2007;97:1449–56.
- 37 Berg CJ, Ling PM, Guo H, et al. Using market research to characterize college students and identify potential targets for influencing health behaviors. Soc Mark Quart 2010;16:41–69.
- 38 Ling PM, Neilands TB, Glantz SA. Young adult smoking behavior: a national survey. Am J Prev Med 2009;36:389–94.
- 39 U.S. Department of Health and Human services. E-cigarette use among youth and young adults. A report of the surgeon general. Atlanta, GA: Department of health and human services, centers for disease control and prevention, national center for chronic disease prevention and health promotion, office on smoking and health; 2016.
- 40 Rath JM, Romberg AR, Perks SN, et al. Identifying message themes to prevent ecigarette use among youth and young adults. Prev Med 2021;150:106683.
- 41 Boynton MH, Sanzo N, Brothers W, et al. Perceived effectiveness of objective elements of vaping prevention messages among adolescents. Tob Control 2023;32:e228–35.
- 42 Villarroel MA, Cha AE, Vahratian A. Electronic cigarette use among U.S, adults, 2018. NCHS Data Brief 2020:1–8.
- 43 Simon P, Camenga DR, Morean ME, et al. Socioeconomic status and adolescent e-cigarette use: the mediating role of e-cigarette advertisement exposure. Prev Med 2018;112:193–8.
- 44 Lee J, Tan ASL. Intersectionality of sexual orientation with race and ethnicity and associations with e-cigarette use status among U.S. Am J Prev Med 2022;63:669–80.
- 45 Felner JK, Andrzejewski J, Strong D, et al. Vaping disparities at the intersection of gender identity and race/ethnicity in a population-based sample of adolescents. Nicotine Tob Res 2022;24:349–57.
- 46 National Cancer Institute. The role of the media in promoting and reducing tobacco use. tobacco control monograph no. 19. Bethesda, MD: U.S. Department of health and human services, National Institutes of health, National Cancer Institute. NIH pub. no. 07-6242; 2008.

Supplemental Table.

Awareness of e-cigarette industry practices among overall sample of young adults susceptible to e-cigarette use (n=1,329)

Do you think the electronic vaping industry engages in any of the following activities?	Yes	No/Don't Know
	% (n)	% (n)
1. Offering subscription services that include discounts, free shipping, auto-shipping, concierge hotlines, and exclusive deals ^b	46.1 (611)	53.9 (715)
2. Offering programs with exclusive benefits for certain groups (e.g., military members/veterans and their spouses, teachers, first responders) ^b	38.6 (511)	61.4 (812)
3. Offering 30-day 100% satisfaction guarantees with a full refund ^b	40.6 (538)	59.4 (788)
4. Running youth vaping prevention programs ^a	35.8 (474)	64.3 (852)
5. Financially supporting advocacy networks that support access to electronic vaping products ^a	43.4 (576)	56.6 (751)
6. Offering discounts for referring a friend or family member to use their brand of electronic vaping products ^b	42.8 (568)	57.2 (759)
7. Giving school presentations about electronic vaping products to youth ^a	36.2 (480)	63.8 (486)
8. Sponsoring youth summer camps using their brand names ^a	36.8 (487)	63.2 (836)
9. Claiming that electronic vaping products are less harmful than cigarettes ^a	54.6 (725)	45.4 (602)
10. Claiming that electronic vaping products help people quit smoking ^a	49.6 (658)	50.4 (668)
11. Are silent about youth vaping outside of the U.S. where youth vaping is not banned by law ^a	44.6 (590)	55.4 (733)
12. Making sales pitches to American/Indian/Native American health agencies to start "switching" programs from cigarettes to electronic vaping products ^a	41.7 (553)	58.3 (772)

Note: Response categories were "yes"; "no"; "don't know"; responses of "no" and "don't know" were combined for analysis; some n totals for categories within variables do not sum to total sample size due to sporadic missing data (<1% of cases for any individual variable); a indicates that this was a previously reported e-cigarette industry practice; b indicates that this is an e-cigarette industry practice that is current as of September 2023.

References

Azad A. Juul spent hundreds of thousands of dollars to fund youth programming, documents show. *CNN Health*. July 25, 2019. Available from https://www.cnn.com/2019/07/25/health/juul-summer-camps-influencers-house-subcommittee Accessed on June 28, 2023.

Blu. What is a Vape Subscription? Available from https://www.blu.com/en-GB/vape-subscription. Accessed on June 28, 2023.

Ducharme J. 'It's Insidious': How Juul Pitched E-cigs to American Tribes. Available from https://time.com/5778534/juul-native-american-tribes/. Accessed on June 25, 2023.

Fahey MC, Krukowski RA, Talcott GW, Little MA. JUUL targets military personnel and veterans. *Tob Control*. 2020;29(e1):e163-e164. doi:10.1136/tobaccocontrol-2019-055377

Grana RA, Ling PM. "Smoking revolution": A content analysis of electronic cigarette retail websites. *Am J Prev Med.* 2014; 46(4):395-403. doi: 10.1016/j.amepre.2013.12.010. PMID: 24650842; PMCID: PMC3989286.

Jackler R CC, Getachew B, Whitcomb M et al. JUUL advertising over its first three years on the market: Stanford University; 2019. Available from: http://tobacco.stanford.edu/tobacco_main/publications/JUUL_Marketing_Stanford.pdf. Accessed on June 24, 2023.

JUUL Labs. JUUL. Available from https://www.juul.com/refer/. Accessed on June 24, 2023.

Vuse. Vuse Online Store. Available from https://www.vusestore.com/. Accessed on September 24, 2023.

VaporDNA. VaporDNA Online Store. Available from https://vapordna.com/pages/military-discount/ Accessed on September 24, 2023.

Oozelife. Oozelife Online Store. Available from: https://www.oozelife.com/collections/teacher-discounts/ Accessed on September 24, 2023.

Truth Initiative. Spinning a new tobacco industry: How Big Tobacco is trying to sell a do-gooder image and what Americans think about it. 2019. Available from https://truthinitiative.org/research-resources/tobacco-industry-marketing/spinning-new-tobacco-industry-how-big-tobacco-trying/. Accessed on June 15, 2023.

U.S. Food and Drug Administration. FDA warns JUUL Labs for marketing unauthorized modified risk tobacco products, including in outreach to youth. September 9, 2019. Available from: https://www.fda.gov/news-events/press-announcements/fda-warns-juul-labs-marketing-unauthorized-modified-risk-tobacco-products-including-outreach-youth/. Accessed on June 15, 2023.

Wagoner KG, Berman M, Rose SW, Song E, Cornacchione Ross J, Klein EG, Kelley DE, King JL, Wolfson M, Sutfin EL. Health claims made in vape shops: An observational study and

content analysis. *Tob Control*. 2019;28(e2):e119-e125. doi: 10.1136/tobaccocontrol-2018-054537.

World Health Organization. September 19, 2008. Marketers of electronic cigarettes should halt unproved therapy claims. Available from https://www.who.int/news/item/19-09-2008-marketers-of-electronic-cigarettes-should-halt-unproved-therapy-claims/. Accessed on September 20, 2023.