Optimal Regulation of E-cigarettes: Theory and Evidence

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November 13, 2020

Abstract

There is an active debate about how to regulate electronic cigarettes, due to uncertainty about their health effects and whether they are primarily a quit aid or a gateway drug for combustible cigarettes. We model optimal e-cigarette regulation and estimate key parameters. Using tax changes and scanner data, we estimate relatively elastic demand and cannot reject zero substitution between e-cigarettes and combustible cigarettes. In sample surveys, historical smoking trends for high- and low-vaping demographics were unchanged after e-cigarettes were introduced; this demographic shift-share identification suggests limited substitution. We field a new quantitative survey of public health experts, who report that vaping is more harmful than previously believed. In our model, these results imply that current e-cigarette taxes are below the social optimum, but Monte Carlo simulations highlight substantial uncertainty.

JEL Codes: D12, D18, D61, H21, H23, I12, I18.

Keywords: E-cigarettes, vaping, cigarettes, smoking, gateway drug, health behavior, addiction, behavioral public economics, optimal sin taxes, behavioral welfare analysis.

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*This supersedes our initial September 2019 working paper, available on SSRN at https://www.ssrn.com/abstract=3462165. Allcott: Microsoft Research and NBER. allcott@post.harvard.edu. Rafkin: MIT. crafkin@mit.edu. We thank Alberto Abadie, David B. Abrams, Josh Angrist, Noel Brewer, Chad Cotti, Charles Courtemanche, Thomas Eissenberg, Brigham Frandsen, Don Kenkel, Jessica Pepper, Mike Pesko, Kurt Ribisl, Frank Schilbach, Andrew Seidenberg, Jann Spiess, Tevi Troy, and seminar participants at ITAM, Microsoft Research, and MIT for helpful feedback. We thank Raj Bhargava, Ahmad Rahman, and Aakaash Rao for exceptional research assistance. We are grateful to the Sloan Foundation for financial support. This material is based upon work supported by the National Science Foundation Graduate Research Fellowship under Grant No. 1122374. Replication files and survey instruments are available from https://sites.google.com/site/allcott/research. Our surveys were approved by the NYU University Committee on Activities Involving Human Subjects (protocol number FY2020-3753) and the MIT Committee on the Use of Humans as Experimental Subjects (protocol numbers E-1874 and E-2522). This paper represents the researchers' own analyses calculated based in part on data from The Nielsen Company (US), LLC and marketing databases provided through the Nielsen Datasets at the Kilts Center for Marketing Data Center at The University of Chicago Booth School of Business. The conclusions drawn from the Nielsen data are those of the researchers and do not reflect the views of Nielsen. Nielsen is not responsible for, had no role in, and was not involved in analyzing and preparing the results reported herein.

As of 2019, eight million American adults and four million American youth reported using e-cigarettes, and many more youth now vape e-cigarettes than smoke traditional combustible cigarettes. There is significant disagreement about whether regulators should encourage or discourage this popular new product. Optimists point out that the widespread adoption suggests that e-cigarettes generate substantial consumer surplus. Furthermore, e-cigarettes can be a useful smoking cessation aid (Hajek et al. 2019), and vaping is less harmful than smoking cigarettes (National Academy of Sciences 2018). On the other hand, pessimists point out that widespread adoption of an addictive product is not necessarily good for well-being. Furthermore, vaping might be a gateway to smoking for youth, and the exact health effects of vaping are uncertain, as underscored by a recent spate of vaping-related illnesses and deaths (Gotts et al. 2019).

This disagreement has played out in divergent and sometimes conflicting policies. Three-quarters of Americans live in places with no e-cigarette taxes, while the states and local areas that do tax e-cigarettes impose very different rates. Many regulators think of e-cigarettes as a promising harm reduction tool for current smokers (Gottlieb 2018; Zeller 2019), but San Francisco has effectively banned all e-cigarette sales while keeping combustible cigarettes legal.

Is vaping in fact a substitute for smoking cigarettes, or a complement? Is this different for youth versus adults? What is the state of expert knowledge about the relative harms of vaping versus smoking? What is the socially optimal e-cigarette tax rate? Could it be optimal to ban all e-cigarette sales? How certain can we be about any policy prescriptions? This paper lays out a model of optimal e-cigarette regulation and derives equations for optimal taxes and welfare as functions of several key parameters. We then estimate key statistics using an array of empirical data and propose answers to the above questions.

Our theoretical model extends the optimal sin tax literature (Gruber and Koszegi 2001, 2004; O'Donoghue and Rabin 2006; Allcott and Taubinsky 2015; Allcott, Lockwood and Taubinsky 2019; Farhi and Gabaix 2020; and others) in a dynamic setting appropriate for studying addictive goods. We model heterogeneous consumers who consume a numeraire good plus two habit-forming goods (cigarettes and e-cigarettes) that impose internalities and externalities. By "internalities," we mean that the social planner believes that consumers' choices do not maximize their own long-run utility, perhaps because of present focus, projection bias or related misperceptions of addiction, or biased beliefs about health harms.[1] The social planner can tax or ban either good.

In this framework, the optimal e-cigarette tax depends on three key parameters: the marginal uninternalized harms (externalities and internalities) from vaping, the marginal uninternalized harms from smoking cigarettes, and the extent to which vaping and smoking are complements or substitutes. The welfare effect of banning e-cigarettes compared to keeping taxes at current lev-

[1]For more discussion and evidence on internalities related to smoking and vaping, see Viscusi (1990, 2016, Forthcoming), Gruber and Koszegi (2001, 2004), Gruber and Mullainathan (2005), Chaloupka et al. (2015), Ashley, Nardinelli and Lavaty (2015), Cutler et al. (2015, 2016), Jin et al. (2015), DeCicca et al. (2017), Kenkel et al. (2019), Levy, Norton and Smith (2018), Chaloupka, Levy and White (2019), and DeCicca, Kenkel and Lovenheim (2020).

els depends on those same statistics plus the perceived consumer surplus loss as revealed by the e-cigarette demand curve. Optimally set taxes are always preferred to a ban in our model, but a ban may increase welfare relative to the status quo if tax rates are constrained by political issues, tax evasion, or other factors. Furthermore, a type-specific ban (for example, a youth sales ban) may be optimal given that uninternalized harms vary across types and type-specific taxes are hard to implement.

To estimate e-cigarette demand, we use Nielsen scanner data on e-cigarette sales at 27,000 stores across the country from 2013–2017. To identify the price elasticity, we exploit changes in state and local e-cigarette taxes. Before the tax changes, there is no trend in retail prices or quantities sold. After the tax changes, tax-inclusive retail prices rise and persistently, and quantities sold drop. Our primary estimate suggests an own-price elasticity of about -1.32. We also estimate the elasticity of substitution between e-cigarettes and cigarettes using tax changes and sales for both goods. Our primary estimates suggest statistically insignificant substitutability. However, the estimates are somewhat imprecise, and aggregate scanner data cannot identify heterogeneous substitution parameters: vaping and smoking could still be substitutes for adults and complements for youth.

We thus turn to a more novel strategy to identify substitution patterns, exploiting the fact that different demographic groups have very different demand for e-cigarettes. Specifically, white people, men, non-college graduates, lower-income people, and younger adults (but older youth) vape more than non-whites, women, etc. Some of these demand differences may be related to broader preferences for new technologies: we show that the demographics of e-cigarette early adopters—in particular, their age profile—is similar to the demographics of internet and social media early adopters. Between 2004 and 2012, i.e. before e-cigarettes became popular, the demographic groups that would later have higher e-cigarette demand had steady linear declines in cigarette smoking relative to demographics with lower latent demand. If that relative decline accelerated after e-cigarettes became popular, this would suggest that vaping caused smoking to decrease, and thus that e-cigarettes are substitutes for combustible cigarettes. On the other hand, if that relative decline slowed, this would suggest that vaping caused more smoking, and thus that e-cigarettes are a gateway to combustible cigarettes.

This approach is a cousin of the "shift-share" identification strategy popularized by Bartik (1991): we primarily exploit cross-sectional variation in demand across demographics with the time-series growth in e-cigarette use. The identifying assumption is that any changes in relative smoking trends for high- versus low-vaping demographics were caused by the introduction of e-cigarettes. In support of this assumption, we find that smoking decreases were close to linear in the years before e-cigarettes were introduced and that the estimates are consistent across different demographics.

We implement this demographic shift-share strategy using data from five large nationally representative surveys comprising 7.4 million observations collected over 2004–2018: the Behavioral

Risk Factor Surveillance Survey, the National Health Interview Survey, the National Survey of Drug Use and Health, Monitoring the Future, and the National Youth Tobacco Survey. Our estimates are consistent with our earlier estimates identified from tax changes: on average, vaping is not a significant complement or substitute for smoking. Our confidence intervals rule out that the introduction of e-cigarettes affected the 2004–2018 smoking decrease by more than 5 to 11 percent in either direction. To believe that e-cigarettes increased or decreased smoking by more than that, one would have to think that high-vaping demographics (young adults, white people, men, etc.) coincidentally all had unpredicted decreases or increases in cigarette demand over the past six years that exactly offset the alleged effects of their vaping.[2]

There is great uncertainty about the health harms from vaping, and the research is evolving rapidly. To aggregate the state of knowledge about the harms from e-cigarettes, we surveyed public health experts who contributed to National Academy of Sciences or Surgeon General reports, have served on the FDA Tobacco Product Scientific Advisory Committee, have been honored as Fellows of the Society for Research on Nicotine and Tobacco, and/or edit one of three leading journals, as well as economists who have written on cigarettes or e-cigarettes. The average of the 137 experts who responded believes that vaping is 37 percent as harmful as smoking cigarettes, where harms are measured as effects on quality-adjusted life expectancy. There is substantial disagreement across experts: the interquartile range of beliefs about relative harms is 10 to 60 percent. Individual experts also perceive substantial uncertainty: the average expert reported a 90 percent confidence interval spanning 32 percentage points.

78 percent of experts reported (and explicitly confirmed) that they are more pessimistic than prominent prior assessments that vaping is at least 95 percent safer than smoking cigarettes (Nutt et al. 2014; McNeill et al. 2018). When asked why they disagreed with prior work, experts gave three main explanations: they disagree with how researchers interpreted the evidence available at the time, new research evidence is becoming available, and e-cigarette products have changed. While such expert surveys are not without limitations, this new quantification of expert opinion has significant policy implications.[3]

Finally, we use our model to evaluate optimal e-cigarette regulation. The empirical results described above have clear implications for optimal policy. Relatively elastic demand implies relatively small perceived consumer surplus losses from an e-cigarette ban. Limited substitutability with combustible cigarettes means that optimal e-cigarette policy depends little on the uninternal-

[2] Our point estimates are different than in our September 2019 working paper because we added newly available 2018 data. Our new estimates are within the confidence intervals of the old estimates.

[3] This August 2020 expert survey replaces an earlier expert survey that we carried out in January and reported in our April 2020 working paper. The basic conclusion is the same: experts believe that vaping causes material harms relative to smoking. However, our new survey is more credible for four reasons: (i) the sample of public health experts is three times larger; (ii) the questions were more easily understandable to non-economists, in particular because we elicited views about health harms instead of uninternalized externalities and internalities; (iii) we included a series of comprehension checks to ensure that experts understood the questions and the implications of their answers; and (iv) we explicitly confirmed whether experts disagreed with prior assessments and asked them to explain why.

ized distortions from smoking. Larger health harms from vaping increase the optimal tax rate and increase the welfare gains from a ban.

In our primary estimates, we calibrate vaping externalities and internalities by multiplying experts' beliefs about the relative health harms from vaping with prior estimates of smoking externalities from Sloan et al. (2004) and DeCicca, Kenkel and Lovenheim (2020) and smoking internalities from Gruber and Kőszegi (2001), Jin et al. (2015), and Chaloupka, Levy and White (2019). The optimal e-cigarette tax to address these distortions is positive in 91 percent of Monte Carlo simulations, and it exceeds $0.89 per milliliter of e-liquid (the current norm in states and local areas that tax e-cigarettes) in 60 percent of simulations. Even if vaping is only five percent as harmful as smoking, which is consistent with Nutt et al. (2014) and McNeill et al. (2018) but much more optimistic than our more recent expert survey, the optimal tax is 34 percent larger than the current norm. Indeed, the optimal tax is high enough that a complete ban would be preferred to the current norm in 46 percent of simulations.

Our model is also well-suited to consider an alternative internality: consumers' mistaken beliefs about the health harms from vaping. Viscusi (Forthcoming) finds that the average consumer believes that vaping is 65 percent as harmful as smoking cigarettes, which is more pessimistic than our average expert and much more pessimistic than Nutt et al. (2014) and McNeill et al. (2018). Viscusi (2016), Elton-Marshall et al. (2020), McNeill et al. (2018) and others also present evidence that consumers overestimate vaping health risks. If these biased beliefs cannot be addressed by information provision, our model concludes that it is optimal to heavily subsidize e-cigarettes instead of taxing them.

There are several important caveats. First, the Nielsen scanner data cover only about 2.5 percent of e-cigarette retail, and our price elasticity estimate could be biased if this is an unrepresentative sample. Second, because we identify e-cigarette demand off of relatively limited price variation, we must make strong functional form assumptions to estimate inframarginal demand and perceived consumer surplus; this is a standard problem when analyzing the welfare effects of bans or new products (e.g. Hausman 1996). Third, our substitution estimates are identified for a time horizon of several years; we do not yet know if youth vapers will transition to combustible cigarettes later in life or if adult smokers need more time to substitute to e-cigarettes. Fourth, the key parameters may change in the future for any number of reasons, including the coronavirus pandemic and the recent ban on flavored e-cigarettes.

Our work builds on a growing literature on e-cigarettes. Our primary contribution is to provide a framework for modeling optimal policy combined with new estimates of the key empirical parameters. A related paper by Kenkel et al. (2019) presents survey data suggesting that behavioral biases reduce vaping and carries out simulations showing that such behavioral biases against vaping imply that taxing or banning e-cigarettes reduces welfare.

To our knowledge, our September 2019 working paper was the first estimate of the aggregate price elasticity of e-cigarette demand using tax variation and scanner data (instead of survey data). This distinction may be important: tax changes provide long-run and potentially exogenous variation, and most surveys have imperfect measures of the intensive margin of e-cigarette use. Cotti et al. (2020) released an independent analysis in January 2020, and other papers study the effect of price changes in survey data[4] or use scanner data to estimate different e-cigarette demand parameters.[5]

There is conflicting evidence on whether vaping and smoking are complements or substitutes. A series of papers find that youth who vape are more likely to smoke in the future, even after controlling for observable characteristics that predict both vaping and smoking.[6] Although it is possible that unobserved confounders could cause both smoking and vaping, some researchers have taken this as evidence that vaping causes future smoking, and thus that regulating vaping would improve public health.[7] A series of other papers using quasi-experimental strategies have come to the opposite conclusion, finding that vaping and smoking are substitutes. However, there is some disagreement even between papers that use similar identification.[8] Our demographic shift-share approach is novel, and it may help to resolve the disagreement between existing papers.

Our work speaks to four literatures outside of e-cigarettes. First, we extend the behavioral public economics literature on optimal sin taxes cited above. Second, our demographic shift-share design is related to Boxell, Gentzkow and Shapiro (2017), who identify the effects of the internet on political polarization by exploiting age differences in internet adoption, and DeCicca et al. (2017), who identify the effects of menthol cigarettes by exploiting racial differences in tastes for

[4]Pesko and Warman (2017), Pesko et al. (2018), Saffer et al. (2018), and Cantrell et al. (2019) estimate the association between price variation observed in Nielsen scanner data and survey measures of e-cigarette use. Pesko, Courtemanche and Maclean (Forthcoming) estimate the effect of cigarette and e-cigarette tax changes on survey measures of e-cigarette use.

[5]Zheng et al. (2017) and Huang et al. (2018) estimate the short run residual demand elasticity faced by particular types of stores, using data at the city-month-store type level. Stoklosa, Drope and Chaloupka (2016) estimate the short-run demand elasticity in the EU using country-by-month data. For our research question, the parameter of interest is the aggregate long-run demand elasticity. Short-run and long-run elasticity may differ due to stockpiling and habit formation, and the residual demand function faced by a set of stores could naturally differ from aggregate demand elasticity as consumers substitute across stores.

[6]See Leventhal et al. (2015), Primack et al. (2015), Watkins, Glantz and Chaffee (2018), Berry et al. (2019), and others, and see Chatterjee et al. (2016) and Soneji et al. (2017) for systematic reviews.

[7]For example, an important review article by Soneji et al. (2017, page 788) concludes that "e-cigarette use was associated with greater risk for subsequent cigarette smoking initiation and past 30-day cigarette smoking. Strong e-cigarette regulation could potentially curb use among youth and possibly limit the future population-level burden of cigarette smoking." Similarly, an earlier review article by Chatterjee et al. (2016, page 1) concludes that "[Electronic cigarettes] are associated with higher incidence of combustible cigarette smoking. Policy makers need to recognize the insidious nature of this campaign by the tobacco industry and design policies to regulate it." The National Academy of Sciences (2018, page 555) study concludes, "the committee considered the overall body of evidence of a causal effect of e-cigarette use on risk of transition from never to ever smoking to be substantial."

[8]Friedman (2015), Pesko and Currie (2019), Pesko, Hughes and Faisal (2016), Cooper and Pesko (2017), Pesko and Warman (2017), Saffer et al. (2018), Saffer et al. (2019), Abouk et al. (2019), Cantrell et al. (2019), Dave, Feng and Pesko (2019), Pesko et al. (Forthcoming), and Cotti et al. (2020) find that e-cigarettes and cigarettes are substitutes. Using similar identification (state-level tax variation and bans on e-cigarette sales to minors), however, Abouk and Adams (2017) and Cotti, Nesson and Tefft (2018) find that they are complements.

menthol. Third, our work is broadly related to studies of the welfare effects of other new products (Trajtenberg 1989; Hausman 1996; Petrin 2002; Nevo 2003; Goolsbee and Petrin 2004; Gentzkow 2007; Aguiar and Waldfogel 2018; and others). Fourth, our expert survey helps to advance the literature using expert elicitations for scientific and public policy questions (DellaVigna and Pope 2018, 2019; Drupp et al. 2018; Pindyck 2019; DellaVigna, Otis and Vivalt 2020).

Section 1 lays out the theoretical framework. Sections 2 and 3 present the data and smoking and vaping trends. Sections 4 and 5 present estimates of price elasticity and substitution patterns. Sections 6 and 7 present the expert survey and optimal policy analysis, and Section 8 concludes.

1 Theoretical Framework

E-cigarette regulation involves setting constant taxes on an addictive good, motivated by both externalities and consumer bias. To match this application, we introduce a dynamic model of consumers who impose externalities and do not necessarily maximize their utility. We then solve for optimal constant tax rates and the welfare effects of banning e-cigarettes compared to keeping taxes at some baseline level. Our model can be thought of as a less parameterized version of the dynamic optimal tax model in Gruber and Koszegi (2001) or a simple dynamic extension of static optimal corrective taxation models such as Diamond (1973), O'Donoghue and Rabin (2006), Allcott and Taubinsky (2015), and Farhi and Gabaix (2020).

1.1 Consumption, Bias, and Welfare

Setup. There are infinite periods indexed by t. There is a numeraire good n and two other goods indexed by j or k: cigarettes c and e-cigarettes e. All goods are produced at constant marginal cost in competitive markets. A social planner sets constant taxes $\boldsymbol{\tau} = \{\tau^c, \tau^e\}$ and maintains a balanced budget in each period using a lump sum transfer T_t. Let $\boldsymbol{p} = \{p^c, p^e\}$ denote the vector of after-tax prices for c and e; n is sold at price 1. While $\boldsymbol{\tau}$ and $\boldsymbol{p}$ might vary in the equations below, let $\tilde{\tau}$ and $\tilde{\boldsymbol{p}}$ denote vectors of baseline taxes and market prices. We write j or k as superscripts to avoid confusion with other subscripts throughout the paper; any time t superscripts are exponents.

Heterogeneous consumers have finite types indexed by θ with measure s_θ and $\sum_\theta s_\theta = 1$. Let $\boldsymbol{q}_t = \{q_t^c, q_t^e\}$ and q_t^n denote possible consumption levels in period t, and let $\boldsymbol{q}_{\theta t} = \{q_{\theta t}^c, q_{\theta t}^e\}$ denote the actual consumption chosen by type θ. Type θ consumers are endowed with income $z_{\theta t}$ in period t, giving post-transfer income $z_{\theta t} + T_t$. For simplicity, there is no saving or borrowing across periods, so consumers have a period-specific budget constraint $z_{\theta t} + T_t = \boldsymbol{p} \cdot \boldsymbol{q}_t + q_t^n$.

Consumers have quasi-linear flow utility in period t that depends on current consumption and a state variable S_t representing the consumption capital stock from past smoking and vaping. S_t evolves according to $S_{t+1} = \Lambda(S_t, \boldsymbol{q}_t)$, with Λ increasing in both arguments. Discounted utility from period 0 is

$$U_\theta = \sum_{t=0}^{\infty} \delta^t \left[u_\theta\left(\boldsymbol{q}_t; S_t\right) + q_t^n + z_{\theta t} + T_t\right], \tag{1}$$

where $\delta < 1$ is the discount factor and u_θ is concave in $\boldsymbol{q}_t$. In this general formulation, past consumption S_t can affect both the level of utility (for example, by affecting health) and the marginal utility of consuming c and e (through habit formation). Furthermore, cigarettes and e-cigarettes can be complements or substitutes both in period t and in the long run. For example, they may be substitutes in period t sub-utility u_θ but complements in the long run through effects on S_{t+1}.

Optimizing consumers. Consider first a standard optimizing consumer. Let $V_\theta^*(S_t)$ be the optimizing consumer's value function, after substituting in the period-specific budget constraint. $V_\theta^*(S_t)$ is the solution to the Bellman equation

$$V_\theta^*(S_t) = \max_{\boldsymbol{q}_t} \left[u_\theta(\boldsymbol{q}_t; S_t) - \boldsymbol{p} \cdot \boldsymbol{q}_t + z_{\theta t} + T_t + \delta V_\theta^*(S_{t+1})\right], \tag{2}$$

subject to $S_{t+1} = \Lambda(S_t, \boldsymbol{q}_t)$.

The optimizing consumer's first-order condition for good j is

$$0 = p^j - \left(\frac{\partial u_\theta\left(\boldsymbol{q}_{\theta t}^*; S_t\right)}{\partial q_t^j} + \delta \frac{\partial V_\theta^*\left(S_{t+1}\right)}{\partial S_{t+1}} \cdot \frac{\partial S_{t+1}}{\partial q_t^j}\right), \tag{3}$$

where $\boldsymbol{q}_{\theta t}^*$ denotes optimal consumption for type θ.

Non-optimizing consumers. An important motivation for regulating both cigarettes and e-cigarettes is that consumers may not maximize their utility, perhaps because they have biased beliefs about the health costs of smoking, because they do not correctly predict future habit formation due to forces such as projection bias, or because they are present biased. To model this, we allow consumers to choose $\boldsymbol{q}_{\theta t}$ that differs from $\boldsymbol{q}_{\theta t}^*$ and thus may not maximize utility. These quantities could be derived by assuming that consumers maximize some specific "perceived" utility function such as quasi-hyperbolic utility, but we focus on insights that hold in general for any structural model of bias.[9] Define $V_\theta(S_t) \leq V_\theta^*(S_t)$ as type θ's value function, i.e. the present discounted utility derived from (potentially suboptimal) actual consumption. Substituting in the budget constraint, we can write utility from time t as

$$U_{\theta t}(\boldsymbol{q}_t; S_t) = u_\theta(\boldsymbol{q}_t; S_t) - \boldsymbol{p} \cdot \boldsymbol{q}_t + z_{\theta t} + T_t + \delta V_\theta(S_{t+1}), \tag{4}$$

subject to $S_{t+1} = \Lambda(S_t, \boldsymbol{q}_t)$. Standard optimizing consumers maximize this equation, making it

[9] See Mullainathan, Schwartzstein and Congdon (2012), Chetty (2015), and Bernheim and Taubinsky (2018) for further discussion of the "reduced form" or "sufficient statistic" approach to behavioral public economics.

equivalent to Equation (2), but non-optimizing consumers do not.

Following the sin tax literature, we then define bias $\gamma_\theta^j(\boldsymbol{p}, S_t)$ as the difference (in units of dollars) between price and the marginal utility of good j at the chosen consumption levels $\boldsymbol{q}_{\theta t}$:

$$\gamma_\theta^j(\boldsymbol{p}, S_t) := p^j - \left(\frac{\partial u_\theta\left(\boldsymbol{q}_{\theta t}; S_t\right)}{\partial q_t^j} + \delta\frac{\partial V_\theta\left(S_{t+1}\right)}{\partial S_{t+1}} \cdot \frac{\partial S_{t+1}}{\partial q_t^j}\right). \tag{5}$$

Put differently, γ_θ^j is the period t price increase that would induce consumers of type θ to consume $\boldsymbol{q}_{\theta t}^*$. $\gamma_\theta^j > 0$ means that type θ consumes more than the privately optimal amount, $\gamma_\theta^j < 0$ means that type θ consumes less, and $\gamma_\theta^j = 0$ when $\boldsymbol{q}_{\theta t} = \boldsymbol{q}_{\theta t}^*$, per Equation (3). $\gamma_\theta^j(\boldsymbol{p}, S_t)$ depends on prices and consumption in other periods, as these factors affect flow utility and the continuation value function.

To illustrate, consider two examples. First, consider present focused consumers whose smoking and vaping imposes future health harms, in a model with no habit formation. Specifically, assume that $u_\theta(\boldsymbol{q}_t; S_t) = v(\boldsymbol{q}_t) - hS_t$, where the second term is the health harm from past consumption, which evolves according to $S_{t+1} = \rho(S_t + q_t^c + q_t^e)$ for $\rho \in (0,1)$. Considering the infinite discounted sum of future health harms hS_t, the effect of consumption on the continuation value is $\frac{\partial V_\theta(S_{t+1})}{\partial S_{t+1}} \cdot \frac{\partial S_{t+1}}{\partial q_t^j} = -\frac{1}{1-\delta\rho}h \cdot \rho$, so the marginal utility of consumption at $\boldsymbol{q}_{\theta t}$ is $\frac{\partial v(\boldsymbol{q}_{\theta t})}{\partial q_t^j} - \frac{\delta\rho}{1-\delta\rho}h$. Quasi-hyperbolic consumers discount future harms by β_θ, choosing consumption to set $p^j = \frac{\partial v(\boldsymbol{q}_{\theta t})}{\partial q_t^j} - \beta_\theta\frac{\delta\rho}{1-\delta\rho}h$. Substituting marginal utility and the consumption choice into the definition of γ_θ^j from Equation (5) gives

$$\gamma_\theta^j = (1-\beta_\theta)\frac{\delta\rho}{1-\delta\rho}h. \tag{6}$$

This is the familiar result that bias is the uninternalized future health cost.[10]

As a second example, imagine that projection bias causes consumers to underestimate habit formation. Specifically, define $\alpha^j := \frac{\partial S_{t+1}}{\partial q_t^j}$ as the habit formation from good j, and allow consumers to misperceive habit formation as $\tilde{\alpha}_\theta^j$. Assume for simplicity that the marginal effect of habit stock on future utility $\frac{\partial V_\theta(S_{t+1})}{\partial S_{t+1}}$ is a constant. The marginal utility of consumption is $\left(\frac{\partial u_\theta(\boldsymbol{q}_{\theta t};S_t)}{\partial q_t^j} + \delta\frac{\partial V_\theta(S_{t+1})}{\partial S_{t+1}} \cdot \alpha^j\right)$, but consumers choose consumption to set $p_t^j = \left(\frac{\partial u_\theta(\boldsymbol{q}_{\theta t};S_t)}{\partial q_t^j} + \delta\frac{\partial V_\theta(S_{t+1})}{\partial S_{t+1}} \cdot \tilde{\alpha}_\theta^j\right)$, so

$$\gamma_\theta^j = \delta\frac{\partial V\left(S_{t+1}\right)}{\partial S_{t+1}} \cdot \left(\tilde{\alpha}_\theta^j - \alpha^j\right). \tag{7}$$

Externalities and social welfare. Consumers impose linear externalities $\boldsymbol{\phi}_\theta = \{\phi_\theta^c, \phi_\theta^e\}$ on the government budget, for example due to increased costs of government-sponsored health care or

[10]Since true utility from Equation (1) uses exponential discounting, this example invokes the long-run criterion, which is not uncontroversial (Bernheim and Rangel 2009; Bernheim and Taubinsky 2018).

reduced social security payments due to early death. The results would be the same if some or all of the externality entered other consumers' utility directly, for example due to second-hand smoke. We define $\boldsymbol{\phi}_\theta > 0$ as a negative externality and $\boldsymbol{\phi}_\theta < 0$ as a positive externality. For simplicity, we assume that the externality is imposed in the period when consumption occurs.

Social welfare from period 0 as a function of taxes $\boldsymbol{\tau}$ is

$$W(\boldsymbol{\tau}) = \sum_\theta s_\theta U_\theta, \tag{8}$$

and the government's balanced budget constraint requires $T_t = \sum_\theta (\boldsymbol{\tau} - \boldsymbol{\phi}_\theta) \cdot \boldsymbol{q}_{\theta t}$ for all t.

1.2 Optimal Taxes

Define the "marginal distortion" φ_θ^j as the sum of the marginal bias and marginal externality for consumer type θ:

$$\varphi_\theta^j(\boldsymbol{p}, S_t) := \gamma_\theta^j(\boldsymbol{p}, S_t) + \phi_\theta^j. \tag{9}$$

$\varphi_\theta^j(\boldsymbol{p}, S_t)$ will be a key statistic determining welfare and the optimal tax. This highlights that externalities and internalities enter our model in the same way: they both reflect a difference (in units of dollars) between consumers' perceived marginal utility (revealed by the demand curve) and marginal social welfare.

Appendix A derives optimal taxes by maximizing Equation (8) subject to the balanced budget constraint and consumer decision-making.

Proposition 1. *The optimal taxes satisfy*

$$\tau^{j*} = \underbrace{\frac{\sum_{\theta,t} \delta^t s_\theta \frac{dq_{\theta t}^j}{dp^j} \varphi_\theta^j(\boldsymbol{p}, S_t)}{\sum_{\theta,t} \delta^t s_\theta \frac{dq_{\theta t}^j}{dp^j}}}_{\textit{average marginal distortion}} + \underbrace{\frac{\sum_{\theta,t} \delta^t s_\theta \frac{dq_{\theta t}^{-j}}{dp^j} \left(\varphi_\theta^{-j}(\boldsymbol{p}, S_t) - \tau_t^{-j}\right)}{\sum_{\theta,t} \delta^t s_\theta \frac{dq_{\theta t}^j}{dp^j}}}_{\textit{substitution distortion}}. \tag{10}$$

The first term is the average marginal distortion, familiar from Diamond (1973): the average distortion across types, weighted by each type's own-price response. The optimal tax is larger if the average distortion is larger or if distortions are larger for types who are more responsive to the tax. The second term is a substitution distortion, familiar from Allcott, Lockwood and Taubinsky (2019) and others: the average *uninternalized* distortion from the substitute good, weighted by each type's cross-price response. The optimal tax is larger if a substitute good has a beneficial uninternalized distortion or if a complementary good has a harmful uninternalized distortion.

The demand response $\frac{dq^k_{\theta t}}{dp^j}$ is a total derivative, reflecting changes in period t consumption caused by changes in prices in all periods, including the effects of habit formation. Both $\frac{dq^k_{\theta t}}{dp^j}$ and the marginal distortion $\varphi^j_\theta(\boldsymbol{p}, S_t)$ can vary over time and are affected by changes in tax-inclusive prices and consumption capital stock.

This simple extension of standard formulas has interesting implications in our application. First, the optimal cigarette tax may have changed with the introduction of e-cigarettes. For example, vaping is particularly popular among youth, and youth may have higher marginal internalities and externalities. If there are now fewer youth smokers marginal to the e-cigarette tax, this would decrease the average marginal distortion and thus decrease the optimal cigarette tax. As another example, many states have not yet implemented e-cigarette taxes because vaping is so new. If the average e-cigarette tax is lower than the average marginal distortion and e-cigarettes are substitutes (or complements) for cigarettes, then the substitution distortion from e-cigarettes is negative (positive) and τ^{c*} would decrease (increase). As a final example, e-cigarettes could reduce the health harms from cigarette addiction if addicted cigarette smokers can transition to vaping. With present focus or projection bias, this reduction in the harms from addiction could imply lower bias $\varphi^j_\theta(\boldsymbol{p}, S_t)$ and thus a lower optimal tax τ^{c*}.

A second implication is that the optimal e-cigarette tax could plausibly be negative, i.e. a subsidy, if the substitution distortion from cigarettes is relatively large and negative. This could arise if e-cigarettes are not very harmful (φ^e_θ is small or negative), baseline cigarette taxes are "too low" ($\varphi^c_\theta - \tilde{\tau}^c > 0$), and e-cigarettes are substitutes for cigarettes ($\frac{dq^c_\theta}{dp^e} > 0$).

1.3 Welfare Effect of an E-Cigarette Ban

We model an e-cigarette ban as an increase in the e-cigarette tax from current level $\tilde{\tau}^e$ to ∞ for all periods beginning with period 0. The welfare effect of a ban is thus

$$\Delta W := \int_{\tilde{\tau}^e}^{\infty} \frac{\partial W(\boldsymbol{\tau})}{\partial \tau^e} d\tau^e. \tag{11}$$

If the cigarette and e-cigarette taxes are currently set optimally, then raising τ^e to ∞ by construction reduces welfare in our model. However, a ban may be preferred to taxation for unmodeled reasons such as tax evasion or political constraints on tax rates. We thus allow status quo taxes $\tilde{\boldsymbol{\tau}}$ to take any value, not necessarily the optimal rates. Furthermore, bias and externalities (and thus optimal tax rates) may vary across types (e.g. youth versus adults), and it may be administratively easier to implement a type-specific ban (e.g. a ban on sales to youth) than to implement type-specific taxes. We thus consider type-specific bans in the welfare analysis in Section 7.

Define $\Delta q^j_{\theta t} := q^j_{\theta t}(\tilde{\tau}^c, \tau^e = \infty) - q^j_{\theta t}(\tilde{\boldsymbol{\tau}})$ as the change in period t consumption of good j from a permanent e-cigarette ban. For e-cigarettes, this is simply period t consumption: $\Delta q^e_{\theta t} = -q^e_{\theta t}(\tilde{\boldsymbol{p}}) <$

0. Further define

$$\overline{\varphi}_\theta^j(\boldsymbol{p}, S_t) := \frac{\int_{\tilde{\tau}^e}^{\infty} \varphi_\theta^j(\boldsymbol{p}, S_t) \frac{dq_{\theta t}^j}{d\tau^e} d\tau^e}{\Delta q_{\theta t}^j}. \tag{12}$$

This is the average distortion over the consumption of good j that is marginal to the e-cigarette ban. Appendix A shows that substituting these into the integral from Equation (11) gives the welfare effect of a ban.

Proposition 2. *The welfare effect of a ban relative to status quo taxes $\tilde{\boldsymbol{\tau}}$ is*

$$\Delta W = \sum_{\theta,t} \delta^t s_\theta \left[\underbrace{-\int_{\tilde{\tau}^e}^{\infty} q_{\theta t}^e d\tau^e}_{\textit{perceived CS change}} \underbrace{- \sum_j \Delta q_{\theta t}^j \left(\overline{\varphi}_\theta^j(\boldsymbol{p}, S_t) - \tilde{\tau}^j \right)}_{\textit{uninternalized distortion change}} \right]. \tag{13}$$

The first term in Equation (13) is the loss in perceived consumer surplus as traced out by the market demand curve. For standard optimizing consumers, the word "perceived" is unnecessary. We add the word "perceived" to emphasize that with non-optimizing consumers, this term is not the actual change in U_θ that results from the price decrease. The second term captures the change in uninternalized negative distortions from both cigarettes and e-cigarettes. Separating the two terms in this way foreshadows that one can calculate ΔW by estimating perceived consumer surplus with standard demand estimation techniques and then separately quantifying the internalities and externalities in $\overline{\varphi}_\theta^j$.

The period-specific welfare effects of a permanent ban will change over time as the initial stock of consumption capital $S_{t=0}$ depreciates. For example, reduced S_t in later periods could decrease $q_{\theta t}^e$ and make demand more elastic, thereby reducing the perceived consumer surplus loss.

If $\Delta q_{\theta t}^c \left(\overline{\varphi}_{\theta t}^c - \tilde{\tau}^c \right) = 0$, which holds if e-cigarettes and cigarettes are neither complements nor substitutes or if the status quo cigarette tax exactly internalizes the average distortion marginal to the ban, then the e-cigarette market can be considered in isolation. Otherwise, an e-cigarette ban affects uninternalized distortions in the cigarette market. This effect increases ΔW if $\Delta q_{\theta t}^c \left(\overline{\varphi}_{\theta t}^c - \tilde{\tau}^c \right) < 0$, which holds if the two products are substitutes ($\Delta q_{\theta t}^c > 0$) and the current cigarette tax is "too high" ($\overline{\varphi}_{\theta t}^c - \tilde{\tau}^c < 0$) or if the two products are complements and the cigarette tax is "too low." In theory, the reduced uninternalized distortions from cigarettes could justify an e-cigarette ban even if e-cigarettes have no uninternalized distortions. This is analogous to arguments for banning drugs like marijuana on the grounds that they are not particularly harmful on their own but could be gateways to more harmful drugs.

1.4 Empirical Implementation

Appendix A shows that Equations (10) and (13) can be simplified for empirical implementation under additional assumptions. We define $\eta^j = \frac{dq^j_{\theta t}/dp^j}{q^j_{\theta t}/p^j}$ as the own-price elasticity and $\sigma^j_{\theta t} := \frac{dq^{-j}_{\theta t}/dp^j}{dq^j_{\theta t}/dp^j}$ as a substitution parameter representing the ratio of demand responses to a permanent price change. We further define $\varphi^j_\theta = \mathbb{E}_t\left[\varphi^j_\theta(\boldsymbol{p}, S_t)|\theta\right]$, $\sigma^j_\theta := \mathbb{E}_t\left[\sigma^j_{\theta t}|\theta\right]$, and $q^j_\theta := \mathbb{E}_t\left[q^j_{\theta t}|\theta\right]$ as expectations over time. σ^e_θ captures the net long-run substitutability between e-cigarettes and cigarettes. When we use η and σ without superscripts in the rest of the paper, we are referring to the e-cigarette parameters ($j = e$).

To empirically quantify the optimal tax, we impose two assumptions. First, we assume that the price elasticity η^j is homogeneous and time-invariant, because the Nielsen RMS data do not allow us to separately estimate elasticities by consumer type. Second, we assume pairwise zero covariance between the marginal distortion $\varphi^j_\theta(\boldsymbol{p}, S_t)$, substitution $\sigma^j_{\theta t}$, consumption $q^j_{\theta t}$, and time t for each type. While this assumes away potentially interesting dynamics, we are not able to credibly estimate how any of these parameters covary or would change over time in response to a tax or ban.

Assumption 1. *$\eta^j_{\theta t} = \eta^j$, for all (θ, t).*

Assumption 2. *$\varphi^j_\theta(\boldsymbol{p}, S_t)$, $\sigma^j_{\theta t}$, $q^j_{\theta t}$, and t have pairwise zero covariance conditional on θ.*

Corollary 1. *Under Assumptions 1 and 2, the optimal taxes satisfy*

$$\tau^{j*} = \frac{\sum_\theta s_\theta q^j_\theta \left[\varphi^j_\theta + \sigma_\theta\left(\varphi^{-j}_\theta - \tau^{-j}\right)\right]}{\sum_\theta s_\theta q^j_\theta}, \tag{14}$$

The first term inside the brackets is the marginal distortion, and the second term is the uninternalized substitution distortion from the other good.

To empirically quantify the welfare effect of an e-cigarette ban, we write the expected cigarette consumption change as $\Delta q^c_\theta = -\sigma_\theta q^e_\theta(\tilde{\boldsymbol{p}})$. To estimate perceived consumer surplus change, some assumption is required because observed market prices do not rise high enough to identify the demand function at high prices. This identification problem and the use of functional form assumptions such as linear or logit demand are common in related literature (Hausman 1996; Petrin 2002). We assume that each type's perceived consumer surplus change equals the area under a linear demand curve drawn tangent to their demand function at current prices, which is the triangle $\Delta q^e_\theta \frac{\tilde{p}^e}{-2\eta} < 0$.

Assumption 3. *$-\int_{\tilde{\tau}^e}^{\infty} q^e_\theta d\tau^e = \Delta q^e_\theta \frac{\tilde{p}^e}{-2\eta}$.*

Corollary 2. *Under Assumptions 2 and 3, the welfare effect of an e-cigarette ban relative to status quo taxes $\tilde{\boldsymbol{\tau}}$ in the average period is*

$$\Delta\overline{W} = \sum_{\theta} s_{\theta} \left[\underbrace{\Delta q^e_{\theta} \frac{\tilde{p}^e}{-2\eta}}_{\textit{perceived CS change}} - \underbrace{\sum_j \Delta q^j_{\theta} \left(\varphi^j_{\theta} - \tilde{\tau}^j \right)}_{\textit{uninternalized distortion change}} \right]. \tag{15}$$

In the rest of the paper, we estimate τ^{e*} and $\Delta\overline{W}$ using these formulas.

2 Data

2.1 Nielsen Scanner Data

For our price elasticity estimates in Section 4, we use scanner data from Nielsen's Retail Measurement Services (RMS). The data include weekly prices and sales volumes by UPC at approximately 27,000 stores in the contiguous U.S. from 96 retail chains. RMS includes e-cigarette products beginning in 2013, and 2017 is the most recent year currently available. See Appendix B for RMS data construction details.

RMS includes 53, 32, 55, and 2 percent of total sales in the grocery, mass merchandiser, drug, and convenience store channels, respectively. In addition to its very limited coverage of convenience stores, RMS has no coverage of vape shops or online channels where many e-cigarette products are sold. In 2017, RMS stores sold \$114 million in e-cigarette products, out of the \$4.6 billion sold nationwide as shown in Figure 1. This 2.5 percent coverage rate is an important limitation of the data.[11]

We collected data on the volume of each UPC (in milliliters of e-liquid) from online databases, manufacturer websites, store visits, and from a database kindly shared by the authors of Cotti et al. (2020).

As shown in Appendix Table A1, 11 states, counties, or cities in the contiguous U.S. initiated or changed e-cigarette taxes between 2013 and 2017. We use these tax changes for identification. For our empirical analysis, we define 51 geographic "clusters": the two counties (Montgomery County, Maryland and Cook County, Illinois) that have county-level e-cigarette taxes, the contiguous 48 states (where Maryland and Illinois exclude Montgomery County and Cook County), and Washington, D.C.[12] We collapse the UPC-store-week RMS data to the level of UPC-cluster-month, calculating total units sold and quantity-weighted average price.

[11] Although the household-level Nielsen Homescan data could also be useful in exploring heterogeneity and measuring additional purchases outside of RMS stores, Homescan's effective sample size is much smaller: Homescan, with 60,000 households, covers about 0.05 percent of the U.S., against the 2.5 percent in RMS.

[12] The city of Chicago also has an e-cigarette tax; we add this to the Cook County tax because the RMS store data include identifiers for county but not city.

2.2 Smoking and Vaping Sample Surveys

For our substitution estimates in Section 5, we use all major annual surveys that have recorded information on vaping and/or smoking for adults and/or youth in the U.S. since 2004: the Behavioral Risk Factor Surveillance System (BRFSS), the National Health Interview Survey (NHIS), the National Survey of Drug Use and Health (NSDUH), Monitoring the Future (MTF), and the National Youth Tobacco Survey (NYTS). Table 1 presents information on each dataset. We have 7.4 million observations across the five datasets in total, or about 500,000 per year. All estimates in the paper are weighted for national representativeness for adults (people aged 18 or older) and youth (people in grades 6-12).

Appendix B details how we construct consistent smoking and vaping variables. We construct smoking in units of packs of cigarettes smoked per day and vaping in units of share of days vaped. In all datasets other than BRFSS, we can directly estimate the number of packs per day smoked. BRFSS only records whether someone smokes or vapes "every day," "some days," or "not at all," but we use conditional means from the other adult datasets to impute packs per day smoked and share of days vaped. The datasets do not include the quantity of e-liquid used or the nicotine content of cigarettes or e-liquid.

Demographic variables are central to our analysis. From the possible set of standard demographics (age, race/ethnicity, etc.), we include a demographic variable only if it is observed consistently across all datasets. We denote the vector of demographic group indicators for person i as $\boldsymbol{G}_i$. For adults, $\boldsymbol{G}_i$ includes race/ethnicity (Asian, Black, other/missing, Hispanic, white), sex (male/female), educational attainment (high school, less than high school, some college, college graduate), income quintiles, and age groups (18–24, 25–29, 30–49, 50–64, and 65+). For youth, $\boldsymbol{G}_i$ includes race (Black, other/missing, Hispanic, white), sex, and each grade from 6–12.[13] We refer to demographic "cells" as the interactions of our demographic group indicators, e.g. "Asian women aged 18–24 who are college graduates and are in the lowest-income quintile." There are $5 \times 2 \times 4 \times 5 \times 5 = 1{,}000$ cells for adults and $4 \times 2 \times 7 = 56$ cells for youth.

In our regressions, we will include "dataset controls" to address two sampling issues. First, in 2011, BRFSS was updated to sample people using cell phones instead of only people with land lines (Pierannunzi et al. 2012). This causes an artificial change in smoking rates, and this change could differ across demographic groups. Second, the NYTS is collected in 2004, 2006, 2009, and annually since 2011, but not in 2005, 2007, 2008, or 2010.

[13] We are limited to four race/ethnicity groups in the youth dataset because Asian is not a separate category from other race in the public-use MTF.

2.3 E-cigarette User Survey

To estimate the average e-liquid price and quantity consumed per day, we ran a survey we call the E-cigarette User Survey in August 2019. The sample is an online panel of U.S. e-cigarette users provided by polling firm SurveyMonkey through their Audience Panel service. We asked whether people now use e-cigarettes every day, some days, or not at all, the number of days vaped out of the past 30, the milliliters of e-liquid consumed in the past 30 days, and the amount of money they spent to buy the e-liquid consumed in the past 30 days.[14] We have 147 valid responses. We weight the sample to be representative of U.S. adults who vaped in the past 30 days on income, gender, and vaping frequency.

We estimate that the average e-liquid price is $\tilde{p}^e \approx \$3.90$ per milliliter (ml). For comparison, the popular 0.7 milliliter Juul pods cost \$6.41/ml at average tax rates, while large 100 ml e-liquid bottles can be as cheap as \$0.50/ml. The average day of vaping involves $\Gamma \approx 0.58$ milliliters of e-liquid consumption, slightly less than one Juul pod. This is more than the unweighted average across vapers of consumption per day, because people who vape every day consume more e-liquid per day than people who vape on some days.

3 Smoking and Vaping Trends

Figure 1 presents trends in U.S. sales of cigarettes and e-cigarettes. Cigarette sales decreased by 40 percent (from 20 billion to 12 billion packs) from 2004 to 2018. While the first modern e-cigarettes became available in the late 2000s, sales were relatively low until about 2013. Sales grew continually from 2013 to 2017 and increased notably in 2018 with the introduction of the popular Juul e-cigarette.

Figure 2 presents trends in smoking and vaping recorded in the sample surveys. Self-reported adult smoking in Panel (a) declined by about 45 percent (from about 0.15 to 0.08 packs per adult per day) from 2004 to 2018. The 2011 jump in the BRFSS trend is due to the sampling frame change discussed earlier. Youth smoking in Panel (b) dropped by an even larger proportion, from about 0.035 to less than 0.01 packs per youth per day.

Prior work has established that the levels and trends line up imperfectly between these two figures. In Appendix B.2.8, we calculate that the sample survey data overstate e-cigarette sales and understate cigarette sales by an amount consistent with earlier estimates by Liber and Warner (2018). The 2004–2018 percent smoking reductions are fairly consistent between the two figures. Self-reported vaping grew much less quickly than the e-cigarette sales data, although the 2018 increase in self-reported youth vaping is consistent with the 2018 sales increase.

On the cigarette consumption figures, we add a vertical line to mark the time just before e-cigarette sales started to take off in 2013. The smoking declines in Figures 1 and 2 are close to

[14] The survey instrument can be accessed from https://www.surveymonkey.com/r/YRZSZZY.

linear, with no substantial changes as e-cigarettes became popular after 2013. Unless there was some countervailing force that would have changed cigarette consumption at the same time that vaping became popular, this suggests that e-cigarettes had little impact on overall cigarette consumption. Levy et al. (2019) make a similar point focusing on youth vaping.

To quantify this idea, recall the substitution parameter $\sigma_\theta = \mathbb{E}_t\left[dq^c_{\theta t}/dq^e_{\theta t}|\theta\right]$, in units of cigarette packs per day vaped. The introduction of e-cigarettes increases $q^e_{\theta t}$ from 0 to $q^e_{\theta t}(\tilde{\boldsymbol{p}})$, which in turn changes cigarette consumption by $\sigma_\theta q^e_{\theta t}(\tilde{\boldsymbol{p}})$. In the sample survey data, the average day of smoking by an adult (youth) involves 0.5 (0.15) packs smoked. Thus, $\sigma_\theta \approx -0.5$ ($\sigma_\theta \approx -0.15$) implies that the average smoking day and the average vaping day are perfect substitutes for adults (youth), and $\sigma_\theta \approx 0.5$ ($\sigma_\theta \approx 0.15$) implies that they are perfect complements for adults (youth).

An average vaping day costs 0.58ml $\times$ \$3.90/ml $\approx$ \$2.26 of e-liquid, so if the \$6.9 billion in 2018 e-cigarette sales were all for e-liquid, this would be equivalent to 3.05 billion average vaping days. At 0.5 cigarette packs per average smoking day, 3.05 billion average smoking days would equal about 1.5 billion packs. Thus, if the average vaping and average smoking days were perfect complements (substitutes) over a several-year horizon, cigarette sales would have increased (decreased) by 1.5 billion packs per year by 2018 relative to a counterfactual without e-cigarettes. Since the sales decline on Figure 1 is close to linear over 2004–2018, daily vaping and daily smoking could therefore only be perfect complements or perfect substitutes if the counterfactual sales trend would have been noticeably different from its long-standing historical pattern.

We can do a similar exercise for the sample survey data in Figure 2. In each panel, the left and right y-axes have the same scales. Panel (a) shows that adults vaped on share 0.025 of days in 2018. Thus, if $\sigma_\theta = 0.5$ (or $\sigma_\theta = -0.5$) over several years, adult cigarette consumption would have increased (or decreased) by about 0.0125 packs per day relative to counterfactual. Since the adult cigarette consumption decline on Panel (a) is close to linear over 2004–2018, σ must be relatively close to zero unless the counterfactual smoking trend would have changed noticeably after 2013. This visual argument is particularly clear for youth, who vape on share 0.05 to 0.08 of days in 2018 but have a steady linear decline in cigarette consumption to less than 0.01 packs per day by 2018.

Of course, this visual argument relies on strong assumptions about counterfactual trends and cannot easily rule out values of σ closer to 0. We build on this intuition for a more precise estimate of σ in Section 5.

4 Price Elasticity

4.1 Empirical Strategy

In this section, we use tax changes to estimate the own price elasticity η and the substitution parameter σ_θ using Nielsen RMS data. We index UPCs by k, geographic clusters by s, and months by t. Let q^e_{kst}, $\tilde{p}^e_{kst}$, and $\tilde{\tau}^e_{kst}$ denote quantity sold, sales-weighted average tax-inclusive price, and the ad-valorem tax rate, respectively, for e-cigarette UPCs. Let $\tilde{p}^c_{st}$ and $\tilde{\tau}^c_{st}$ denote the sales-weighted average tax inclusive price and average tax rate as a percentage of tax-exclusive price, respectively, for cigarettes in a given state and month.[15] Let $\boldsymbol{X}_{st}$ denote a cluster-specific linear time trend and an additional vector of controls for potential confounders that might be correlated with both taxes and consumption: the state unemployment rate and beer tax rate as well as indicators for whether the state has an indoor vaping ban, has a medical marijuana law, has passed or implemented a prescription drug program, and implemented the Medicaid expansion.

Let E_{0st} be an indicator variable that takes value 1 if month t is 0–2 months after an e-cigarette tax change in cluster s, and define the vector $\boldsymbol{Q}_{kst} = [E_{0st}, E_{0st}\ln(\tau^e_{kst}+1)]$. The event study figure presented below suggest that prices and sales are slow to adjust in the first quarter after a tax change; controlling for $\boldsymbol{Q}_{kst}$ identifies the elasticity η beginning in the second quarter. Finally, let ν_{kt}, μ_{ks}, and $\xi_{d(s)t}$, respectively denote UPC-month, UPC-cluster, and census division-month fixed effects.

Our primary specification is

$$\ln(q^e_{kst}) = \eta\ln(\tilde{p}^e_{kst}) + \chi^e\ln(\tilde{p}^c_{st}) + \boldsymbol{\beta}\boldsymbol{X}_{st} + \boldsymbol{\kappa}\boldsymbol{Q}_{kst} + \nu_{kt} + \mu_{ks} + \xi_{d(s)t} + \varepsilon_{kst}, \tag{16}$$

where we instrument for $\ln(\tilde{p}^e_{kst})$ and $\ln(\tilde{p}^c_{st})$ with $\ln(\tilde{\tau}^e_{kst}+1)$ and $\ln(\tilde{\tau}^c_{st}+1)$. The coefficient η is our estimate of the own-price elasticity of demand for e-cigarettes. The coefficient χ^e is the elasticity of substitution, which we transform into σ_θ below.

We keep the estimates at the UPC level instead of aggregating for two reasons. First, unlike cigarettes, there is no individual unit that is natural to aggregate across UPCs: vapor products are primarily e-liquid refills but also include e-cigarette base units and starter kits with both base units and e-liquid. Second, the price variation across UPCs provides additional identifying variation. To estimate the aggregate elasticity of demand for e-cigarettes using UPC-level data while accounting for the possibility that elasticities might vary by UPC, we would like to weight observations by sales. To avoid mechanical biases arising from the effect of taxes on sales, we weight each UPC-cluster-month observation by the UPC's sales in non-taxed clusters in that calendar year, normalized by total sales across all UPCs in non-taxed clusters in that year. We cluster standard errors by geographic cluster.

We also present event study figures to test for any trends before tax changes and examine how the tax effects vary over time. In four geographic clusters, e-cigarette tax rates change twice during the sample period. We index tax change events within a cluster by $v \in \{1, 2\}$, and we define $\mathcal{V}_s$ as the set of changes within cluster s. We define $\Delta\ln(\tilde{\tau}_{ksv}+1)$ as the change in the log e-cigarette tax variable that occurs for UPC k in cluster s in event v. Let E_{qst} represent an indicator variable

[15] Some e-cigarette taxes are "specific" taxes per milliliter of e-liquid, and all cigarette taxes are specific taxes per pack. We transform these tax rates to the implied ad-valorem rate using the UPC's size and price. See Appendix B for details.

that takes value 1 if month t is q quarters after an e-cigarette tax change in cluster s, with E_{0st} as defined above.[16] We then estimate a multiple event study specification (Sandler and Sandler 2014):

$$y_{kst} = \sum_{v \in \mathcal{V}_s} \sum_{q \in \mathcal{Q}} \eta_q E_{qst} \Delta \ln(\tilde{\tau}_{ksv} + 1) + \chi^e \ln(\tilde{\tau}^c_{st} + 1) + \boldsymbol{\beta} \boldsymbol{X}_{st} + \nu_{kt} + \mu_{ks} + \xi_{d(s)t} + \varepsilon_{kst}, \tag{17}$$

for $y_{kst} \in \{\ln(q_{kst}), \ln \tilde{p}_{kst}\}$. Since we have μ_{ks} fixed effects and $\Delta \ln(\tilde{\tau}_{ksv} + 1)$ is constant within ks for each tax change event, we let $\mathcal{Q}$ be a mutually exclusive and exhaustive set of event time indicators excluding -1 (the quarter before the tax change) to avoid collinearity.

This empirical strategy has several limitations. First, as we have discussed, RMS covers only 2.5 percent of national e-cigarette sales. The demand elasticity estimated in RMS might differ from the true nationwide demand elasticity if RMS stores serve a non-representative set of e-cigarette consumers or if consumers substitute toward or away from RMS stores in response to a tax. For example, consumers might substitute purchases to retailers in other states or to illegal retailers that evade taxes. Second, while we observe sales for up to several years after a tax change, our estimates may still not reflect the full long-run price elasticity if habit formation takes longer to manifest. Third, we must assume that no other factors affected e-cigarette demand at the same time as the tax changes. Rees-Jones and Rozema (2020) show that local media coverage of cigarettes increases as cigarette taxes are debated and implemented, and such forces could also change e-cigarette demand as e-cigarette taxes are implemented.

4.2 Event Study Figures

Panels (a) and (b) of Figure 3 presents estimates of Equation (17) with $\ln \tilde{p}^e_{kst}$ and $\ln(q^e_{kst})$ as the dependent variables. Panel (a) shows that we have a strong first stage: in the six quarters after a tax change, retail prices rise by 0.5–0.8 log points, suggesting substantial but not full pass-through of the tax. Panel (b) presents the reduced form: in the six quarters after a tax change, quantities decline by 0.7–1.2 log points. We can divide these first stage and reduced form coefficients for an approximate IV estimate of $\eta \approx -1.5$, although this approximation to a Wald estimator only holds if the other endogenous variable (cigarette price) has no effect on e-cigarette price or demand. There is no trend in either prices or quantities in the six quarters before the tax change. Appendix Figure A2 shows that we get very similar point estimates and more precise standard errors when we exclude the cluster-specific linear time trends.

[16] Specifically, $E_{1st} = 1$ if month t is 3–5 months after a tax change, $E_{2st} = -1$ if month t is 1–3 months before a tax change, etc.

4.3 Parameter Estimates

Table 2 presents estimates of Equation (16). Panel (a) presents the first stages and reduced form. Columns 1 and 2 show that a tax on one good strongly predicts that good's price while having a much more limited relationship to the other good's price. Column 3 shows that e-cigarette taxes reduce e-cigarette demand, while cigarette taxes have a positive but insignificant coefficient.

Panel (b) presents the instrumental variables estimates of η and χ^e. Our primary estimate in column 1 suggests that e-cigarette demand is more than unit elastic, with $\hat{\eta} \approx -1.32$. Columns 2–4 progressively add fixed effects; after the UPC-cluster effects, the additional fixed effects make little difference. Column 5 presents the primary estimates without the cluster-specific linear time trend; this reduces the estimate to $\hat{\eta} \approx -1.13$. Column 6 shows that the additional controls in $\boldsymbol{X}_{st}$ make little difference. Column 7 presents estimates in a "quasi-panel" in which we add zero-sales observations for all UPCs that had non-zero sales in cluster s in any prior month, but the panel begins with the first month in which we observe any sales in that UPC-cluster. To implement this, we change the dependent variable to $\ln(q^e_{kst} + 1)$ and impute price $\tilde{p}^e_{kst}$ from the last month a sale was observed in that cluster. This also does not substantially change the estimates.

In column 1, the point estimate of the substitution elasticity is $\hat{\chi}^e \approx 0.21$, with standard error of 0.46. In the other columns, $\hat{\chi}^e$ is more positive but well inside the percent confidence interval of the column 1 estimate. Column 5 shows that excluding the cluster-specific linear time trends gives $\hat{\chi}^e \approx 0.82$, with a standard error of 0.38. Appendix Table A2 presents symmetric estimates of cigarette demand on cigarette and e-cigarette prices (instrumented by taxes), using an equation analogous to Equation (16). The resulting substitution parameter is $\chi^c \approx -0.08$, with a standard error of 0.29. Excluding the cluster-specific linear time controls gives $\hat{\chi}^c \approx 0.75$, with a standard error of 0.26. Appendix Figure A3 shows that without these linear time controls, there is an upward trend in cigarette purchases in the six quarters before the e-cigarette tax change. If that upward trend would have continued after the tax change, this would produce an upward-biased estimate of the cross-price elasticity χ^c. This is why we include the cluster-specific linear time controls in our primary specification.[17]

Appendix Tables A3 and A4 present additional robustness checks.[18] The price elasticity estimates do not change substantially if we limit the identification of η to the 18-month window around the tax change, exclude e-cigarette UPCs with imputed volumes, or include only clusters

[17]Using analogous regressions in the RMS data, Cotti et al. (2020) estimate an e-cigarette own-price elasticity of -1.3, closely in line with our estimates. They do not include linear time trends in any specification, and their cross-price elasticity estimates (χ^e and χ^c) of 1.4 and 0.8 are comparable to our estimates when we exclude cluster-specific linear time trends.

[18]In Appendix Tables A2 and A4, our estimates of the cigarette own-price elasticity are higher than most previous estimates, but Cotti et al. (2020) estimate a similar elasticity using analogous regressions in the RMS data, our primary estimates are within a standard deviation of the mean estimate in the meta-analysis by Gallet and List (2003), and we cannot reject the midpoint of the "consensus" range of -0.4 to -0.7 reported in Chaloupka and Warner (2000). In any event, the cigarette price elasticity is not relevant for any analysis in our paper.

with ad-valorem taxes, excluding clusters with specific taxes. When we exclude the controls $\boldsymbol{Q}_{kst}$ and thereby also identify off of the effects in the quarter beginning with the tax change, the e-cigarette $\hat{\eta}$ estimate moves slightly toward zero. This is consistent with the small quantity effect in quarter $q = 0$ shown in Panel (b) of Figure 3. Finally, the estimates are similar when we do not weight observations instead of weighting by sales.

We can use the cross-price elasticities to estimate the average substitution parameter σ. Beginning with χ^e from Table 2 and using Slutsky symmetry and quasi-linear demand, we have a population average substitution parameter

$$\sigma = \frac{\partial q_\theta^c / \partial p^e}{\partial q_\theta^e / \partial p^e} = \frac{\partial q_\theta^e / \partial p^c}{\partial q_\theta^e / \partial p^e} = \frac{\chi^e}{\eta} \frac{\tilde{p}^e \Gamma}{\tilde{p}^c}, \tag{18}$$

where Γ converts $\tilde{p}^e$ to units of dollars per day vaped, giving σ in the desired units of packs of cigarettes per day vaped. This gives $\hat{\sigma} \approx -0.053$ (standard error ≈ 0.106), consistent with mild substitutability. Similarly, beginning with χ^c from Appendix Table A2, we have

$$\sigma_\theta = \frac{\partial q_\theta^c / \partial p^e}{\partial q_\theta^e / \partial p^e} = \frac{\chi^c}{\eta} \frac{q_\theta^c}{q_\theta^e}. \tag{19}$$

Using q_θ^c and q_θ^e from the sample survey data displayed in Figure 2, this gives $\hat{\sigma}_{\text{youth}} \approx 0.008$ (SE ≈ 0.027) and $\hat{\sigma}_{\text{adult}} \approx 0.214$ (SE ≈ 0.746). Combining these two estimates using a minimum distance estimator gives $\hat{\sigma}_{\text{youth}} \approx 0.0038$ (almost exactly zero, with SE ≈ 0.0258) and $\hat{\sigma}_{\text{adult}} \approx -0.048$ (SE ≈ 0.105). See Appendix D.1 for additional details.

These substitution parameter estimates are credible because they are identified from plausibly exogenous tax changes in administrative data. However, we have seen that the point estimates are somewhat imprecise, and we are not able to estimate separate substitution elasticities for youth versus adults. An additional alternative approach to estimating the substitution parameter σ_θ would therefore be valuable.

5 Substitution Between Cigarettes and E-cigarettes

5.1 Graphical Illustrations

In this section, we extend the graphical analysis of cigarette smoking trends from Section 3 into a formal empirical strategy for estimating the substitution parameter σ. While Section 3 considered aggregate nationwide data, we now exploit the fact that e-cigarette demand varies substantially across demographic groups.

To demonstrate this demand variation, we regress e-cigarette use on a vector demographic group indicators $\boldsymbol{G}_i$ using the following equation:

$$q^e_{it} = \boldsymbol{\kappa}\boldsymbol{G}_i + \xi^e_{it}, \tag{20}$$

where i indexes individuals in the sample surveys and t indexes years. Figure 4 presents results for adults and youth. White people (the omitted race category), men, non-college graduates, lower-income people, and younger adults (but older youth) have higher e-cigarette demand.[19]

What explains this variation? Academic papers (Hartwell et al. 2017; Pepper et al. 2014; Perikleous et al. 2018) and industry sources (Bour 2019) discuss early adopters of e-cigarettes and often draw analogies to early adopters of other technologies. To explore this, Appendix Figure A5 presents estimates of Equation (20) for social media use in 2008 and internet use in 2000. As with e-cigarettes, men and younger adults were more likely to adopt these other new technologies. One difference is that people with less formal education are conditionally more likely to vape, whereas they were conditionally less likely to be early adopters of social media and the internet.

Figure 5 presents smoking and vaping trends for people with above- versus below-median predicted vaping $\hat{\boldsymbol{\kappa}}\boldsymbol{G}_i$. Cigarette use is residual of dataset controls that address the 2011 BRFSS sampling frame change and rescale cigarette use to levels in the NSDUH. As in Figure 2, the right and left panels are on the same scales. The figures show that high-vaping demographics are also high-smoking demographics, and the high-smoking demographics are reducing smoking faster than low-smoking demographics. For both high- and low-vaping demographics, smoking is decreasing at a very steady annual rate beginning in 2004.

The vertical red line before 2013 again marks the time when e-cigarette sales start to take off. Recall that in the sample survey data, the average day of smoking by an adult (youth) involves 0.5 (0.15) packs smoked. If an average day of vaping were a perfect complement (or perfect substitute) for an average day of smoking, one would expect that the relative cigarette consumption of high-vaping demographics would start to increase (or decrease) after 2013. In reality, is difficult to visually detect any change in the annual smoking decreases as e-cigarettes become popular.

Figure 6 continues this logic by presenting the difference in cigarette use between the same high- and low-vaping demographics. The dashed line is a time trend fitted only on pre-2013 data, while the solid line is a time trend fitted only on post-2013 data. The top (bottom) of the shaded area at the right of the figure presents the predicted difference in smoking if $\sigma_\theta = 1$ ($\sigma_\theta = -1$), i.e. if daily vaping were a perfect complement (perfect substitute) for smoking one pack per day.[20] For adults, the actual smoking difference is slightly below the pre-2013 prediction until 2018, but much closer

[19] Appendix Figure A4 shows that these patterns are similar across the multiple datasets that record vaping, although the estimated coefficients vary slightly.

[20] To construct the perfect complement (substitute) predictions, we predict smoking using the pre-2013 time trend and then add (subtract) average vaping in the years when it is observed. Specifically, define $\hat{q}^c_{Ht}$ and $\hat{q}^c_{Lt}$ as the predicted smoking rates for people in high- and low-vaping demographics, and define q^e_{Ht} and q^e_{Lt} as their actual vaping rates in year t. The perfect complement and substitute bounds for group $g \in \{H, L\}$ are $\hat{q}^c_{gt} \pm q^e_{gt}$. The bounds plotted on the figure are $(\hat{q}^c_{Ht} - \hat{q}^c_{Lt}) \pm (q^e_{Ht} - q^e_{Lt})$.

to zero than to the $\sigma_\theta = -1$ bound. This suggests limited complementarity or substitutability. For youth, the actual smoking difference is almost exactly the same as the pre-2013 prediction, suggesting close to zero complementarity or substitutability.

Appendix Figures A6–A9 present versions of Figure 5 for splits of each specific demographic group (sex, race, age/grade, education, and income). Appendix Figures A10–A13 present versions of Figure 6 for the most predictive split of each demographic group (e.g. whites versus non-whites, college versus non-college adults, etc.). These allow informal overidentification tests. The results are quite similar across all groups, suggesting limited complementarity or substitutability, with one exception: the adult income split suggests very strong complementarity, as there is little difference in vaping by income, and thus even small deviations from trends by income group are large when scaled by the small vaping difference. In econometric terms, this means that income is a relatively weak instrument. This will not drive the formal estimates below because other vaping predictors generate more variation in $\hat{q}^e_{it}$.

5.2 Empirical Strategy

To identify σ_θ, we estimate the extent to which the demographic differences in vaping affect cigarette consumption after e-cigarettes are introduced. Specifically, we regress cigarette consumption on e-cigarette consumption using two-stage least squares (2SLS), instrumenting for e-cigarette consumption with demographic-by-time predictors and controlling for linear time trends. Let ν_t denote year indicators, and let μ_{dgt} denote "dataset controls" to address the 2011 BRFSS sampling change and the fact that NYTS is not available in certain years.[21] The second stage regression is

$$q^c_{it} = \sigma \hat{q}^e_{it} + \boldsymbol{\lambda} \boldsymbol{G}_i + \boldsymbol{\omega}(t - 2004)\boldsymbol{G}_i + \nu_t + \mu_{dgt} + \varepsilon_{it}. \tag{21}$$

The inclusion of group-specific intercepts and time trends $\boldsymbol{G}_i$ and $(t-2004)\boldsymbol{G}_i$ mean that we identify σ_θ from changes in smoking conditional on those linear trends. However, because we now exploit demand variation across demographic groups, we can also include time dummies ν_t that soak up demand shifts that are common across groups in levels, although not in proportions.

The instruments for vaping q^e_{it}, denoted $\boldsymbol{Z}_{it}$, are $\boldsymbol{G}_i \cdot 1[t \geq 2013]$, $\boldsymbol{G}_i \cdot 1[t \geq 2013] \cdot (t - 2012)$, and $\boldsymbol{G}_i \cdot 1[t = 2018]$, where $1[\cdot]$ denotes the indicator function. The first two sets of instruments allow vaping to have different levels and trends by demographic group after vaping begins to grow in 2013. The third set is useful in fitting the 2018 increase in youth vaping seen in Figure 2.

The first stage is

[21] For adults and youth, $\boldsymbol{\nu}_{dgt}$ includes an indicator for each dataset (with NSDUH as the omitted dataset) interacted with the demographic indicators $\boldsymbol{G}_i$. For adults, $\boldsymbol{\nu}_{dgt}$ also includes a pre-2011 indicator and a pre-2011 BRFSS indicator, both interacted with $\boldsymbol{G}_i$. The $\boldsymbol{\nu}_{dgt}$ controls thereby address the variability introduced by BRFSS and NYTS sampling and rescale smoking to levels in the NSDUH.

$$\tilde{q}^e_{it} = \boldsymbol{\zeta}\mathbf{Z}_{it} + \boldsymbol{\lambda}^1\boldsymbol{G}_i + \boldsymbol{\omega}^1(t-2004)\boldsymbol{G}_i + \nu^1_t + \mu^1_{dgt} + \varepsilon_{it}, \tag{22}$$

where e-cigarette consumption $\tilde{q}^e_{it}$ is defined below, and we use "1" superscripts to indicate first-stage parameters.

We must modify the first stage for two reasons. First, q^e_{it} is not recorded in any dataset for the years between when e-cigarettes were introduced and 2014 (for youth) and 2016 (for adults). We denote this initial year with vaping data as $\underline{t}$. Second, q^e_{it} is not recorded at all in the NSDUH data, and it is missing for about ten percent of observations in dataset-years when it is supposed to be recorded.

To address the missing q^e_{it} for early years, we impute the averages by demographic group assuming linear growth from zero in 2012 to the level in year $\underline{t}$. This assumption is motivated by the sales trends from Figure 1, which showed limited vaping until 2013 and roughly linear growth for the several years after that. We predict vaping by demographic group by estimating Equation (20) with data from year $\underline{t}$, giving demographic coefficients $\hat{\boldsymbol{\kappa}}_{\underline{t}}$, and then construct observed or imputed vaping as follows:

$$\tilde{q}^e_{it} = \left\{ \begin{array}{cc} q^e_{it}, & t \geq \underline{t} \\ \hat{\boldsymbol{\kappa}}_{\underline{t}}\boldsymbol{G}_i \cdot \frac{t-2012}{\underline{t}-2012}, & 2013 \leq t < \underline{t}-1 \\ 0, & t \leq 2012 \end{array} \right\}. \tag{23}$$

We carry out this imputation in all datasets other than NSDUH.

To address the missing vaping data in the NSDUH (for all years) and in other datasets (beginning in year $\underline{t}$), we use two-sample 2SLS. We estimate the first stage (Equation (22)) in all datasets other than NSDUH, construct the fitted values $\hat{q}^e_{it}$ for all observations, and run the second stage (Equation (21)) with all observations.[22] We bootstrap the entire procedure including imputation steps and draw bootstrap samples by demographic cell.

This approach is a cousin of the "shift-share" identification strategy popularized by Bartik (1991) and Blanchard and Katz (1992), and discussed in Goldsmith-Pinkham, Sorkin and Swift (2019): we primarily exploit cross-sectional variation in demand across demographic groups with the time-series growth of e-cigarette use. The exclusion restriction is that the instruments affected post-2013 smoking only through vaping—intuitively, that there would have been no changes in smoking trends for higher- versus lower-vaping demographics if e-cigarettes had not been introduced.

We provide two types of suggestive evidence in favor of the exclusion restriction. First, we present a set of informal overidentification tests using different demographic groups as instruments. If the estimates remain stable across different demographic groups, then any potential confounder must have affected all demographic groups. Second, we present graphical event studies that test

[22]We impute predicted values with dataset controls for the NSDUH by assuming that NSDUH is the average of NHIS and post-2011 BRFSS.

for trends in smoking in demographics with high versus low latent e-cigarette demand, *before* e-cigarettes were introduced. If there are no such trends, then any potential confounder must have arisen at the same time as e-cigarettes became popular.

The event study regression is analogous to our second stage (Equation (21)), except that ζ is allowed to vary by year:

$$q_{it}^{c} = \boldsymbol{\zeta}_t \left(\hat{\boldsymbol{\kappa}} \boldsymbol{G}_i \right) + \boldsymbol{\lambda} \boldsymbol{G}_i + \boldsymbol{\omega}(t - 2004) \boldsymbol{G}_i + \nu_t + \mu_{dgt} + \varepsilon_{it}, \tag{24}$$

where $\boldsymbol{\zeta}_t$ is a vector of time-varying coefficients and $\hat{\boldsymbol{\kappa}} \boldsymbol{G}_i$ is the fitted value from an estimate of Equation (20) using vaping in all years observed. Because we have demographic group intercepts and time trends and $\hat{\boldsymbol{\kappa}} \boldsymbol{G}_i$ varies only by demographic group, we must omit at least two years from the $\boldsymbol{\zeta}_t$ parameters. The more years we omit, the more precisely we can estimate the time trends $\boldsymbol{\omega}$. We estimate one indicator for the combined 2004–2010 period and one for each individual year after, omitting 2012, the year before vaping starts to become popular.

5.3 Event Study Figures

Figure 7 presents estimates of the $\boldsymbol{\zeta}_t$ parameters from Equation (24), the event study specification. For adults, the 2004–2010 and 2011 indicators are very close to the omitted year (2012), implying no differential smoking trends prior to e-cigarette introduction for demographic groups with higher versus lower e-cigarette demand. The estimates are not statistically distinguishable from zero in any year.

For youth, the 2004–2010 point estimate is below the omitted year, and the 2011 estimate is slightly above, although the latter difference is not statistically significant with 95 percent confidence. Consistent with Figure 6, the point estimates are very close to zero in the years after e-cigarettes are introduced.

5.4 Parameter Estimates

Figure 8 presents separate estimates of Equation (21) for adults and youth. The first row of each panel presents our preferred estimates. For adults (youth), the primary point estimates are $\hat{\sigma}_\theta \approx 0.03$ ($\hat{\sigma}_\theta \approx 0.01$). This implies that groups that are ten percentage points more likely to vape on a given day reduced smoking by 0.003 (0.001) packs per day relative to trend. Both adult and youth estimates are statistically indistinguishable from zero. We can rule out σ coefficients of less than -0.16 or more than 0.29 for adults (less than -0.03 or more than 0.06 for youth) with 95 percent confidence.

The subsequent rows in each panel present robustness checks. *Control for 2003 smoking* allows the smoking trends to differ for demographics with higher versus lower initial smoking rates, by including an additional control for the 2003 smoking rate in person i's demographic cell and the interaction of that variable with a linear time trend. *Vaping begins in 2012* modifies the construction of $\tilde{q}^e_{it}$ in Equation (23) to use 2012 instead of 2013 as the year when e-cigarettes first saw non-negligible use. The standard errors widen slightly as the linear demographic time trends $\boldsymbol{\omega}$ must be estimated off fewer years, but the point estimates do not change much. *No imputed vaping data* uses only observed vaping q^e_{it} instead of imputing missing q^e_{it} beginning in 2013.

In the youth estimates, *Demog. cell predictors* uses demographic cells, rather than linear demographic groups, in $\boldsymbol{G}_i$. *Drop race other/missing* is motivated by Appendix Figure A4, which shows that the predicted vaping among people whose race is other/missing differs in MTF versus NYTS.

The next set of robustness checks, *Predictors excl. age (or race, etc.)* omit age (or race, or other demographic categories) from the vaping predictors $\boldsymbol{G}_i$. These are informal overidentification tests, allowing us to see whether the results are driven by any one demographic category. Consistent with the earlier informal overidentification tests in Appendix Figures A10–A13, the point estimates move little when we exclude any given demographic category. The standard errors illustrate that most of the identifying variation is from age (for adults) and grade (for youth), consistent with fact that these are the most predictive demographic categories illustrated in Figure 4.

The final set of robustness checks presents estimates using each dataset individually in the second stage regression. Our primary results from combining three datasets are about the average of the estimates from each individual dataset. The point estimates differ somewhat across datasets, which highlights the importance of our efforts to use all available data.

To argue that vaping is a material complement or substitute to smoking over our sample period, one would have to believe that some unobserved force increased or decreased smoking over the exact period that vaping became popular, breaking a previously steady downward trend. One would also have to believe that this unobserved force affected all demographic groups. And since the primary σ estimates are similar in the RMS data and the sample surveys, one would have to believe that this force could confound both sets of estimates.

Table 3 helps to put the primary results in context. We multiply $\hat{\sigma}_\theta$ for $\theta \in \{\text{adults}, \text{youth}\}$ by 2018 average vaping q^e_θ to estimate the change in smoking caused by the introduction of e-cigarettes. For the average adult, we can reject with 95 percent confidence that vaping increased (decreased) smoking by 0.007 (0.004) packs per day, or about 8 percent (4 percent) of average cigarette consumption. For the average youth, we can rule out with 95 percent confidence that vaping increased (decreased) smoking by more than 0.003 (0.001) packs per day, or about 51 (21) percent of average consumption. The percent terms are larger for youth because they already had low baseline smoking, but both substitution parameters are economically precise zeros in the sense that they rule out any material gateway effect (long-run complementarity) from vaping to smoking through 2018. We cannot rule out gateway effects that have not yet manifested themselves as of the 2018 surveys—for example, if high-vaping youth demographics will transition to smoking over a longer period.

Aggregating across all adults and youth, we can rule out that the introduction of e-cigarettes increased (decreased) smoking by more than about 660 (354) million packs in 2018. Furthermore, we can rule out that the introduction of e-cigarettes changed cigarette demand by more than 5 to 11 percent of the total decrease observed from 2004–2018. Thus, these estimates suggest that while e-cigarettes may be smoking cessation aids from some people and gateways to smoking for others, neither of these effects dominates in an economically significant way.

An important caveat to our welfare analysis is that we do not study the effects of e-cigarettes on other behaviors that may involve uninternalized harms. One key concern is that e-cigarettes may make it easier to consume marijuana. In Appendix D.2, we study trends in marijuana use among youth, for whom this concern is particularly salient. We find no evidence that youth marijuana use grew as e-cigarettes became popular. However, marijuana is increasingly being consumed through vaping, and this may be a more harmful form of consumption: the 2,807 lung injuries and 68 deaths from vaping in 2019 and early 2020 were primarily linked to marijuana e-liquids (Centers for Disease Control 2020).

6 Expert Survey

6.1 Health Harms Overview

The National Academy of Sciences (2018) report stated that "e-cigarettes contain and emit numerous potentially toxic substances, although at significantly lower levels than regular cigarettes." The report described two "modes of action," endothelial cell disfunction and oxidative stress, through which inhaling e-cigarette vapors could cause a range of diseases. The report then discussed several types of diseases, including cardiovasular disease, cancer, and respiratory disease, that might be affected.[23] The report concluded that "e-cigarettes are not risk-free, but current evidence suggests that e-cigarettes are likely to be far less harmful than combustible tobacco cigarettes."

Other prior assessments agreed that vaping is materially less harmful than smoking cigarettes. A prominent early assessment from 12 experts suggested that e-cigarettes were only five percent as harmful as combustible cigarettes (Nutt et al. 2014). Public Health England argued that "based on current knowledge, stating that vaping is at least 95% less harmful than smoking remains a good way to communicate the large difference in relative risk" (McNeill et al. 2018). Viscusi (2016) argued that early evidence suggested that vaping could be at least 100 times safer than smoking.

However, the prior assessments express substantial uncertainty. Nutt et al. (2014) wrote that

[23] Chapter 9 described how the nicotine in e-cigarettes can increase heart rate and blood pressure and how toxic chemicals in e-cigarette aerosols could cause cardiovascular disease (pages 340–341). Chapter 10 identified "several biologically plausible pathways for which components of e-cigarette aerosols could conceptually influence cancer development" (page 383); for instance, e-cigarette aerosols, particularly formaldehyde and acrolein, may damage DNA. Chapter 11 described how e-cigarettes could impair lung defense mechanisms such as the urge to cough (page 407).

there was a "lack of hard evidence" for their conclusions, and the National Academy of Sciences report wrote that "little is known about the long term effects of e-cigarette use, and there is little data to assess the impact on cancer and heart disease risk. The long-term effects of e-cigarette use on morbidity and mortality are not yet clear."

Furthermore, there is substantial disagreement among researchers, and the science appears to be changing. Eissenberg et al. (2020) argue that the Nutt et al. (2014) assessment is outdated and unreliable because e-cigarettes and e-liquids are more harmful than they were a few years ago and "evidence of potential harm has accumulated." An anti-tobacco research organization (Truth Initiative 2020) argues that "the growing evidence of potential health risks related to e-cigarette use has led some researchers to question whether e-cigarettes are safer than combustible cigarettes." Furthermore, "while a 2018 National Academies of Sciences, Engineering, and Medicine report found substantial evidence that exposure to toxic substances from e-cigarettes is significantly lower compared to combustible cigarettes, recent studies are showing that is not the end of the story on health impact. It now appears that e-cigarettes may present their own unique health risks, including to the respiratory and cardiovascular systems."

6.2 Survey Overview

Motivated by the uncertainty and quickly evolving evidence about health harms, we fielded a survey of e-cigarette experts that makes two advances: it measures the *current* state of expert opinion as informed by the latest research, and it does so in a *quantitative* format appropriate for policy analysis. Our sample frame was, after excluding people with tobacco industry affiliations, (i) the 13 committee members, 13 reviewers, and 122 corresponding authors of papers on the health impacts of e-cigarettes from the landmark National Academy of Sciences (2018) report; (ii) the 113 editors, contributing authors, and reviewers of the 2020 Surgeon General Report on smoking cessation; (iii) the 91 editors, contributing editors, contributing authors, and reviewers of the 2016 Surgeon General Report on e-cigarettes; (iv) the 34 people who served on the FDA Tobacco Product Scientific Advisory Committee between 2017 and 2020; (v) the 65 people who have been honored as Fellows of the Society for Research on Nicotine and Tobacco; (vi) the 70 editors, senior editors, and senior associate editors at three leading academic journals (Tobacco Regulatory Science, Tobacco Control, and Nicotine and Tobacco Research), as well as the 62 associate editors at the latter two journals, and (vii) the 55 authors of papers about cigarettes or e-cigarettes cited in Cutler et al. (2015), Chaloupka, Levy and White (2019), and our September 2019 draft.[24] Many people qualified

[24]The lists of people in groups (i)–(vi) are available from nap.edu/catalog/24952/public-health-consequences-of-e-cigarettes, https://www.hhs.gov/sites/default/files/2020-cessation-sgr-full-report.pdf, https://e-cigarettes.surgeongeneral.gov/documents/2016_SGR_Full_Report_508.pdf, https://www.fda.gov/advisory-committees/tobacco-products-scientific-advisory-committee/roster-tobacco-products-scientific-advisory-committee, https://www.srnt.org/page/Current_Fellows, https://tobreg.org/reviewers/senior-associate-editors/, https://tobaccocontrol.bmj.com/pages/editorial-board/,

through multiple inclusion criteria; the initial sample frame included 432 "public health experts" who qualified for reasons (i)–(vi) and another 50 "economists" who qualified only for reason (vii). We were unable to find email addresses for 15 people, and another 20 explicitly reported that they did not feel they were experts on the health effects of vaping, leaving 447 eligible experts.

We fielded the survey in August 2020. Of the 447 eligible experts, 190 consented to the survey. Of those who consented, 34 dropped out before finishing the description of the randomized experiment, and another 21 did not complete the survey. Feedback from participants suggested that this attrition was due to a combination of the length of the survey, feeling that they were not experts on the health effects of vaping, concerns that eliciting confidence intervals on respondents' beliefs (described below) was insufficient to reflect uncertainty, concerns that the survey was inappropriate because our hypothetical randomized trial (described below) would not be ethical, and concerns that our hypothetical randomized trial did not contemplate "dual use" of both e-cigarettes and cigarettes. Our survey completion rate was 137/447, or 31 percent.

6.3 Survey Questions

The survey began by asking, "over the past five years, approximately how many peer-reviewed research papers have you published on the health effects of e-cigarettes or combustible cigarettes?"[25]

To be precise about the parameters we wanted to elicit, the survey then described a hypothetical randomized trial that compares vaping and smoking.

To be concrete, we'll ask you to predict the effects of a ***hypothetical*** *randomized control trial with a* ***random sample of people in the U.S. who currently smoke or vape or might do so in the future****. Participants would be assigned one of three groups:*

1. *"Smoking group": Smoke one pack of typical cigarettes every day*
2. *"Vaping group": Vape every day using* ***typical e-cigarettes currently available in the U.S.****, consuming a* ***comparable amount of nicotine*** *as the smoking group*
3. *"Control group": Not vape or smoke at all*

- *Please assume there is no dual use: the smoking group does not vape, and the vaping group does not smoke cigarettes.*
- *Please assume the experiment starts next year and continues for a long time, with* ***full compliance****.*
- *Please assume that participants in the experiment do not use illegal products and do not vape or smoke THC/marijuana. (This is because we want to evaluate regulations that only affect the use of legal products.)*

and https://academic.oup.com/ntr/pages/Editorial_Board.

[25] The survey instrument can be accessed from https://mit.co1.qualtrics.com/jfe/form/SV_7PrkbeRvZKATfxP.

– *The 2019 outbreak of e-cigarette product use-associated lung injury (EVALI) was largely linked to use of e-liquids containing THC. We ask you to* ***ignore any EVALI or other health effects that you think are caused by illegal products or THC****.*

It's important for the rest of the survey that we've clearly communicated this hypothetical randomized trial (random sample of current or possible future smokers or vapers, comparable amount of nicotine, typical legal products, full compliance, no THC, etc.). If you understand, please continue. If something is unclear, please email the PI at hunt.allcott@nyu.edu and we'll answer your question quickly.

Part 1: predicted effects on health outcomes. The first part of the survey asked experts to predict the effects on health outcomes (cardiovascular disease, respiratory disease, cancer, other health problems, mortality, and quality-adjusted life expectancy (QALE)) for vaping compared to smoking in our hypothetical randomized trial. For example, the QALE question read:

If smoking one pack per day reduces quality-adjusted life expectancy (compared to Control) by 100 units, by how many units do you think vaping every day would reduce quality-adjusted life expectancy (compared to Control)?

- *If vaping and smoking have equal effects on morbidity and mortality, your answer would be 100 units.*
- *If vaping is much more harmful than smoking, your answer might be much larger than 100.*
- *If vaping is much less harmful than smoking, your answer might be close to 0.*

We also included a graphical illustration; see Appendix Figure A15.

Much of our analysis focuses on this QALE question. We define α as the response to this question, divided by 100. After this question, we also asked experts to report their 90 percent confidence intervals on α.

Part 2: disagreement with prior assessments. The second part of the survey was designed to understand whether and why our experts' views might differ from the asessments of Nutt et al. (2014) and McNeill et al. (2018).

To measure sample selection bias, the survey told experts that "we'd like to get your sense of whether you think you are more optimistic or pessimistic about vaping than the average public health expert," reminded them of their α, and asked "what do you think the average expert would report?" The survey then presented a confirmation screen stating that "your answer implies that you are [are more optimistic / are more pessimistic / have the same views] about the health effects of vaping [than / as] the average expert," and asked them to confirm that they were satisfied with their answers.

The survey then asked, "How optimistic or pessimistic are you about the health effects of vaping now, compared to five years ago?" Experts who reported that they were more optimistic or pessimistic than they were five years ago were then asked to select reasons why their views had changed.

The survey then reminded experts of past assessments of α:

Public Health England (2018) concluded that "Based on current knowledge, stating that vaping is at least 95% less harmful than smoking remains a good way to communicate the large difference in relative risk." A paper by Nutt et al. (2014) came to a similar conclusion.

For experts who had reported $\alpha \neq 0.05$, the survey then said, "You predicted that the relative effect of vaping for quality-adjusted life expectancy was [$\alpha \times 100$] units, i.e. [$\alpha \times 100$] percent of the relative effect of smoking. By that measure, you are more [pessimistic / optimistic] about vaping than Nutt et al. (2014) and Public Health England (2018). Why? (Please select all that apply.)" One of the possible responses was "I misunderstood the questions. I would like to click the back arrow and change my answers." Any experts who clicked that response were required to go back before continuing. Thus, all experts who disagreed with prior assessments were required to explicitly confirm and explain their disagreement.

Part 3: internalities for youth versus adults. The third part of the survey was designed to elicit the internalities for youth relative to adults. The survey said,

A final key parameter is the ***harm e-cigarettes impose on the user*** **that the user does not correctly perceive**. *(The italicized text is important: users may have some perception of personal harms, and we are asking you about the difference between that perception and reality.) Misperceptions might arise from:*

- *misunderstanding the health risks,*
- *misunderstanding the likelihood of addiction or the difficulty of quitting, and/or*
- *focusing too much on the present benefits instead of the long-run health harms.*

The survey then asked, "Imagine that vaping every day causes 100 units of actual harms on [adults/youth]. How many units do you think the average [adult/youth] perceives?" We define a variable ρ measuring experts' beliefs about the ratio of internalities for youth compared to adults: $\rho \coloneqq 1 + (\text{adult perceived harms} - \text{youth perceived harms})/100$. For example, $\rho = 1$ for experts who believe that adults and youth perceive the same harms, and $\rho = 1 + (70 - 20)/100 = 1.5$ for experts who believe that adults perceive 70 percent of the actual harms and youth perceive 20 percent.

Confirmation checks. To ensure that experts understood the questions and gave thoughtful answers, we included confirmation checks after every major question in the survey. Experts were required to affirm that they agreed with a given confirmation check and were satisfied with their answers. If they did not explicitly affirm, they were required to click backward in the survey and adjust their previous answers until they were satisfied. Respondents were always allowed to go back and change their answers on any question.

For example, in one confirmation check after eliciting beliefs about the relative effects of vaping on life expectancy, we also elicited beliefs about the effect of a lifetime of daily smoking on life expectancy, which is thought to be more than ten years (U.S. Department of Health and Human Services 2014), and then confirmed that they agreed that a lifetime of daily vaping would have the effect implied by their answers. Thus, an expert who reported that the effect of vaping on life expectancy would be 40 percent as large as the effect of smoking and that lifetime smoking reduces life expectancy by 10 years would be required to confirm that she believed that lifetime vaping would reduce life expectancy by four years. As a result of this and the other confirmation checks, it would be hard to argue that experts misunderstood the survey.

6.4 Expert Survey Results

Figure 9 presents the distribution of α across experts. The mean (median) expert believes that the effect of vaping on quality-adjusted life expectancy would be 37 (25) percent as large as the effect of smoking. There is substantial disagreement across experts: the interquartile range is 10 to 60 percent. Individual experts also perceive substantial uncertainty: the average expert reported a 90 percent condence interval spanning 32 percentage points.

78 percent of experts reported $\alpha > 0.05$. As described above, these experts all explicitly confirmed on our survey instrument that they were more pessimistic than the conclusion of Nutt et al. (2014) and McNeill et al. (2018) that vaping is at least 95 percent safer than smoking. 44 percent of experts reported that $\alpha = 0.05$ was below the lower bound of their 90 percent confidence interval.

Experts' beliefs about the relative effects on (unadjusted) life expectancy are similar to their beliefs about the relative effects on QALE: the mean (median) expert believes that the effect of vaping on life expectancy would be 38 (30) percent as large as the effect of smoking; see Appendix Figure A16. Experts report that vaping has material effects (relative to smoking) on cardiovascular disease, respiratory disease, cancer, and other health outcomes, although they believe that the relative effects are smaller for cancer than for other diseases; see Appendix Figure A17. Regressions in Appendix Table A7 show that beliefs about effects on cardiovascular disease, respiratory disease, and cancer all predict beliefs about QALE and life expectancy, although the point estimates suggest that respiratory disease is a weaker predictor of mortality than it is of QALE, while cancer and cardiovascular disease are slightly stronger predictors of mortality. These results show that experts beliefs about effects on QALE are well-justified by their beliefs about the effects on specific health conditions.

Our average public health (economist) expert reported having published six (one) peer reviewed research paper(s) on the health effects of e-cigarettes and combustible cigarettes in the past five years. There is no relationship between α and this measure of expertise; see Appendix Figure A18. Public health experts, who have stronger publication backgrounds in this area, report higher α

than the economists; see Appendix Figure A19.

Several facts suggest that sample selection bias does not explain why our experts disagree with prior work. First, as illustrated in Appendix Figure A20, our experts report being slightly more optimistic than average about e-cigarettes: the mean (median) respondent believes that the average public health expert would report an α of 41 (40). Taking this result at face value suggests that sample selection might bias α slightly downwards. Second, we sent three survey invite emails spaced six days apart, and almost all responses came within two days of an email being sent. There is no statistically detectable correlation between α and whether the experts responded in the days after the first, second, or third invite, meaning that experts who are more eager to respond do not have systematically different views; see Appendix Figure A21. Third, we can bound the possible effects of sample selection bias using our 31 percent response rate: even in an extreme case where all non-respondents would have reported $\alpha = 0$, the average α in our sample of eligible experts would be $0.37 \times 0.31 \approx 0.11$, still more than twice the prior assessment that $\alpha \leq 0.05$.

The second part of our survey allows us to understand why our experts disagree with prior assessments. Experts report that their own personal views have evolved over time: 45 percent of experts report being more pessimistic about the health effects of vaping now compared to five years ago, against 34 percent who report having "about the same view" and 20 percent who report being more optimistic. When asked why their views have changed, 92 percent reported that "there is new research evidence," and 56 percent reported that "e-cigarette devices have changed."

Figure 10 shows that these same factors explain why most of our expert respondents disagree with the assessments of Nutt et al. (2014) and McNeill et al. (2018) that $\alpha \leq 0.05$. 52, 45, and 47 percent of experts who reported $\alpha > 0.05$ responded that "there is new research evidence," "e-cigarette devices have changed," and "I disagree with how the researchers interpreted the research evidence available at the time," respectively. Our average expert thus explicitly agrees with the arguments of Eissenberg et al. (2020) and others that e-cigarettes and e-liquids are more harmful than they were a few years ago and that "evidence of potential harm has accumulated."

On the final part of the survey, the mean (median) expert reported that misperceptions of the harms from vaping are 47 (30) percentage points larger for youth than for adults; see Appendix Figure A24. Thus, $\rho \approx 1 + 47/100 = 1.47$ for the average expert.

Appendix E presents additional information on the expert survey. The three key results above—material harms relative to combustible cigarettes, substantial uncertainty, and larger harms for youth compared to adults—will be central to our welfare analysis in the next section.

7 Optimal Regulation

7.1 Parameter Calibrations

In this section, we estimate the optimal e-cigarette tax using Equation (14) and the welfare effects of an e-cigarette ban using Equation (15). We use Monte Carlo simulations to capture the sampling variation in each parameter. Specifically, we re-estimate Equations (14) and (15) one million times, drawing each parameter from its distribution. Unless otherwise stated below, we draw each parameter from a normal distribution with mean and standard deviation equal to its point estimate and standard error.

Table 4 summarizes the parameters, their mean values in our primary simulations, and their sources. To further acknowledge uncertainty, we will also consider alternative assumptions for the key parameters in the next section. We use parameters from 2018, the most recent available year, and we inflate monetary amounts to 2018 dollars. We consider two consumer types $\theta \in \{a, y\}$, representing adults and youth.

We use the empirical estimate of η from Table 2 and the adult and youth σ from Figure 8. To avoid implausibly small or positive own-price elasticities, we re-draw any $\eta > -0.1$; this happens in only about 0.15 percent of simulations. We compute s_θ, the share of each type, by calculating the number of youth ages 12–17 and adults ages 18–100 in the 2018 American Community Survey.

We use the 2018 population-weighted average tax rates $\tilde{\tau}^c$ and $\tilde{\tau}^e$ across states, and we use $\tilde{p}^e \approx \$3.90$ per ml from our E-cigarette User Survey. Only about 1/4 of the U.S. population lives in states, counties, or cities with e-cigarette taxes, so $\tilde{\tau}^e$ is about 1/4 of the average tax rate in areas that currently have taxes. Except in row 13 of Table 5, we consider the optimal e-cigarette tax holding cigarette taxes constant at their current level $\tilde{\tau}^c$.

Current youth and adult e-cigarette consumption $q^e_\theta(\tilde{\boldsymbol{p}})$ are the 2018 averages from the sample surveys plotted in Figure 2. Vaping is now in units of milliliters (ml) per person-day, and the e-cigarette tax rate and marginal distortion are in dollars per ml. We transform q^e_θ from the original survey units (share of days) to ml/person-day using Γ, the e-liquid consumption on an average vaping day from our E-cigarette User Survey.

Externalities. We import the Sloan et al. (2004) average marginal externality from smoking, except that we follow DeCicca, Kenkel and Lovenheim (2020) in removing the component from life insurance cross-subsidies, as most life insurance policies now adjust for smoking status. This gives $\phi^c \approx \$0.64$ per pack in 2018 dollars.

We assume that the harms from smoking can be translated to harms from vaping using α, the relative effects of vaping on health. To recognize the complementary value from expert reviews such as McNeill et al. (2018) and our expert survey, our simulations place equal weight on $\alpha = 0.05$ and draws from our experts' distribution of α.[26] Since we asked experts to contemplate the effects of

[26] To account for both disagreement across experts and individual-level uncertainty, in each Monte Carlo simulation

smoking one pack per day versus vaping an equivalent amount of nicotine every day, we translate smoking harms (in \$/pack) to vaping harms (in \$/ml) by multiplying by α/Λ, where Λ is the volume of e-liquid that delivers the same amount of nicotine as a pack of cigarettes. Λ depends heavily on usage patterns, but since the popular 0.7 ml Juul pod is advertised as delivering about the same amount of nicotine as a pack of cigarettes (Willett et al. 2019), we assume $\Lambda = 0.7$ ml/pack. The externality from vaping is thus $\phi^e = \phi^c\alpha/\Lambda \approx \$0.19$/ml at our mean α.

Internalities. For our primary simulations, we follow Cutler et al. (2015) in assuming that the marginal bias from adult smoking is $\gamma_a^c = (1-\beta)H^c$, where β is the present focus parameter and H^c is the discounted private cost of smoking per pack. As we showed in an example in Section 1, this is the correct formula for marginal bias if present focus is the only behavioral bias, the social planner uses the long-run criterion (so that normative utility uses exponential discounting), and there is no habit formation. With habit formation, γ_a^c would be smaller with sophisticated present focus and probably larger with naive present focus (Gruber and Kőszegi 2001). Projection bias would probably increase γ_a^c. We use the stylized $\gamma_a^c = (1-\beta)H^c$ because of these modeling uncertainties.

We assume that the present discounted private health cost from smoking is $H^c = \$44.40$ per pack, inflating the estimate from Gruber and Kőszegi (2001) to 2018 dollars. For adults, our simulations place equal weight on two different assessments of present focus: $\beta = 0.67$ and its standard error as estimated by Chaloupka, Levy and White (2019), and $\beta = 0.9$ as assumed by Gruber and Kőszegi (2001). At our mean β and α, the internality from adult smoking is thus $\gamma_a^c = (1-\beta)H^c \approx \$9.55$ per pack, and the internality from adult vaping is $\gamma_a^e = (1-\beta)H^c\alpha/\Lambda \approx \$2.89$ per ml. For youth, we inflate internalities by ρ, the ratio of youth to adult internalities from the expert survey, giving $\gamma_y^j = \rho\gamma_a^j$. We draw ρ from the empirical distribution in Appendix Figure A24. We emphasize that there is substantial disagreement and uncertainty over all of these parameters; we explore the implications in our sensitivity analyses below.

Appendix F provides additional details about empirical implementation.

7.2 Optimal Regulation Results

Three key parameters. Three key parameters drive our results on optimal regulation. First, we estimate that e-cigarette demand is more than unit elastic. This relatively elastic demand reduces the perceived consumer surplus from vaping, pushing toward the possibility that a ban might increase welfare.

Second, our point estimates of the substitution parameter σ imply very limited complementarity or substitutability between e-cigarettes and cigarettes. This means that in our mean Monte Carlo simulation, optimal e-cigarette policy places little weight on cigarette market distortions. However,

using our expert survey distribution, we first draw one expert and then draw α from a uniform distribution centered at that expert's α with support equal to 10/9 times the width of that expert's reported 90 percent confidence interval. Because α cannot be negative we replace any negative draw of α with $\alpha = 0$.

cigarette market distortions will matter for simulation draws with σ further from zero.

Third, the e-cigarette internality assumptions generate substantial uncertainty. With our smaller assumptions for present focus ($\beta = 0.9$) and health harms ($\alpha = 0.05$), the adult vaping internality is $\gamma_a^e = (1-\beta)H^c\alpha/\Lambda \approx (1-0.9) \times \$44.40 \times 0.05/0.7 \approx \$0.32$/ml. With larger present focus from Chaloupka, Levy and White (2019) ($\beta = 0.67$) and larger health harms from our expert survey (mean $\alpha \approx 0.37$), we have $\gamma_a^e \approx (1-0.67) \times \$44.40 \times 0.37/0.7 \approx \$7.81$/ml. The difference between these two γ_a^e benchmarks is more than eight times larger than the current average e-cigarette tax in states, counties, and cities that have taxes, which is \$0.89/ml. Furthermore, the latter γ^e has substantial uncertainty driven by the variation in α from our expert survey and the standard errors on β from Chaloupka, Levy and White (2019), and inflating the internality by ρ for youth further increases variance.

Monte Carlo simulation results. Panel (a) of Figure 11 presents optimal e-cigarette tax rates over the distribution of Monte Carlo simulation draws. Uncertainty about health harms generates a long right tail for α and thus for optimal tax rates. In the mean simulation, the optimal tax is \$3.73/ml. As discussed in Section 1, the optimal tax could be negative (i.e. a subsidy) if cigarettes are much more harmful than e-cigarettes and the two goods are substitutes. While this is the case in some simulations, the optimal tax is positive 91 percent of the time. The vertical line marks the current average e-cigarette tax in states and local areas that have taxes, \$0.89/ml. The optimal tax exceeds that current average in about 60 percent of simulations. Thus, the model predicts with high confidence that it is optimal to impose some positive e-cigarette tax, and the optimal tax is probably larger than the current norm.

Panel (b) presents the welfare effects of an e-cigarette ban. Recall that in our model, the optimal tax is always preferred to a ban, and we compare a ban to the status quo with current tax rates. Thus, a ban increases welfare when current tax rates are much lower than optimal. In the mean simulation, a full e-cigarette ban increases welfare by \$10.15 per person per year, or \$2.8 billion per year over the 279 million people aged 12 and older nationwide. A ban increases welfare in 46 percent of simulations.

Sources of uncertainty. After incorporating the empirical estimates in our paper, what parameters generate the most remaining uncertainty in setting optimal policy? Figure 12 presents the variance in predicted welfare effects of a ban from Monte Carlo simulations that hold each listed parameter fixed, as a fraction of the variance in the primary simulations in Panel (b) of Figure 11. Health harms α and present focus β contribute the most to policy uncertainty. This underscores the importance of future work to measure the health effects, internalities, and externalities from vaping. It also highlights the importance of our empirical estimates and expert survey: without our results or parallel estimates from other papers, there would be even more uncertainty about σ, η, and α.

Simulations at different α. Panels (a) and (b) of Figure 13 present the mean and 95 percent confidence intervals for the optimal e-cigarette tax and welfare effects of a ban for a range of α from 0 to 1. At the $\alpha = 0.05$ inspired by prior assessments of health harms, the optimal e-cigarette tax in the mean simulation is \$1.20/ml, and banning e-cigarettes reduces welfare by about \$4 per person per year. At about $\alpha \approx 0.1$, the optimal tax is positive in about 95 percent of simulations, and a ban is approximately welfare-neutral in the mean simulation. At the $\alpha \approx 0.37$ corresponding to our average expert's beliefs about health harms, the optimal tax is \$6.27/ml, and the ban increases welfare in about 95 percent of simulations.

Alternative assumptions. To further understand the sources of policy uncertainty, Table 5 presents optimal tax rates and welfare effects of a ban under alternative assumptions. In each row of Panels (a) and (b), we present the mean τ^{e*} or $\Delta\overline{W}$ at the parameter assumption listed in the first column for $\alpha = 0.05$ and for $\alpha = 0.37$, drawing the other parameters from their distributions. The first 14 rows are parallel across the two panels.

Rows 1–6 present alternative assumptions about internalities. Row 1 corresponds to the primary estimates described above. Rows 2 and 3 vary the present focus parameter between $\beta = 0.9$ and $\beta = 0.67$. Only for the most optimistic combination of $\alpha = 0.05$ and $\beta = 0.9$ is the optimal tax below the current norm of \$0.89/ml.

Row 4 considers the implications of evidence presented by Viscusi (2016, Forthcoming), Elton-Marshall et al. (2020), McNeill et al. (2018), and others that people overestimate the risks of vaping relative to smoking. The ideal policy instrument to address incorrect beliefs about the health effects of vaping would be information provision, and the results of Jin et al. (2015) suggest that information provision policies had substantial effects on smoking prevalance from 1964–2010. However, if e-cigarette public health information campaigns are not fully effective, it could be optimal to subsidize e-cigarettes to offset remaining misperceptions. The average respondent in Viscusi (Forthcoming, Table 2) believes that 28 percent of people who vape and 43 percent of cigarette smokers will die from lung cancer, heart disease, throat cancer, or any other illness because they vape or smoke. If we interpret 28/43 as consumers' perception of relative health harms for a day of vaping relative to a day of smoking, the internality from incorrect beliefs is $\gamma^e = H^c\left(\alpha - 28/43\right)/\Lambda$. If the true α is 0.05, we have $\gamma^e \approx \$44.40\left(0.05 - 28/43\right)/0.7 \approx -\$38$. If $\alpha = 0.37$, we have $\gamma^e \approx \$44.40\left(0.37 - 28/43\right)/0.7 \approx -\$18$.[27]

Rows 5 and 6 present alternative internality assumptions. Row 5 uses the internality estimate of $\gamma^c_a = \$4.16$/ml from Jin et al. (2015). The results are very similar to those in row 2 with $\beta = 0.9$. Row 6 assumes that the conventional wisdom of policymakers is more informative about the marginal distortion from smoking than the academic research we use in our primary estimates.

[27] These numbers are so large because smoking substantially reduces life expectancy, consumers substantially overestimate the mortality effects of vaping relative to smoking, and the value of a statistical life is in the millions of dollars. However, these calculations imply that consumers would be willing to pay \$18 to \$38 more per ml if they could be debiased of their health risk misperceptions. Given the current average price of $\tilde{p}^e \approx \$3.90$ per ml, such large effects seem implausible. Perhaps the effects of belief bias on choice are diminished by severe inattention or present bias. In the absence of additional data, we think of these results as illustrative.

In that row, we assume that existing average cigarette taxes $\tilde{\tau}^c$ are set optimally by setting the smoking marginal distortion equal to the tax: $\varphi^c = \tilde{\tau}^c$. We then translate that smoking distortion to vaping using the relative health harms: $\varphi^e_\theta = \varphi^c \alpha \Gamma / \Lambda$. This reduces φ^c, φ^e, and the resulting optimal e-cigarette tax.

The remaining rows present additional sensitivity analyses relative the primary estimates in row 1. Rows 7–12 present alternative assumptions for the substitution parameter σ. Since smoking generates uninternalized distortions ($\varphi^c > \tilde{\tau}^c$), more substitutability (more negative σ) pushes toward a lower optimal tax and lower welfare gains from a ban, and more complementarity (more positive σ) pushes in the other direction. Row 7 uses the minimum distance estimates from the Nielsen RMS data in Section 4, $\hat{\sigma}_{\text{adult}} \approx -0.048$ and $\hat{\sigma}_{\text{youth}} \approx 0.0038$, which suggest slightly more substitutability between smoking and vaping. Row 8 uses the $\hat{\sigma}$ and $\hat{\eta}$ from column 5 of Table 2, the estimates without cluster-specific linear time trends, which imply more substitutability and more inelastic demand. Row 9 uses the $\hat{\sigma}$ parameters from both Sections 4 and 5, combined using a minimum distance estimator as described in Appendix D.1. In all three cases, the increased substitutability means that the optimal tax and welfare gains from a ban are less positive (or more negative).

Rows 10 and 11 present results assuming that an average day of vaping is a perfect complement ($\sigma = 0.5$ for adults and $\sigma = 0.15$ for youth) or a perfect substitute ($\sigma = -0.5$ for adults and $\sigma = -0.15$ for youth) for an average day of smoking. For perfect substitutes and lower values of α, it is optimal to subsidize e-cigarettes, and a ban reduces welfare. These parameter assumptions would be consistent with some policy arguments to encourage e-cigarettes as a harm-reduction approach for existing smokers, notwithstanding the harms from vaping.

These two rows highlight that our estimates of substitution patterns are quite informative about optimal policy. In both columns 1 and 2, the range of optimal tax (or subsidy) rates between perfect complements and perfect substitutes is very wide—about 13 times larger than the current average e-cigarete tax rate of \$0.89/ml. Thus, if the conflicting evidence we discussed in the introduction led one to initially have diffuse priors over σ between perfect complements and perfect substitutes, this would generate substantial uncertainty about optimal policy. Our confidence intervals on σ rule out substantial ranges of values closer to perfect complements or perfect substitutes, such that the remaining uncertainty measured in Figure 12 is over other parameters.

Row 12 assumes no subsitution ($\sigma_\theta = 0$). Optimal policy then considers the e-cigarette market in isolation. While all of our other analyses hold cigarette taxes at their current level $\tilde{\tau}^c$, Row 13 allows the social planner to set the optimal cigarette tax $\tau^c = \tau^{c*}$ from Equation (14).[28] Since we allow for heterogeneous consumer types (youth and adults), the substitution distortion in Equation (14) is non-zero even at the optimal cigarette tax. However, because our estimates of σ_θ are close

[28] The optimal cigarette tax is \$10.32 if $\alpha = 0.05$ and is almost identical if $\alpha = 0.37$, since we estimate such limited substitution.

to zero and youth are a small share of the population, rows 12 and 13 are very similar to each other and to the primary estimates in row 1.

Rows 14 and 15 consider the youth and adult markets in isolation. Since the mean $\rho \approx 1.47$, the average marginal distortion (and thus the optimal tax, if the substitution distortion is negligible) is almost 50 percent larger for youth as it is for adults. At $\alpha = 0.37$, the per-youth gains from a youth-specific ban are 3–4 times larger than the per-adult gains from an adult-specific ban. This underscores that there are plausible parameters under which the current policy norm of a youth sales ban plus a tax on the remaining sales to adults would be the constrained optimum if leakage or enforcement issues make it easier to impose type-specific bans than type-specific taxes.

Rows 16 and 17 (in Panel (b) only) present the welfare effects of a ban under alternative assumptions for the demand elasticity η. Since we assume that the perceived consumer surplus loss from a ban is the area under a line drawn tangent to the demand curve at current prices, more inelastic demand implies larger perceived consumer surplus loss.

8 Conclusion

Electronic cigarettes are one of the most controversial new products of the past decade, due to uncertainty about their health effects and whether they are primarily a quit aid or a gateway drug for combustible cigarettes. We lay out a simple behavioral optimal policy framework that delivers formulas for the optimal e-cigarette tax and welfare effects of a ban as functions of several key statistics. We estimate these statistics using Nielsen RMS scanner data, sample surveys, and a new survey of e-cigarette experts. We find that e-cigarette demand is price elastic, vaping is neither a significant complement nor substitute for smoking combustible cigarettes over the medium term, and experts now believe that vaping is more harmful than prior assessments had suggested.

In our model, the optimal e-cigarette tax to address plausible amounts of present focus is probably higher than the current norm—much higher, if e-cigarettes are as harmful as our expert survey respondents believe. However, Monte Carlo simulations highlight substantial uncertainty, and heavy subsidies could be optimal if information provision cannot address consumers' misperceptions of the health harms from vaping. Since most of the remaining policy uncertainty in our model is driven by the uninternalized externalities and internalities from vaping, more research on those parameters would be very valuable.

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Table 1: **Smoking and Vaping Sample Surveys**

Dataset	Population	Observations	Years	Notes
BRFSS	Adults	5,346,115	2004–2018	Sampling change in 2011
MTF	Youth	591,740	2005–2018	Inconsistent race data in 2004
NHIS	Adults	412,888	2004–2018	
NSDUH	Adult sample	590,303	2004–2018	No vaping data
NSDUH	Youth sample	268,676	2004–2018	No vaping data
NYTS	Youth	227,813	2004, 2006, 2009, 2011–2018	

Notes: Datasets are the Behavioral Risk Factor Surveillance System (BRFSS), the National Health Interview Survey (NHIS), the National Survey of Drug Use and Health (NSDUH), Monitoring the Future (MTF), and the National Youth Tobacco Survey (NYTS)

Table 2: **Own- and Cross-Price Elasticity of Demand for E-cigarettes**

(a) **First Stage and Reduced Form**

	(1)	(2)	(3)
Dependent variable:	ln(e-cig price)	ln(cig price)	ln(e-cig units)
ln(e-cig % tax rate + 1)	0.580	0.196	-0.723
	(0.048)	(0.073)	(0.148)
ln(cig % tax rate + 1)	-0.011	0.482	0.115
	(0.043)	(0.102)	(0.228)
Observations	285,985	285,985	285,985

(b) **Instrumental Variables Estimates**

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Dependent variable:	ln(e-cig units)	ln(e-cig units)	ln(e-cig units)	ln(e-cig units)	ln(e-cig units)	ln(e-cig units)	ln(e-cig units)
ln(e-cig price)	-1.318	-1.628	-1.203	-1.062	-1.131	-1.407	-1.286
	(0.411)	(0.343)	(0.451)	(0.395)	(0.255)	(0.346)	(0.542)
ln(cig price)	0.210	0.721	0.784	0.809	0.819	0.264	0.377
	(0.463)	(0.620)	(0.635)	(0.612)	(0.381)	(0.461)	(0.589)
UPC-cluster FE	Yes	No	Yes	Yes	Yes	Yes	Yes
UPC-month FE	Yes	No	No	Yes	Yes	Yes	Yes
Division-month FE	Yes	No	No	No	Yes	Yes	Yes
Cluster $\times$ month trend	Yes	No	No	No	No	Yes	Yes
Quasi-panel	No	No	No	No	No	No	Yes
Time-varying state controls	Yes	Yes	Yes	Yes	Yes	No	Yes
Observations	285,985	286,491	286,303	285,985	285,985	285,985	499,664

Notes: This table presents estimates of the own- and cross-price elasticity of demand for e-cigarettes from Equation (16), using UPC-cluster-month data. There are 51 geographic clusters: the two counties that have e-cigarette taxes, each of the contiguous 48 states (excluding those two counties), and Washington, D.C. Standard errors are clustered by geographic cluster. Observations are weighted by the UPC's sales in non-taxed clusters in that calendar year, divided by total sales across all UPCs in that year in non-taxed clusters. Panel (a) presents the first stage and reduced form, using the same set of controls as in our primary estimate in column 1 of Panel (b). Panel (b) presents the instrumental variables estimates. Time-varying state controls are the state unemployment rate and beer tax rate as well as indicators for whether the state has an indoor vaping ban, has a medical marijuana law, has passed or implemented a prescription drug program, and implemented the Medicaid expansion. Column 7 presents estimates in a "quasi-panel" in which we add zero-sales observations for all UPCs that had non-zero sales in cluster s in any prior month, beginning with the month in which the UPC first had sales.

Table 3: **Effects of Vaping on Smoking**

	Adults	**Youth**
$\hat{\sigma}$ (packs per day/share of days)	0.03	0.01
95% confidence interval	(-0.16, 0.29)	(-0.03, 0.06)
2018 average vaping (share of days)	0.024	0.053
Effect of vaping on smoking (packs/day)	0.00083	0.00068
95% confidence interval	(-0.00374, 0.00690)	(-0.00138, 0.00329)
2018 average smoking (packs/day)	0.082	0.006
Effect of vaping on smoking (%)	1.0	10.6
95% confidence interval	(-4.5, 8.4)	(-21.4, 51.2)
2018 implied total smoking (million packs)	7,495	58.7
Effect of vaping on smoking (million packs)	76.0	6.2
95% confidence interval	(-340.9, 629.7)	(-12.6, 30.0)
2004–2018 smoking decrease (packs/day)	0.071	0.030
Effect of vaping on smoking (% of decrease)	-1.2	-2.3
95% confidence interval	(-9.8, 5.3)	(-11.1, 4.7)

Notes: This table presents estimates of the substitution parameter $\sigma_\theta := \frac{dq_\theta^c}{dq_\theta^e}$ and further analysis. We compute the effect of vaping on smoking (packs/day) by multiplying $\hat{\sigma}$ by average vaping. We compute the effect of vaping on smoking (%) by dividing the effect of vaping on smoking (packs/day) by average packs per day smoked in 2018. We compute the effect of vaping on smoking in 2018 (million packs) by multiplying the effect of vaping on smoking (%) by the total smoking in 2018 (million packs) implied by the sample survey data. We compute the effect of vaping on smoking (% of decrease) by dividing the effect of vaping on smoking (packs per day) by the change in packs per day smoked from 2004–2018. The confidence intervals for $\hat{\sigma}$ reflect the 2.5th and 97.5th percentiles of estimates from 200 bootstrap replications, where we draw bootstrap samples by demographic cell.

Table 4: **Parameters for Policy Analysis**

Object	Description and units	Mean	Data source
η	E-cigarette own-price elasticity	-1.318	RMS (Table 2)
σ_{adult}	E-cig effect on smoking (packs/day vaped)	0.035	Figure 8
σ_{youth}	E-cig effect on smoking (packs/day vaped)	0.013	Figure 8
s_{adult}	Population share adults	0.910	2018 American Community Survey
s_{youth}	Population share youth	0.090	2018 American Community Survey
$\tilde{p}_e$	E-liquid price ($/ml)	3.90	E-cigarette User Survey
$\tilde{\tau}^c$	Average cigarette tax ($/pack)	2.92	Tax Policy Center (2019), ACS
$\tilde{\tau}^e$	Average e-liquid tax ($/ml)	0.233	Tax Foundation, RMS, Census
q^e_{adult}	Share of person-days vaped	0.024	BRFSS, NHIS 2018
q^e_{youth}	Share of person-days vaped	0.053	MTF, NYTS 2018
Γ	Average e-liquid use (ml/day vaped)	0.58	E-cigarette User Survey
Λ	Nicotine in e-liquid relative to cigarettes (ml/pack)	0.7	CDC (2020)
ϕ^c	Smoking externality ($/pack)	0.64	Sloan et al. (2004)
α	Health harms from vaping relative to smoking	0.373	E-cigarette Expert Survey
α	Health harms from vaping relative to smoking	0.05	McNeill et al. (2018)
H^c	Private health cost of smoking ($/pack)	44.4	Gruber and Kőszegi (2001)
β	Present focus	0.670	Chaloupka et al. (2019)
β	Present focus	0.9	Gruber and Kőszegi (2001)
ρ	Internalities for youth relative to adults	1.474	E-cigarette Expert Survey

Notes: This table summarizes the parameters used for policy analysis. All dollar values are inflated to 2018 dollars. BRFSS, NHIS, MTF, and NYTS refer to sample surveys described in Table 1. Cigarette and e-liquid tax rates are averages across all U.S. states, weighted by population; the cigarette tax includes the federal cigarette tax of $1.01 per pack.

Table 5: **Optimal Tax and Welfare Effects of a Ban under Alternative Assumptions**

(a) **Optimal E-cigarette Tax ($/ml)**

Parameter assumptions	(1) $\alpha = 0.05$ (McNeill et al. 2018)	(2) $\alpha = 0.37$ (mean, Expert Survey)
1. Primary	1.20	6.27
2. Present focus only, $\beta = 0.9$	0.51	3.03
3. Present focus only, $\beta = 0.670$	1.87	9.50
4. Belief bias only	-37.64	-16.86
5. Jin et al. (2015) internality only	0.48	2.85
6. Rescale distortions so $\varphi^c = \tilde{\tau}^c$	0.23	1.68
7. $\sigma_\theta = \hat{\sigma}$ from Nielsen RMS	0.30	5.37
8. σ_θ and η from Nielsen RMS without time trends	-2.64	2.43
9. $\sigma_\theta =$ combined $\hat{\sigma}_\theta$	0.72	5.80
10. Perfect complements	6.58	11.65
11. Perfect substitutes	-5.00	0.07
12. $\sigma_\theta = 0$	0.79	5.86
13. $\tilde{\tau}^c$ set optimally	0.80	5.87
14. $s_{\text{adult}} = 0$, $s_{\text{youth}} = 1$	1.32	8.11
15. $s_{\text{adult}} = 1$, $s_{\text{youth}} = 0$	1.17	5.87

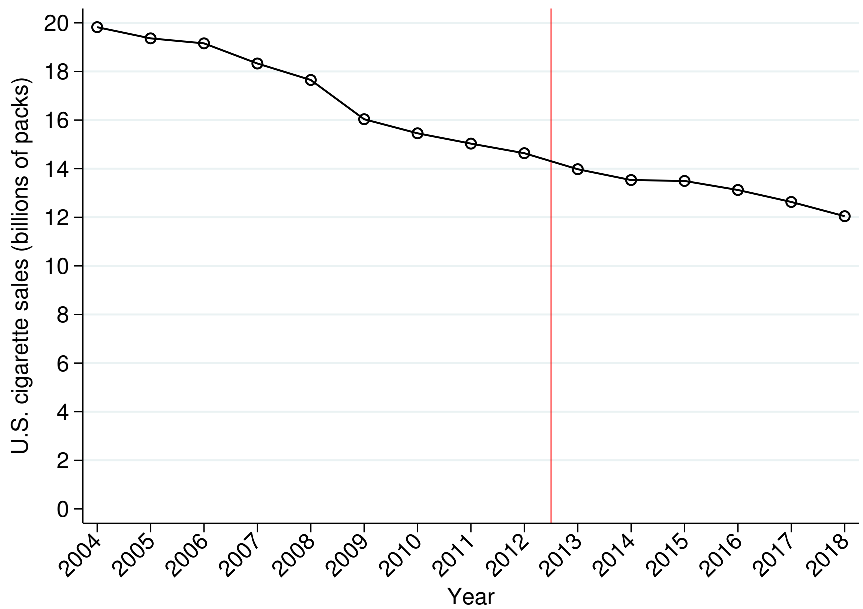
(b) **Welfare Effects of E-cigarette Ban ($/person-year)**

Parameter assumptions	(1) $\alpha = 0.05$ (McNeill et al. 2018)	(2) $\alpha = 0.37$ (mean, Expert Survey)
1. Primary	-4.10	24.39
2. Present focus only, $\beta = 0.9$	-7.91	6.24
3. Present focus only, $\beta = 0.670$	-0.32	42.54
4. Belief bias only	-222.29	-105.54
5. Jin et al. (2015) internality only	-8.13	5.21
6. Rescale distortions so $\varphi^c = \tilde{\tau}^c$	-9.53	-1.34
7. $\sigma_\theta = \hat{\sigma}$ from Nielsen RMS	-9.09	19.41
8. σ_θ and η from Nielsen RMS without time trends	-26.26	2.29
9. $\sigma_\theta =$ combined $\hat{\sigma}_\theta$	-6.74	21.75
10. Perfect complements	25.76	54.24
11. Perfect substitutes	-38.55	-10.07
12. $\sigma_\theta = 0$	-6.39	22.11
13. $\tilde{\tau}^c$ set optimally	-6.32	22.20
14. $s_{\text{adult}} = 0$, $s_{\text{youth}} = 1$	-6.77	68.60
15. $s_{\text{adult}} = 1$, $s_{\text{youth}} = 0$	-3.84	20.00
16. $\eta = -.5$	-16.50	11.98
17. $\eta = -1$	-5.56	22.92

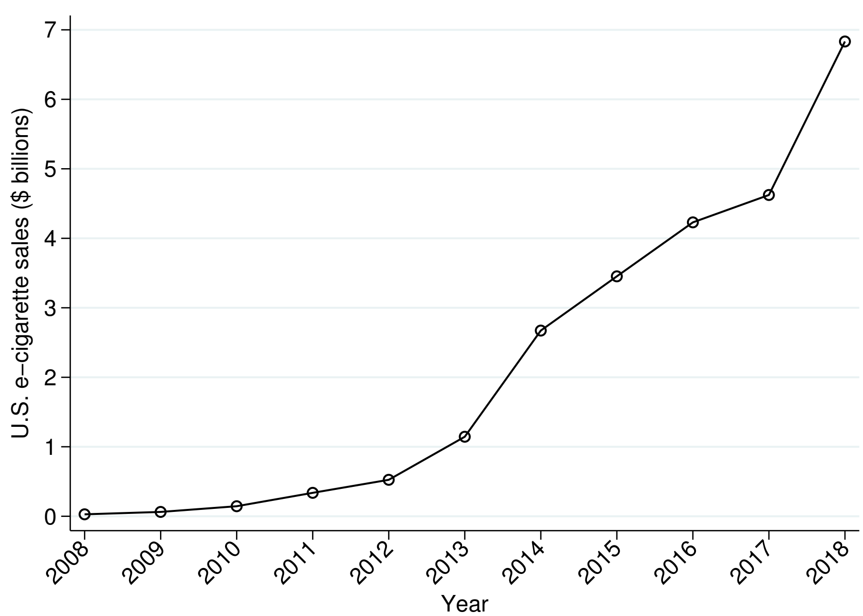
Notes: Panel (a) presents estimates of the optimal e-cigarette tax using Equation (14). Panel (b) presents estimates of the welfare effects of an e-cigarette ban relative to current tax rates using Equation (15). The two columns present results under different assumptions for α, the health harms from vaping relative to smoking. Each row varies a specific parameter assumption, and all other parameters are drawn from their distributions.

Figure 1: **National E-cigarette and Cigarette Sales over Time**

(a) **Combustible Cigarettes**



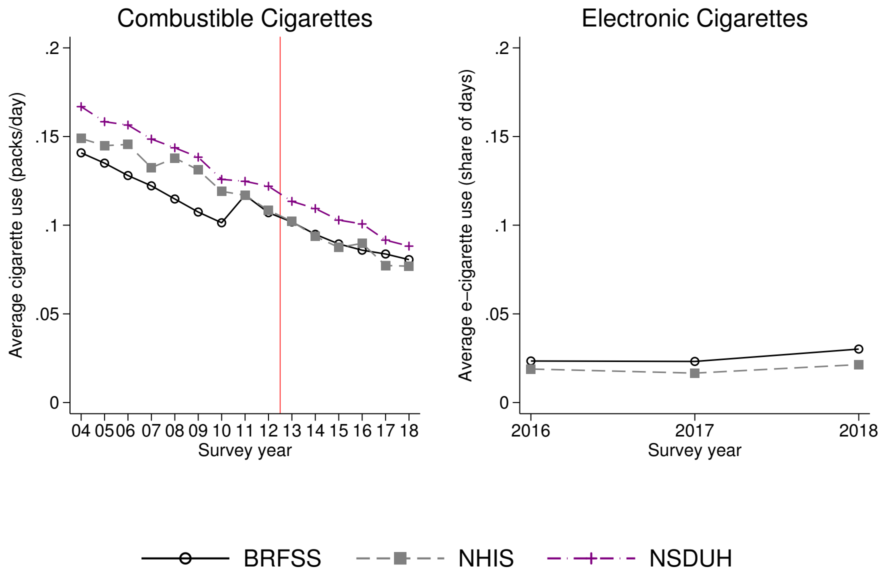
(b) **E-cigarettes**



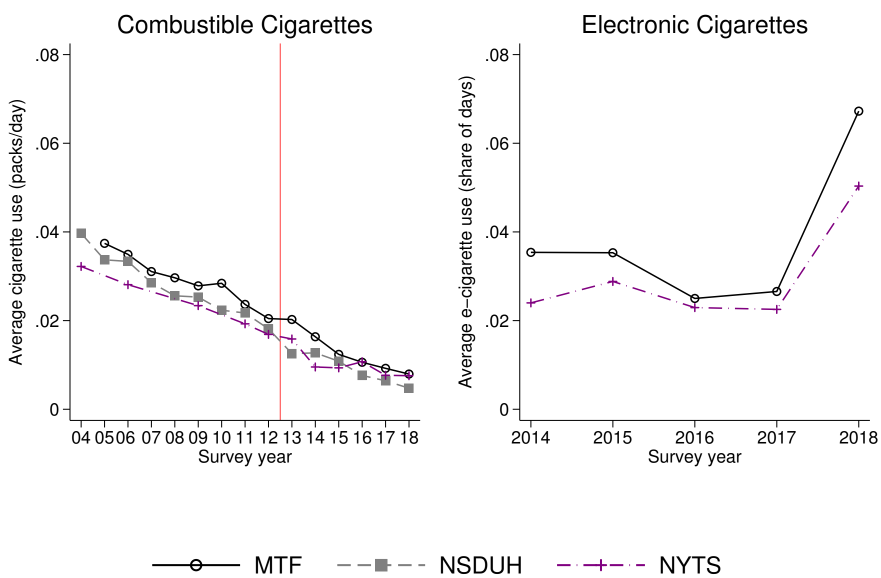
Notes: Data are from the Euromonitor Passport Cigarette and E-Vapour Products Databases.

Figure 2: **Smoking and Vaping Trends**

(a) **Adults**



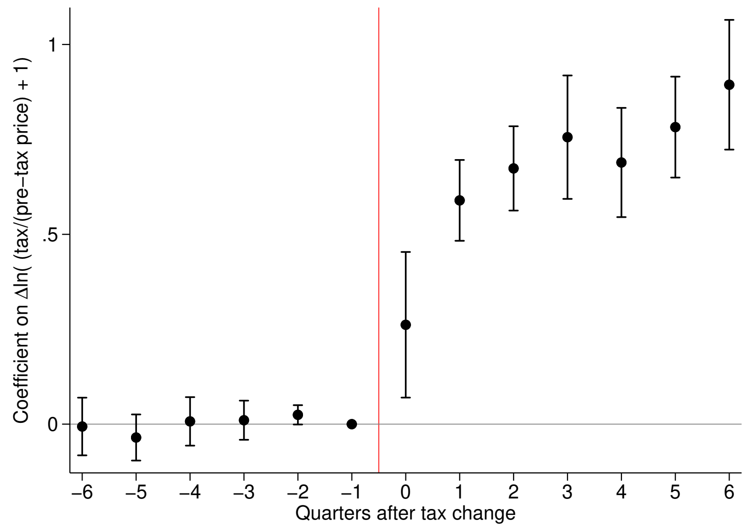
(b) **Youth**



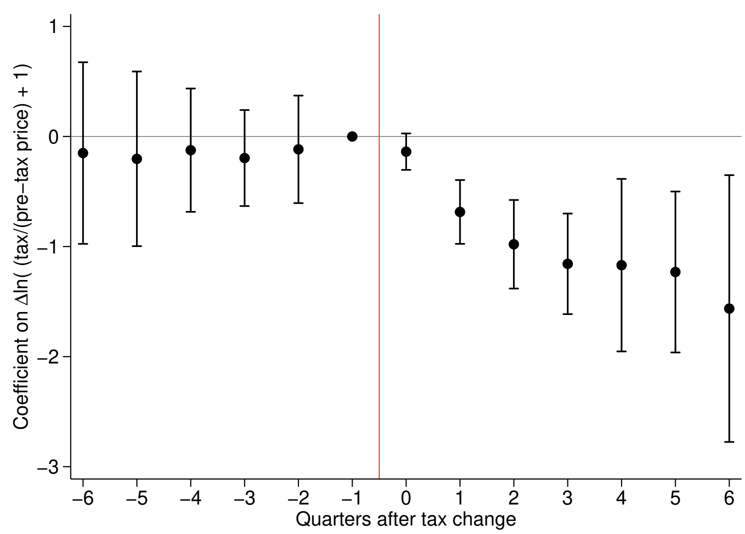
Notes: This figure presents combustible cigarette and e-cigarette use by survey and year. The BRFSS sampling frame changes in 2011, causing a jump in reported cigarette use. The NSDUH does not record data on vaping.

Figure 3: **Event Study of E-cigarette Tax Changes**

(a) **First Stage: Effect on ln(Price)**



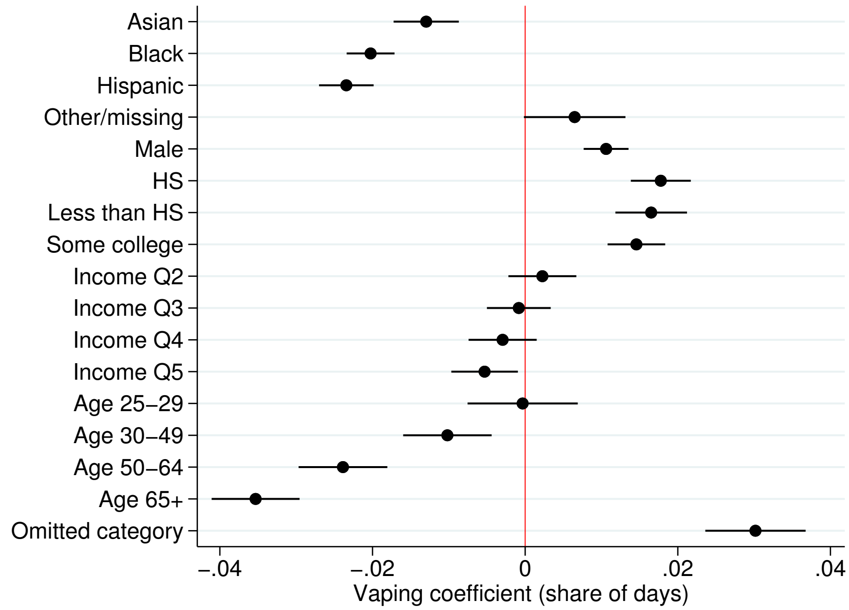
(b) **Reduced Form: Effect on ln(Quantity Sold)**



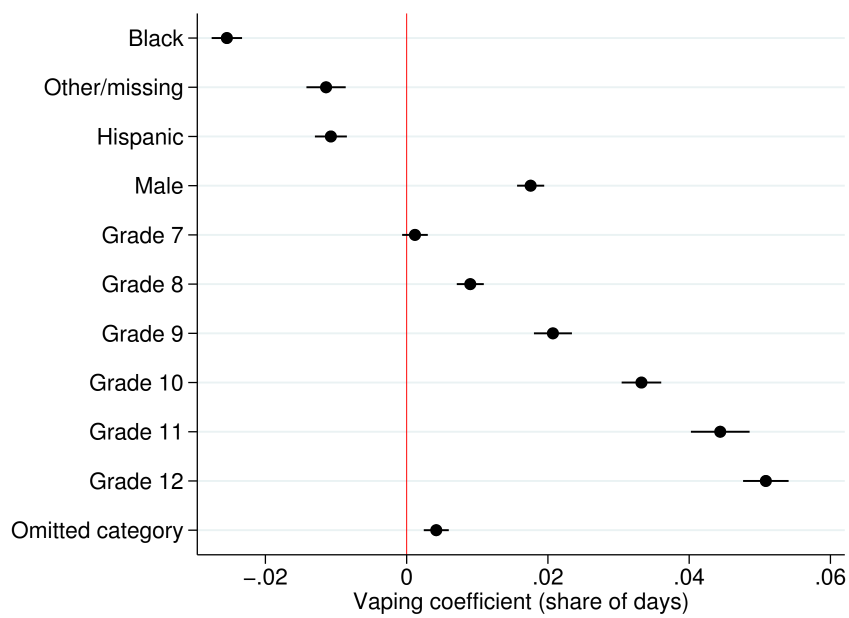
Notes: This figure presents estimates of the η_q parameters from Equation (17), an event study of the effects of e-cigarette tax changes. Panel (a) presents the first stage regression of ln(e-cigarette price) on the change in the log tax variable. Panel (b) presents the reduced form regression of the ln(e-cigarette units sold) on the change in the log tax variable.

Figure 4: **Demographic Predictors of Vaping**

(a) **Adults**



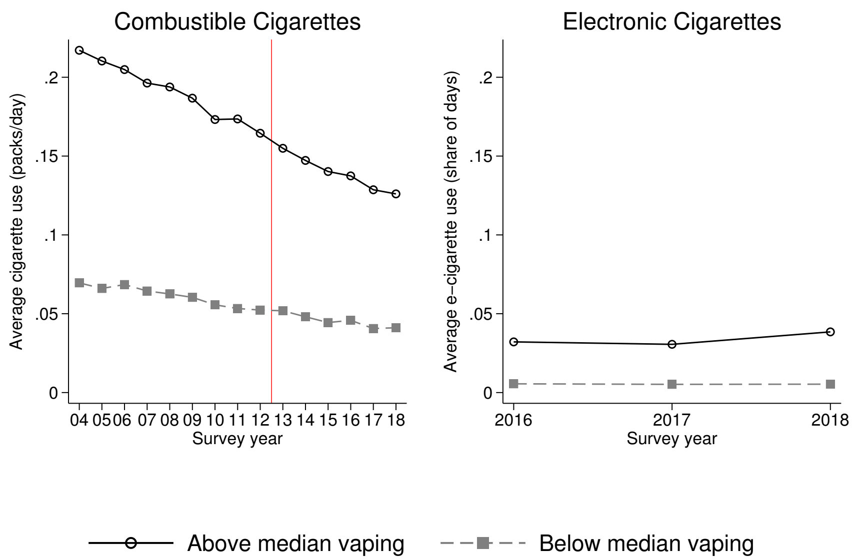
(b) **Youth**



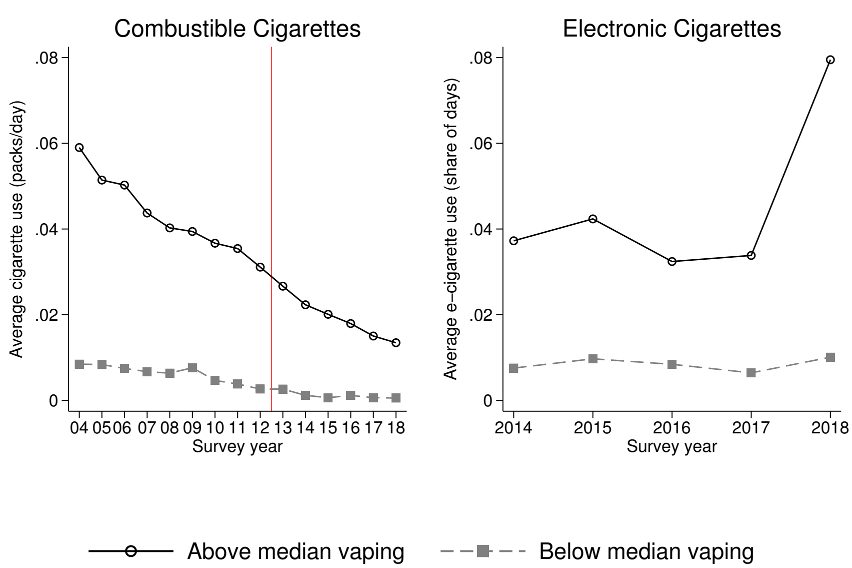
Notes: These figures present coefficients from Equation (20), a regression of vaping on demographic indicators. For adults, the omitted categories are white, female, college graduate, the lowest income quintile, and age group 18–24. For youth, the omitted categories are white, female, and grade 6. Panel (a) pools 2016–2018 data from BRFSS and NHIS; Panel (b) pools 2014–2018 data from MTF and NYTS. Standard errors are clustered by demographic cell.

Figure 5: **Smoking and Vaping Trends for High- versus Low-Vaping Demographics**

(a) **Adults**



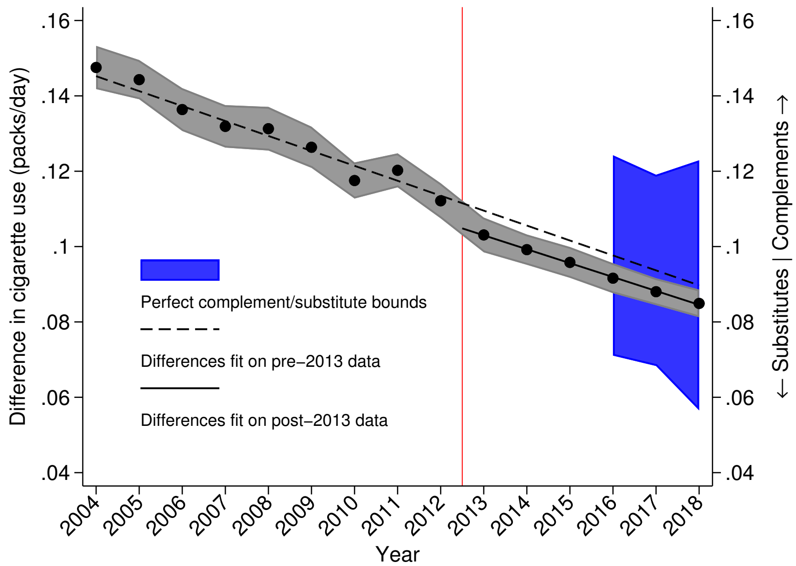
(b) **Youth**



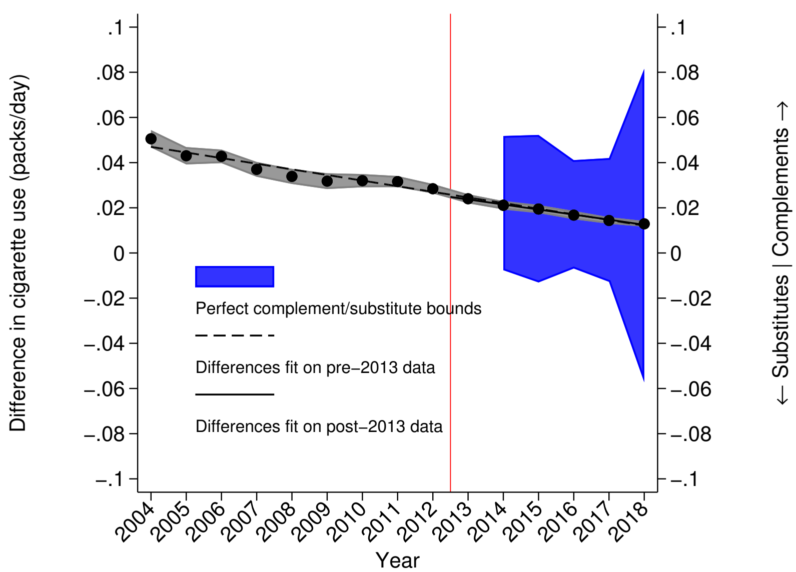
Notes: These figures present combustible cigarette and e-cigarette use for demographics with above- versus below-median predicted vaping, as predicted by Equation (20). Average cigarette use for each group is residual of dataset controls, which address the 2011 BRFSS sampling frame change and rescale cigarette use to levels in the NSDUH.

Figure 6: **Difference in Smoking Trends for High versus Low Predicted Vaping**

(a) **Adults**



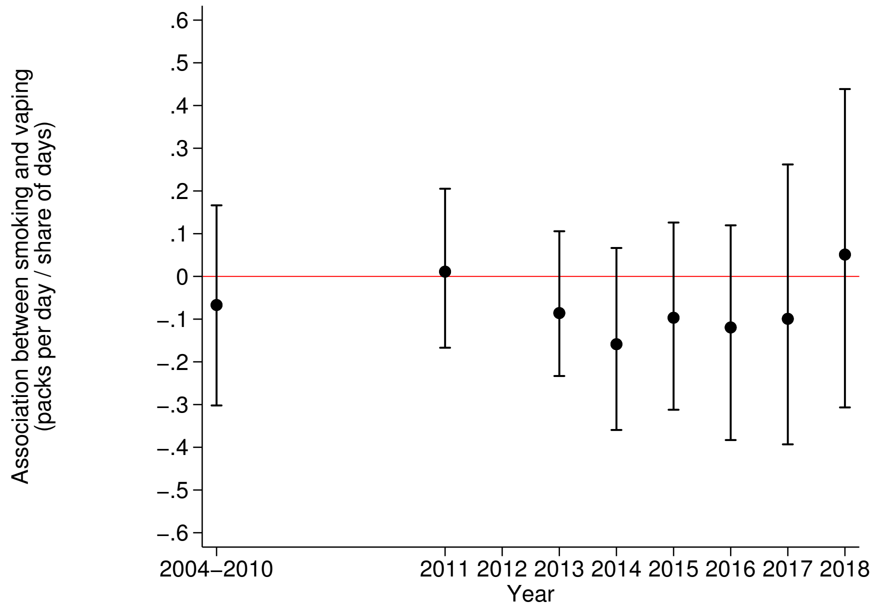
(b) **Youth**



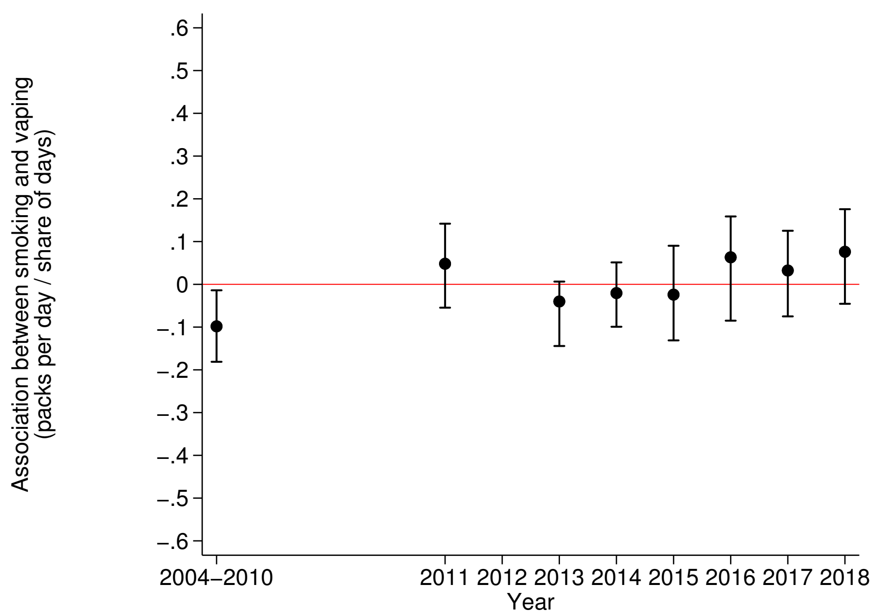
Notes: These figures present the difference in cigarette use for demographics with above- versus below-median predicted vaping, as predicted by Equation (20). Average cigarette use for each group is residual of dataset controls, which address the 2011 BRFSS sampling frame change and rescale cigarette use to levels in the NSDUH. The perfect complement (substitute) bounds show the difference in cigarette use that would be expected if daily vaping were a perfect complement (substitute) for smoking one pack of cigarettes per day. To construct perfect complement (substitute) bounds, we predict the difference in cigarette use using the pre-2013 time trend, then add (subtract) the difference in share of days vaped.

Figure 7: **Event Study of E-cigarette Introduction**

(a) **Adults**



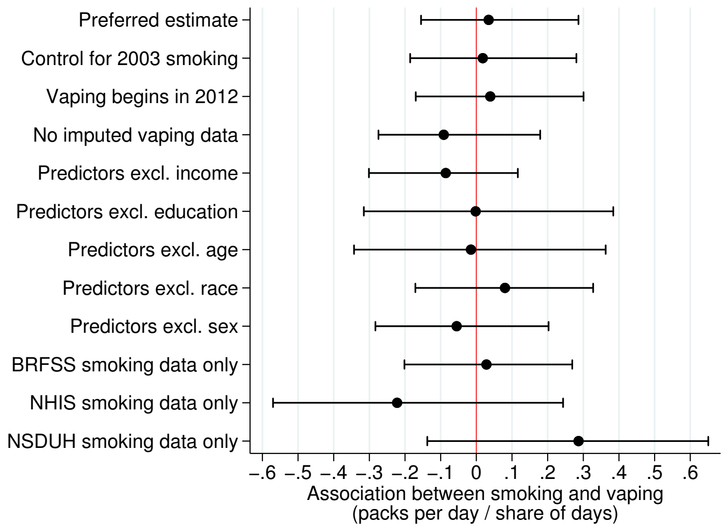
(b) **Youth**



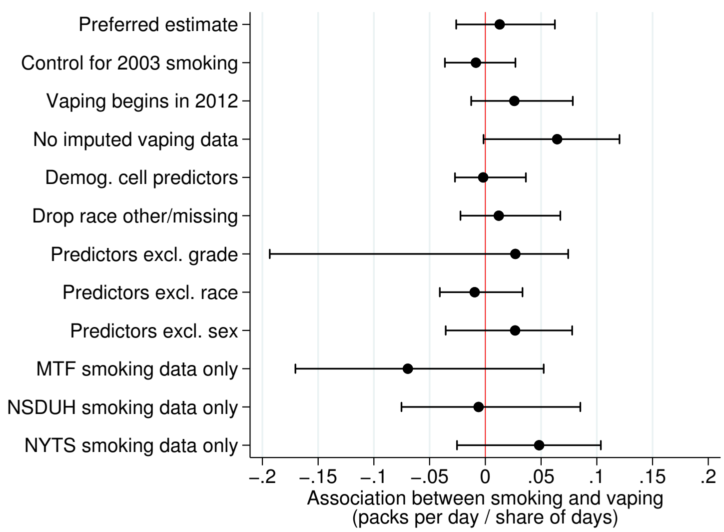
Notes: These figures present estimates of $\boldsymbol{\zeta}_t$ from Equation (24), a regression of cigarette use on predicted vaping interacted with year indicators, controlling for linear time trends and other controls. We estimate one indicator for the 2004–2010 period, and 2012 is the omitted year category. The confidence intervals reflect the 2.5th and 97.5th percentiles of estimates from 200 bootstrap replications, where we draw bootstrap samples by demographic cell.

Figure 8: **Substitution Parameters and Robustness Checks**

(a) **Adults**

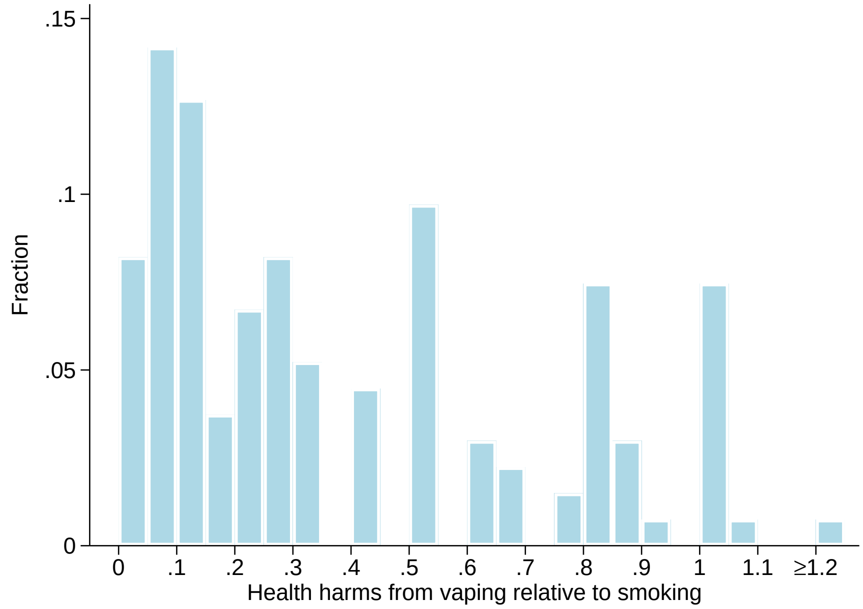


(b) **Youth**



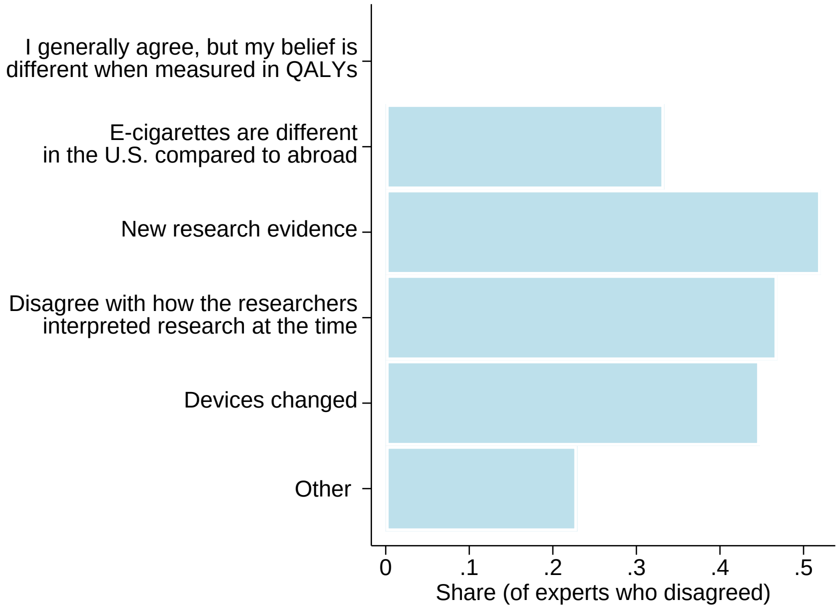
Notes: These figures present estimates of σ from Equation (21), a regession of smoking on predicted vaping controlling for controlling for linear time trends and other controls. *Control for 2003 smoking* includes additional controls for the 2003 cigarette use in person i's demographic cell and the interaction of that variable with a linear time trend. *Vaping begins in 2012* assumes zero vaping for all years before 2012 (instead of 2013 in the preferred estimate) and imputes vaping beginning in 2012 (instead of 2013). *Demog. cell predictors* uses demographic cells, rather than linear demographic groups, in $\boldsymbol{G}_i$. *Drop race other/missing* drops all observations with "other" or missing race/ethnicity. *No imputed vaping data* uses only observed vaping instead of imputing missing data beginning in 2013. *Predictors excl. age (or race, etc.)* omits age (or race, etc.) from the predictors in Equation (20). *BRFSS (or NHIS, etc.) smoking data only* uses only BRFSS (or NHIS, etc.) data when estimating Equation (5). *Drop race other/missing* drops all youth whose race/ethnicity is not Black, Hispanic, or white from both the predicted vaping and the smoking effects regressions. The confidence intervals reflect the 2.5th and 97.5th percentiles of estimates from 200 bootstrap replications, where we draw bootstrap samples by demographic cell.

Figure 9: **Expert Survey: Effects of Vaping on Quality-Adjusted Life Expectancy**



Notes: Our expert survey asked, "If smoking one pack per day reduces quality-adjusted life expectancy (compared to Control) by 100 units, by how many units do you think vaping every day would reduce quality-adjusted life expectancy (compared to Control)?" This figure presents the distribution of responses across experts, after dividing by 100. 93 percent of experts who completed the survey responded to this question.

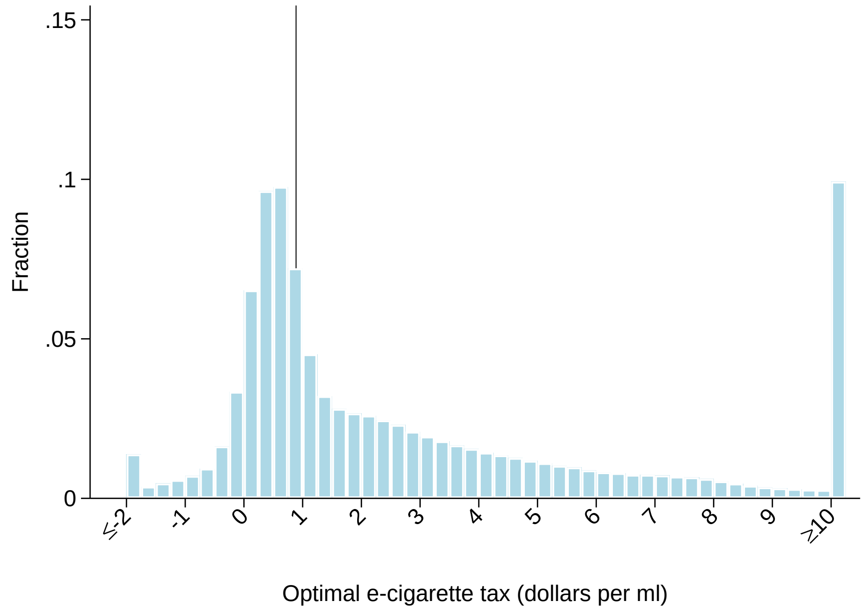
Figure 10: **Expert Survey: Reasons for Disagreement with Prior Conclusions**



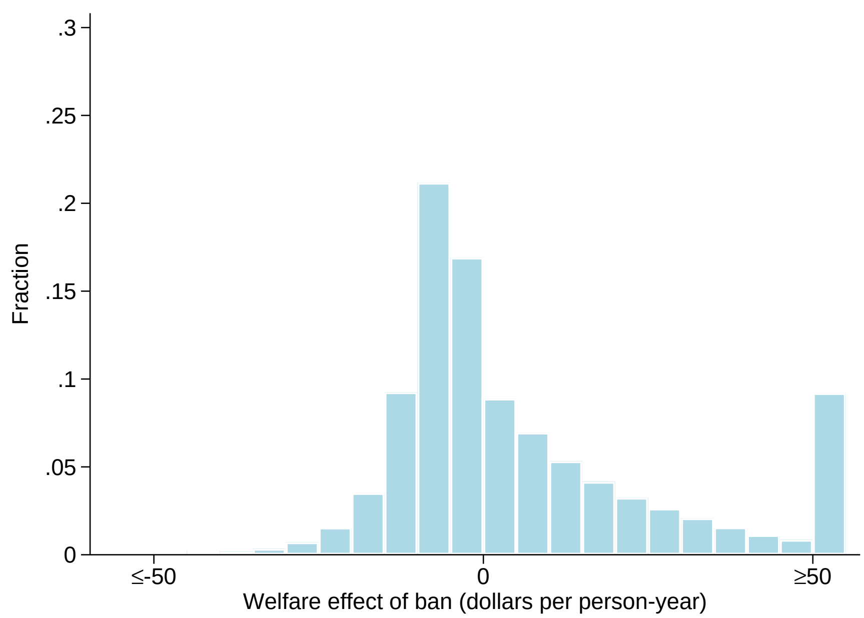
Notes: Our expert survey compared respondents' answers to prior conclusions by Nutt et al. (2014) and McNeill et al. (2018) that vaping was at least 95 percent safer than smoking. For the 78 percent of experts who were more pessimistic than those prior assessments, we asked why, allowing them to select multiple reasons. This figure presents the share of those respondents who selected each potential reason for disagreement.

Figure 11: **Optimal Tax and Welfare Effects of a Ban across Monte Carlo Simulations**

(a) **Optimal E-cigarette Tax**

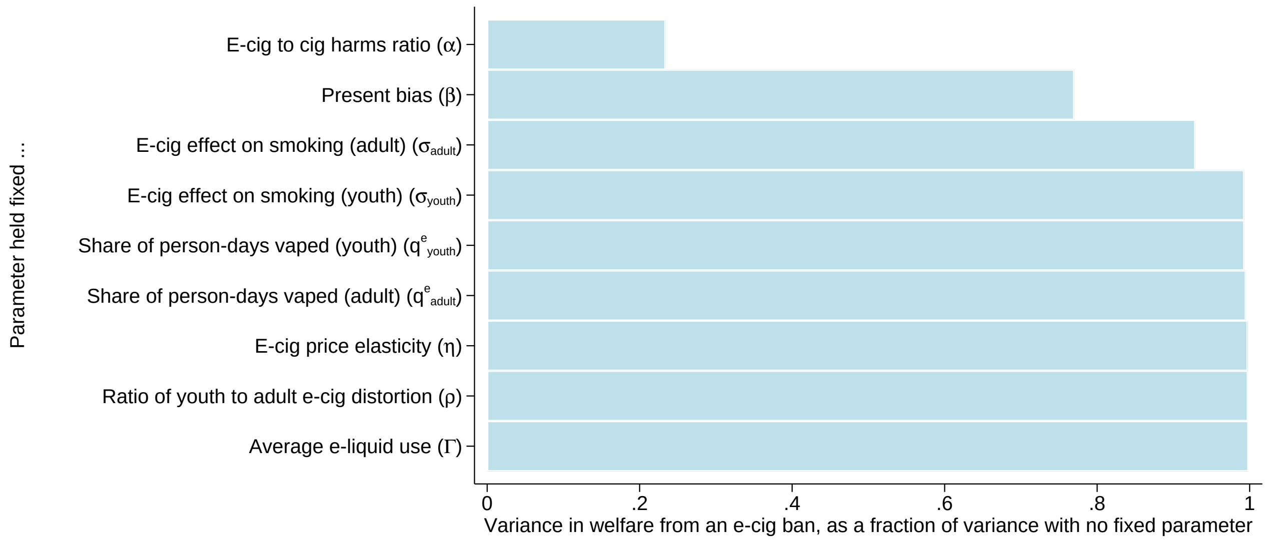


(b) **Welfare Effects of an E-Cigarette Ban**



Notes: Panel (a) presents the optimal e-cigarette tax from Equation (14) over the distibution of Monte Carlo simulations. The vertical line at \$0.89/ml represents the average existing e-cigarette tax rate. Panel (b) presents the welfare effects of an e-cigarette ban compared to current tax rates from Equation (15).

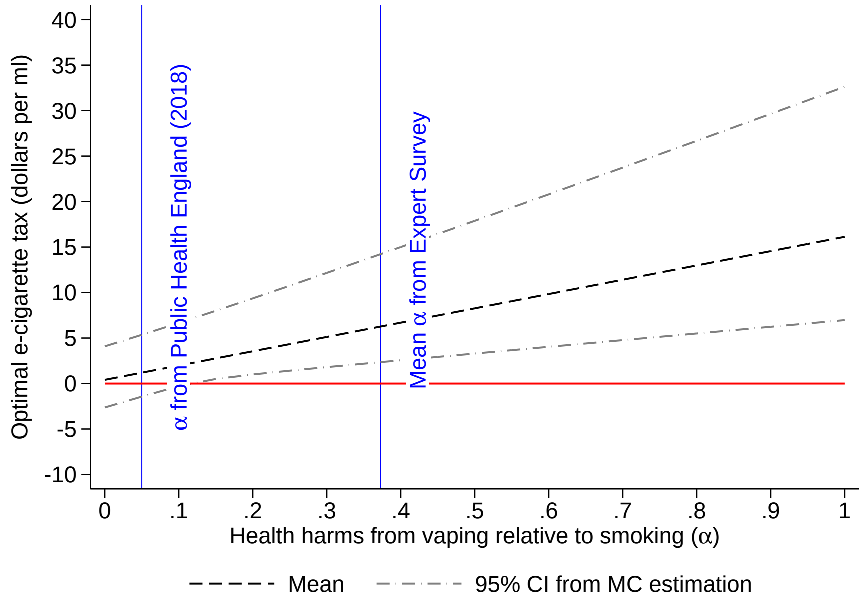
Figure 12: **Contribution of Parameters to Policy Uncertainty**



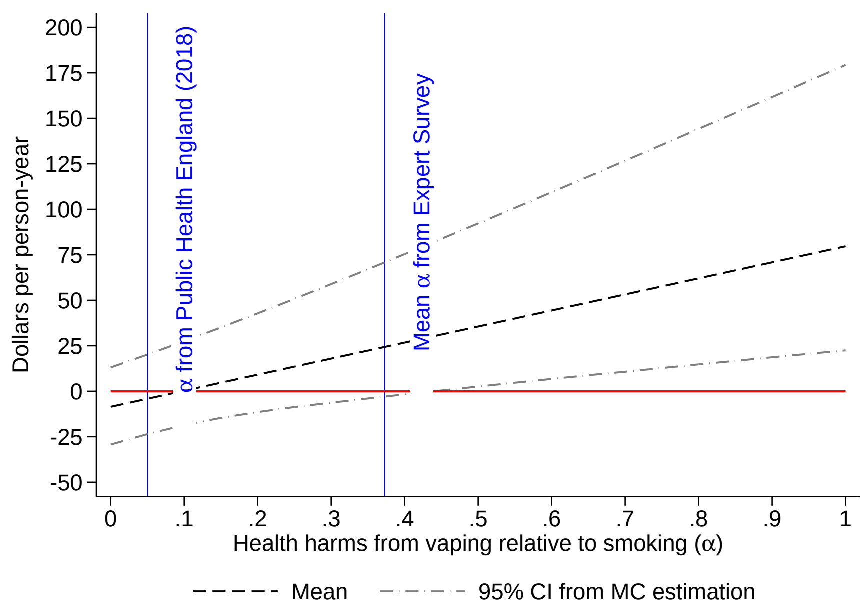
Notes: This figure presents the variance across Monte Carlo simulations of the welfare effects of an e-cigarette ban from Equation (15), holding the reported parameter fixed at its mean.

Figure 13: **Optimal Tax and Welfare Effects of a Ban as a Function of Health Harms**

(a) **Optimal E-cigarette Tax**



(b) **Welfare Effects of an E-cigarette Ban**



Notes: Panel (a) presents the mean and 95 percent confidence interval of optimal e-cigarette tax rates from Equation (14) over the distribution of Monte Carlo simulations, for different values of α, the health harms from vaping relative to smoking. Panel (b) presents the welfare effects of an e-cigarette ban compared to current tax rates from Equation (15).

Appendix

For Online Publication

Optimal Regulation of E-cigarettes: Theory and Evidence

Hunt Allcott and Charlie Rafkin

A Theory Appendix

Proof of Proposition 1. After substituting the utility function and consumer budget constraint, social welfare at time 0 is

$$W(\boldsymbol{\tau}) = \sum_{\theta,t} \delta^t s_\theta \left[u_\theta\left(\boldsymbol{q}_{\theta t}; S_t\right) - \boldsymbol{p}\cdot\boldsymbol{q}_{\theta t} + z_{\theta t} + T_t\right]. \tag{25}$$

Substituting in the balanced budget constraint $T_t = \sum_\theta \left(\boldsymbol{\tau} - \boldsymbol{\phi}_\theta\right)\cdot \boldsymbol{q}_{\theta t}$ gives

$$W(\boldsymbol{\tau}) = \sum_{\theta,t} \delta^t s_\theta \left[u_\theta\left(\boldsymbol{q}_{t}; S_t\right) - \boldsymbol{p}\cdot\boldsymbol{q}_{t} + z_{\theta t} + \left(\boldsymbol{\tau} - \boldsymbol{\phi}_\theta\right)\cdot \boldsymbol{q}_{\theta t}\right]. \tag{26}$$

The effect of a marginal change in q_t^k on type θ's value function is the effect on current period utility, $\frac{\partial u_\theta(\boldsymbol{q}_{\theta t};S_t)}{\partial q_t^k} - p^k$, plus the discounted effect on the continuation value, $\delta \frac{\partial V_\theta(S_{t+1})}{\partial S_{t+1}}\cdot\frac{\partial S_{t+1}}{\partial q_t^k}$. Thus, recalling that $\boldsymbol{p}$ is the tax-inclusive price, the derivative of social welfare with respect to τ^j is

$$\begin{aligned}
\frac{\partial W_r(\boldsymbol{\tau})}{\partial \tau^j} &= \sum_{\theta,t,k} \delta^t s_\theta \left[\left(\frac{\partial u_\theta\left(\boldsymbol{q}_{\theta t}; S_t\right)}{\partial q_t^k} + \delta \frac{\partial V_\theta\left(S_{t+1}\right)}{\partial S_{t+1}} \cdot \frac{\partial S_{t+1}}{\partial q_t^k} - p^k\right) \frac{dq_t^k}{d\tau^j} - q_{\theta t}^k + \left(\tau^k - \phi_\theta^k\right)\frac{dq_{\theta t}^k}{d\tau^j} + q_{\theta t}^k\right] \\
&= \sum_{\theta,t,k} \delta^t s_\theta \left[-\gamma_\theta^k(\boldsymbol{p},S_t)\frac{dq_{\theta t}^k}{d\tau^j} + \left(\tau^k - \phi_\theta^k\right)\frac{dq_{\theta t}^k}{d\tau^j}\right] \\
&= \sum_{\theta,t,k} \delta^t s_\theta \left(\tau^k - \varphi_\theta^k(\boldsymbol{p},S_t)\right)\frac{dq_{\theta t}^k}{d\tau^j},
\end{aligned} \tag{27}$$

where the second line follows from the definition of $\gamma_\theta^j(\boldsymbol{p}, S_t)$ in Equation (5) and the third line follows from the definition of $\varphi_\theta^k(\boldsymbol{p}, S_t)$ in Equation (9). Setting equal to zero and re-arranging gives

$$\tau^j \sum_{\theta,t} \delta^t s_\theta \frac{dq_{\theta t}^j}{d\tau^j} = \sum_{\theta,t} \delta^t s_\theta \varphi_\theta^j(\boldsymbol{p},S_t)\frac{dq_{\theta t}^j}{d\tau^j} + \sum_{\theta,t} \delta^t s_\theta \left(\varphi_\theta^{-j}(\boldsymbol{p},S_t) - \tau^{-j}\right)\frac{dq_{\theta t}^{-j}}{d\tau^j}, \tag{28}$$

and dividing by $\sum_{\theta,t}\delta^t s_\theta \frac{dq_{\theta t}^j}{d\tau^j}$ gives Equation (10).

Proof of Proposition 2. The welfare effect of banning e-cigarettes beginning in period 0 is

$$\begin{aligned}\Delta W &= \int_{\tilde{\tau}^e}^{\infty} \frac{\partial W(\tau)}{\partial \tau^e} d\tau^e \\ &= \int_{\tilde{\tau}^e}^{\infty} \sum_{\theta,t,j} \delta^t s_\theta \left(\tau^j - \varphi_\theta^j(\boldsymbol{p}, S_t)\right) \frac{dq_{\theta t}^j}{d\tau^e} d\tau^e \\ &= \sum_{\theta,t,j} \delta^t s_\theta \left[\int_{\tilde{\tau}^e}^{\infty} \tau^j \frac{dq_{\theta t}^j}{d\tau^e} d\tau^e - \int_{\tilde{\tau}^e}^{\infty} \varphi_\theta^j(\boldsymbol{p}, S_t) \frac{dq_{\theta t}^j}{d\tau^e} d\tau^e\right]. \end{aligned} \tag{29}$$

Integrating by parts gives

$$\sum_j \int_{\tilde{\tau}^e}^{\infty} \tau^j \frac{dq_{\theta t}^j}{d\tau^e} d\tau^e = \sum_j \tau^j q_{\theta t}^j \bigg|_{\tilde{\tau}^e}^{\infty} - \int_{\tilde{\tau}^e}^{\infty} q_{\theta t}^e d\tau^e = \sum_j \tilde{\tau}^j \Delta q_{\theta t}^j - \int_{\tilde{\tau}^e}^{\infty} q_{\theta t}^e d\tau^e. \tag{30}$$

Substituting Equations (12) and (30) into Equation (29) gives

$$\Delta W = \sum_{\theta,t} \delta^t s_\theta \left[-\int_{\tilde{\tau}^e}^{\infty} q_{\theta t}^e d\tau^e + \sum_j \tilde{\tau}^j \Delta q_{\theta t}^j - \sum_j \overline{\varphi}_{\theta t}^j \Delta q_{\theta t}^j\right].$$

Re-arranging gives Equation (13).

Proof of Corollary 1. Since $\eta^j = \frac{dq_{\theta t}^j/dp^j}{q_{\theta t}^j/p^j}$, we have $\frac{dq_{\theta t}^j}{dp^j} = \eta^j q_{\theta t}^j/p^j$ and $\frac{dq_{\theta t}^{-j}}{dp^j} = \sigma_{\theta t}^j \eta^j q_\theta^j/p^j$. Under Assumption 1, the optimal tax from Equation (10) becomes

$$\tau^{*j} = \frac{\sum_{\theta,t} \delta^t s_\theta q_{\theta t}^j \varphi_\theta^j(\boldsymbol{p}, S_t)}{\sum_{\theta,t} \delta^t s_\theta q_{\theta t}^j} + \frac{\sum_{\theta,t} \delta^t s_\theta q_{\theta t}^j \sigma_{\theta t}^j \left(\varphi_\theta^{-j}(\boldsymbol{p}, S_t) - \tilde{\tau}_t^{-j}\right)}{\sum_{\theta,t} \delta^t s_\theta q_{\theta t}^j}. \tag{31}$$

Adding Assumption 2 gives

$$\tau^{*j} = \frac{\sum_\theta s_\theta q_\theta^j \varphi_\theta^j}{\sum_\theta s_\theta q_\theta^j} + \frac{\sum_\theta s_\theta q_\theta^j \sigma_\theta^j \left(\varphi_\theta^{-j} - \tilde{\tau}_t^{-j}\right)}{\sum_\theta s_\theta q_\theta^j}. \tag{32}$$

Re-arranging yields Equation (14).

Proof of Corollary 2. Under Assumption 3, Equation (13) becomes

$$\Delta W = \sum_{\theta,t} \delta^t s_\theta \left[\Delta q^e_{\theta t} \frac{\tilde{p}^e}{-2\eta} - \sum_j \Delta q^j_{\theta t} \left(\overline{\varphi}^j_\theta(\boldsymbol{p}, S_t) - \tilde{\tau}^j \right) \right]. \tag{33}$$

Adding Assumption 2 gives

$$\Delta W = \frac{1}{1-\delta} \sum_\theta s_\theta \left[\Delta q^e_\theta \frac{\tilde{p}^e}{-2\eta} - \sum_j \Delta q^j_\theta \left(\varphi^j_\theta - \tilde{\tau}^j \right) \right]. \tag{34}$$

Multiplying by $1-\delta$ gives the average per-period welfare effect:

$$\Delta \overline{W} = \sum_\theta s_\theta \left[\Delta q^e_\theta \frac{\tilde{p}^e}{-2\eta} - \sum_j \Delta q^j_\theta \left(\varphi^j_\theta - \tilde{\tau}^j \right) \right]. \tag{35}$$

B Data Appendix

B.1 RMS Data

B.1.1 Data Construction

We construct two datasets: (1) a UPC-cluster-month dataset of *e-cigarette* units sold and prices data, and (2) a UPC-cluster-month dataset of *cigarette* units sold and prices data.

Sample restrictions. We exclude data from stores that are not observed for the full 2013–2017 sample period. Since UPCs with low sales are more likely to enter and exit the sample and create an unbalanced panel, we drop UPCs with less than $100,000 in total sales from the analysis sample.

Weeks that occur in two months are assigned to the later month (i.e., the month in which the week's Saturday falls).

Weights. For simplicity, we refer to our estimates as being weighted by sales, but we do not weight by raw sales because sales are endogenous to the tax rate. We construct e-cigarette weights as follows. We construct the total sales for a given UPC-year that occur in states without e-cigarette taxes. We then divide this number by the total e-cigarette sales that occur in untaxed states in that year. Cigarette sales are nearly always subject to some tax. To construct weights for cigarette analyses, we construct the total sales in a given UPC-year (excluding that observation's own UPC-year-cluster sales), as a fraction of the total sales in that year across UPCs (excluding sales in the given UPC-year-cluster). We exclude the observation's own UPC-cluster-year sales from the numerator and denominator to account for the fact that sales are endogenous to the tax environment.

E-cigarette dataset. We construct unit-weighted prices at the UPC-cluster-month level. The cigarette prices in this dataset are cluster-month unit-weighted cigarette post-tax prices, including the monthly cigarette sales tax per pack. The cigarette tax rate is the state and national cigarette tax in a given state-month, divided by the unit-weighted cigarette post-tax price less the state-month cigarette tax.

Cigarette dataset. We convert Nielsen units and prices per unit to packs. We construct unit-weighted prices at the UPC-cluster-month level. The cigarette tax rate is the state and national cigarette tax as a fraction of the observation's unit-weighted UPC-month cigarette post-tax price less the state cigarette tax, excluding the UPC's own cluster. We drop observations where the official cigarette tax is more than the scanner post-tax price. We construct unit-weighted cluster-month e-cigarette prices, and we obtain the e-cigarette tax by using the algorithm in the following subsection. Since we are working with cluster-month data, we use the sales-weighted e-cigarette size across all clusters and the unit-weighted price across untreated clusters.

State cigarette excise taxes. We assume these are included in the price reported by Nielsen.

Sales taxes. Nielsen excludes state sales taxes. Because these change only infrequently and our regression estimates use state fixed effects and the natural log of price, such ad valorem taxes are unlikely to influence the results.

B.1.2 Constructing the E-cigarette Tax Variable

There are two types of e-cigarette taxes: ad-valorem taxes (where the tax is a percentage of the UPC price) and specific taxes (where the tax is a constant per milliliter of e-liquid). In all clusters, taxes collected are included in the UPC price recorded in RMS. Let τ'_{st} represent the ad-valorem tax rate in cluster s. With full pass-through, $\tau_{kst} = \tau'_{st}$ in ad-valorem cluster-months, for all UPCs k. To construct a consistent instrument that appropriately scales the magnitude of the tax across different regimes, we convert specific taxes to ad-valorem taxes. For each UPC-month, we generate the unit-weighted price p'_k, across all months, using only clusters with no e-cigarette taxes. Let size_k denote the mililiters of e-liquid contained in UPC k. The ad-valorem tax for UPC k in a cluster s with a specific tax α_{st} per mililiter of e-liquid in month t is given by $\tau_{kst} = \frac{\alpha_{st} \cdot \text{size}_k}{p'_k}$. In the final analysis, we drop the 0.12% of the total observations have $\tau_{kst} > 1$ or for which we do not observe any sales in states with no e-cigarette taxes (to construct p'_k). Summarizing,

$$\tau_{kst} = \left\{ \begin{array}{cc} 0, & s \text{ has no e-cigarette tax} \\ \tau'_{st}, & s \text{ has an ad-valorem e-cigarette tax} \\ \frac{\alpha_{st} \cdot \text{size}_k}{p'_k}, & s \text{ has a specific e-cigarette tax} \end{array} \right\}.$$

The RMS data do not consistently record the size, in milliliters of liquid, of vaping products. We begin with the list of UPC sizes generously shared by the authors of Cotti et al. (2020). We augment their list with hand-collected information on the mililiters of liquid for the largest UPCs.

For UPCs where we could accurately record size, we convert the per-ml taxes to taxes that are a fraction of the UPC price. In the final dataset, we observe 79 percent of the observations' sizes. For other UPCs, we convert prices to the average sales-weighted size for UPCs whose size we did record.

The city of Chicago enacted a separate tax several months before Cook County. Because we only observe the county in which sales take place, we assume that: (i) taxes that occur in Chicago apply throughout Cook County, Illinois, and: (ii) the Cook County tax was additive on top of the Chicago tax. Moreover, Chicago enacted a tax of $0.80 per unit or $0.55 per ml of e-liquid. Because of the difficulty in converting RMS units to the units taxed, we assume Chicago's tax is per ml of e-liquid.

In the event study analysis, we construct a variable τ'_{kstq} that varies by UPC, cluster, calendar month, and event quarter. In months prior to treatment in specific tax states, where τ_{ksq} varies by $k$and q, we construct α_{s0}, the size of the specific tax in cluster s in event-month 0, and generate $\tau_{kstq} = \frac{\alpha_{s0} \cdot \text{size}_k}{p'_k}$.[29]

Table A1: **E-cigarette Tax Changes Through 2017**

Area (state, county, or city)	Date	Tax rate
California	4/2017, 7/2017	27.3%, 65% of wholesale price
Chicago, IL	1/2016	$0.80 per unit / $0.55 per ml
Cook County, IL	5/2016	$0.20 per ml
Kansas	7/2016, 7/2017	$0.20, $0.05 per ml
Louisiana	7/2015	$0.05 per ml
Minnesota	8/2010, 7/2013	35%, 95% of wholesale price
Montgomery County, MD	8/2015	30% of wholesale price
North Carolina	6/2015	$0.05 per ml
Pennsylvania	7/2016	40% of retail price
Washington, DC	10/2015, 10/2016	67%, 65% of wholesale price
West Virginia	7/2016	$0.075 per ml

Notes: Data are from Pesko, Courtemanche and Maclean (Forthcoming, Appendix Table 2) and Tax Foundation (2019). The table excludes changes in Alaska, which does not appear in the RMS data.

B.2 Sample Surveys

This section details our construction of harmonized samples across the BRFSS, MTF, NHIS, NSDUH, and NYTS.

[29] For consistency with other sample restrictions, we drop the pre-treatment observations where the implied $\tau_{ksq} > 1$.

B.2.1 Sample Weights

All surveys excluding MTF come with nationally representative sample weights; MTF provides relative sampling odds, which we transform to sample weights. We use the survey-provided sample weights for adults. For youth, we rescale the sampling weights by the sum of weights within dataset-grade-year grade. Hence, within dataset, each observation retains its sampling weight relative to other observations within the dataset. Once we append the datasets, the sampling weights are appropriately scaled with respect to one another.

B.2.2 Income quintile construction

We construct income quintile within dataset-year, including sampling weights. Income is often recorded in bins, and occasionally the bins cut across quintile cut points. We assign to the lower quintile except in the case of the NHIS's first quintile, because doing so would only four quintiles in some years. To ensure there are five income quintiles in every year, we re-assign incomes that cut across the first and second quintiles to income quintile 1 in the NHIS prior to 2006 and income quintile 2 for 2007–2018. In the 2018 NSDUH, there are only four income groups recorded, which we code as quintiles 1, 2, 4, and 5.

B.2.3 Adult Smoking (NHIS, NSDUH, BRFSS)

NHIS. We use the *smknow*, *cigsda1*, and *cigsda2* variables to identify people who report smoking "every day," "some days," or "not at all." Among people who smoke every day, we use *cigsda1* to construct the average number of cigarettes smoked per day. If someone reports smoking "not at all," we impose that these people smoke 0 cigarettes per day on all days. Among people who report smoking "some days," we use *cigdamo* to generate the average number of days smoked in the past 30 days and the *cigsda2* variable to generate the average number of cigarettes smoked on days when the person smokes; we extract the average number of cigarettes smoked per day as ci*gsda2* × *cigdamo*/30.

NSDUH. We use the *cig30av* variable to compute the average number of cigarettes smoked per day on days smoked. Because the variable is interval censored, we use the midpoint of the reported ranges. We code the final interval ("35 cigarettes or more, about two packs") as 50 cigarettes (2.5 packs), for consistency with other top-coded datasets. We use the *cig30use* variable to compute the average number of days in the past 30 days when the respondent smoked. Among the small proportion of people who do not remember the precise number of days smoked, we use the midpoint of ranges reported in the *cg30est* variable to compute an estimate of the number of days smoked. We extract the number of cigarettes smoked per day in the past 30 as (number of days smoked in the past 30 / 30) × (number of cigarettes smoked on days smoked).

BRFSS. We use the *smokeday* and *smokday2* variables to construct a variable encoding whether someone smokes "every day," "some days," or "not at all." We rescale these variables for comparability by using the following algorithm.

For each year in 2004-2018, append the NHIS and NSDUH datasets. Keep only those people with non-missing values of demographic variables used in the main analysis. Extract smoking intensity among "every day" smokers: compute the average number of cigarettes smoked per day among people who report smoking 30 days in the past 30 in the NSDUH, or who smoke "every day" in the NHIS. Extract smoking intensity among "sometimes" smokers: compute the average number of cigarettes smoked per day among people who report smoking between 1 and 29 days in the past 30 in the NSDUH or who smoke "some days" in the NHIS. Construct a "predicted" smoking intensity for that year and smoking status by regressing the number of cigarettes smoked on survey year (i.e, compute a linear fit). Weight regression by sampling weights in each dataset. Divide the number of cigarettes smoked by 20 to obtain number of packs consumed per day.

Among people who report smoking "every day" in BRFSS, we impose that the person smokes the average number of packs in that year among every day smokers. Among people who report smoking "some days" in BRFSS, we impose that the person smokes the average number of packs in that year among "sometimes" smokers.

B.2.4 Adult Vaping (NHIS, BRFSS)

NHIS. We use the *ecig30d2*, *ecigcur2*, and *ecigev2* variables to construct a variable that is 1 if the person vaped "every day" (in *ecigcur2*), 0 if the person vaped "not at all" (in *ecigcur2*) and is *ecig30d2*/30 if the person reports vaping "some days" (in *ecigcur2*).

BRFSS. We use the *ecignow* and *ecigaret* variables to construct a variable that encodes whether the person vapes "every day," "some days," or "not at all." We use a similar algorithm as for vaping to rescale the variable for comparability: Among people who report vaping "not at all" in BRFSS, impose that the person has a vaping equivalent of 0. Among people who report vaping "every day" in BRFSS, impose that the person has a vaping equivalent of 1. For each year in 2016–2018, append the NHIS datasets. Keep only those people with non-missing values of demographic variables used in the main analysis. Extract smoking intensity among "sometimes" vapers: compute the average number of days vaped in the past 30 among people who report vaping "some days" in the NHIS. Among people who report smoking "some days" in BRFSS, impose that the person has a vaping equivalent of the average value extracted among vapers who report vaping "some days." Unlike in the exercise for smoking, do not generate separate values for each year.

B.2.5 Youth Smoking (MTF, NYTS, NSDUH)

MTF. We define packs per day as the number of cigarettes smoked per day on average, divided by 20. We recode the top-coded observations that report smoking 2 or more packs per day as smoking

50 cigarettes per day.

NYTS. We use the midpoint of the interval containing the number of cigarettes per day smoked and the midpoint of the number of days smoked to obtain the number of packs smoked per day. We code "20 or more" cigarettes per day as 30 cigarettes per day.

NSDUH. Same as adults.

B.2.6 Youth Vaping (MTF, NYTS)

Both datasets. We extract the midpoint of the interval containing the number of times the respondent reports vaping electronic cigarettes last month. We define vaping equivalents as the midpoint of this interval, divided by 30.

Additional details about the MTF vaping data. The MTF has several different variables from 2014–2018 that record the number of days the respondent reports vaping. By year, they are as follows (emphasis from MTF codebooks).

2014:

- During the LAST 30 DAYS, on how many occasions (if any) have you used electronic cigarettes (e-cigarettes)?

2015:

- During the LAST 30 DAYS, on how many occasions (if any) have you used electronic cigarettes (e-cigarettes)?
- During the LAST 30 DAYS, on how many days (if any) have you used an electronic vaporizer such as an e-cigarette?

2016:

- During the LAST 30 DAYS, on how many days (if any) have you used electronic cigarettes (e-cigarettes)?
- During the LAST 30 DAYS, on how many days (if any) have you used an electronic vaporizer such as an e-cigarette?

2017:

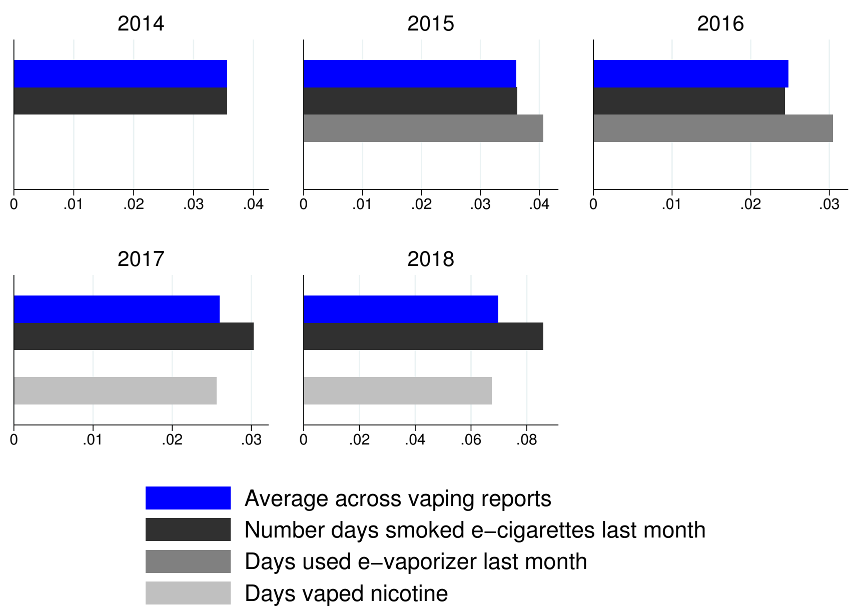
- On how many occasions (if any) have you vaped NICOTINE during the last 30 days?
- During the LAST 30 DAYS, on how many occasions (if any) have you used electronic cigarettes (e-cigarettes)?

2018:

- On how many occasions (if any) have you vaped NICOTINE during the last 30 days?
- During the LAST 30 DAYS, on how many occasions (if any) have you used electronic cigarettes (e-cigarettes)?

We combine these reports as follows. If a respondent is ever recorded asked *multiple* vaping questions, we take the average. If the respondent records vaping more than 30 times in the past month, we recode this as 30 (such that the maximum number of *days* in the last month is 30). Figure A1 illustrates that mean vaping rates align well across these reports.

Figure A1: **MTF Vaping Rates by Question**



Notes: This figure presents vaping rates by year and question from the Monitoring the Future survey.

B.2.7 Additional Issues in Sample Surveys

NSDUH. The NSDUH is the sole youth survey that does not have a clean way of identifying students' current grade to provide comparability with MTF and NYTS. We therefore count people in grades 6–12, or people who are age 18, as youth. Because we include 18–24 year olds in the adult estimations, this means the 18 year-olds in the NSDUH appear in both the youth and adult surveys. The public-use NSDUH data also provide ages in bins that are not comparable to the BRFSS and NHIS for some adults. For demographic controls, we code NSDUH 18–23 year olds as 18–24 year olds and NSDUH 24–29 year olds as 25–29 year olds.

BRFSS. Because of inconsistent data collection, we drop survey respondents from Guam, Puerto Rico, and other territories from the BRFSS sample.

MTF. The MTF samples only the 48 contiguous states. The MTF does not sample dropouts. We are limited to four race/ethnicity groups in the youth dataset because Asian is not a separate category from other race in the public-use MTF.

NYTS. The NYTS does not sample dropouts.

B.2.8 Total Quantities in Sample Surveys versus Sales Data

The total cigarette and e-cigarette sales implied by our sample survey data and unit conversion parameters line up reasonably closely with national sales data. Multiplying 2018 average smoking for adults and youths from Figure 2 by the total population sizes gives (0.082 packs/day $\times$ 254 million adults + 0.006 packs/day $\times$ 25 million youth) $\times$ 365 days/year $\approx$ 7.7 billion packs. This is 64 percent of the 12 billion packs sold in 2018 as reported in Figure 1. This 64 percent ratio is consistent with the public health literature on under-reported smoking prevalence in sample surveys: for example, Liber and Warner (2018) find 61 percent ratio in the NHIS and about 70 percent in the NSDUH.

For e-cigarettes, multiplying 2018 average vaping for adults and youths from Figure 2 by total population sizes gives (0.03 $\times$ 254 million adults + 0.06 $\times$ 25 million youth) $\times$ 0.58 ml/day $\times$ \$3.90/ml $\approx$ \$7.54 billion. This is nine percent larger than the \$6.9 billion in vapor products sold in 2018 as reported in Figure 1.

B.3 Other Data

E-cigarette User Survey:

- Weight construction. We construct weights using Entropy Weight Rebalancing (Hainmueller 2012), targeting the distribution of gender, income, and e-cigarette use from adults in the sample of BRFSS and the NHIS who report non-zero vaping.
- E-liquid use per day. Several participants record more than 3 ml per day of e-liquid use. We drop their reports from the data, since these are unrealistically large, and winsorize other reports at 2 ml per day.
- Price per day. We construct the weighted mean among participants who report using 3 ml or less e-liquid per day.

E-cigarette Expert Survey:

- Internalities. One expert reports an “infinite” internality of e-cigarettes. We recode this observation as the maximum among experts who report less than an infinite internality.

E-cigarette Tax Rates:

- We use January 1, 2018 tax rates from Tax Foundation (2018). We convert specific taxes to ad valorem taxes using the mean e-cigarette size from RMS and price from the E-cigarette User Survey.

C Price Elasticity Appendix

Table A2: **Own- and Cross-Price Elasticity of Demand for Cigarettes (UPC-level estimates)**

(a) **First Stage and Reduced Form**

	(1)	(2)	(3)
Dependent variable:	ln(cig price)	ln(e-cig price)	ln(cig units)
ln(cig % tax rate + 1)	1.087	-0.112	-0.873
	(0.021)	(0.127)	(0.197)
ln(e-cig % tax rate + 1)	-0.008	0.570	-0.040
	(0.020)	(0.109)	(0.170)
Observations	1,939,181	1,939,181	1,939,181

(b) **Instrumental Variables Estimates**

	(1)	(2)	(3)	(4)	(5)	(6)
Dependent variable:	ln(cig units)	ln(cig units)	ln(cig units)	ln(cig units)	ln(cig units)	ln(cig units)
ln(cig price)	-0.811	-3.882	-0.790	-1.131	-1.127	-0.826
	(0.157)	(1.057)	(0.328)	(0.237)	(0.237)	(0.183)
ln(e-cig price)	-0.083	1.659	0.760	0.827	0.752	-0.228
	(0.287)	(0.653)	(0.355)	(0.317)	(0.256)	(0.312)
UPC-cluster FE	Yes	No	Yes	Yes	Yes	Yes
UPC-month FE	Yes	No	No	Yes	Yes	Yes
Division-month FE	Yes	No	No	No	Yes	Yes
Cluster × month trend	Yes	No	No	No	No	Yes
Time-varying state controls	Yes	Yes	Yes	Yes	Yes	No
Observations	1,939,181	1,942,070	1,939,233	1,939,181	1,939,181	1,939,181

Notes: This table presents estimates of the own- and cross-price elasticity of demand for cigarettes from an analogue to Equation (16), using UPC-cluster-month data. There are 51 geographic clusters: the two counties that have e-cigarette taxes, each of the contiguous 48 states (excluding those two counties), and Washington, D.C. Standard errors are clustered by geographic cluster. Observations are weighted by the UPC's sales in other clusters in that calendar year, divided by total sales in other clusters across all UPCs in that year. Panel (a) presents the first stage and reduced form, using the same set of controls as in our primary estimate in column 1 of Panel (b). Panel (b) presents the instrumental variables estimates. Time-varying state controls are the state unemployment rate and beer tax rate as well as indicators for whether the state has an indoor vaping ban, has a medical marijuana law, has passed or implemented a prescription drug program, and implemented the Medicaid expansion.

Table A3: **Own- and Cross-Price Elasticity of Demand for E-cigarettes, Robustness**

Dependent variable: ln(e-cig units)	(1) 18-month window	(2) Exclude 1(quarter of e-cig tax) controls	(3) Exclude imputed volumes	(4) Exclude specific-tax clusters	(5) Unweighted
ln(e-cig price)	-1.198	-1.150	-1.327	-1.339	-1.103
	(0.380)	(0.446)	(0.419)	(0.444)	(0.391)
ln(cig price)	0.186	0.220	0.213	0.328	0.155
	(0.442)	(0.460)	(0.472)	(0.479)	(0.239)
Observations	285,985	285,985	282,372	258,601	285,985

Notes: This table presents instrumental variables estimates of the own- and cross-price elasticity of demand for e-cigarettes from Equation (16), using UPC-cluster-month data. There are 51 geographic clusters: the two counties that have e-cigarette taxes, each of the contiguous 48 states (excluding those two counties), and Washington, D.C. Standard errors are clustered by geographic cluster. Observations are weighted by the UPC's sales in non-taxed clusters in that calendar year, divided by total sales across all UPCs in that year in non-taxed clusters. All columns include UPC-cluster, UPC-month, and Census division-month fixed effects and cluster-specific linear time trends, as well as time-varying state controls. Column 1 includes additional controls so as to identify the elasticities only using an 18-month window around e-cigarette tax changes. Column 2 excludes controls for the quarter of the e-cigarette tax treatment and interaction with the e-cigarette tax, to identify the elasticities also off of the effects in the first three months after a tax change. Column 3 excludes e-cigarette UPCs with imputed volumes. Column 4 excludes states that ever have a specific (i.e. per-milliliter) e-cigarette tax. Column 5 presents estimates without weights.

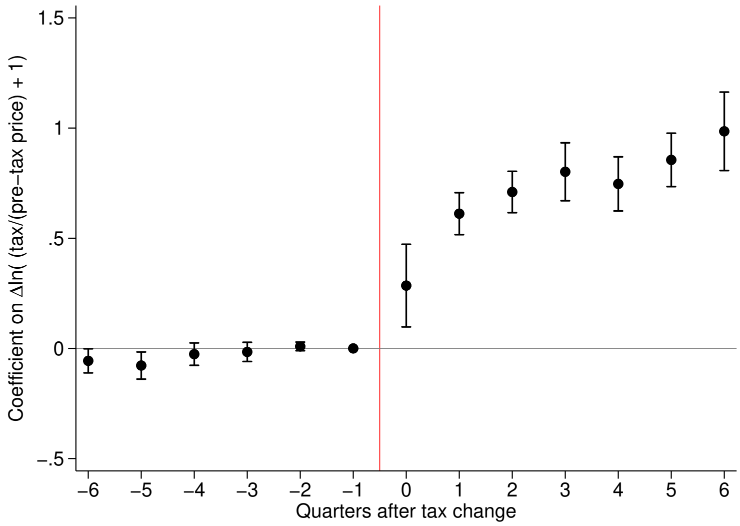
Table A4: **Own- and Cross-Price Elasticity of Demand for Cigarettes, Robustness**

Dep. variable: ln(cig units)	(1) 18-month window	(2) Exclude 1(quarter of e-cig tax) controls	(3) Exclude specific-tax states	(4) Unweighted
ln(cig price)	-0.812	-0.808	-0.830	-0.988
	(0.156)	(0.149)	(0.150)	(0.184)
ln(e-cig price)	-0.093	-0.102	-0.130	-0.075
	(0.271)	(0.302)	(0.188)	(0.288)
Observations	1,939,181	1,939,181	1,755,005	1,939,181

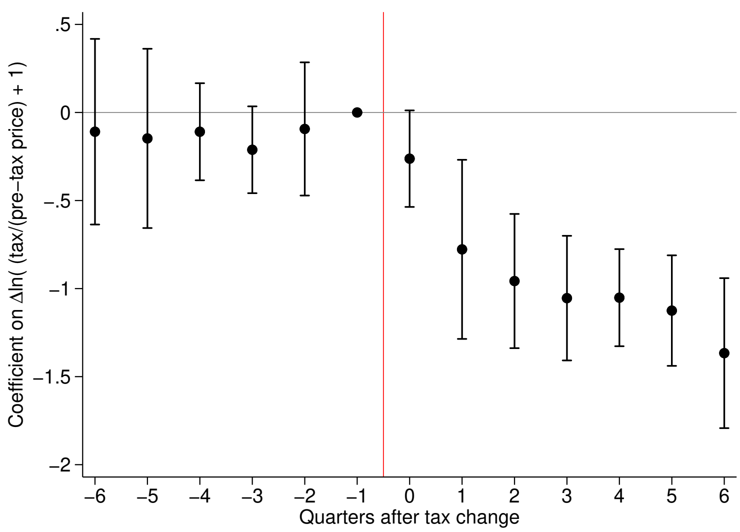
Notes: This table presents instrumental variables estimates of the own- and cross-price elasticity of demand for cigarettes from an analogue to Equation (16), using UPC-cluster-month data. There are 51 geographic clusters: the two counties that have e-cigarette taxes, each of the contiguous 48 states (excluding those two counties), and Washington, D.C. Standard errors are clustered by geographic cluster. Observations are weighted by the UPC's sales in other clusters in that calendar year, divided by total sales in other clusters across all UPCs in that year. All columns include UPC-cluster, UPC-month, and Census division-month fixed effects and cluster-specific linear time trends, as well as time-varying state policy controls. Column 1 includes additional controls so as to identify the elasticities only using an 18-month window around e-cigarette tax changes. Column 2 excludes controls for the quarter of the e-cigarette tax treatment and interaction with the e-cigarette tax, to identify the elasticities also off of the effects in the first three months after a tax change. Column 3 excludes states that ever have a specific (i.e. per-milliliter) e-cigarette tax. Column 4 presents estimates without weights.

Figure A2: **Event Study of E-cigarette Tax Changes without Linear Time Trends**

(a) **First Stage: Effect on ln(Price)**



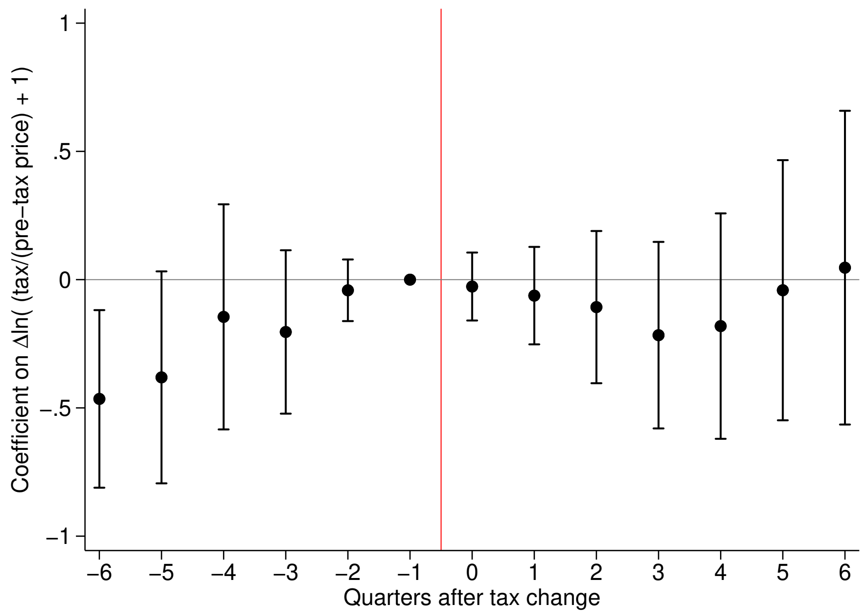
(b) **Reduced Form: Effect on ln(Quantity Sold)**



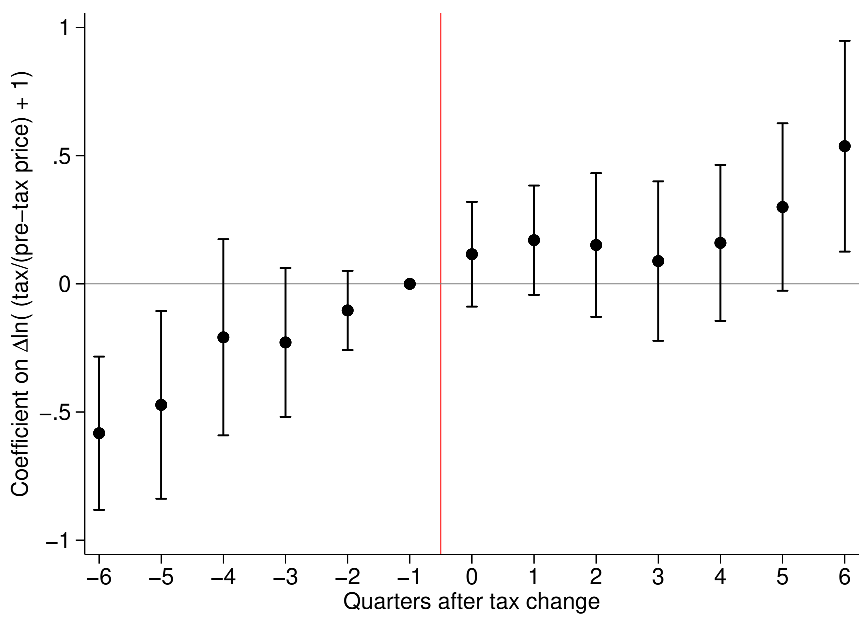
Notes: This figure presents estimates of the η_q parameters from Equation (17), an event study of the effects of e-cigarette tax changes. This parallels Figure 3, except it excludes cluster-specific linear time trends. Panel (a) presents the first stage regression of ln(e-cigarette price) on the change in the log tax variable. Panel (b) presents the reduced form regression of the ln(e-cigarette units sold) on the change in the log tax variable.

Figure A3: **Event Study of E-cigarette Tax Changes on Cigarette Demand**

(a) **With Cluster-Specific Linear Time Trends**



(b) **Without Cluster-Specific Linear Time Trends**

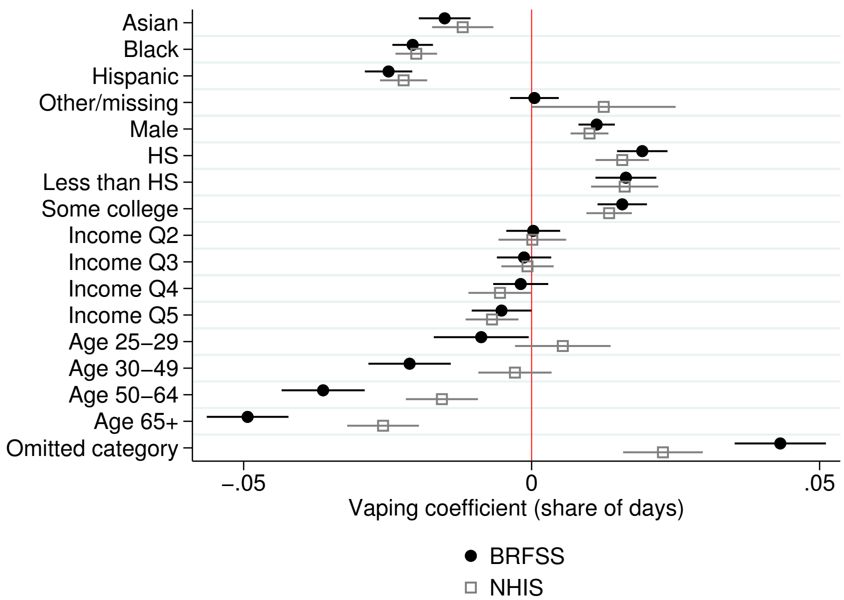


Notes: This figure presents estimates of the η_q parameters from Equation (17), an event study of the effects of e-cigarette tax changes. This parallels Figure 3, except with combustible cigarette purchases as the dependent variable. Panel (a) presents estimates with cluster-specific linear time trends. Panel (b) presents estimates without cluster-specific linear time trends.

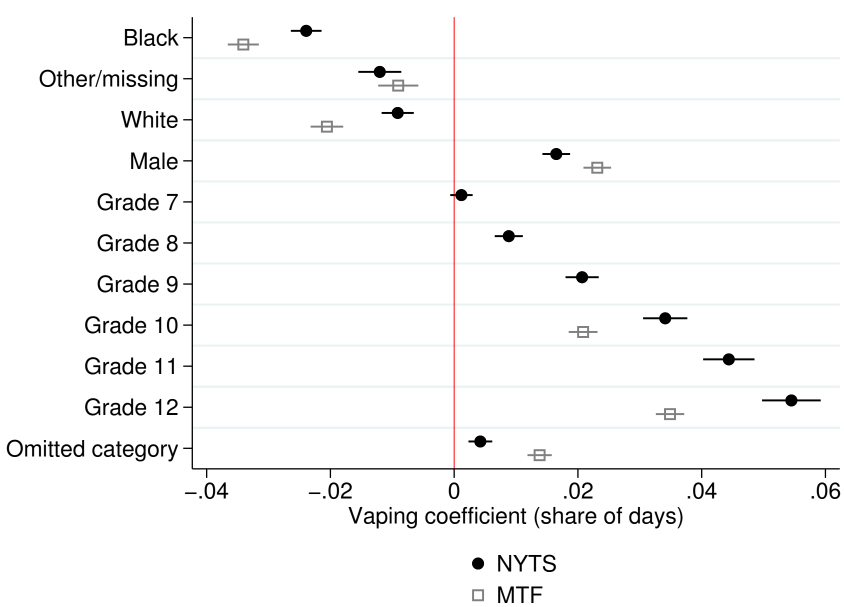
D Substitution Patterns Appendix

Figure A4: **Demographic Predictors of Vaping, by Dataset**

(a) **Adults**

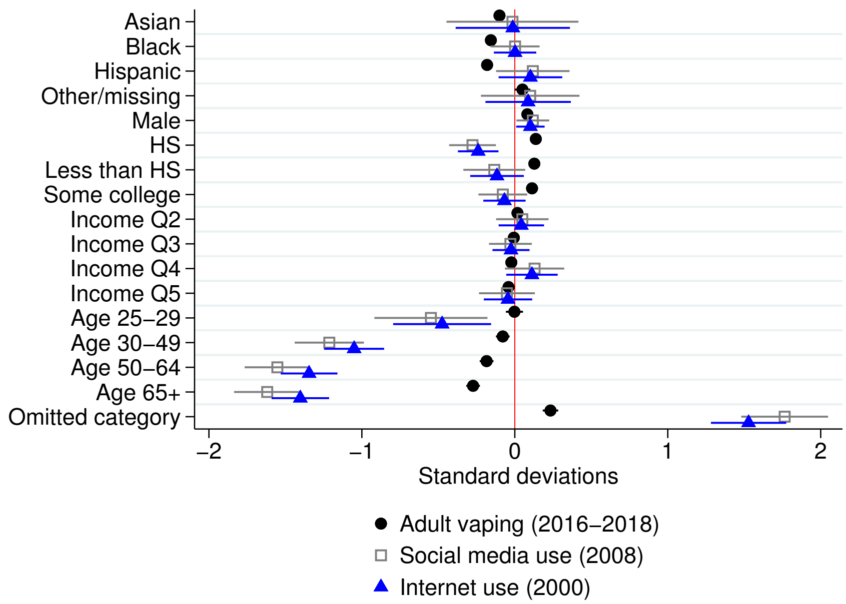


(b) **Youth**



Notes: These figures present coefficients from Equation (20), a regression of vaping on demographic indicators, estimated separately by dataset. For adults, the omitted categories are white, female, college graduate, the lowest income quintile, and age group 18-24. For youth, the omitted categories are white, female, and grade 6. Panel (a) pools 2016–2018 data from BRFSS and NHIS; Panel (b) pools 2014–2018 data from MTF and NYTS. Standard errors are clustered by demographic cell.

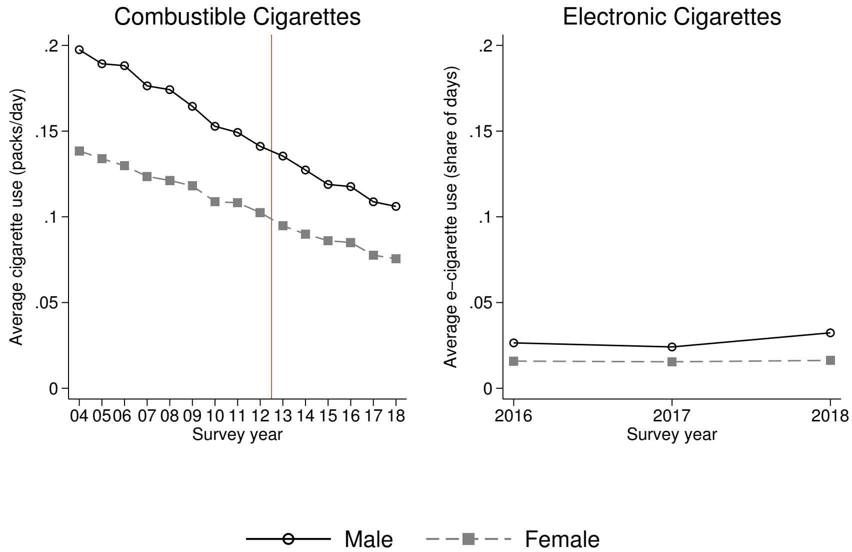
Figure A5: **Demographic Predictors of E-cigarette, Social Media, and Internet Use**



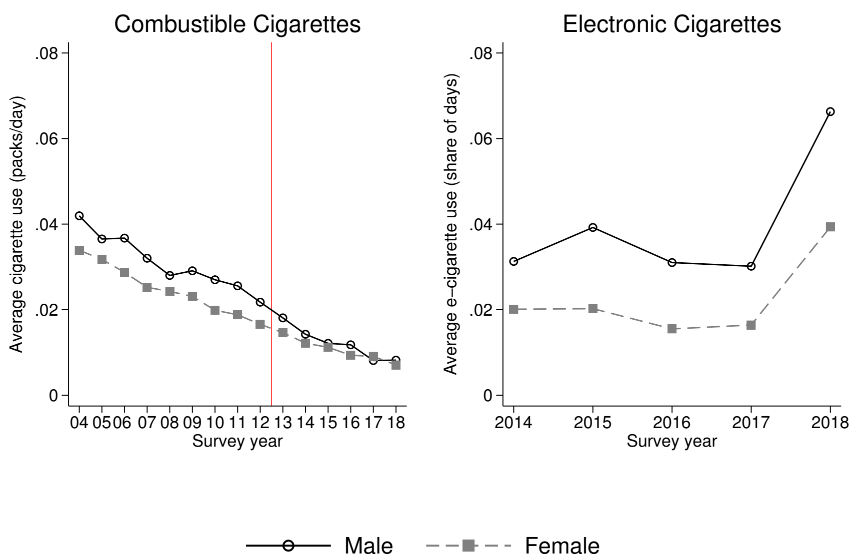
Notes: These figures present coefficients from regressions of vaping, social media use, or internet use on demographic indicators. Each dependent variable is normalized into standard deviation units for comparability. For adults, the omitted categories are white, female, college graduate, the lowest income quintile, and age group 18-24. For youth, the omitted categories are white, female, and grade 6. Standard errors are clustered by demographic cell.

Figure A6: **Smoking and Vaping Trends by Sex**

(a) **Adults**



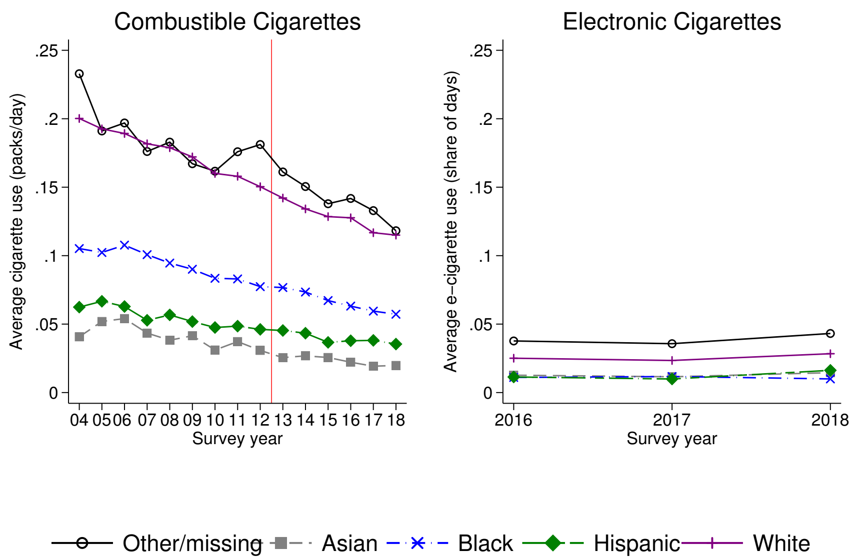
(b) **Youth**



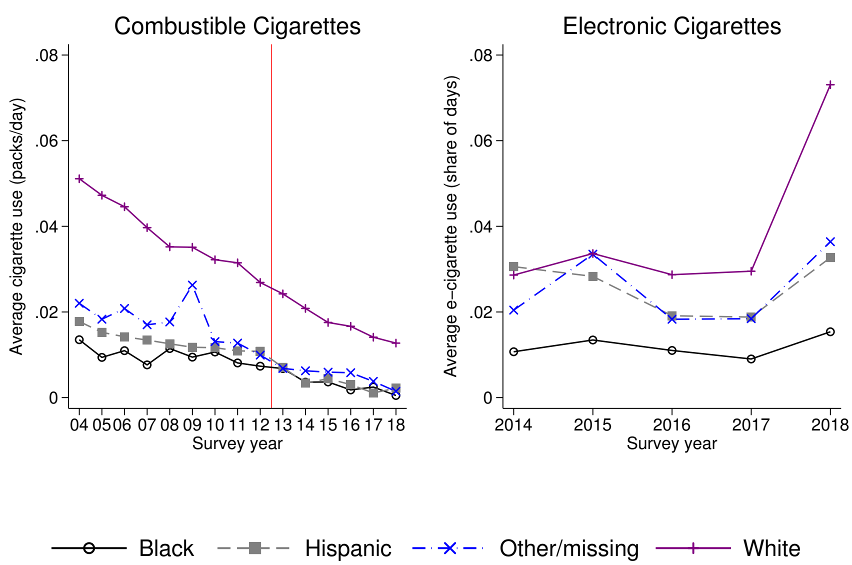
Notes: These figures present combustible cigarette and e-cigarette use by demographic group. Average cigarette use for each group is residual of dataset controls, which address the 2011 BRFSS sampling frame change and rescale cigarette use to levels in the NSDUH.

Figure A7: **Smoking and Vaping Trends by Race/Ethnicity**

(a) **Adults**



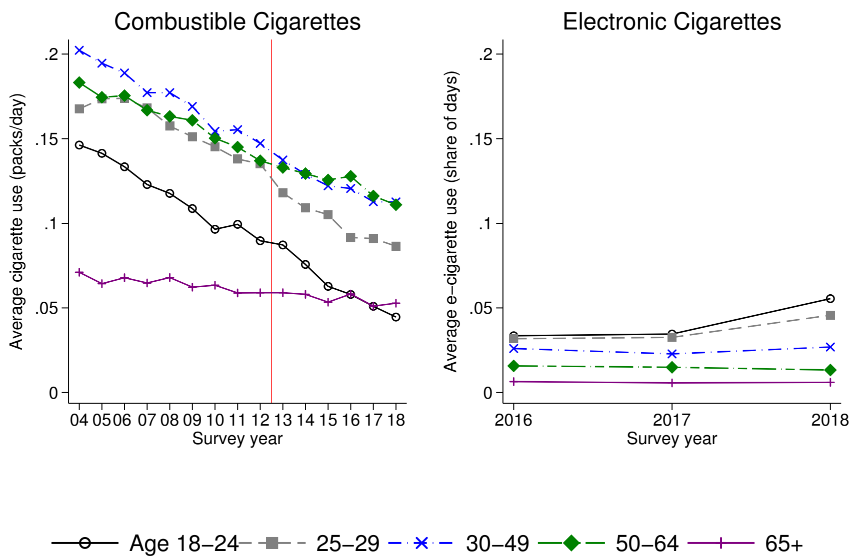
(b) **Youth**



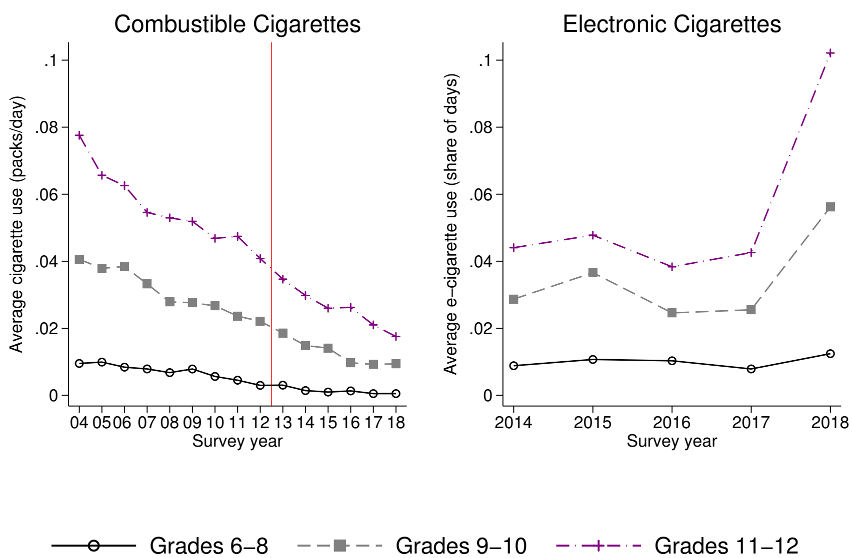
Notes: These figures present combustible cigarette and e-cigarette use by demographic group. Average cigarette use for each group is residual of dataset controls, which address the 2011 BRFSS sampling frame change and rescale cigarette use to levels in the NSDUH.

Figure A8: **Smoking and Vaping Trends by Age/Grade**

(a) **Adults**



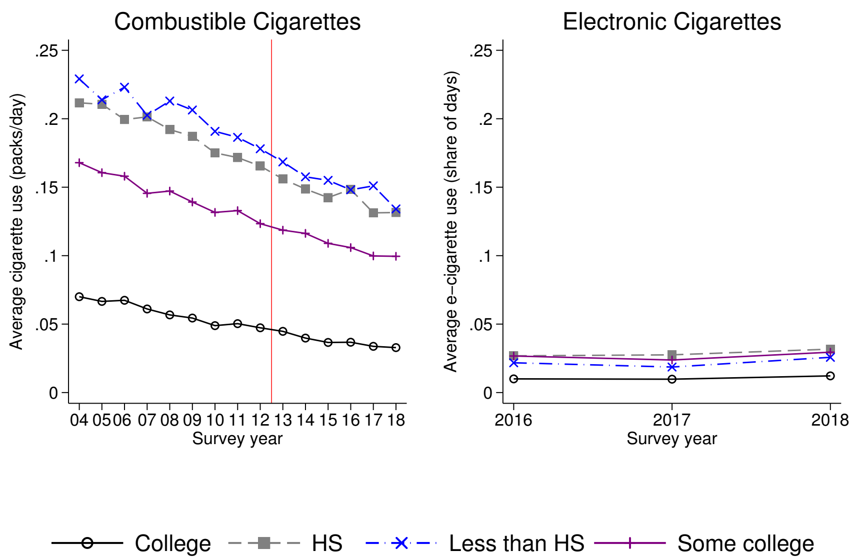
(b) **Youth**



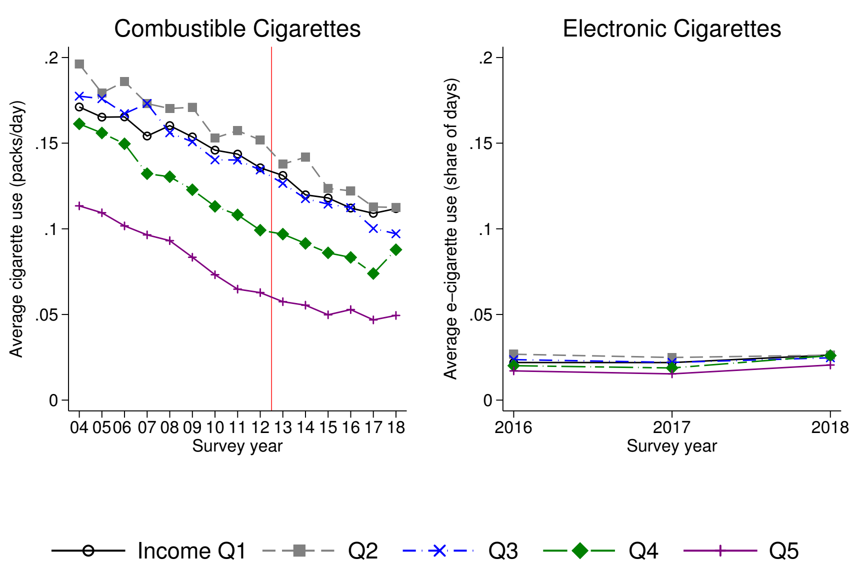
Notes: These figures present combustible cigarette and e-cigarette use by demographic group. Average cigarette use for each group is residual of dataset controls, which address the 2011 BRFSS sampling frame change and rescale cigarette use to levels in the NSDUH.

Figure A9: **Smoking and Vaping Trends by Education and Income, for Adults**

(a) **Education**



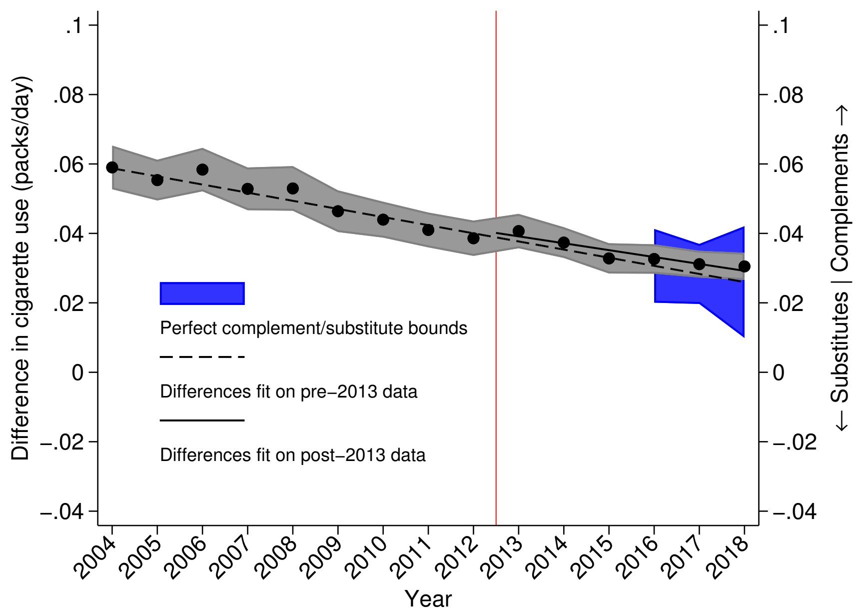
(b) **Income**



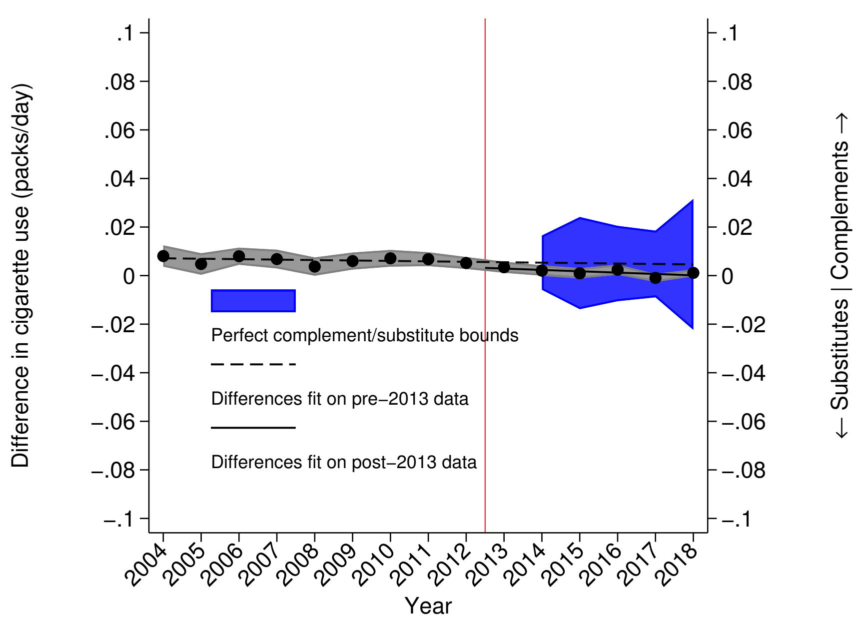
Notes: These figures present combustible cigarette and e-cigarette use by demographic group. Average cigarette use for each group is residual of dataset controls, which address the 2011 BRFSS sampling frame change and rescale cigarette use to levels in the NSDUH.

Figure A10: **Difference in Smoking Trends by Sex**

(a) **Adults**



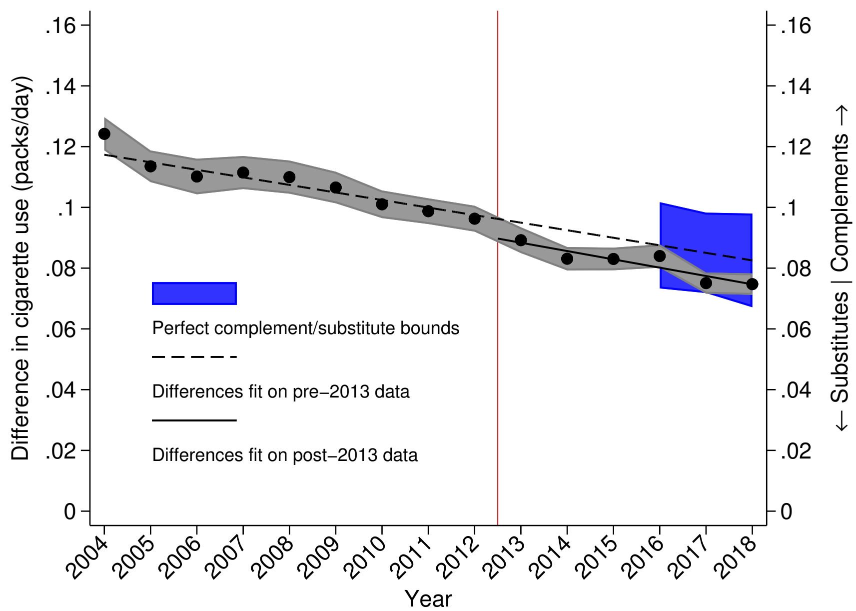
(b) **Youth**



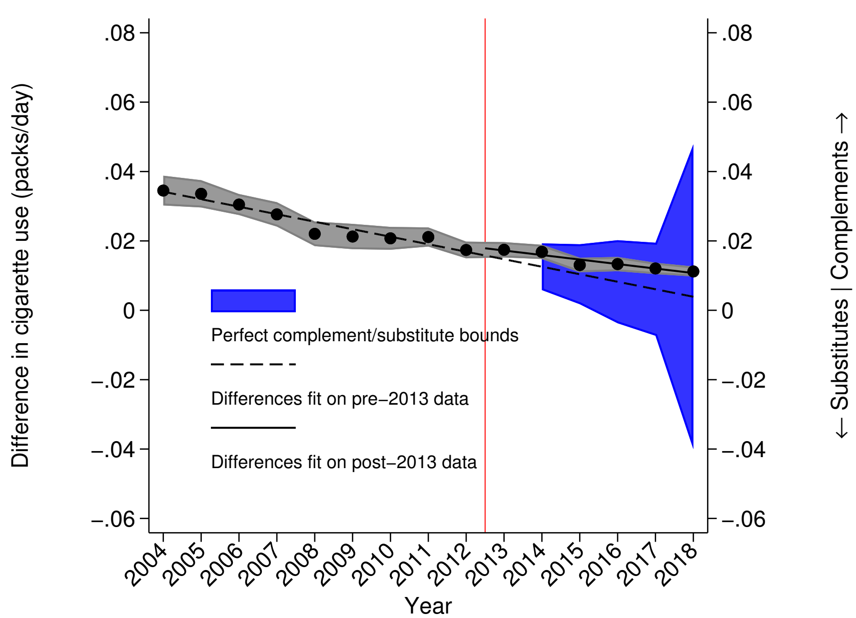
Notes: These figures present the difference in cigarette use for men versus women. Average cigarette use for each group is residual of dataset controls, which address the 2011 BRFSS sampling frame change and rescale cigarette use to levels in the NSDUH. The perfect complement (substitute) bounds show the difference in cigarette use that would be expected if daily vaping were a perfect complement (substitute) for smoking one pack of cigarettes per day. To construct perfect complement (substitute) bounds, we predict the difference in cigarette use using the pre-2013 time trend, then add (subtract) the difference in share of days vaped.

Figure A11: **Difference in Smoking Trends by Race**

(a) **Adults**



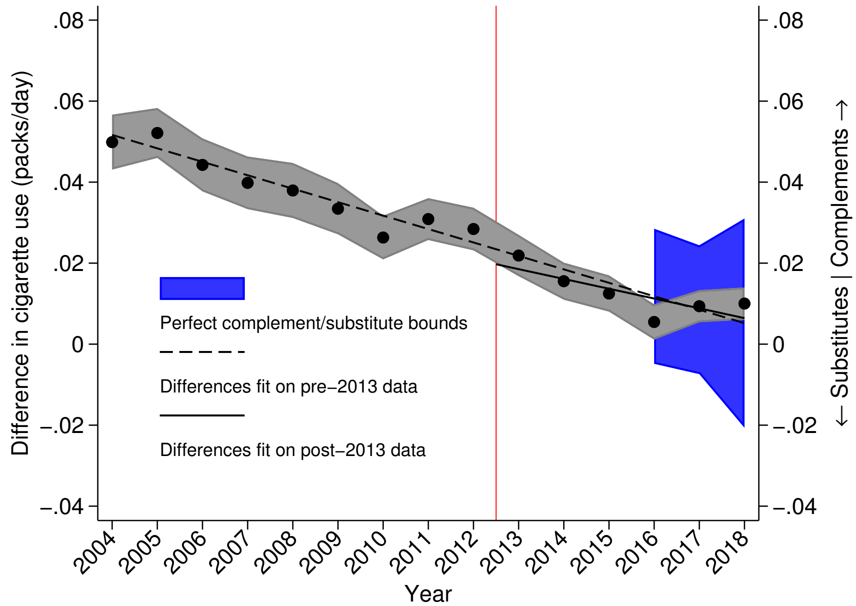
(b) **Youth**



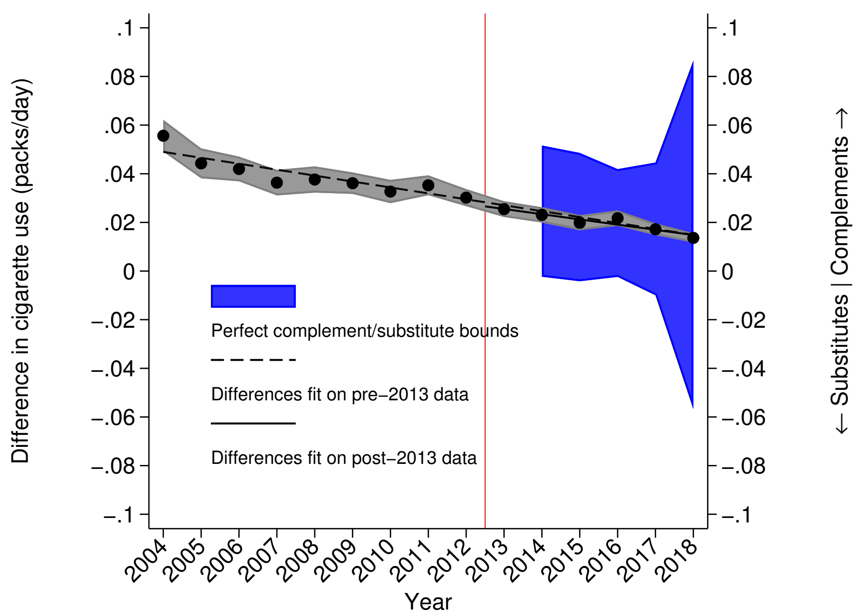
Notes: These figures present the difference in cigarette use for whites and other races versus non-whites (for adults) and whites versus non-whites (for youth). Average cigarette use for each group is residual of dataset controls, which address the 2011 BRFSS sampling frame change and rescale cigarette use to levels in the NSDUH. The perfect complement (substitute) bounds show the difference in cigarette use that would be expected if daily vaping were a perfect complement (substitute) for smoking one pack of cigarettes per day. To construct perfect complement (substitute) bounds, we predict the difference in cigarette use using the pre-2013 time trend, then add (subtract) the difference in share of days vaped.

Figure A12: **Difference in Smoking Trends by Age/Grade**

(a) **Adults**



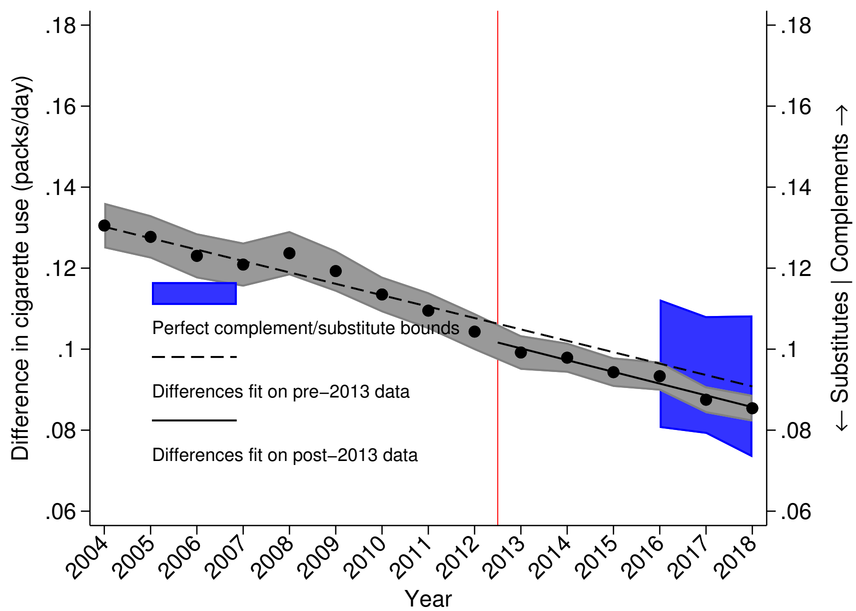
(b) **Youth**



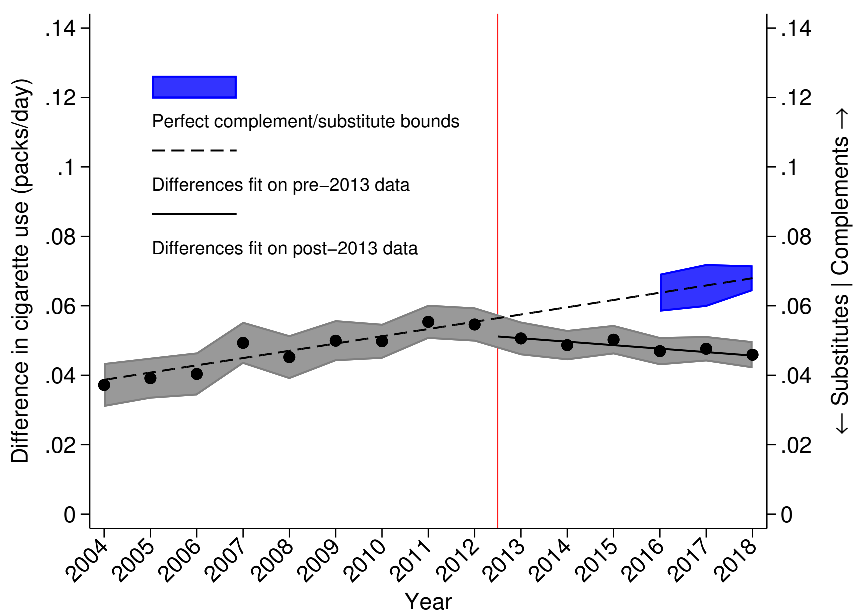
Notes: These figures present the difference in cigarette use by year for age ≤ 49 versus age ≥ 50 (for adults) and for grades ≥ 11 versus grades ≤ 10 (for youth). Average cigarette use for each group is residual of dataset controls, which address the 2011 BRFSS sampling frame change and rescale cigarette use to levels in the NSDUH. The perfect complement (substitute) bounds show the difference in cigarette use that would be expected if daily vaping were a perfect complement (substitute) for smoking one pack of cigarettes per day. To construct perfect complement (substitute) bounds, we predict the difference in cigarette use using the pre-2013 time trend, then add (subtract) the difference in share of days vaped.

Figure A13: **Difference in Smoking Trends by Education and Income, for Adults**

(a) **Education**



(b) **Income**



Notes: These figures present the difference in cigarette use by year for adults without versus with college degrees (Panel (a)) and adults in the bottom three versus top two income quintiles (Panel (b)). Average cigarette use for each group is residual of dataset controls, which address the 2011 BRFSS sampling frame change and rescale cigarette use to levels in the NSDUH. The perfect complement (substitute) bounds show the difference in cigarette use that would be expected if daily vaping were a perfect complement (substitute) for smoking one pack of cigarettes per day. To construct perfect complement (substitute) bounds, we predict the difference in cigarette use using the pre-2013 time trend, then add (subtract) the difference in share of days vaped.

D.1 Combined Substitution Estimates

In this appendix, we describe how we form combined estimates of the substitution parameter σ using both the RMS estimates from Section 4 and the sample surveys from Section 5. σ is in units of packs of cigarettes per day vaped. Define

$$\sigma_1 \coloneqq \frac{\chi^e}{\eta}\frac{\tilde{p}^e\Gamma}{\tilde{p}^c}, \tag{36}$$

where Γ (ml/average day vaped) converts $\tilde{p}^e$ to units of dollars per day vaped. Further define

$$\sigma_{\theta 2} \coloneqq \frac{\chi^c}{\eta}\frac{q^c_\theta}{q^e_\theta} \tag{37}$$

and note that $\hat{\sigma}_{\theta 2}$ is already in units of packs per day. The empirical estimates are the respective plug-in estimators using $\hat{\chi}^e$, $\hat{\chi}^c$, and $\hat{\eta}$ from Table 2 and A2, and $\hat{q}^j_\theta$, $\hat{\tilde{p}}^j$ and $\hat{\Gamma}$ from Table 4 for $j \in \{c, e\}$. We form one estimate of $\hat{\sigma}_1$ using the primary estimate from Table (2) (Panel B, Column 1), and a second estimate of $\hat{\sigma}_1$ using the estimates of $\hat{\chi}^e$ and $\hat{\eta}$ estimated without cluster-specific linear trends (Column 5). We form standard errors on $\hat{\sigma}_1$ and $\hat{\sigma}_2$ using the delta method; the variance-covariance matrix is diagonal except for the covariance term between $\hat{\eta}$ and χ^e.

We combine $\hat{\sigma}_1$ and $\hat{\sigma}_2$ using Classical Minimum Distance (CMD) using:

$$\begin{bmatrix}1\\1\end{bmatrix}\sigma_\theta - \begin{bmatrix}\sigma_1\\ \sigma_{\theta 2}\end{bmatrix} = \mathbf{0}\ , \tag{38}$$

noting that

$$\begin{bmatrix}\sigma_1\\ \sigma_{\theta 2}\end{bmatrix} \sim N\left(0, \begin{bmatrix}s_1^2 & s_{12}\\ s_{12} & s_1^2\end{bmatrix}\right). \tag{39}$$

We use $\hat{s}_1^2$ and $\hat{s}_2^2$ from the initial delta method estimation. We estimate s_{12} as follows:

$$s_{12} \coloneqq Cov\left(\frac{\chi^c}{\eta}\frac{q^c_\theta}{q^e_\theta}, \frac{\chi^e}{\eta}\frac{\tilde{p}^e}{\tilde{p}^c}\Gamma\right) \tag{40}$$

$$= \chi^c\frac{q^c_\theta}{q^e_\theta}\frac{\tilde{p}^e}{\tilde{p}^c}\Gamma Cov\left(\frac{1}{\eta}, \frac{\chi^e}{\eta}\right) \tag{41}$$

$$\approx \chi^e\chi^c\frac{q^c_\theta}{q^e_\theta}\frac{\tilde{p}^e}{\tilde{p}^c}\Gamma V\left(\frac{1}{\eta}\right) \tag{42}$$

where the second line follows since the parameters taken outside the covariance are all estimated from separate datasets, and we assume that the covariance between χ^e and $1/\eta$ is small. We estimate $V\left(\frac{1}{\eta}\right)$ from the delta method, and form $\hat{s}_{12}$ using a plug-in estimator.

We also combine $\hat{\sigma}_1$ and $\hat{\sigma}_2$ with our estimates from Section 5 using CMD. Table A5 presents our results.

Table A5: **Estimates of Substitution Parameter σ**

	(1) E-cig cross-price elasticity	(2) E-cig cross-price elasticity (no trends)	(3) Cig cross-price elasticity	(4) Combined RMS	(5) Demo. analysis	(6) Combined RMS and demo.
Adult σ	-0.053	-0.242	0.214	-0.048	0.035	-0.009
	(0.106)	(0.129)	(0.746)	(0.105)	(0.112)	(0.077)
Youth σ	-0.053	-0.242	0.008	0.004	0.013	0.009
	(0.106)	(0.129)	(0.027)	(0.026)	(0.022)	(0.017)

Notes: This table presents estimates of the substitution parameter σ for youth and adults. Column 1 presents $\hat{\sigma}$ from Equation (36) using our primary $\hat{\eta}$ and $\hat{\chi}^e$ from Table 2 (Panel (b), column 1). Column 2 presents $\hat{\sigma}$ from Equation (36) using $\hat{\eta}$ and $\hat{\chi}^e$ estimated without cluster-specific linear trends (Table 2, panel (b), column 5). Column 3 presents $\hat{\sigma}$ from Equation (37) using $\hat{\chi}^c$ from Appendix Table A2 (Panel (b), column 1). Column 4 combines the estimates in columns 1 and 3 using Equation (38). Column 5 re-states estimates from the demographic shift-share analysis in Section 5. Column 6 combined estimates from columns 4 and 5 using Classical Minimum Distance.

D.2 Marijuana Use

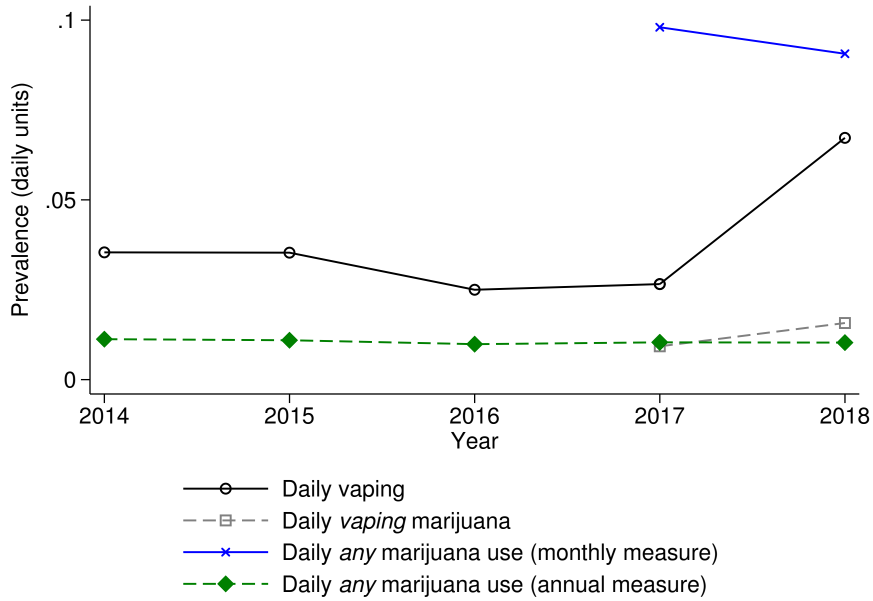
We study the time series of teen marijuana use during the period that e-cigarettes use became common among teens using the MTF. A concern about our welfare analysis is that we do not account for substitution from e-cigarettes into possibly harmful drugs like marijuana; there is a particular concern that vaping technologies make it easier to vape marijuana. In this section, we provide evidence against this concern by documenting no change in *aggregate* marijuana consumption over this time period; while *vaping* marijuana becomes more popular, *total* marijuana use exhibits a small decline.

Marijuana use in the MTF. We focus on youth vaping, for whom the concerns about substitution into marijuana products are most salient. The MTF provides several measures of marijuana use. First, beginning in 2014, the MTF asks respondents the number of times they consumed marijuana last year in any form. Second, beginning in 2017, the MTF asks respondents the number of times that they consumed marijuana last month in any form. Third, beginning in 2017, the MTF asks respondents the number of times that they vaped marijuana last month. We standardize these variables to construct the number of times the respondent consumed vaped marijuana each day. Due to interval censoring and top coding, the marijuana consumption measures do not align perfectly. In particular, both the monthly and annual marijuana measures are subject to significant top coding; the participant cannot report consuming marijuana more than 40 times in the past month or year. As a result, the annual measure naturally lies below the monthly estimate. However, we are concerned with trends in marijuana use as e-cigarette use becomes popular and simply discuss changes in marijuana use, comparing each measure over time.

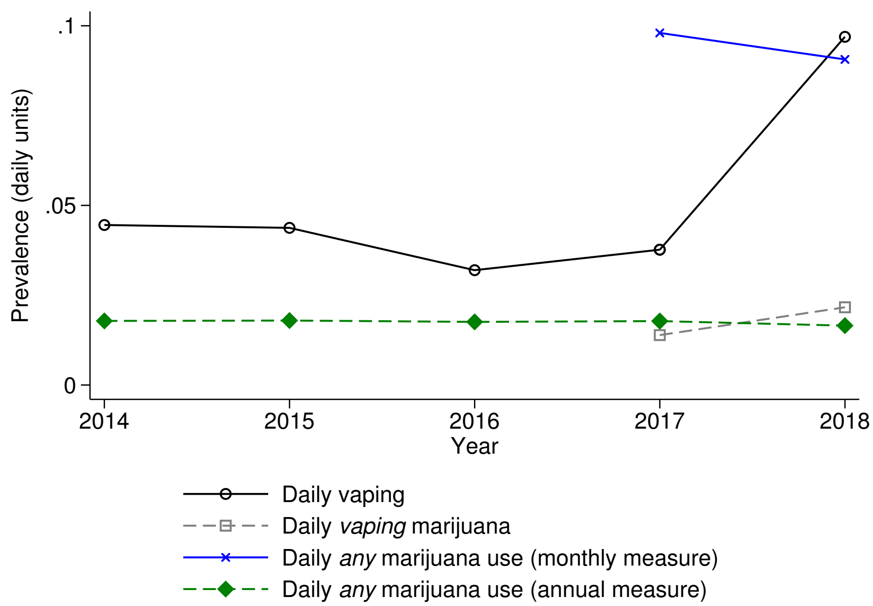
Results. In Appendix Figure A14, panel (a), we present the time series of e-cigarette use against the time series of our three measures of marijuana use; panel (b) focuses on grades 11–12, which has higher rates of both e-cigarette use and marijuana consumption. This figure illustates that while *vaping* marijuana does become more popular in 2018 (as e-cigarette use grew), the time series of *aggregate* marijuana use exhibits no change over this period. In fact, the monthly measure of marijuana consumption shows a small decline from 2017–2018 in both the full sample and grades 11–12. While we do not conduct a full substitution analysis, these figures suggest that the aggregate data are inconsistent with the concern that our welfare analysis neglects important distortions induced by e-cigarette use.

Figure A14: **Trends in Youth Marijuana Use**

(a) **All**



(b) **Grades 11–12**



Notes: This figure presents trends in marijuana and e-cigarette use in the Monitoring the Future (MTF) survey. Panel (a) presents the full sample, while panel (b) focuses on grades 11 and 12. The black lines present our daily vaping measure. The gray lines present the average daily *vaping* marijuana use, constructed from an MTF question that asks about the number of times the respondent vaped in the past month. The blue line presents the average daily marijuana consumption of any form, constructed from an MTF question that asks about the number of times the respondent consumed marijuana in the past *month*. The green line presents the same measure, but from an MTF question that asks about the number of times the respondent consumed marijuana in the past *year*. The green line lies below the blue line due to top-coding.

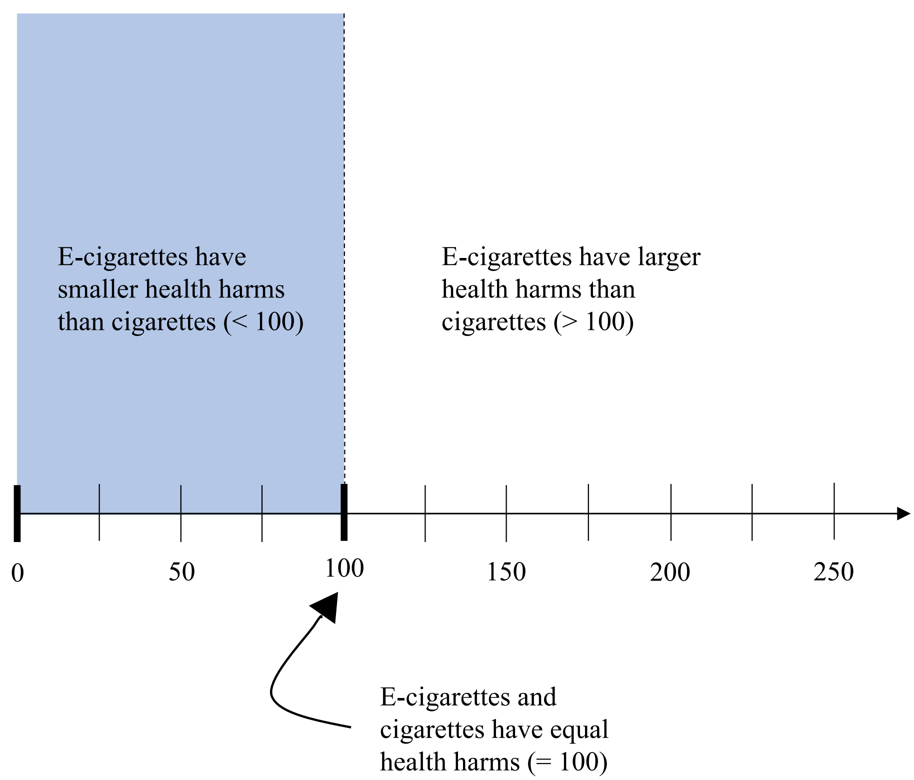
E Expert Survey Appendix

Table A6: **Expert Survey Response Rates**

	(1) Public health experts	(2) Economists
Invited to participate	432	50
Have valid email	417	50
Did not unsubscribe due to expertise	400	47
Opened survey	175	27
Consented	165	25
Finished reading RCT description	134	22
Finished survey	115	22

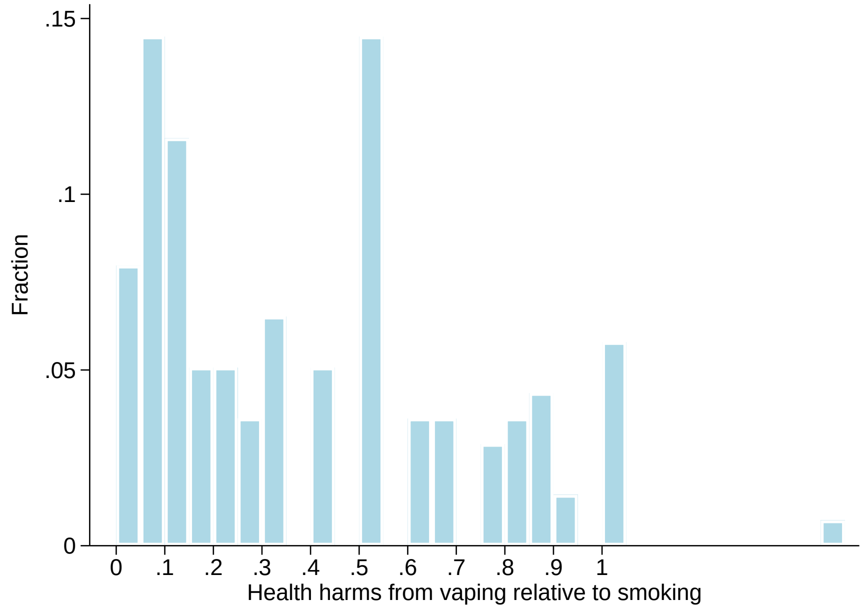
Notes: This table presents the number of experts at each point in the survey response funnel.

Figure A15: **Expert Survey: Graphical Illustration of Relative Harms Elicitation**



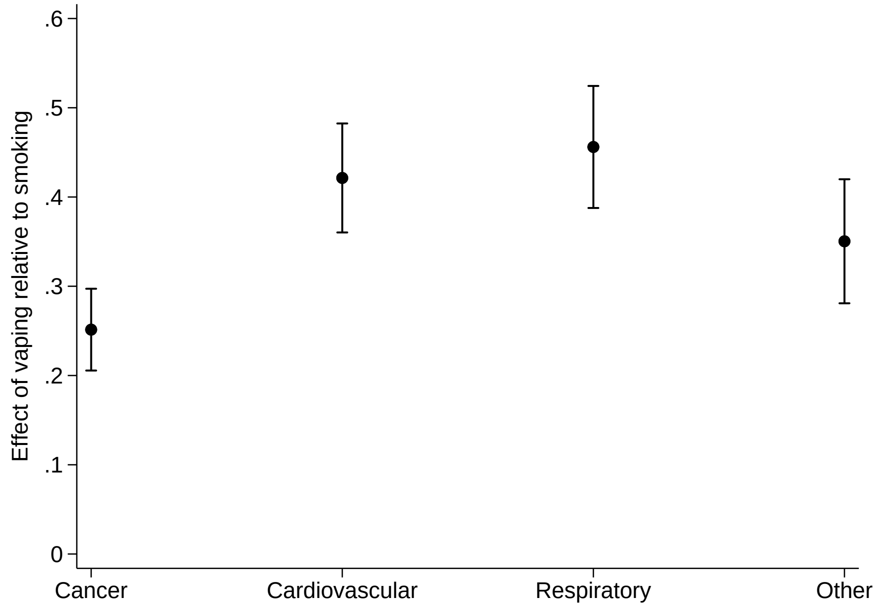
Notes: Our expert survey included this graphical illustration when eliciting experts' beliefs about the relative health harms from vaping compared to smoking cigarettes.

Figure A16: **Expert Survey: Effects of Vaping on Life Expectancy**



Notes: Our expert survey asked, "If smoking one pack per day reduces life expectancy (compared to Control) by 100 units, by how many units do you think vaping every day would reduce life expectancy (compared to Control)?" This figure presents the distribution of responses across experts, after dividing by 100.

Figure A17: **Expert Survey: Effects of Vaping on Specific Health Conditions**



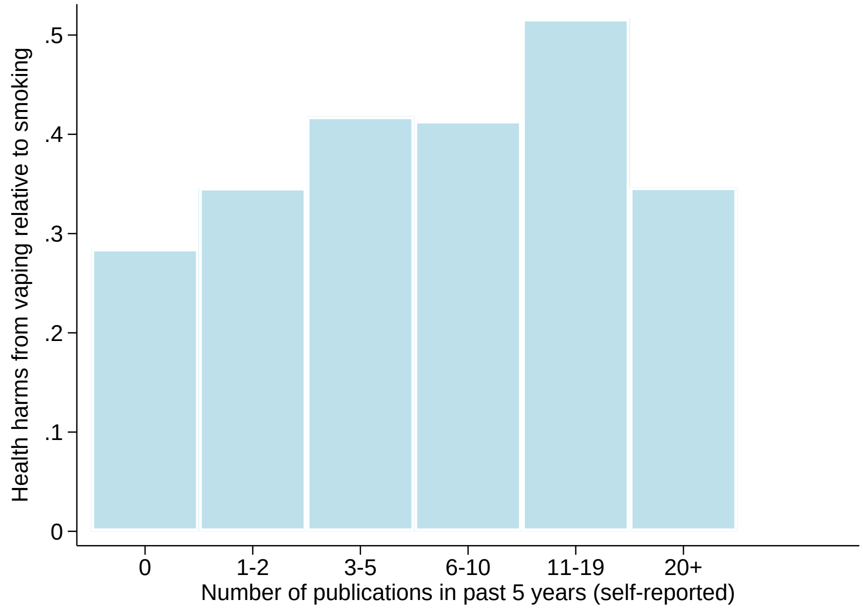
Notes: Our expert survey asked, “For each type of disease below, if smoking one pack per day increases lifetime prevalence by 100 units (compared to Control), by how many units do you think vaping every day would increase lifetime prevalence (compared to Control)?” This figure presents the mean and 95 percent confidence interval of the estimate of the mean for each of the four health conditions the survey asked about.

Table A7: **Expert Survey: Effects on Individual Diseases Predict Effects on Morbidity and Mortality**

	(1) Quality-adjusted life expectancy	(2) Life expectancy
Cardiovascular	0.222	0.309
	(0.0908)	(0.0780)
Respiratory	0.321	0.195
	(0.146)	(0.103)
Cancer	0.337	0.369
	(0.122)	(0.0982)
Other	0.0390	0.0643
	(0.0853)	(0.0930)
Observations	134	138
R^2	0.800	0.811

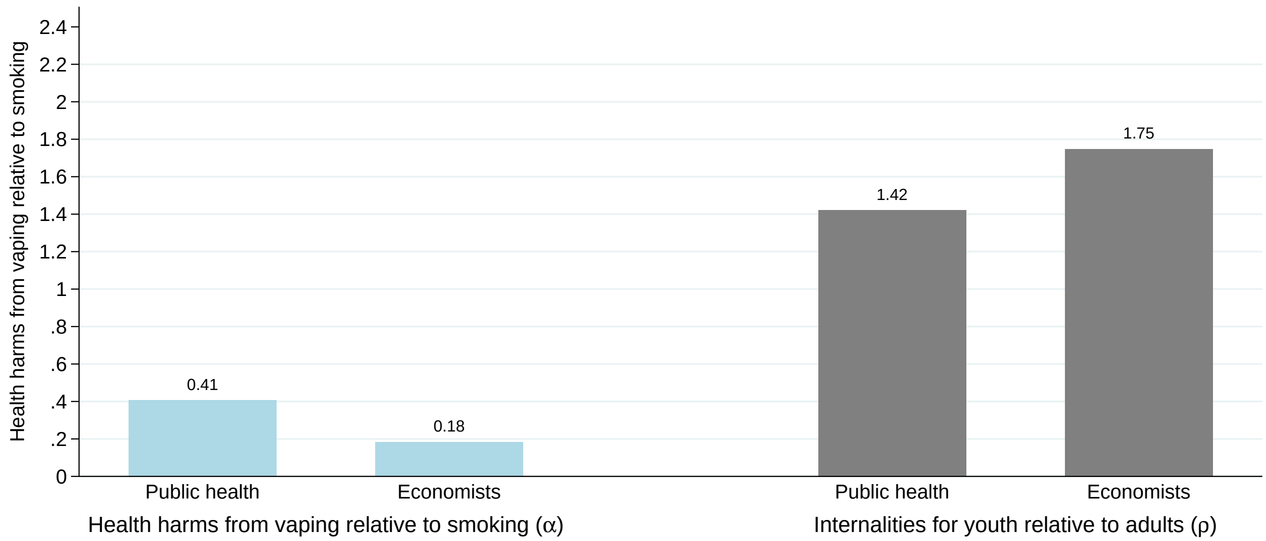
Notes: This table presents regressions of experts' predictions of the relative effects of vaping (compared to smoking) on life expectancy and quality-adjusted life expectancy on cardiovascular disease, respiratory disease, cancer, other health conditions. Robust standard errors are in parentheses.

Figure A18: **Expert Survey: Beliefs about Health Harms by Number of Publications**



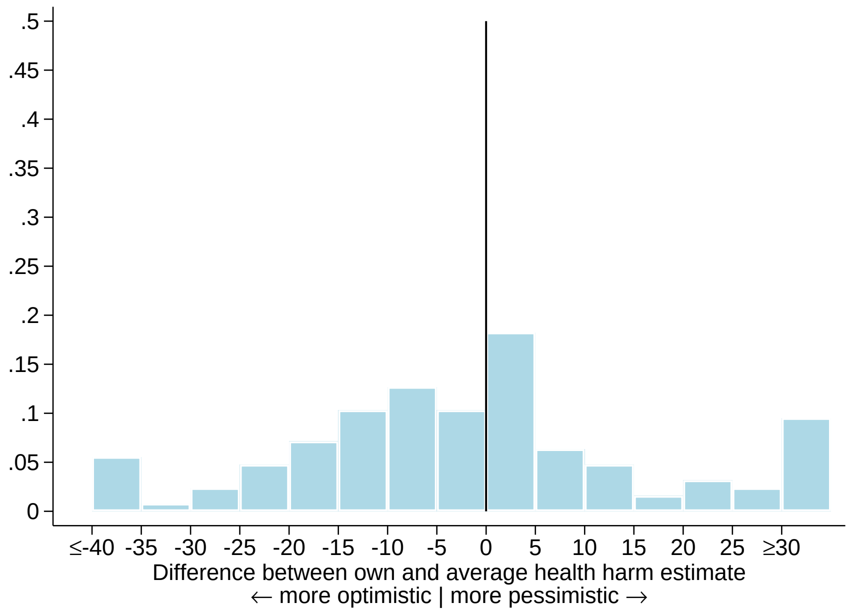
Notes: Our expert survey asked, "Over the past five years, approximately how many peer-reviewed research papers have you published on the health effects of e-cigarettes or combustible cigarettes?" This figure presents experts' average belief about the relative effect of vaping on quality-adjusted life expectancy after grouping experts by number of publications. There is no statistically significant relationship.

Figure A19: **Expert Survey: Responses from Public Health Researchers and Economists**



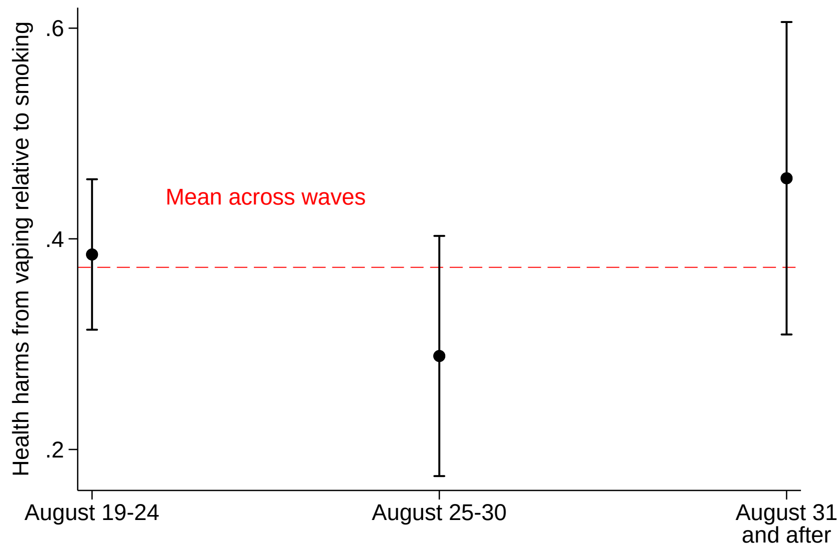
Notes: This figure presents the average belief about the relative effects of vaping on quality-adjusted life expectancy and the misperceived harms from vaping for youth relative to adults, separately for public health researchers and economists.

Figure A20: **Expert Survey: Distribution of Perceived Disagreement with the Average Expert**



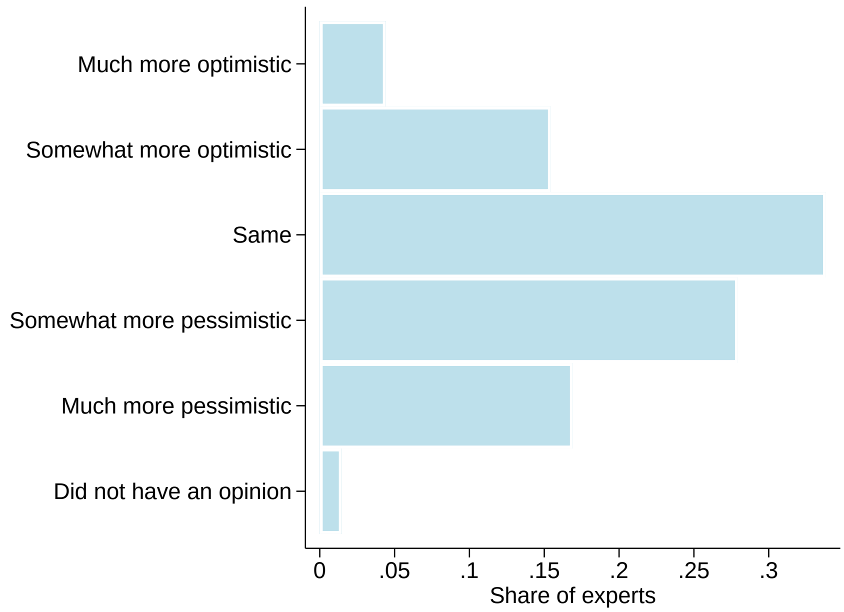
Notes: Our expert survey asked, "You predicted that the relative effect of vaping onr quality-adjusted life expectancy was [$\alpha \times 100$] units, i.e. [$\alpha \times 100$] percent of the effect of smoking. What do you think the average expert would report?" This figure presents the distribution of the difference between each expert's own α and his or her response to that question.

Figure A21: **Expert Survey: Average Reported Relative Health Harms by Response Time**



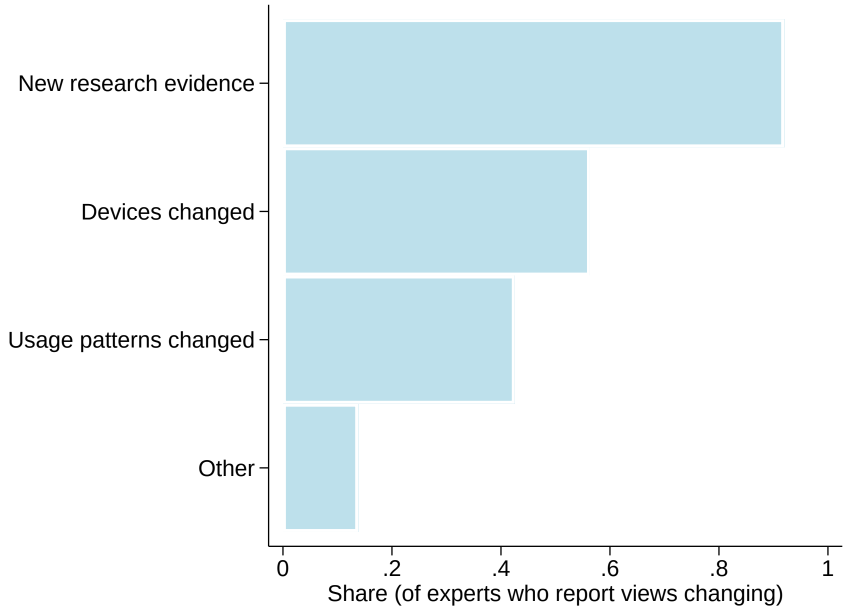
Notes: We sent three survey invite emails spaced six days apart, and almost all responses came within two days of an email being sent. This figure reports the average belief about the effect of vaping relative to smoking on quality-adjusted life years for responses in different time windows. The spikes are 95 percent confidence intervals on the estimate of the mean.

Figure A22: **Expert Survey: Personal Change in Beliefs about Health Effects of Vaping in Past Five Years**



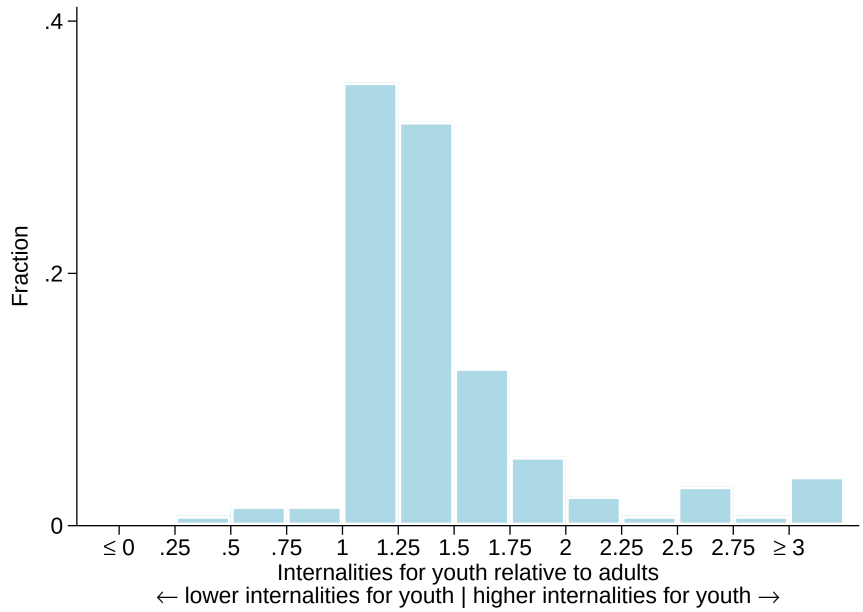
Notes: Our expert survey asked, "How optimistic or pessimistic are you about the health effects of vaping now, compared to five years ago?" This figure presents the distribution of responses to that question.

Figure A23: **Expert Survey: Reasons for Changes in Beliefs about the Health Effects of Vaping**



Notes: For experts who reported being more optimistic or pessimistic about the health effects of vaping now, compared to five years ago, our expert survey asked, "Why have your views changed?" This figure presents the distribution of responses to that question.

Figure A24: **Expert Survey: Uninternalized Harms from Vaping for Youth Relative to Adults**



Notes: Our expert survey asked, "Imagine that vaping every day causes 100 units of actual harms on adults. How many units do you think the average adult perceives?" and "Now imagine that vaping every day causes 100 units of actual harms on youth. How many units do you think the average youth perceives?" This figure presents the distribution of 1 – (youth perceived harms – adult perceived harms)/100.

F Welfare Analysis Appendix

The version of Equation (14) for empirical implementation is

$$\tau^{e*} = \frac{\sum\limits_{\Theta} s_\theta q_\theta^e \Gamma \left[\varphi_\theta^e + (\sigma_\theta/\Gamma)\left(\varphi_\theta^c - \tau^c\right)\right]}{\sum\limits_{\Theta} s_\theta q_\theta^e \Gamma}. \tag{43}$$

Vaping quantity q_θ^e is in units of share of days, σ_θ is in units of packs of cigarettes per day vaped, and Γ is in units of ml fluid/day vaped. τ^{e*} and φ_θ^e are in units of \$/ml.

The version of Equation (15) for empirical implementation is

$$\Delta\overline{W} = 365 \times \sum_{\theta \in \{a,y\}} s_\theta \left[\underbrace{q^e_\theta \Gamma \frac{\tilde{p}^e}{-2\eta}}_{\text{perceived CS change}} - \underbrace{\left(-q^e_\theta \Gamma\right)\left(\varphi^e_\theta - \tau^e\right)}_{\text{e-cigarette distortion change}} - \underbrace{q^e_\theta \Gamma \cdot \left(-\sigma_\theta / \Gamma\right)\left(\varphi^c - \tau^c\right)}_{\text{cigarette distortion change}} \right], \tag{44}$$

where $\Delta\overline{W}$ is in units of dollars per person-year.