

Introduction

The tobacco industry uses flavored products to [attract and retain customers](#).

Youth, minorities, women are [aggressively marketed to](#). And these populations, as well as LGBTQ and people living with mental health problems are disproportionately impacted.

The rate of vaping among high school youth in VT doubled between 2017 (12%) and 2019 (26%)¹

- One in two high school youth have ever used an EVP.

Flavors – especially menthol – make it easier to start and harder to quit.

Vermont Data

Flavors, including menthol, are marketed in all tobacco products

- Among Vermont youth and young adults ages 12 to 25 years:
 - 27% of past 30-day smokers used menthol/mint flavored cigarettes.²
 - 56% of past 30-day vapers used menthol/mint EVPs.²
- Flavors mask the harsh taste of tobacco in products, including in chew and little cigars.

Flavors are easily accessible in Vermont

- 86% of tobacco retailers sold at least one kind of flavored tobacco product in 2018.³
- 40% of stores sold flavored e-cigarettes and 75% offered flavored cigarillos or cigars.³

Most tobacco use starts with flavors – then people get hooked

- First use of a flavored tobacco product (e.g., cigarettes, cigars, EVPs, hookah, smokeless tobacco) has been shown to lead to continued use of the product.^{4,5,6}
 - 86% of young Vermonters who ever used an EVP, first used a flavored EVP.²
 - 86% of current EVP users ages 12 to 25 use a flavored EVP.²

Flavors – especially menthol – make it easier to start and harder to quit

- Menthol cigarette smoking is more prevalent among youth and minority smokers.⁷
- Menthol flavorings also contribute to addiction in youth smokers.⁷
- Adult menthol smokers are less likely to quit smoking compared to non-menthol smokers.⁸

Recent Federal Action

FDA banned all flavors of electronic cigarette, except menthol. The reason for this was one survey of youth showing that only a small percentage used menthol (compared to other flavors). The concept was to balance youth use with adult cessation. However, this does not take into account “whack-a-mole” – if the other flavors are banned, youth will migrate to the next best option. It also does not take into consideration the most recent Surgeon General Report finding:

The 2020 Surgeon General's Report

There is currently inadequate evidence to conclude that e-cigarettes increase smoking cessation

- “E-cigarettes, a continually changing and heterogeneous group of products, are used in a variety of ways. Consequently, it is difficult to make generalizations about efficacy for cessation based on clinical trials involving a particular e-cigarette, and there is presently inadequate evidence to conclude that e-cigarettes, in general, increase smoking cessation.”

Evidence from other places

Massachusetts recently banned all flavors, including menthol. However, the change is too recent to use to determine effectiveness.

80 U.S. municipalities have banned the flavor of menthol, including in combustible cigarettes.

Canada, Brazil, 28 countries in EU (as of Jan 2020), Turkey and Moldova (effective May 2020), Ethiopia and Uganda have all banned menthol.

A [study](#) following a menthol ban in Ontario Canada found:

“Considering that menthol smokers may be more nicotine dependent and have reduced cessation success, our findings that daily menthol smokers were significantly more likely to reporting smoking cessation relative to non-menthol smokers after the ban suggest that the menthol ban could have tremendous public health impact at the population level in Canada and in other jurisdictions as well from an overall reduced level of cigarette smoking”

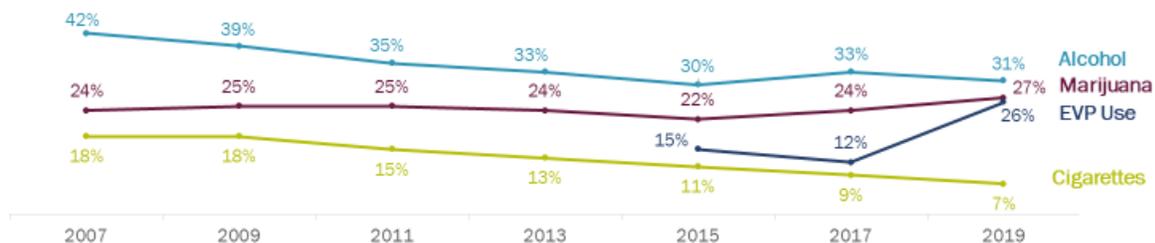
Health equity

Everyone has the right to be healthy. The tobacco industry has specifically targeted certain population with the menthol flavor, leaving these populations vulnerable to the higher disease rates and mortality related to smoking. While a menthol ban will affect these populations more in the immediate future (people struggling to quit), it will benefit them and provide them with an equal opportunity for health in the long-term.

References:

- 1 Vermont Department of Health. VT Youth Risk Behavior Survey. Burlington, VT; 2019.
- 2 Vermont Department of Health and University of Vermont. Policy and Communication Evaluation Study (PACE).; 2019
- 3 Counter Tools Store Audit. Vermont Store Assessment, 2017-2018.
- 4 Villanti AC, Johnson AL, Ambrose BK, et al. Flavored Tobacco Product Use in Youth and Adults: Findings From the First Wave of the PATH Study (2013-2014). *Am J Prev Med* 2017;53(2):139- 51. doi: 10.1016/j.amepre.2017.01.026
- 5 Villanti AC, Johnson AL, Glasser AM, et al. Association of Flavored Tobacco Use With Tobacco Initiation and Subsequent Use Among US Youth and Adults, 2013-2015. *JAMA Netw Open*. 2019;2(10):e1913804. doi:https://doi.org/10.1001/jamanetworkopen.2019.13804
- 6 National Center for Chronic Disease Prevention and Health Promotion (US) Office on Smoking and Health. *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General*. Atlanta (GA): Centers for Disease Control and Prevention (US); 2012. <http://www.ncbi.nlm.nih.gov/books/NBK99237/>.
- 7 Villanti AC, Collins LK, Niaura RS, et al. Menthol cigarettes and the public health standard: a systematic review. *BMC Public Health* 2017;17(1):983. doi: 10.1186/s12889-017-4987-z.
- 8 Tobacco Products Scientific Advisory Committee’s Report and Recommendations on the Impact of the Use of Menthol in Cigarettes on the Public Health. 2011.

Electronic vapor product use more than doubled between 2017 and 2019.



Vermont Department of Health

Source: Vermont Youth Risk Behavior Survey

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