



## King's Research Portal

DOI:

[10.1016/j.ypped.2018.04.022](https://doi.org/10.1016/j.ypped.2018.04.022)

*Document Version*

Peer reviewed version

[Link to publication record in King's Research Portal](#)

*Citation for published version (APA):*

Wadsworth, E., McNeill, A., Li, L., Hammond, D., Thrasher, J. F., Yong, H-H., Cummings, K. M., Fong, G. T., & Hitchman, S. C. (2018). Reported exposure to E-cigarette advertising and promotion in different regulatory environments: Findings from the International Tobacco Control Four Country (ITC-4C) Survey. *Preventive Medicine*. <https://doi.org/10.1016/j.ypped.2018.04.022>

### **Citing this paper**

Please note that where the full-text provided on King's Research Portal is the Author Accepted Manuscript or Post-Print version this may differ from the final Published version. If citing, it is advised that you check and use the publisher's definitive version for pagination, volume/issue, and date of publication details. And where the final published version is provided on the Research Portal, if citing you are again advised to check the publisher's website for any subsequent corrections.

### **General rights**

Copyright and moral rights for the publications made accessible in the Research Portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognize and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the Research Portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the Research Portal

### **Take down policy**

If you believe that this document breaches copyright please contact [librarypure@kcl.ac.uk](mailto:librarypure@kcl.ac.uk) providing details, and we will remove access to the work immediately and investigate your claim.

## Accepted Manuscript

Reported exposure to E-cigarette advertising and promotion in different regulatory environments: Findings from the International Tobacco Control Four Country (ITC-4C) Survey

E. Wadsworth, A. McNeill, L. Li, D. Hammond, J.F. Thrasher, H.-H. Yong, K.M. Cummings, G.T. Fong, S.C. Hitchman



PII: S0091-7435(18)30133-6  
DOI: doi:[10.1016/j.ypmed.2018.04.022](https://doi.org/10.1016/j.ypmed.2018.04.022)  
Reference: YPMED 5378  
To appear in: *Preventive Medicine*  
Received date: 24 November 2017  
Revised date: 5 April 2018  
Accepted date: 15 April 2018

Please cite this article as: E. Wadsworth, A. McNeill, L. Li, D. Hammond, J.F. Thrasher, H.-H. Yong, K.M. Cummings, G.T. Fong, S.C. Hitchman , Reported exposure to E-cigarette advertising and promotion in different regulatory environments: Findings from the International Tobacco Control Four Country (ITC-4C) Survey. The address for the corresponding author was captured as affiliation for all authors. Please check if appropriate. *Ypmed*(2017), doi:[10.1016/j.ypmed.2018.04.022](https://doi.org/10.1016/j.ypmed.2018.04.022)

This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

**REPORTED EXPOSURE TO E-CIGARETTE ADVERTISING AND PROMOTION IN  
DIFFERENT REGULATORY ENVIRONMENTS: FINDINGS FROM THE  
INTERNATIONAL TOBACCO CONTROL FOUR COUNTRY (ITC-4C) SURVEY**

Corresponding author: Elle Wadsworth, School of Public Health and Health Systems, University of Waterloo, 200 University Avenue West, Waterloo, N2L 3G1, [ewadsworth@uwaterloo.ca](mailto:ewadsworth@uwaterloo.ca), (+01) 519 888 4567 ext. 31066.

E Wadsworth<sup>1,2</sup>, MSc, A McNeill<sup>1,2</sup>, PhD, L Li<sup>3</sup>, PhD, D Hammond<sup>4</sup>, PhD, J F Thrasher<sup>5</sup>, PhD, H-H Yong<sup>3</sup>, PhD, KM Cummings<sup>6</sup>, PhD, GT Fong<sup>4,7,8</sup>, PhD and SC Hitchman<sup>1,2</sup>, PhD

<sup>1</sup> National Addiction Centre, King's College London, London, UK

<sup>2</sup> UK Centre for Tobacco and Alcohol Studies, UK

<sup>3</sup> Cancer Council Victoria, Melbourne, Victoria, AU

<sup>4</sup> School of Public Health and Health Systems, University of Waterloo, Waterloo, Ontario, CA

<sup>5</sup> Arnold School of Public Health, University of South Carolina, South Carolina, US

<sup>6</sup> Department of Psychiatry and Behavioural Sciences, Medical University of South Carolina, Charleston, South Carolina, US

<sup>7</sup> Department of Psychology, University of Waterloo, Waterloo, Ontario, CA

<sup>8</sup> Ontario Institute for Cancer Research, Toronto, Ontario, CA

**Word Count: 3161, Abstract: 249 words**

**ABSTRACT**

Electronic cigarette (e-cigarette) advertising regulations differ across countries. This study examines how differences in e-cigarette advertising regulations influence exposure to e-cigarette advertising, and perceptions about what participants had seen and read about e-cigarettes. Data come from the ITC Four Country Survey (Canada [CA], United States [US], Australia [AU] and United Kingdom [UK]) carried out between August 2013 and March 2015 ( $n=3460$ ). In 2014, AU and CA had laws prohibiting the retail sale of e-cigarettes containing nicotine while the US and UK had no restrictions, although a voluntary agreement restricting advertising in the UK was introduced during fieldwork. Smokers and ex-smokers were asked whether in the last six months they had noticed e-cigarettes advertisements and received free samples/special offers (promotion), and about their perceptions (positive or otherwise) of what they had seen or read about e-cigarettes. Data were analyzed in 2017. US and UK participants were more likely to report that they had noticed e-cigarette advertisements and received promotions compared to CA or AU participants. For TV and radio advertisements, reported exposure was higher in US compared to UK. For all types of advertisements, reported exposure was higher in CA than AU. Overall, nearly half of AU (44.0%) and UK (47.8%) participants perceived everything they had seen and read about e-cigarettes to be positive, with no significant differences between AU and UK. Participants in countries with permissive e-cigarette advertising restrictions and less restrictive e-cigarette regulations were more likely to notice advertisements than participants in countries with more restrictive e-cigarette regulations.

**KEYWORDS:** E-cigarette, Advertisements, Mass Media, Policy, Electronic Cigarettes, Vaping

## INTRODUCTION

Electronic cigarettes (e-cigarettes) are electronic devices that can create an aerosol to deliver nicotine. A recent review suggests that e-cigarettes provide lower exposure to toxins and chemicals, and are therefore less harmful than smoking cigarettes<sup>1</sup>. Since their introduction to the market in 2004, awareness and use of e-cigarettes has grown rapidly<sup>2-4</sup>. In 2015, the global market for e-cigarette sales was estimated at around 10 billion US dollars<sup>5</sup>. In the UK, the percentage of smokers who reported regularly vaping increased over 5-fold from 2010-2015 (i.e. from 2.7% to 14.4%)<sup>4</sup>. Similar increases in the reported use of e-cigarettes by adult current and ex-smokers have been reported in CA, US, and AU<sup>3</sup>.

Advertisements and the internet are common channels through which many users become aware of and learn about e-cigarettes<sup>1,6,7</sup>. Research shows that cigarette advertising has a causal relationship with cigarette consumption<sup>8,9</sup>, so one might expect to find the same relationship with e-cigarette advertising. Indeed, studies have found associations between exposure to e-cigarette advertising, and intention to use or use of e-cigarettes<sup>10,11</sup>. E-cigarette use is higher in countries with less restrictive e-cigarette regulations<sup>2,12-14</sup>. This could be beneficial if adult smokers who would otherwise not quit switch to e-cigarettes, whereas the opposite would be the case if e-cigarette advertisements increased dual use and use by non-smokers<sup>8, 12, 15-18</sup>.

Previous studies have explored the effect of advertising regulations on noticing e-cigarette advertising in the Netherlands<sup>19</sup> and examined exposure to advertising in the European Union member states<sup>20</sup>. No study to date has looked at a cross-country comparison where the countries have varying e-cigarette advertising regulations but similar restrictive tobacco advertising regulations. In this paper, we present the results from the International Tobacco Control Four Country (ITC-4C) Survey. We compare exposure to e-cigarette advertising in two countries, which at the time of the survey had restrictive (CA and AU) policies on advertising e-cigarettes and two countries with permissive (US and UK) policies. In addition, we compare perceptions of what participants had seen and read about e-cigarettes in AU and UK. At the time, both CA and AU had laws prohibiting the retail sale and advertisement of e-cigarettes containing nicotine in

all channels asked in this study, whereas there were no such regulations in the US and UK<sup>21-26</sup>. However, in the UK a voluntary agreement restricting e-cigarette advertising content was introduced during fieldwork, which restricted advertisements that promoted any image associated with tobacco, or that would undermine cessation messages<sup>21, 25</sup>.

In this paper we propose three hypotheses: (i) that advertising exposure will be higher in the US and UK and lower in CA and AU; (ii) that there will be further differences between individual countries due to other regulations, geographical locations, and presence of different e-cigarette companies; and (iii) that participants from less restrictive countries will be more likely to hold a positive opinion about e-cigarette messaging than those from more restrictive countries. All four countries adopted different advertising and regulatory approaches to e-cigarettes, which allows examination of differences in consumer exposure to advertising across countries with similar tobacco advertising regulations. This type of evidence will be important to inform advertising regulations as countries develop their frameworks.

## METHODS

### Study Design

The ITC-4C Survey has been conducted regularly in CA, US, AU, and the UK since 2002. It is a prospective cohort study with approximately 2000 participants per country per ‘wave’ with replenishment to compensate attrition. Further details including study design and recruitment can be found elsewhere<sup>27-31</sup>.

Recruitment of participants involved random digit dialing using probability sampling methods. Inclusion criteria included adults (over 18) who had smoked at least 100 cigarettes in their lifetime with a minimum of one cigarette smoked in the last 30 days. The same inclusion criteria were used in all replenishments. Participants completed the surveys via the internet or telephone. Participants were compensated with a fixed monetary cheque or voucher before and/or after completing the survey. Country leads of the survey had control over which questions were to be included in each ‘wave’, therefore some survey questions varied across the four countries.

## Sample

Of the original sample ( $n=7746$ ), 1592 from CA and 3208 from the US were surveyed from late 2013 to early 2015 while 1476 from AU and 1470 from the UK were surveyed in 2014. The final sample for this study excluded those who had not heard of e-cigarettes. The final sample consisted of 3460 smokers and ex-smokers (quitters) who were aware of e-cigarettes. In this study, ex-smokers were categorized as participants who were smokers in their first wave but had quit smoking in subsequent waves.

## Measures

### *Covariates*

Sample characteristics are shown for the whole sample ( $n=7746$ ) and the analytical sample for the study ( $n=3460$ ) (Table 1). Sample characteristics included country, sex (female, male), age at time of survey (18-24 years, 25-39, 40-54 and 55 and over), ethnicity (white vs non-white or English vs non-English spoken in the home (AU only)), education (low, medium and high), income (low, medium, high and no answer), smoking status (daily smoker, non-daily smoker and quitter), e-cigarette status (daily user, weekly user, monthly user and not at all) and survey mode (telephone vs the internet). Further explanation of education and income categories can be found elsewhere<sup>30,31</sup>.

### *Noticing e-cigarette advertisements*

Participants were asked: “In the last 6 months, have you noticed e-cigarettes being advertised in the following places: On television? On the Radio? On posters or billboards? In newspapers or magazines? On the Internet? In store windows? At point of sale in shops that sell e-cigarettes?” Answers were Yes/No/don't know/refused. “Don't Know” and “Refused” were categorised as “No”. Noticing advertisements in store windows was asked in CA and US only. Noticing advertisements at point of sale in shops that sell e-cigarettes was asked in AU and UK only.

### *Receiving free samples or special discount for e-cigarettes*

Participants were asked: “In the last 6 months, have you received any free samples of e-cigarette products” and “In the last 6 months, have you received any special discounts for e-cigarette products”. “Don’t Know” and “Refused” were categorised as “No”. Receiving special discounts for e-cigarette products was asked in AU and UK only.

#### *Perception of all they had seen or read about e-cigarettes*

Participants were asked: “Thinking about all you have seen or read about e-cigarettes, would you say it is: Mostly positive? Slightly positive? Equally balanced? Slightly negative? Mostly negative?” The answers were categorised into one dichotomous variable: positive (mostly positive/slightly positive) vs otherwise (equally balanced/negative/don’t know). Only participants from AU and UK were asked this question.

#### **Statistical analysis**

Data from all four countries were combined into one dataset. All analyzes used complex samples in SPSS 24 and were weighted unless otherwise stated. Nationally representative surveys from all four countries were used to generate weights for smokers and ex-smokers \*FOOTNOTE\*. Data were analyzed in 2017.

First, sample characteristics were examined and Chi-squared tests were used to assess country differences. Logistic regression was first used to examine any country differences in e-cigarette advertisements and promotion. Second, logistic regression was used to examine any country differences in participant’s perceptions of what they had seen and read about e-cigarettes, either positive or otherwise. The second logistic regression examining perceptions was then repeated adjusting for noticing e-cigarette advertisements on television, radio, posters and billboards, newspapers and magazines, the internet and at point of sale in shops that sold e-cigarettes. All multivariate analyzes were adjusted for sample characteristics, smoking status, e-cigarette status and the number of waves the participant had previously taken part in.



## **Ethics**

For all countries, the ITC-4C Surveys were cleared for ethics by the Office of Research Ethics of the University of Waterloo in CA. Ethics clearance in AU was by the Cancer Council Victoria and by King's College London in the UK.

## **RESULTS**

Table 1 presents the sample characteristics, e-cigarette status and smoking status of the participants in all four countries included in the analysis.

### **Noticing e-cigarette advertisements**

Table 2 shows that US participants were significantly more likely to have noticed e-cigarette advertising on television, radio and on the internet in the last six months than CA, AU and UK. US participants were significantly more likely to notice e-cigarette advertising on posters, billboards, newspapers and magazines than participants in CA and AU. There were no significant differences between participants in the US and UK in noticing e-cigarette advertisements on posters and billboards or newspapers and magazines. US participants were significantly more likely to have noticed e-cigarette advertisements in store windows than participants in CA (supplementary Table 1, S1). UK participants were more likely to have noticed advertisements at point of sale in shops that sell e-cigarettes than those in AU (Table S1).

Males, younger participants, and participants with a high education were all significantly more likely to have noticed e-cigarette advertisements on the internet. Males were all significantly more likely to have noticed e-cigarette advertisements on the television and posters and billboards than female participants. Younger participants were significantly more likely to have noticed advertisements on the radio and on posters and billboards and participants aged 40-54 were significantly more likely to have noticed advertisements in store windows and at the point of sale than participants over 55. White or English-speaking participants were significantly less likely than non-white or non-English speaking participants to have noticed advertisements on

television, posters and billboards and newspapers and magazines. However, white or English speaking participants were significantly more likely to have noticed advertisements at point of sale (AU and UK) and in store windows (CA and US). Participants with medium or high education were significantly more likely to have noticed advertisements in newspapers and magazines than participants with low education. Participants with medium and high income were significantly less likely to have noticed advertisements on television compared to those with low income. E-cigarette users were significantly more likely to have noticed advertisements on the internet than non-e-cigarette users. Daily smokers were significantly more likely to have noticed e-cigarette advertisements on the radio than participants who had quit smoking. Telephone survey participants were significantly more likely than internet participants to report having noticed advertisements on television, radio, posters and billboards, newspapers and magazines, and at point of sale (AU and UK).

#### **Receiving free samples and discounts on e-cigarettes**

US participants were significantly more likely to have received free samples of e-cigarettes in the last 6 months than participants from CA or AU (Table 3). No significant difference was found between US and UK participants. Participants aged 25-54 were significantly more likely to have received free samples than those over the age of 55. Participants who had a high education and who completed the survey via the telephone were significantly less likely to have received free samples. Participants who smoked daily were significantly more likely to have received free samples than those who had quit smoking. E-cigarette users were significantly more likely to have received free samples on e-cigarettes than non-e-cigarette users.

UK participants were significantly more likely than AU participants to have received special offers on e-cigarettes. Female participants were significantly less likely to have received special offers on e-cigarettes than male participants. Daily and weekly e-cigarette users were significantly more likely to have received special offers than non-e-cigarette users.

### **Perception of all they had seen or read as positive vs otherwise**

Table 4 shows that overall, nearly half of participants in both AU (44.0%) and UK (47.8%) reported that all they had seen or read about e-cigarettes was positive. In both the analyzes when adjusting for exposure to advertising and when not, there was no significant difference between AU and UK participants. Participants with a high income were significantly more likely to have perceived what they had seen and read about e-cigarettes to be positive vs otherwise than participants with low income. This remained the case after controlling for exposure to e-cigarette advertisements. E-cigarette users were significantly more likely to have perceived what they had seen and read about e-cigarettes to be positive vs otherwise than non-e-cigarettes users.

When controlling for exposure to advertisements, daily and weekly e-cigarette users remained significantly more likely to have perceived what they had seen and read to be positive vs otherwise than non-e-cigarette users. Daily smokers were significantly more likely to have perceived what they had seen and read to be positive vs otherwise than quitters after controlling for advertisements. In addition, participants who noticed advertisements on television, at point of sale and on the internet were significantly more likely to have perceived what they had seen and read to be positive vs otherwise than those who did not. However, participants who noticed advertisements in newspapers and magazines were significantly less likely to have positive perceptions than those who did not. There were no changes in the variables that were significantly associated with having positive perceptions before or after control for exposure to advertising.

### **DISCUSSION & CONCLUSIONS**

The overall findings from this study show that participants from countries with less restrictive e-cigarette policies and permissive advertising regulations, the US and UK, were more likely to have noticed e-cigarette advertisements and received free samples/special offers than CA or AU participants. Nearly half of both AU and UK participants perceived what they had seen and read about e-cigarettes to be positive compared to equally balanced, negative or 'don't know'. There was no significant difference between participants in restrictive AU and less restrictive UK in perception of what they had seen and read about e-cigarettes as positive.

Across the four countries, television and the internet were two channels where participants reported to notice e-cigarette advertising the most. The proportion of participants noticing advertising via different forms of media could indicate that the salience of advertising is likely to vary across different media channels. Interestingly, the internet was a prominent source of advertising across all countries even in those where e-cigarette advertising was prohibited, CA and AU. Participants in the US and UK, were more likely to report that they had noticed e-cigarette advertising through all channels than CA and AU. This is potentially due to the increased money spent on advertising in countries with permissive regulations; e-cigarette companies in the US and UK have increased their e-cigarette advertising expenditure in recent years<sup>12, 17, 34</sup>. For example, the US tripled their expenditures from \$6.4million in 2011 to \$18.3million in 2012<sup>17</sup>. Furthermore, US participants were more likely to have noticed e-cigarette advertisements compared to the UK on all channels except posters, billboards, newspapers and magazines. This is potentially explained by differing marketing strategies in the two countries. For instance, one of the largest e-cigarette companies, Blu® e-cigarettes (previously owned by Lorillard Tobacco and recently sold to Imperial Tobacco in June 2015), promotes separate product lines in the US and UK<sup>35,36</sup>. In addition, in October 2014 the Advertising Standards Authority (ASA) in the UK introduced a voluntary agreement that governed e-cigarette advertising<sup>25</sup>. For example, advertisements could not promote any image associated with tobacco or undermine cessation messages. This regulated content in various advertisements in the UK; however, the UK survey ran from August to December 2014 and the agreement was introduced towards the end of data collection (53.7% of UK participants completed the survey after implementation of the restrictions), so influence is unknown. In the countries with restricted advertising regulations, AU had fewer participants report noticing e-cigarette advertisements than CA. This is potentially due to its isolated location in the world. CA has restrictions on advertising; however, it is located next to the US, where 75% of the Canadian population lives 100 miles from the US border<sup>37</sup>.

US participants were more likely to report receiving free samples of e-cigarettes than participants in CA and AU, and UK participants were more likely than AU participants to report that they

had received special offers on e-cigarettes. This may reflect the e-cigarette regulations at the time; free samples and special offers were permitted in the US and UK but prohibited in CA and AU<sup>12, 22</sup>. E-cigarette users were more likely to have received both free samples and special offers on e-cigarettes than non-e-cigarette users, perhaps explained by e-cigarette users being a likely target and receptive audience. Free samples could also have been given when e-cigarette users purchased from stores on the internet. Daily smokers were more likely to receive free samples than those who had quit smoking, suggesting that it is daily rather than non-daily/ex-smokers who are targeted<sup>12, 38, 39</sup> or they are perhaps more likely to visit stores where e-cigarettes are sold and samples offered. Furthermore, both e-cigarette users and smokers could have potentially sought out the free samples instead of receiving them opportunistically.

Participant's perceptions on what they had seen and read about e-cigarettes to be positive or negative was only asked in AU and UK. In both countries, nearly half of participants perceived what they had seen and read about e-cigarettes to be positive. However, there was no significant difference in positive perceptions between participants in AU and UK. This was unexpected because one might think that UK participants would be more likely to have a positive opinion than AU participants due to sales restrictions on e-cigarettes in AU. This question did however refer to all that participants had seen or read, and so potentially includes other communication sources such as news reports. A study looking at the representation of e-cigarettes in the UK media found a balanced coverage, if not slightly more positive than negative<sup>40</sup>. Future studies may however find differences between AU and UK because this study was conducted prior to the release of the Public Health England Report<sup>25</sup> in the UK that emphasized that e-cigarettes are less harmful than smoking and may aid cessation<sup>41</sup>.

This study has limitations. Self-report data are subject to memory recall and social desirability biases. The countries that permitted advertising had more participants that noticed e-cigarette advertising but there was likely some false reporting as well. Not all survey questions were asked across the four countries and this limits the comparison across a broad sample. In CA and AU, advertising of e-cigarettes was prohibited although advertisements for nicotine-free e-cigarettes are permitted. However, studies show that advertisements of nicotine-free e-cigarettes on

television was negligible<sup>24,42</sup>. This is a limitation of self-report, however the participants that reported noticing advertisements was low (19.0% in CA and 6.0% in AU). The higher number of participants in CA reporting exposure to e-cigarette advertising could perhaps be related to the leakage of advertising from the US.

Future research should explore changes in advertising regulations and the nuances in the differences between countries. This study provides a baseline for comparison of the impact of future policy changes. For example, advertising regulations have recently changed again in the UK and US. In May 2016, advertising was restricted in the UK, prohibiting advertising e-cigarettes on television, radio, newspapers, magazines and the internet but permitted blogs, posters, internet sales, and the cinema<sup>43</sup>. In the US, free samples of e-cigarettes were banned in August 2016<sup>44</sup>. In light of previous research suggesting an association between e-cigarette advertising and intention to use or use<sup>10,11</sup>, the effectiveness of these restrictions should be studied and evaluated.

## **ACKNOWLEDGEMENTS**

We thank Pete Driezen and Anne Chiew Kin Quah for their assistance in ITC-4C methodology and funding.

## **CONFLICT OF INTEREST**

KMC has received grant funding from Pfizer, Inc., to study the impact of a hospital based tobacco cessation intervention. KMC and DH receive funding as an expert witness in litigation filed against the tobacco industry. The other authors declare that they have no conflicts of interest to declare.

## **FINANCIAL DISCLOSURES**

The Waves 9 and 10 ITC Four Country Surveys have been supported by grants from the National Cancer Institute of the USA (R01 CA100362, P01 CA138389), National Health and Medical Research Council of Australia (1005922), and the Canadian Institutes of Health Research (115016). Additional support was provided to GTF from a Senior Investigator Award from the Ontario Institute for Cancer Research and a Prevention Scientist Award from the Canadian Cancer Society Research Institute. AM and SCH are members of the UK Centre for Tobacco & Alcohol Studies, a UK Clinical Research Collaboration Public Health Research: Centre of Excellence whose work is supported by funding from the Medical Research Council, British Heart Foundation, Economic and Social Research Council, and the National Institute for Health Research under the auspices of the UK Clinical Research Collaboration (MR/K023195/1).

**REFERENCES**

1. Glasser AM, Collins L, Pearson JL, et al. Overview of Electronic Nicotine Delivery Systems: A Systematic Review. *Am J Prev Med.* 2017;52(2):e33-e66. doi:10.1016/j.amepre.2016.10.036
2. Yong HH, Borland R, Balmford J, et al. Trends in e-cigarette awareness, trial, and use under the different regulatory environments of Australia and the United Kingdom. *Nicotine Tob Res.* 2015;17(10):1203-1211. doi:10.1093/ntr/ntu23
3. Pepper JK, Brewer NT. Electronic nicotine delivery system (electronic cigarette) awareness, use, reactions and beliefs: a systematic review. *Tob control.* 2013;23:375-384. doi:10.1136/tobaccocontrol-2013-051122.
4. Office for National Statistics. E-cigarette use in Great Britain. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/datasets/ecigaretteuseingreatbritain>. Published June 2017. Accessed June 25, 2017.
5. World Health Organization. Electronic Nicotine Delivery Systems and Electronic Non-Nicotine Delivery Systems (ENDS/ENNDS). Conference of the Parties to the WHO Framework Convention on Tobacco Control. Delhi, India; 2016.
6. Pepper JK, Emery SL, Ribisl KM, Brewer NT. How US adults find out about electronic cigarettes: implications for public health messages. *Nicotine Tob Res.* 2014;16(8):1140-4. doi:10.1093/ntr/ntu060
7. Wackowski OA, Manderski, MT, Delnevo CD. Smokers' sources of e-cigarette awareness and risk information. *Prev Med Rep.* 2015;2:906-910. doi:10.1016/j.pmedr.2015.10.006
8. 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. [https://cancercontrol.cancer.gov/brp/tcrb/monographs/19/m19\\_complete.pdf](https://cancercontrol.cancer.gov/brp/tcrb/monographs/19/m19_complete.pdf). Published June 2008. Accessed June 25, 2017.
9. World Health Organization. WHO Report on the Global Tobacco Epidemic, 2013: Enforcing bans on tobacco advertising, promotion and sponsorship. Luxembourg. [http://apps.who.int/iris/bitstream/10665/85380/1/9789241505871\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/85380/1/9789241505871_eng.pdf). Updated July 2013. Accessed June 25, 2017.
10. Agaku IT, Davis K, Patel D, et al. A longitudinal study of the relationship between receptivity to e-cigarette advertisements and e-cigarette use among baseline non-users of



cigarettes and e-cigarettes, United States. *Tob Induc Dis*. 2017;15:42. doi: 10.1186/s12971-017-0145-8

11. Collins L, Glasser AM, Abudayyeh H, Pearson JL, Villanti AC. E-cigarette Marketing and Communication : How E-cigarette Companies Market E-cigarettes and the Public Engages with E-cigarette Information. *Nicotine Tob Res*. 2018;1-11. doi: 0.1093/ntr/ntx284

12. De Andrade M, Hastings G, Angus K, Dixon D, Purves R. The marketing of electronic cigarettes in the UK. Cancer Research UK, University of Stirling.

[http://www.cancerresearchuk.org/prod\\_consump/groups/cr\\_common/@nre/@pol/documents/geralcontent/cr\\_115991.pdf](http://www.cancerresearchuk.org/prod_consump/groups/cr_common/@nre/@pol/documents/geralcontent/cr_115991.pdf). Published November 2013, Accessed June 25, 2017

13. Federal Trade Commission. Federal Trade Commission Smokeless Tobacco Report for 2011. <https://www.ftc.gov/sites/default/files/documents/reports/federal-trade-commission-smokeless-tobacco-report-2011/130521smokelesstobaccoreport.pdf>. Published May 2013. Accessed June 25, 2017.

14. Gravely S, Fong GF, Cummings KM, et al. Awareness, trial, and current use of electronic cigarettes in 10 countries: Findings from the ITC project. *Int J Env Res Pub Health*. 2014;11(11):11691-11704. doi:10.3390/ijerph111111691

15. De Andrade M, Hastings G, Angus K. Promotion of electronic cigarettes: tobacco marketing reinvented? *BMJ*. 2013; 347:f7473. doi:10.1136/bmj.f7473

16. Fairchild AL, Bayer R, Colgrove J. The renormalization of smoking? E-cigarettes and the tobacco “endgame”. *New Engl J Med*. 2014;370(4):293-295. doi:10.1056/NEJMp1313940

17. Kim AE, Arnold KY, Makarenko O. E-cigarette advertising expenditures in the US, 2011–2012. *Am J Prev Med*. 2014;46(4):409-412. doi:10.1016/j.amepre.2013.11.003

18. Maloney EK, Cappella JN. Does vaping in e-cigarette advertisements affect tobacco smoking urge, intentions, and perceptions in daily, intermittent, and former smokers? *Health Commun*. 2016;31(1):129-138. doi:10.1080/10410236.2014.993496

19. Nagelhout GE, Heijndijk SM, Cummings KM, et al. E-cigarette advertisements, and associations with the use of e-cigarettes and disapproval or quitting of smoking: Findings from the International Tobacco Control (ITC) Netherlands Survey. *Int J Drug Policy*. 2016;29:73-79. doi:10.1016/j.drugpo.2015.12.015

20. Filippidis FT, Lavery AA, Fernandez E, Mons U, Tigova O, Vardavas CI. Correlates of self-reported exposure to advertising of tobacco products and electronic cigarettes across 28

European Union member states. *Tob Control*. 2017;0:1–4. doi:10.1136/tobaccocontrol-2016-053479. doi:10.1136/tobaccocontrol-2016-053479

21. BBC News. Three e-cigarette TV adverts banned. *BBC News*. December 24, 2014. <http://www.bbc.co.uk/news/health-30595394>. Accessed June 25, 2017.

22. Global Tobacco Control. Country Laws Regulating E-cigarettes: Australia. <http://globaltobaccocontrol.org/e-cigarette/australia>. Accessed June 25, 2017.

23. Government of Canada. Food and Drug Regulations (C.R.C., c.870). [http://laws.justice.gc.ca/eng/regulations/c.r.c.,\\_c.\\_870/page-133.html#docCont](http://laws.justice.gc.ca/eng/regulations/c.r.c.,_c._870/page-133.html#docCont). Accessed June 25, 2017.

24. Hammond D, White CM, Czoli CD, Martin CL, Magennis P, Shiplo S. Retail availability and marketing of electronic cigarettes in Canada. *C J Public Health*. 2015;106(6):E408. doi:10.17269/cjph.106.5105

25. McNeill A, Brose L, Calder R, Hitchman SC, Hajek P, McRobbie H. E-cigarettes: an evidence update. Public Health England. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/457102/Ecigarettes\\_an\\_evidence\\_update\\_A\\_report\\_commissioned\\_by\\_Public\\_Health\\_England\\_FINAL.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/457102/Ecigarettes_an_evidence_update_A_report_commissioned_by_Public_Health_England_FINAL.pdf). Published August 2015. Accessed June 25, 2017.

26. Office of the Federal Register. Deeming Tobacco Products To Be Subject to the Federal Food, Drug, and Cosmetic Act, as Amended by the Family Smoking Prevention and Tobacco Control Act; Restrictions on the Sale and Distribution of Tobacco Products and Required Warning Statements for Tobacco Products. <https://www.gpo.gov/fdsys/pkg/FR-2016-05-10/pdf/2016-10685.pdf>. Published May 2016. Accessed June 25, 2017.

27. Fong GT, Cummings KM, Borland R, et al. The conceptual framework of the International Tobacco Control (ITC) policy evaluation project. *Tob control*. 2006;15:iii3-iii11. doi:10.1136/tc.2005.015438

28. ITC Project. ITC Four Country Wave 1 (2002) Technical Report. University of Waterloo, Waterloo, Ontario, Canada; Medical University of South Carolina, Charleston, South Carolina, United States; VicHealth Centre for Tobacco Control, Carlton, Australia; Cancer Control Victoria, Melbourne, Australia; King's College London, London, United Kingdom; University of Stirling, Stirling, United Kingdom; and the Open University, Buckinghamshire, United

Kingdom. <http://www.itcproject.org/files/itcw1techreportfinal.pdf>. Published July 2004. Accessed June 25, 2017.

29. ITC Project. ITC Four Country Wave 8 (2010-2011) Recontact Web Survey Fieldwork Report. University of Waterloo, Waterloo, Ontario, Canada; Medical University of South Carolina, Charleston, South Carolina, United States; VicHealth Centre for Tobacco Control, Carlton, Australia; Cancer Control Victoria, Melbourne, Australia; King's College London, London, United Kingdom; University of Stirling, Stirling, United Kingdom; and the Open University, Buckinghamshire, United Kingdom. [http://www.itcproject.org/files/final-report-web-survey-conduct\\_jan-31-2011-.pdf](http://www.itcproject.org/files/final-report-web-survey-conduct_jan-31-2011-.pdf). Published January 2011. Accessed June 25, 2017.

30. ITC Project. Comparing Policy Measures across Multiple ITC Countries: Adjusting for Time-in-Sample. University of Waterloo, Waterloo, Ontario, Canada. [http://www.itcproject.org/files/ITC\\_Technical\\_Report\\_time-in-sample-adjustment\\_Dec2011.pdf](http://www.itcproject.org/files/ITC_Technical_Report_time-in-sample-adjustment_Dec2011.pdf). Published December 2011. Accessed June 25, 2017.

31. Thompson ME, Fong GT, Hammond D, et al. Methods of the International Tobacco Control (ITC) four country survey. *Tob control*. 2006;15iii12-iii18. doi:10.1136/tc.2005.013870

32. Li L, Borland R, Fong GT, Thrasher JF, Hammond D, Cummings KM. Impact of point-of-sale tobacco display bans: findings from the International Tobacco Control Four Country Survey. *Health Educ Res*. 2013;28(5)898-910. doi: 10.1093/her/cyt058

33. Reid JL, Hammond D, Boudreau C, Fong GT, Siahpush M. Socioeconomic disparities in quit intentions, quit attempts, and smoking abstinence among smokers in four western countries: findings from the International Tobacco Control Four Country Survey. *Nicotine Tob Res*. 2010;12:S20-S33. doi: 10.1093/ntr/ntq051

34. Kornfield R, Huang J, Vera L, Emery SL. Rapidly increasing promotional expenditures for e-cigarettes. *Tob control*. 2015;24(2):110-111. doi:10.1136/tobaccocontrol-2014-051580

35. Blu E-cigarettes. Blu E-cigs. <https://www.blu.com/en/GB/>. Accessed June 25, 2017.

36. Blu E-cigarettes. Blu E-cigs. <https://www.blu.com/en/US/>. Accessed June 25, 2017.

37. Thompson WC. Canada: The World Today Series 2014-2015. 30th ed. MD, USA: Stryker-Post Publications; 2014.

38. Delnevo CD, Giovenco DP, Steinberg MB, et al. Patterns of electronic cigarette use among adults in the United States. *Nicotine Tob Res*. 2016;18(5):715-719. doi:10.1093/ntr/ntv237

39. West R, Beard E, Brown J. Trends in electronic cigarette use in England. [www.smokinginengland.info/latest-statistics](http://www.smokinginengland.info/latest-statistics). Published September 30, 2017. Updated October 23, 2017. Accessed November 14, 2017.
40. Rooke C, Amos A. News media representations of electronic cigarettes: an analysis of newspaper coverage in the UK and Scotland. *Tob Control*. 2014;23(6):507-12. doi: 10.1136/tobaccocontrol-2013-051043
41. Public Health England. E-cigarettes around 95% less harmful than tobacco estimates landmark review. <https://www.gov.uk/government/news/e-cigarettes-around-95-less-harmful-than-tobacco-estimates-landmark-review>. Published August 19, 2015. Accessed June 25, 2017.
42. Durkin SJ, Bayly M, Wakefield MA. Can E-cigarette Ads Undermine Former Smokers? An Experimental Study. *Tob Reg Sci*. 2016;2(3):263-277. doi:10.18001/TRS.2.3.6
43. UK Government. Article 20(5), Tobacco Products Directive: restrictions on advertising electronic cigarettes. <https://www.gov.uk/government/publications/proposals-for-uk-law-on-the-advertising-of-e-cigarettes/publishing-20-may-not-yet-complete>. Updated May 2016. Accessed June 25, 2017.
44. Federal Drug Administration. Deeming Tobacco Products To Be Subject to the Federal Food, Drug, and Cosmetic Act, as Amended by the Family Smoking Prevention and Tobacco Control Act; Restrictions on the Sale and Distribution of Tobacco Products and Required Warning Statements for Tobacco Products. <https://www.federalregister.gov/documents/2016/05/10/2016-10685/deeming-tobacco-products-to-be-subject-to-the-federal-food-drug-and-cosmetic-act-as-amended-by-the>. Published May 2016. Accessed November 14, 2017.

Table 1: Unweighted sample characteristics by country (Aug 2013 – Mar 2015), n=7746.

	RESPONDENTS IN ALL FOUR COUNTRIES (n=7746)				RESPONDENTS INCLUDED IN THE ANALYZES (n=3460)			
	Canada % (n=1592)	US % (n=3208)	UK % (n=1470)	Australia % (n=1476)	Canada % (n=475)	US % (n=1799)	UK % (n=734)	Australia % (n=452)
<b>Sex</b>								
Female	53.0	51.7	52.6	53.7	53.5	54.3	54.0	56.9
Male	47.0	48.3	47.4	46.3	46.5	45.7	46.0	43.1
<b>Age</b>								
18-24	1.2	5.2	2.4	2.8	1.9	7.1	3.5	5.1
25-39	12.8	20.0	19.0	15.7	21.3	24.1	22.1	19.0
40-54	34.7	26.6	32.2	36.9	35.8	27.6	35.3	38.3
55+	51.3	48.2	46.5	44.6	41.1	41.2	39.1	37.6
<b>Ethnicity</b>								
White	92.5	77.6	92.7	91.7	92.2	78.2	93.2	92.9
Non- white	7.5	22.4	6.7	7.7	7.8	21.8	6.8	7.1
<b>Education</b>								
Low	38.3	39.8	47.1	46.3	34.9	38.1	43.6	42.0
Medium	39.5	39.2	27.9	31.9	44.2	42.1	28.9	37.2
High	21.6	21.0	23.7	21.1	20.8	19.8	27.5	20.8
<b>Income</b>								
Low	22.4	37.3	30.3	26.4	17.5	36.6	25.3	25.7
Medium	34.2	29.2	29.8	26.4	36.8	28.9	30.9	27.0
High	34.2	31.3	31.6	38.1	36.8	32.6	36.1	38.5
No answer	9.2	2.2	8.3	9.1	8.8	1.8	7.6	8.8
<b>E-cigarette status</b>								
Not at all	21.7	29.8	9.4	19.8	72.8	53.0	46.2	63.5
Daily	1.8	6.8	6.0	2.4	6.1	12.2	18.3	7.7
Weekly	1.9	6.5	12.1	1.5	6.5	11.7	11.6	4.6
Monthly	4.3	13.0	23.3	7.4	14.5	23.1	24.0	24.1
<b>Smoking status</b>								
Quitter	24.1	18.6	23.1	26.2	12.0	14.6	16.1	11.7
Daily	70.9	68.5	70.7	68.1	81.9	72.2	77.1	80.5
Non-daily	5.1	12.8	6.2	5.8	6.1	13.2	6.8	7.7
<b>Survey mode</b>								
Telephone	42.1	19.5	35.6	25.8	39.2	14.6	32.7	25.9
Internet	57.9	80.5	64.4	74.2	60.8	85.4	67.3	74.1

Table 2: Self-reported exposure to e-cigarette advertisements in the last 6 months (Aug 2013 – Mar 2015), by country and demographics, n=3460.

	(n) <sup>a</sup>	IN THE LAST SIX MONTHS, HAVE YOU NOTICED E-CIGARETTES BEING ADVERTISED IN ANY OF THE FOLLOWING PLACES?									
		TELEVISION		RADIO		POSTERS & BILLBOARDS		NEWSPAPERS & MAGAZINES		INTERNET	
		% Exposed <sup>b</sup>	AOR (95% CI)	% Exposed <sup>b</sup>	AOR (95% CI)	% Exposed <sup>b</sup>	AOR (95% CI)	% Exposed <sup>b</sup>	AOR (95% CI)	% Exposed <sup>b</sup>	AOR (95% CI)
<b>Country</b>											
US	1799	58.8		23.7		36.1		42.5		45.5	
Canada	475	19.0	0.17 (0.12-0.24)	6.1	0.18 (0.10-0.30)	13.6	0.27 (0.18-0.40)	18.4	0.28 (0.19-0.39)	28.3	0.61 (0.44-0.83)
UK	734	39.8	0.53 (0.39-0.71)	11.9	0.34 (0.23-0.50)	34.7	1.04 (0.76-1.40)	41.2	0.96 (0.73-1.27)	32.7	0.58 (0.44-0.76)
Australia	452	6.0	0.05 (0.03-0.08)	2.5	0.06 (0.03-0.14)	3.3	0.07 (0.04-0.15)	5.3	0.09 (0.05-0.16)	19.2	0.34 (0.24-0.48)
<b>Sex</b>											
Female	1883	41.4	0.81 (0.67-0.99)	14.7	0.83 (0.64-1.07)	26.2	0.80 (0.65-0.99)	32.7	0.86 (0.71-1.05)	33.9	0.79 (0.66-0.96)
Male	1577	43.0		17.0		30.2		35.1		39.5	
<b>Age</b>											
18-24	186	56.0	1.40 (0.90-2.18)	27.1	2.92 (1.75-4.88)	37.3	1.75 (1.12-2.72)	40.9	1.33 (0.87-2.05)	51.9	2.17 (1.45-3.26)
25-39	783	38.3	0.80 (0.61-1.03)	18.3	2.12 (1.50-2.99)	31.6	1.45 (1.11-1.90)	33.9	1.01 (0.78-1.32)	42.1	1.61 (1.25-2.06)
40-54	1098	42.0	1.04 (0.84-1.30)	14.9	1.59 (1.16-2.19)	26.3	1.22 (0.96-1.55)	33.3	1.06 (0.85-1.33)	33.8	1.24 (1.00-1.55)
55+	1393	42.8		10.5		23.6		32.5		29.2	
<b>Ethnicity</b>											
White	2948	40.2	0.74 (0.55-0.99)	15.0	0.82 (0.59-1.14)	25.8	0.54 (0.41-0.72)	32.1	0.69 (0.53-0.90)	36.5	1.19 (0.92-1.55)
Non- white	512	54.3		21.5		43.2		45.2		39.4	
<b>Education</b>											
Low	1361	44.6		17.4		26.6		31.4		34.2	
Medium	1347	42.2	1.07 (0.85-1.33)	14.5	0.87 (0.64-1.17)	28.3	1.26 (0.99-1.59)	34.3	1.29 (1.03-1.61)	37.0	1.18 (0.95-1.47)
High	752	38.1	0.95 (0.71-1.25)	15.9	0.96 (0.67-1.37)	31.2	1.31 (0.97-1.76)	37.7	1.33 (1.01-1.76)	41.3	1.39 (1.07-1.81)
<b>Income</b>											
Low	1044	53.2		17.7		30.6		36.1		37.1	
Medium	1044	39.7	0.71 (0.55-0.92)	15.1	1.08 (0.78-1.50)	28.3	1.05 (0.80-1.37)	32.9	0.96 (0.75-1.23)	35.3	1.04 (0.81-1.33)
High	1201	36.6	0.67 (0.52-0.87)	16.0	1.18 (0.85-1.65)	27.6	1.03 (0.79-1.35)	33.9	1.04 (0.81-1.34)	38.3	1.10 (0.86-1.40)
No answer	171	33.1	0.84 (0.51-1.37)	10.4	0.90 (0.36-2.26)	18.8	0.82 (0.45-1.51)	27.3	1.00 (0.60-1.65)	34.2	1.31 (0.81-2.12)
<b>Smoking status</b>											
Quitter	491	40.2		12.9		27.0		35.7		37.4	
Daily	2618	41.9	1.04 (0.77-1.42)	15.8	1.55 (1.04-2.29)	27.6	1.06 (0.77-1.46)	32.1	0.89 (0.66-1.19)	35.5	0.99 (0.74-1.33)
Non-daily	351	47.4	1.10 (0.71-1.69)	21.3	1.65 (0.97-2.80)	35.1	1.19 (0.77-1.84)	44.8	1.32 (0.88-1.96)	45.9	1.14 (0.78-1.65)
<b>E-cigarette status</b>											
Not at all	1926	40.5		13.9		26.9		33.3		30.5	
Daily	417	43.6	0.92 (0.68-1.24)	20.3	1.46 (0.99-2.15)	30.8	1.01 (0.74-1.38)	34.8	0.83 (0.61-1.13)	50.5	2.21 (1.64-2.98)
Weekly	347	48.1	1.03 (0.73-1.45)	19.6	1.13 (0.75-1.71)	35.2	1.17 (0.81-1.68)	36.3	0.89 (0.63-1.27)	47.1	1.74 (1.26-2.41)
Monthly	770	43.1	0.97 (0.76-1.25)	17.0	1.08 (0.78-1.50)	27.2	0.86 (0.67-1.11)	33.9	0.95 (0.74-1.21)	41.1	1.51 (1.20-1.90)
<b>Survey mode</b>											
Telephone	805	41.7	1.50 (1.18-1.91)	16.8	1.75 (1.28-2.38)	32.0	1.99 (1.53-2.60)	36.7	1.68 (1.31-2.16)	31.8	1.02 (0.80-1.30)
Internet	2655	42.4		15.7		27.2		33.1		38.4	

- <sup>a</sup>Unweighted data

- <sup>b</sup>Weighted data

- AOR = Adjusted Odds Ratio, CI= Confidence Interval

Table 3: Self-reported exposure to free samples (n=3460) and special offers (n=1186) in the last 6 months (Aug 2013 – Mar 2015), by country and demographics.

	IN THE LAST SIX MONTHS, HAVE YOU RECEIVED ANY OF THE FOLLOWING E-CIGARETTE PRODUCTS?					
	FREE SAMPLES			SPECIAL OFFERS		
	(n) <sup>a</sup>	% Exposed <sup>b</sup>	AOR (95% CI)	(n) <sup>a</sup>	% Exposed <sup>b</sup>	AOR (95% CI)
<b>Country</b>						
US	1799	13.3		N/A	N/A	N/A
Canada	475	2.3	0.33 (0.15-0.70)	N/A	N/A	N/A
UK	734	6.0	0.76 (0.48-1.23)	734	12.5	3.50 (1.68-7.31)
Australia	452	2.5	0.25 (0.11-0.54)	452	3.8	
<b>Sex</b>						
Female	1883	9.1	1.13 (0.82-1.55)	653	6.8	0.58 (0.34-0.98)
Male	1577	8.5		533	11.2	
<b>Age</b>						
18-24	186	8.8	1.40 (0.69-2.86)	49	9.9	1.31 (0.38-4.53)
25-39	783	12.9	3.20 (2.08-4.93)	248	11.3	1.23 (0.66-2.36)
40-54	1098	8.3	2.05 (1.32-3.20)	432	7.6	0.78 (0.41-1.47)
55+	1393	4.1		457	8.5	
<b>Ethnicity</b>						
White	2948	8.3	1.07 (0.73-1.57)	1104	9.0	0.76 (0.30-1.91)
Non- white	512	11.3		82	11.0	
<b>Education</b>						
Low	1361	10.1		510	8.3	
Medium	1347	8.9	0.90 (0.64-1.25)	380	10.4	1.37 (0.74-2.52)
High	752	6.1	0.60 (0.39-0.94)	296	8.9	0.88 (0.46-1.68)
<b>Income</b>						
Low	1044	12.0		302	7.2	
Medium	1044	8.0	0.86 (0.58-1.29)	349	8.7	1.08 (0.52-2.25)
High	1201	7.9	0.95 (0.66-1.37)	439	10.7	1.32 (0.68-2.55)
No answer	171	1.0	0.23 (0.05-1.15)	96	8.6	1.21 (0.43-3.37)
<b>Smoking status</b>						
Quitter	491	4.4		171	16.7	
Daily	2618	9.9	2.17 (1.30-3.64)	930	8.0	0.58 (0.28-1.20)
Non-daily	351	6.9	0.90 (0.46-1.76)	85	7.0	0.58 (0.21-1.64)
<b>E-cigarette status</b>						
Not at all	1926	4.9		626	4.4	
Daily	417	11.9	2.67 (1.65-4.33)	169	24.0	5.42 (2.70-10.89)
Weekly	347	18.3	3.48 (2.19-5.53)	106	19.6	4.19 (1.91-9.17)
Monthly	770	12.4	2.25 (1.53-3.33)	285	7.8	1.88 (0.97-3.63)
<b>Survey mode</b>						
Telephone	805	2.5	0.35 (0.20-0.63)	357	6.7	0.67 (0.38-1.15)
Internet	2655	10.6		829	10.2	

- <sup>a</sup>Unweighted data

- <sup>b</sup>Weighted data

- AOR = Adjusted Odds Ratio, CI= Confidence Interval

Table 4: Self-reported positive interpretations of e-cigarette information by country (AU and UK only), demographics (left three columns) and exposure to advertisements (right three columns) (Aug 2013 – Mar 2015), n=1183.

	(n) <sup>a</sup>	THINKING ABOUT ALL YOU HAVE READ OR SEEN ABOUT E-CIGARETTES, WOULD YOU SAY IT IS...			
		POSITIVE VS OTHERWISE (without controlling for exposure to advertising)		POSITIVE VS OTHERWISE (after controlling for exposure to advertising)	
		% Positive <sup>b</sup>	AOR (95% CI)	% Positive <sup>b</sup>	AOR (95% CI)
<b>Country</b>					
UK	733	47.8	1.12 (0.78-1.59)	47.8	0.79 (0.53-1.18)
Australia	450	44.0		44.0	
<b>Sex</b>					
Female	653	43.0	0.85 (0.63-1.15)	43.0	0.89 (0.66-1.21)
Male	530	49.1		49.1	
<b>Age</b>					
18-24	49	45.1	1.05 (0.52-2.12)	45.1	0.86 (0.41-1.80)
25-39	247	49.5	1.17 (0.77-1.77)	49.5	1.05 (0.69-1.60)
40-54	430	45.5	0.98 (0.69-1.40)	45.5	0.88 (0.62-1.24)
55+	457	43.8		43.8	
<b>Ethnicity</b>					
White	1102	46.7	1.16 (0.66-2.06)	46.7	0.89 (0.66-1.21)
Non- white	81	41.4		41.4	
<b>Education</b>					
Low	508	46.2		46.2	
Medium	379	47.8	0.98 (0.68-1.40)	47.8	0.96 (0.67-1.37)
High	296	44.5	0.81 (0.55-1.19)	44.5	0.83 (0.56-1.24)
<b>Income</b>					
Low	302	38.4		38.4	
Medium	348	46.0	1.44 (0.96-2.16)	46.0	1.43 (0.94-2.17)
High	438	52.2	1.81 (1.22-2.68)	52.2	1.80 (1.20-2.70)
No answer	95	39.7	1.08 (0.58-2.01)	39.7	1.08 (0.59-1.98)
<b>Smoking status</b>					
Quitter	170	42.3		42.3	
Daily	928	47.4	1.66 (0.98-2.80)	47.4	1.74 (1.02-2.98)
Non-daily	85	42.9	1.48 (0.70-3.10)	42.9	1.62 (0.75-3.50)
<b>E-cigarette status</b>					
Not at all	624	39.4		39.4	
Daily	168	58.7	2.49 (1.55-4.01)	58.7	2.32 (1.40-3.85)
Weekly	106	59.8	2.13 (1.24-3.65)	59.8	2.06 (1.22-3.47)
Monthly	285	50.1	1.51 (1.05-2.16)	50.1	1.41 (0.98-2.03)
<b>Survey mode</b>					
Telephone	356	41.3	0.80 (0.57-1.12)	41.3	0.73 (0.51-1.04)
Internet	827	48.4		48.4	

- <sup>a</sup>Unweighted data
- <sup>b</sup>Weighted data
- AOR = Adjusted Odds Ratio, CI= Confidence Interval



Table 4 continued: Self-reported positive interpretations of e-cigarette information by country (AU and UK only), demographics, and exposure to advertisements (Aug 2013 – Mar 2015), n=1183.

	THINKING ABOUT ALL YOU HAVE READ OR SEEN ABOUT E-CIGARETTES, WOULD YOU SAY IT IS...		
	POSITIVE VS OTHERWISE (after controlling for exposure to advertising)		
	(n) <sup>a</sup>	% Positive <sup>b</sup>	AOR (95% CI)
<b>Noticed ads on television</b>			
Yes	292	56.2	1.71 (1.15-2.55)
No	891	42.7	
<b>Noticed ads on radio</b>			
Yes	95	63.6	1.45 (0.84-2.51)
No	1088	44.8	
<b>Noticed ads on posters/billboards</b>			
Yes	242	55.5	1.39 (0.90-2.13)
No	941	43.6	
<b>Noticed ads on newspapers/magazines</b>			
Yes	311	48.6	0.63 (0.41-0.95)
No	872	45.4	
<b>Noticed ads on internet</b>			
Yes	313	59.2	1.67 (1.18-2.36)
No	870	41.4	
<b>Noticed ads at point of sale</b>			
Yes	457	53.6	1.55 (1.10-2.18)
No	726	41.2	

- <sup>a</sup>Unweighted data

- <sup>b</sup>Weighted data

- AOR = Adjusted Odds Ratio, CI= Confidence Interval

**FOOTNOTES**

<sup>1</sup> The 2012 Canadian Community Health Survey (CCHS) was used for Canada. The 2013 National Health Interview Survey (NHIS) was used for the United States. The 2013 National Drug Strategy Household Survey (NDSHS) in combination with census projections for June 2014 were used for Australia, and the 2013 General Lifestyle Survey was used for the United Kingdom.

ACCEPTED MANUSCRIPT

**HIGHLIGHTS**

- Study compares e-cigarette advertising exposure data from CA, US, AU and UK in 2014
- Noticing advertising for e-cigarettes varied across the four countries
- US/UK participants were more likely to notice e-cigarette advertisements than CA/AU
- For all types of advertisements, reported exposure was higher in CA than AU
- Nearly half of AU/UK smokers/ex-smokers reported positive e-cigarette information