

Commentary on Friedman et al.: Policymakers should understand reasons for vaping when developing vape-free air laws

Reasons for vaping are important for understanding policy impact of vape-free air laws: most adults vape as a cessation aid, whereas many youth vape for enjoyment, novelty or peer pressure. Vape-free air laws may have little effect on reducing vaping among youth, but discourage adult smokers from switching to vaping.

As Friedman et al. [1] note, concerns about increase in vaping (i.e. that vaping could undermine current tobacco control, create new pathways to nicotine addiction and re-normalize cigarette smoking [2-4]) have resulted in some states and localities in the United States adding vaping restrictions to smoke-free air laws in order to reduce e-cigarette use. These concerns are of international relevance, with a number of countries adopting measures to restrict vaping in smoke-free spaces, often modelled on existing smoke-free air laws, to protect children and young people from accessing and using e-cigarettes. However, because the reasons for vaping differ between young people (motivated by different flavours and peers [5,6]) and older adults [5] and many young people do not necessarily vape in public spaces, vape-free laws may have a limited effect on vaping in this population group.

Friedman et al. [1] provide some insights into the potential unintended effects of adding vape-free laws to existing smoke-free work-site laws. Their key findings were that when added to existing smoke-free work-site laws, vape-free laws did not result in significant reductions in current smoking or recent vaping among 'emerging adults' (aged 18-25 years), and might even have counteracted the effects of existing smoke-free laws. This conclusion is interesting and counterintuitive, but assumes that smoke- and vape-free laws have additive effects and it is unclear if this assumption is valid, given the observational design used. Thus, these findings should be replicated with data from other countries, ideally those which have both smoke- and vape-free laws, such as New Zealand [7], Finland, Germany and others [8], to identify reasons why the effects of vape-free laws may vary for different population groups (e.g. emerging and 'prime age' adults, aged 26-54 years). Because most adult smokers vape as an aid to reducing smoking or quitting smoking [9-12], one might expect them to respond to vape-free laws by increasing smoking. It may be that prime age adults reduced smoking but compensated by increasing use of other tobacco products (e.g. snuff, snus, chewing tobacco and dissolvable tobacco) [13]. This information is vital to inform optimal policies to reduce tobacco use across population groups.

It is also important to investigate the potential secondary effects of smoke- and vape-free air laws on use of other substances such as alcohol and cannabis. Evidence suggests strong associations between smoking, vaping, alcohol and cannabis use [14,15], implying that policies which impact upon the use of one substance could have knock-on effects on use of the other. For example, more people may wish to go out and eat, smoke or drink with peers in states or localities that do not have smoke- or vape-free restaurant laws than where these laws exist. Similarly, localities (states or counties) with these laws may have a lower prevalence of substance-related adverse events (including serious injuries, violence and violent crime, road traffic accidents, death and disability) [16] compared with other localities. Methods and data similar to those used by Friedman et al. [1] can be used to assess the prevalence of alcohol and cannabis use in states where cannabis is legal, in the presence and absence of smokeand vape-free restaurant laws to guide future policy in jurisdictions considering legalizing cannabis use.

Although the intention of vape-free laws—to protect young people from e-cigarette use as a pathway to smoking and provide a clean and healthy environment—is laudable, these laws may not be effective in reducing vaping if young people are not motivated to vape in public spaces, and may be counterproductive if they discourage adult smokers from using e-cigarettes as a smoking cessation aid or a substitute for tobacco.

Declaration of interests

None.

Keywords Policy, other substances, smoke-free air laws, smoking, vape-free air laws, vaping.

BEN WAMAMILI¹ D & RANDOLPH C. GRACE²
School of Health Sciences, University of Canterbury, Christchurch, New
Zealand¹ and School of Psychology, Speech and Hearing, University of
Canterbury, Christchurch, New Zealand²
E-mail: ben.wamamili@pg.canterbury.ac.nz

Submitted 17 April 2021; final version accepted 21 April 2021

References

- Friedman A. S., Oliver J. F., Busch S. H. Adding vaping restrictions to smoke-free air laws: associations with conventional and electronic cigarette use. *Addiction* 2021; https://doi.org/10.1111/add.15434
- Bell K., Keane H. Nicotine control: E-cigarettes, smoking and addiction. Int J Drug Policy 2012; 23: 242–7.
- 3. Riker C. A., Lee K., Darville A., Hahn E. J. E-cigarettes: promise or peril? *Nurs Clin North Am* 2012; 47: 159–71.
- Palazzolo D. L. Electronic cigarettes and vaping: a new challenge in clinical medicine and public health. A literature review. Front Public Health 2013; 1: 56.
- Vu T.-H. T., Hart J. L., Groom A., Landry R. L., Walker K. L., Giachello A. L., et al. Age differences in electronic nicotine delivery systems (ENDS) usage motivations and behaviors, perceived health benefit, and intention to quit. Addict Behav 2019; 98: 106054.
- Cooper M., Harrell M. B., Perry C. L. Comparing young adults to older adults in e-cigarette perceptions and motivations for use: implications for health communication. *Health Educ Res* 2016; 31: 429–38.
- New Zealand Government. Smokefree Environments and Regulated Products (Vaping) Amendment Bill 2020 [updated October 2020. Available at: http://www.legislation.govt.nz/bill/government/2020/0222/21.0/ d1393751e2.html (accessed 13 October 2020).
- Kennedy R. D., Awopegba A., De León E., Cohen J. E. Global approaches to regulating electronic cigarettes. *Tob Control* 2017; 26: 440–5.
- Dawkins L., Turner J., Roberts A., Soar K. 'Vaping' profiles and preferences: an online survey of electronic cigarette users. Addiction 2013; 108: 1115–25.

- Caponnetto P., Campagna D., Cibella F., Morjaria J. B., Caruso M., Russo C., et al. Efficiency and safety of an eLectronic cigAreTte (ECLAT) as tobacco cigarettes substitute: a prospective 12-month randomized control design study. PLOS ONE 2013; 8: e66317.
- Polosa R., Caponnetto P., Cibella E., le-Houezec J. Quit and smoking reduction rates in vape shop consumers: a prospective 12-month survey. *Int J Environ Res Public Health* 2015; 12: 3428–38.
- Farsalinos K. E., Polosa R. Safety evaluation and risk assessment of electronic cigarettes as tobacco cigarette substitutes: a systematic review. Ther Adv Drug Saf 2014; 5: 67–86.
- Popova L., Ling P. M. Alternative tobacco product use and smoking cessation: a national study. Am J Public Health 2013; 103: 923–30.
- 14. Bluestein M., Kelder S., Perry C. L., Pérez A. Exploring associations between the use of alcohol and marijuana with e-cigarette use in a USA nationally representative sample of young adults. *Int J Health Sci* 2019; 13: 30–9.
- 15. Mehra V. M., Keethakumar A., Bohr Y. M., Abdullah P., Tamim H. The association between alcohol, marijuana, illegal drug use and current use of E-cigarette among youth and young adults in Canada: results from Canadian tobacco, alcohol and drugs survey 2017. BMC Public Health 2019; 19: 1–10.
- Poulsen H., Moar R., Pirie R. The culpability of drivers killed in New Zealand road crashes and their use of alcohol and other drugs. *Accid Anal Prev* 2014; 67: 119–28.