







Flavored Tobacco Products Are INITIATION Products, NOT CESSATION Products

There is no evidence that flavored tobacco products are healthier, nor used successfully for cessation. The evidence however does show that flavored tobacco products, including menthol cigarettes, are easier to smoke, harder to quit and more likely to addict youth.

We want all Vermonters to be free from costly nicotine addiction, in order to live a long, healthy life.

The Vermont Chapter of the American Academy of Pediatrics, the Vermont Academy of Family Physicians, and the Vermont Medical Society, representing over 2,400 Vermont physicians, support banning flavored tobacco products including e-liquids. Candy, fruit and menthol/mint flavored tobacco products have made the tobacco industry billions by targeting youth and creating a new generation of Vermonters addicted to nicotine.

Vermont Youth Use Continues to Skyrocket

According to 2019 YRBS data, **50 percent** of Vermont high-school students have tried e-cigarettes, while regular use of e-cigarettes (electronic nicotine delivery systems (ENDS) impore than doubled from **12% in 2017 to 26% in 2019.** 80 percent of youth **12-17** yrs old started with a flavored product.



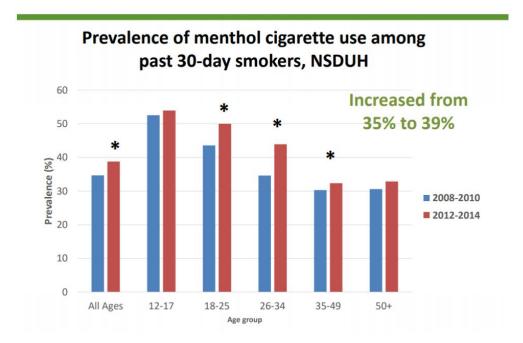
Results from a **2019 survey of 478 Vermont high school students** show:

- Of the students who have used e-cigarettes in the last month, more than 1/3 report that they use e-cigarette within 15 minutes of waking up – a true marker of dependency.
- Those using flavored e-cigarettes were asked what they would do if they could not get flavored e-cigarettes anymore:
 - a) 43% would stop using e-cigarettes
 - b) 34% would switch to cigarettes
 - c) 23% would switch to unflavored e-cigarettes

If You Exempt Menthol, Evidence Shows Youth Won't Quit – They Will Switch

Nationally, among high school students who use e-cigarettes, use of mint or menthol increased from 38% in 2018 to 57% in 2019, iv after Juul restricted sales of fruit and candy flavors. Juul has stopped selling mint flavor and evidence shows youth will now switch to menthol flavor in both e-cigarettes and combustible cigarettes, as over half of e-cigarette users report dual use with other tobacco products. v

Dual Use Prevalence = 55.9% of e-cigarette users 13-25 yrs old dual use with other tobacco products. 54.6% of adult e-cigarette users also smoke cigarettes.



The tobacco industry says only older smokers use menthol cigarettes, yet the data shows young smokers, 12-17 yrs old, are the highest users of menthol cigarettes.

Health effects of ENDS ingredients

- **Nearly 90% of adult smokers began using tobacco before age 18**. The reward centers of the adolescent brain are particularly vulnerable to the effects of nicotine, as regular use of tobacco primes the brain for nicotine addiction and subsequent addictive behaviors.
- Flavor additives are "generally recognized as "safe" for food, but not inhalation.vii
- Byproducts of heating e-liquid are not well understood and have been shown to be irritants and sometimes carcinogens.

Flavored E-cigarettes Are Initiating Nicotine Addiction in Youth, Not Promoting Cessation in Adults

The tobacco industry claims flavored e-cigarettes are helping adults quit smoking – yet as of **2018 only 3.2% of adults 25-64 yrs of age use e-cigarettes.** Versus, **35.1% of youth and young adults 12-25 yrs old currently use e-cigarettes in 2019, which increased from 28.6% in 2018.**

i https://truthinitiative.org/our-top-issues/flavors-issue

ii Vermont Department of Health. VT Youth Risk Behavior Survey. Burlington, VT; 2019.

https://jamanetwork.com/journals/jama/fullarticle/2464690

^{iv} Cullen KA, Gentzke AS, Sawdey MD, et al. e-Cigarette Use Among Youth in the United States, 2019. JAMA. 2019;322(21):2095–2103.

v https://truthinitiative.org/research-resources/emerging-tobacco-products/e-cigarettes-facts-stats-and-regulations

vi Villanti AC, et al. Tob Control. 2016;25(Suppl 2):ii14-ii20.

vii Tierney PA, Karpinski CD, Brown JE, Luo W, Pankow JF. Flavour chemicals in electronic cigarette fluids. Tob Control. 2016;25(e1):e10–e15

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