

Included:

- Supporter list featured in Denver Post
- HB22-1064 Fact Sheet
- Press release for poll
- Poll memo
- Newly released data on e-cigarette use by youth in Colorado
- Quotes from local Boys and Girls Clubs members
- Written statement from a local high school student
- Recently published op-eds, letters to the editor and other coverage
 - Colorado Sun - Representatives Mullica and Bacon
 - Aurora Sentinel – Senators Priola and Fields
 - Durango Herald Editorial
 - Colorado Politics
- Colorado Tobacconomics Briefing on Cost Implications
- Presentation by Dr. Geoffrey Fong
- Medicaid Cost Savings Resulting from Tobacco Use Reduction
- Evidence That E-Cigarettes Make It Harder to Quit
- E-Cigarette Use and Adult Smoking Cessation: A Meta Analysis



ALL THESE
 COMMUNITY GROUPS HAVE
 ONE THING IN COMMON:
 WE WANT TO END THE SALE OF ALL
 FLAVORED TOBACCO PRODUCTS
 AND PROTECT OUR KIDS FROM
 A LIFETIME OF ADDICTION.

GO TO FLAVORSHOOKKIDSCOLORADO.ORG TO LEARN MORE

PAID FOR BY TOBACCO-FREE KIDS ACTION FUND

It's Time for Colorado to End the Sale of All Flavored Tobacco Products - No Exemptions

Vote YES on HB22-1064

Sponsored by Representatives Mullica and Bacon and Senators Priola and Fields

Prohibit Flavored Tobacco and Regulate Synthetic Nicotine

The Problem: The tobacco industry has a history of marketing their products to specific age, demographic and socio-economic groups in order to get people to use their products. Flavored tobacco and now synthetic nicotine products are a favorite industry strategy for targeting young people. Eight of ten youth who have ever tried tobacco started with a flavored product. **They are designed to hook our youth and set them on a path to lifelong addiction by masking the harsh taste of tobacco.** Increasing the population of lifelong users is the industry's number one priority, putting profits over lives.

FDA's February 2020 enforcement policy restricting some flavored e-cigarettes, but left huge loopholes. Kid-friendly flavored disposable e-cigarettes, flavored e-liquids and menthol-flavored pod products like Juul are still allowed and available in stores across Colorado.

Consequences for Colorado Kids

- 25.9% of Colorado high school students use e-cigarettes, 5.7% smoke cigarettes
- 1,400 Colorado kids become new daily smokers each year - that's nearly 4 kids/day.
- About two-thirds (63.2%) of Colorado high school students report that it would be easy to get e-cigarettes if they wanted to and over half (52.3%) say it would be easy to get cigarettes
- 91,000 current youth under the age of 18 will die prematurely from smoking unless the state acts to reduce youth smoking.

Flavors and E-Cigarettes

- Nearly 1.7 million youth use flavored e-cigarettes, including 470,000 who use menthol-flavored e-cigarettes.¹ (2021 NYTS)
- 85% of youth e-cigarette users use flavored products. Among high school students who currently used any type of flavored e-cigarette, the most commonly used flavor types were fruit (72.3%), candy/desserts/other sweets (33%), mint (30.5%) and menthol (29.8%).² (2021 NYTS)

Menthol Cigarettes Increase Youth Initiation

- Menthol cools and numbs the throat, which helps mask the harshness of tobacco smoke and makes it easier for young people to start smoking.³
- About half (49.8%) of all high school smokers use menthol cigarettes. Over half a million (530,000) middle and high schoolers use menthol cigarettes.⁴
- Half (50.1%) of youth who have ever tried smoking initiated with menthol-flavored cigarettes.⁵

¹ Park-Lee, E, et al., "E-Cigarette Use Among Middle and High School Students—National Youth Tobacco Survey, 2021," *MMWR*, 70(39): 1387-1389, October 1, 2021, <https://www.cdc.gov/mmwr/volumes/70/wr/pdfs/mm7039a4-H.pdf>.

² Park-Lee, E, et al., "E-Cigarette Use Among Middle and High School Students—National Youth Tobacco Survey, 2021," *MMWR*, 70(39): 1387-1389, October 1, 2021, <https://www.cdc.gov/mmwr/volumes/70/wr/pdfs/mm7039a4-H.pdf>.

³ FDA. *Preliminary Scientific Evaluation of the Possible Public Health Effects of Menthol versus Nonmenthol Cigarettes* (2013).

⁴ Wang, TW, et al., "Tobacco Product Use and Associated Factors Among Middle and High School Students—United States, 2019," *MMWR* 68(12), December 6, 2019, <https://www.cdc.gov/mmwr/volumes/68/ss/pdfs/ss6812a1-H.pdf>.

⁵ Ambrose, BK, et al., "Flavored Tobacco Product Use Among US Youth Aged 12-17 Years, 2013-2014," *Journal of the American Medical Association*, published online October 26, 2015.

**Contacts: Kayla Tibbals: 303.648.1165 | kayla@nexuspolicygroup.com
or Travis Berry: 720.560.2628 | tberry@politicalworks.net**

Consequences for Coloradoans:

Masking the taste of tobacco does not minimize its impact on the smokers or our state’s public health system.

- Annual healthcare costs in Colorado directly caused by smoking \$1.89 billion
- Medicaid costs caused by smoking in Colorado \$386.3 million
- Residents’ state and federal tax burden from smoking-caused government expenditures \$690/household
- Proportion of Colorado cancer deaths caused by smoking 25.7%
- Colorado adults who die from smoking each year 4,100

The Solution: End the sale of all flavored tobacco products in Colorado. This includes all products, all flavors, all locations - no exemptions. It also includes establishing a fund to help communities who have been disproportionately targeted and impacted by the tobacco industry to receive support to stop smoking as well as prevent future generations from using.

Key Components of the Bill:

- Prohibits the sale, display and marketing of all flavored tobacco products in Colorado, including menthol and mint.
- Puts the responsibility on retailers and does not penalize users for possession.
- Establishes a 10 million dollar grant fund to help users in targeted communities stop smoking when their preferred products are taken off the market and prevent future use.
- Creates a community-based working group to ensure that funds are distributed in alignment with the needs of the impacted communities.

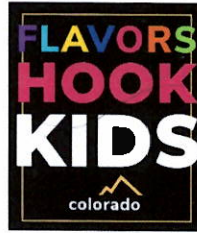
Supporters:

Action on Smoking and Health	Honorable Albus Brooks
Adams 12 Five Star Schools	Honorable Barbara O'Brien
African American Tobacco Control Leadership Council	Honorable Eibra Wedgeworth
African Chamber of Commerce Colorado	Honorable Paul Lopez
African Leadership Group (ALG)	Honorable Ramona Martinez
American Academy of Pediatrics - CO State Chapter	Honorable Rosemary Rodriguez
American College of Chest Physicians (ACCP)	Attorney General Phil Weiser
American Heart Association	Alisha Brown
American Lung Association	Bill Burman, MD
Americans for Nonsmokers' Rights	Boulder City Council Member Junie Joseph
Boulder County	Carolyn Dresler, MD, MPA
Boulder County Public Health	Celeste Archer
Boulder Valley School District	Chad Morris, PhD
Blue Rising Together	Cheryl Fleetwood
Brother Jeff's Cultural Center	Donald E. Moore
Campaign for Tobacco-Free Kids	Dr. Alex Marrero
Charter School Institute	Dr. Anne Keke
Center for Black Health & Equity	Dr. Robert McCaffree
Children's Hospital Colorado	Dylan Lindsey, Student
Cigna	Eagle County Commissioners Jeanne McQueeney, Kathy Chandler-Henry and Matt Scherr
City and County of Denver	
City of Aspen	

CLLARO
 Colorado Academy of Family Physicians
 Colorado Alliance of Boys and Girls Clubs
 Colorado Association for School-Based Health Care
 Colorado Association of Health Plans
 Colorado Association of Local Public Health Officials
 Colorado Association of School Nurses
 Colorado Association of School Boards (CASB)
 Colorado Association of School Executives (CASE)
 Colorado Black Caucus of School Board Directors
 Colorado Children's Campaign
 Colorado Consumer Health Initiative (CCHI)
 Colorado Council of Black Nurses Inc.
 Colorado Dental Association
 Colorado Dental Hygienists' Association
 Colorado Education Association
 Colorado Community Health Network
 Colorado League of Charter Schools
 Colorado Medical Society
 Colorado Nurses Association
 Colorado Organization for Latina Opportunity and
 Reproductive Rights (COLOR)
 Colorado Parent Teacher Association
 Colorado Public Health Association
 Colorado Respiratory Care Society (CRCS)
 Colorado Rural Health Centers
 Colorado Rural Schools Alliance
 Colorado Safety Net Collaborative
 CoPIRG
 Counties and Commissioners Acting Together (CCAT)
 CVS Health
 Delta Dental of Colorado
 Delta Dental of Colorado Foundation
 Delta Sigma Theta Alumnae Chapter
 Denver Health and Hospital Authority
 Denver NAACP
 Denver Public Schools
 DSST Public Schools
 Eagle County
 GLMA: Health Professionals Advancing LGBTQ Equality
 Golden City Council
 Group to Alleviate Smoking Pollution (GASP)
 Healthier Colorado
 Inner City Health
 Jeffco Council PTA
 Jeffco Public Schools
 Kaiser Permanente
 Larimer County Board of Commissioners
 Mental Health Colorado
 Mile High Health Alliance

Elizabeth Domangue
 Golden Ward 4 Councilor Bill Fisher
 Justice Onwordi
 Kelli Fritts
 Kevin Marchman
 Kwame Spearman
 Kwon Atlas
 Larimer County Commissioners John
 Kefalas, Jody Shaddock-McNally and Kristin
 Stephens
 Lorrie Odom, MD
 Lucila Tvarunas
 Maranda Miller
 Marlon Barnes
 Maya Wheeler
 Mayor Aaron Brockett (Boulder)
 Mayor Jacki Marsh (Loveland)
 Mayor John I. Clark (Ridgway)
 Mayor Pro Tem JJ Trout (City of Golden)
 Michel Holien
 Nichelle Ortiz
 Nita Gonzales
 Norman Harris
 Papa Dia
 Paul A. Bunn, MD
 Phillip Gardiner, Dr. P.H.
 Portia Prescott
 Tamra Koch
 Trinidad A. Rodriguez
 Scott Prince, Avon Town Councilor
 Stacey Adimou
 Susan Todd
 Verónica Figoli
 Wil Alston

<p>Mile High Medical Society NAACP State Conference National Association of Hispanic Nurses - Denver Chapter National Organization of African Americans in Housing National Jewish Health National LGBT Cancer Network Oncology Nursing Society One Chance to Grow Up One Colorado Parents Against Vaping e-cigarettes Pitkin County Board of Commissioners Pitkin County Board of Health Poudre School District Pueblo Community Health Center Public Health Institute Salud Family Health SCL Health Servicios Sigue SHAPE Colorado Single Mothers of Color, Inc. Stand for Children Colorado STRIDE Community Health Center STRIVE Prep Support Jeffco Kids Tepeyac Community Health Center The Center on Colfax The Foundation for Sustainable Urban Communities The Latino Coalition of Weld County Transform Education Now (TEN) Tri-County Health Department University of Colorado Cancer Center YAASPA Aurora Youth Coalition YAASPA Denver Youth Coalition Young Invincibles</p>	
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PRESS RELEASE

March 14, 2022

Contact:

Michele Ames

303-817-5510

michele@micheleamesconsulting.com

Illana Poley

720-839-4505

illanapoley@gmail.com

80 percent of Coloradans are very concerned about teen smoking and vaping, according to new statewide poll results

Six of 10 polled would vote 'yes' to end the sale of flavored tobacco and nicotine products

(DENVER, March 14, 2022) – Coloradans are very concerned about the nicotine epidemic that has captured our teens, according to a new poll. And two thirds of them would vote to stop the sale of flavored tobacco products, the same poll shows.

Members of the Flavors Hook Kids Colorado coalition released poll results showing that, while big tobacco has deep pockets, the vast majority of Coloradans know that flavored nicotine use is bad for our children and is addicting them at alarming rates. The poll, conducted by Keating Research, surveyed more than 900 Colorado voters over four days in January. The American Heart Association, Kaiser Permanente and Tobacco Free Kids commissioned the poll.

Poll highlights include:

- The overwhelming majority of Coloradans – 8-of-10 or 80 percent of voters – are concerned about the dangers of young people smoking cigarettes, using e-cigarettes and nicotine vaping.
- A majority of voters – 6-of-10 voters or 60 percent – support a statewide law that prohibits the sale of flavored nicotine vaping products and flavored tobacco products intended to appeal to youth.
- Support for stopping the sale of flavored nicotine products crossed all demographic and ideological lines with majorities of men and women, old and young, Black, white and Hispanic, rural and urban and Republicans, Democrats and unaffiliated voters all supporting the effort.

State lawmakers are set to consider HB22 1064 on Wednesday. The bill would stop the sale of all flavored tobacco and nicotine products in all locations, no exceptions. This statewide measure follows a failed attempt to pass a similar ban in the City and County of Denver as well as other successful measures in Glenwood Springs, Carbondale, Snow Mass, Aspen and Edgewater as well as a flavored

vape ban in Boulder. In addition, five states and 335 localities have restrictions on the sale of flavored nicotine products. More than 100 organizations statewide have signed on in support of the proposal.

“Parents across the state are struggling with these flavored nicotine products that are flooding our schools and our homes. They are clearly marketed to our children and they are easy to get, even with the statewide ban on sales to those under 21,” said Morgan Richards, a mother of two in Wheat Ridge. “Because they taste and smell good, our kids aren’t making the connection to the addiction and health issues they will face if they use them. Big tobacco knows this. Science knows this. And now we need our state lawmakers understand this as well and take action.”

Even with a state law barring the sale of tobacco and nicotine products to people under 21 years of age, more than one in four Colorado teens report using e-cigarettes regularly. National surveys also demonstrate that eight of every 10 children who use nicotine started with flavored products, such as fruit or candy flavors.

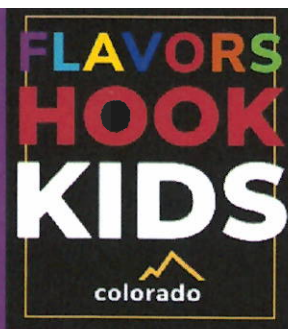
“Flavored tobacco products make smoking easier to start and harder to quit,” said Chris Roller, the vice president of advocacy for the American Heart Association-Colorado. “And, the science is clear: Flavored tobacco products, including e-cigarettes or vapes, have an adverse impact on public health and have no public health benefits as compared to non-flavored tobacco products. They increase the likelihood and degree of addiction among youth smokers, elevating the number of premature deaths from tobacco use by making your heart rate and blood pressure skyrocket, robbing your heart, brain and arteries of oxygen, and damaging your blood vessels. Their removal from the market would have enormous benefits for public health in our state.”

The results of the poll make it clear that Coloradans are ready for action on this issue and understand that candy-flavored nicotine products in colorful packages aren’t intended for adults.

“The reality is, teachers, principals and staff are dealing with vape in our schools every day,” said Carol Bowar, who heads GALS School in Denver. “Our students simply aren’t making the connection between the candy flavors they taste and the severe impact on their bodies these substances cause. By the time they start to make that connection, addiction has set in.”

About Flavors Hook Kids Colorado

[Flavors Hook Kids Colorado](#) is a campaign of more than 100 organizations and individuals from across the state committed to protecting our children by stopping the sale of flavored nicotine products and tobaccos. [The 90 organizations who have joined the coalition](#) include health and medical professionals, public health professionals, education organizations and school districts, parent groups, health insurers, chambers of commerce and children’s health advocates.



The majority (60%) of Coloradans support a statewide law prohibiting the sale of flavored nicotine and tobacco products that appeal to youth.

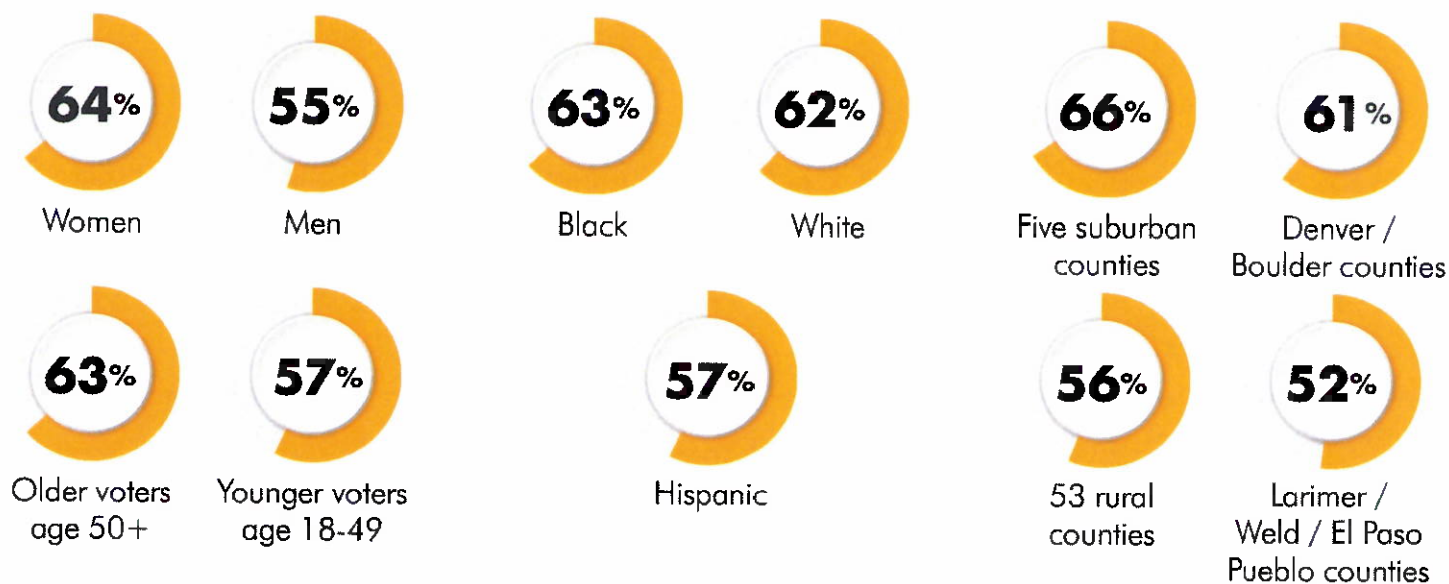
A Keating Research poll shows widespread support for action across all demographics. A majority – 60% – of voters support a law prohibiting the sale of fruit- and candy-flavored nicotine and tobacco products that can appeal to youth, compared to 38% who oppose it.

There is widespread concern among Coloradans about young people smoking cigarettes, using e-cigarettes and nicotine vaping.

The overwhelming majority of Colorado voters – 80% – are concerned about young people smoking cigarettes, using e-cigarettes and nicotine vaping, while only 20% of voters are not concerned. The high level of concern includes a majority – 54% – who say they’re very concerned, a strong sign that voters are demanding action to address tobacco and nicotine use among young people.



The law to prohibit the sale of fruit- and candy-flavored nicotine vaping products and flavored tobacco is a non-partisan issue, supported by a majority of Democrats (66%), Republicans (60%) and unaffiliated voters (55%) - a rare issue indeed that receives strong bipartisan support. The law is also supported by large majorities of voters across all key demographic groups:



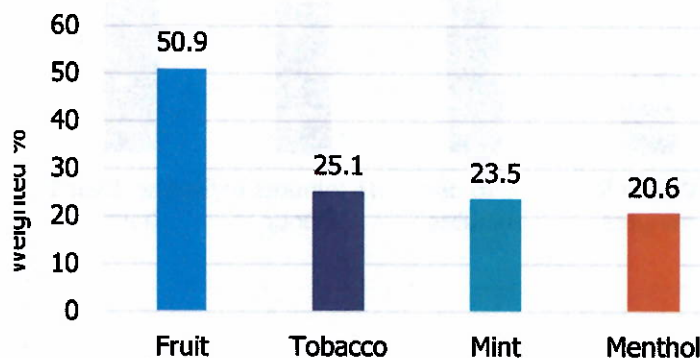
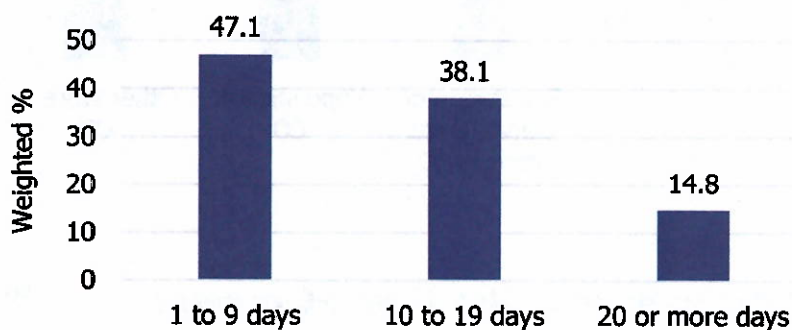
Poll Specifics These results are based on a statewide, hybrid poll of 900 Colorado voters statewide, 600 live-interviewer telephone surveys and 300 online surveys, including an oversample among 108 Black respondents and 201 Latino respondents. The poll is weighted to accurately represent the distribution of likely November 2022 voters based on party registration, gender, age, region and ethnicity. The worst-case margin of error at the 95% level for the full sample of 900 respondents is plus or minus 3.3%. The poll was conducted from January 26-31, 2022, by Keating Research.

Background

- E-cigarettes were first introduced to the U.S. market in 2007; their use among youth reached epidemic levels by 2018¹
- The CDC Foundation's Monitoring E-Cigarette Use Among Youth project aims to augment existing national- and state-level surveillance activities related to youth tobacco product use in the U.S.
- This brief report highlights findings in Colorado from an online survey of 379 youth (13-17) fielded between 9/24/2021 and 12/1/2021
- This online survey included convenience samples weighted to represent state census estimates for youth aged 13-17
- Although these data have been weighted using population-level adjustments, comparing data from these surveys to probability-based surveillance systems is not recommended
- Among all youth respondents, 22.9% were current e-cigarette users

Frequency of Use

- Current e-cigarette users were asked on how many days they had used e-cigarettes in the past 30 days
- More than half of current youth e-cigarette users (52.9%) reported using an e-cigarette on 10 or more days in that time period

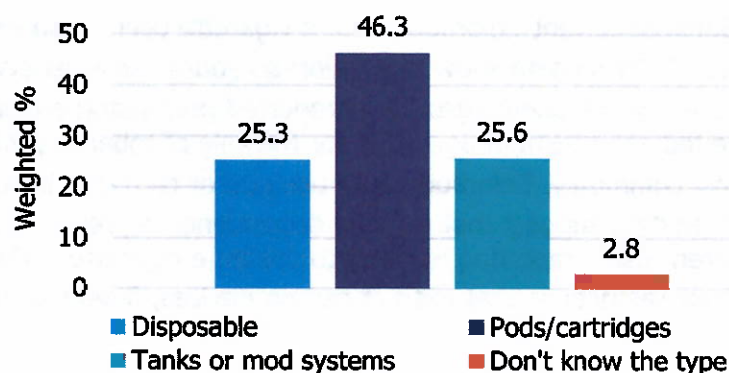


E-Cigarette Flavors

- Current e-cigarette users were asked to report all of the e-cigarette flavors they had used in the past month
- Overwhelmingly, fruit was the most-commonly used flavor among current users (50.9%)
- Among current youth e-cigarette users, 93.4% reported using flavors (excluding tobacco)

E-Cigarette Device Types

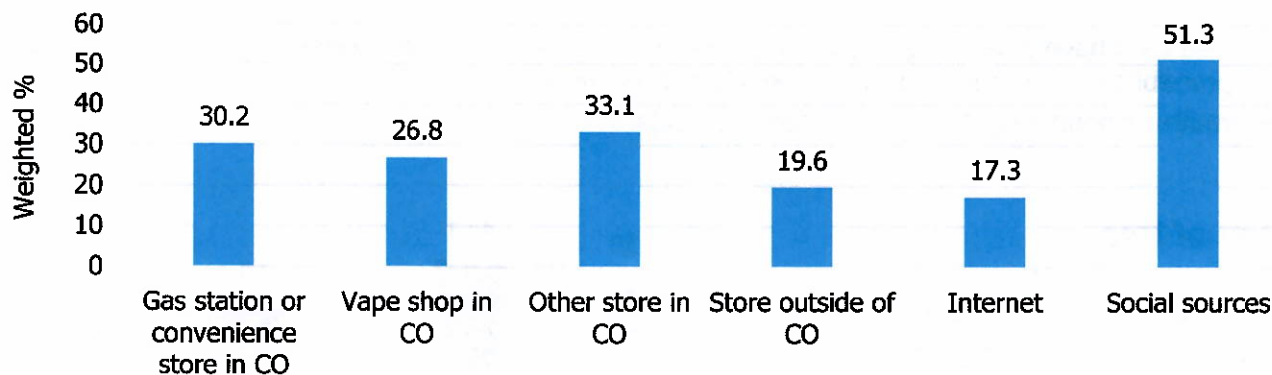
- Current e-cigarette users were asked about the device type they had used the most in the past month
- Pod/cartridge-based devices, such as JUUL, were most-commonly used by e-cigarette users (46.3%), although youth reported using a variety of device types



Monitoring E-Cigarette Use Among Youth Colorado

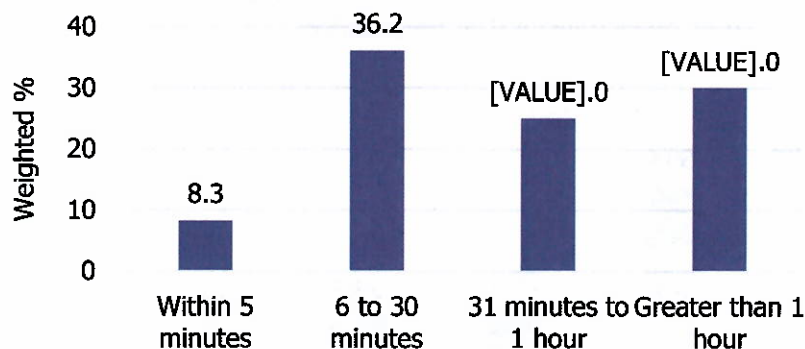
E-Cigarette Source

- Current e-cigarette users were asked to report all of the sources they had used to obtain e-cigarettes in the past month
- Current youth e-cigarette users reported purchasing products in stores within the state of Colorado, including gas stations or convenience stores (30.2%) as well as vape shops (26.8%)
- Current users also commonly reported obtaining e-cigarettes from social sources (51.3%), including friends, family members, and other persons



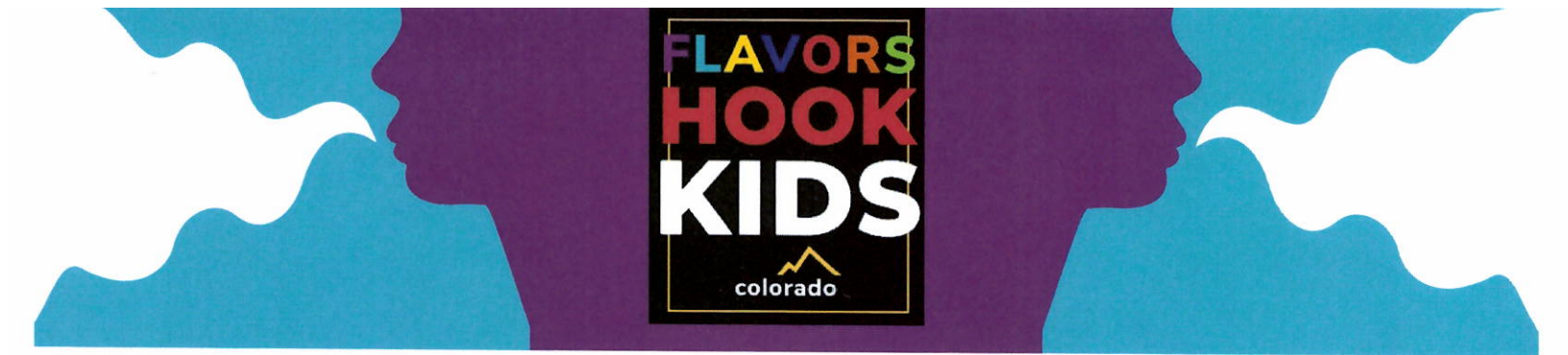
Time to Want to Use First E-Cigarette

- Current e-cigarette users were asked about how soon they want to use an e-cigarette after waking up
- Among current users, 44.5% reported wanting to use an e-cigarette within 30 minutes of waking up



Summary

- 93.4% of current Colorado youth e-cigarette users reported using flavored products
- Overall, these data show that Colorado youth use a variety of device types and flavors
- Current youth users ages 13-17 reported purchasing e-cigarettes in stores within the state of Colorado, despite the federal minimum age of 21 for the sale of tobacco products
- Most commonly, Colorado youth use pod or cartridge-based e-cigarettes, such as JUUL
- These data suggest that nicotine dependence is prevalent among youth e-cigarette users, with 44.5% of current users reporting wanting to use an e-cigarette within 30 minutes of waking up
- Flavor restrictions that exempt certain devices, flavors or stores may not reduce youth e-cigarette use



FLAVORS HOOK KIDS

colorado

Colorado lawmakers currently considering ending the sale of all flavored tobacco and nicotine products at all locations, no exceptions, should check in with teens in our state who understand the real impacts of these products in their schools and on their friends.

The Flavors Hook Kids Colorado campaign asked some members of the Boys & Girls Club Youth Advocacy Council, a group comprised of dedicated teens from across Colorado who work together to advocate for the causes that are most important to youth today, to comment on the issue and their own experiences.

It's already illegal for kids to buy tobacco, so why do we need this ban?

"Although all tobacco is illegal to sell to youth, tobacco has completely invaded teenagers' lives. The best way to prevent teenage vaping is to make flavored vapes inaccessible to everyone." – Kuper B.

"Banning all flavoring is important because we all know there is always ways for teens to get this type of stuff. I have heard one of my friends say 'try this, it tastes good' and because of this she got attached to it ... It doesn't help the fact that it is already an addictive substance." – Jas D.

"Youth find ways to acquire tobacco products, even though it is illegal. With this ban, there will be less desire to buy the products." – Maddie V.

"The flavored products smell like candy, which is enticing to youth and they look sleek, which is aesthetically attractive." – Zoe W.

"I think that having flavors very similar to candy flavors are a way of targeting youth. Not only that, I believe the way that vaping is glorified in social media is a way of targeting us." – Angel A.

"I think that even if that is not their main goal, it does not help the fact that it makes it more desirable for teens. It is one of the main reasons teen start because it tastes good and so they want to try all these different flavors. Also, I don't see adults worrying about flavors as much." – Jas D.

Some tobacco companies say flavors don't target young people. What do you think?

Describe your personal experience with the prevalence of flavored tobacco.

"Every time I enter a school bathroom, I am hit with a wall of cotton candy and mango scent...I see kids vaping and hear stories of withdrawal daily." – Aimee R.

"Whenever I hung out with my friends, the car smelled amazing because of their vapes. It made me want to try it, and soon enough, I was doing it every day. I no longer spend time with them and I quit nicotine many months ago." – Maddie V.

"There was a girl who would skip classes many days and just vape in the bathroom. She offered her pen to everyone that walks in, so a lot of people are exposed to those offers." – Gianni

I was first introduced to the idea of vaping when I was in the eighth grade and since then the issue within the youth population, especially within my friend groups and school, has only gotten worse. I think at a young age everyone tends to think that the same effects of smoking and vaping that affect adults, won't affect them in such a profound way because they're younger and healthier and have a lot of time to stop before it has lasting effects. I however don't understand how this could be the thought process, as not very much is known about the lasting effects and the timing around how long you have to vape before it impacts you in a medical way. I think a majority of this thought process is fed by misinformation and common misconceptions that many young people share.

The biggest part of why I am so against vaping myself, is because I see some of my friends using it as a coping mechanism and saying, "it helps with my stress and it helps with my anxiety and it calms me down" and I think people really fail to realize that a lot of your anxiety magnifies and accumulates from all those chemicals that you're taking in, and it's only going to make things worse which is why it becomes so addictive which many of my peers do not understand. I find that a lot of my friends started getting involved with vaping because it did have a taste or a good taste when they were vaping and so I think a big part of stopping and preventing generations from doing so is getting rid of those flavors. I would hope if it tastes bad people will be less inclined to do it and although I'm aware this may not prevent everyone, the positive impact on just one person is just as important. I also think it would be really important to start more of a movement towards using healthy resources to deal with stress, anxiety, and depression instead of resulting in methods of drug abuse, and I think it needs to be more geared towards that youth population.

I feel that the most efficient and effective way to stop the vaping problem within the youth population is first getting rid of all flavored vaping products, and making it much harder to get

those products, as well as making adults aware of the damage that they can cause to mental and physical health. A movement that reaches both the adult and youth populations is what I believe will be the key factor in stopping this issue for good, and I hope that one day we come to a point where no one in the youth population wants to vape because of the lack of flavors and accessibility.

Please vote yes on HB22-1064

Sincerely,

Tatum M.

Senior at East High School in Denver Public Schools



Reps. Bacon and Mullica: Ban flavored tobacco and e-cigarettes

It hooks kids into nicotine addiction and adds costs to health care



State Reps. Jennifer Bacon and Kyle Mullica

As parents, educators, and health care providers, we are personally invested in the issue of flavored tobacco, including e-cigarettes.

We have seen the harm caused by vaping addiction in kids, at home, in the classroom, and in our medical facilities. Nicotine can have long-lasting effects on brain development, impacting impulse control, the ability to learn and concentration — all at a time when our kids are under incredible stress already.

We simply cannot wait any longer to address the escalating crisis of nicotine addiction among our young people.

We know that tobacco addiction that starts young can last for a lifetime. This is why we need [House Bill 22-1064](#), a bipartisan bill to end the sale of flavored tobacco products, statewide.

The bill will protect Colorado kids from tobacco addiction, save lives and advance health equity for communities of color that have been targeted by the tobacco industry.

Right now, 1 in 4 Colorado youth use e-cigarettes. Among young people who have tried tobacco, 8 in 10 started with a flavored product.

Flavored products have long been a favorite tobacco industry strategy for targeting young people. With candy and fruit flavors such as chocolate and banana, flavored tobacco products, including menthol cigarettes, are designed to mimic the flavors kids are used to seeing on their cereal boxes or gum packs. They hook teens and set them on a path to lifelong addiction.

Major tobacco companies are spending \$136 million per year to promote their products in Colorado, according to the Federal Trade Commission, and many of their marketing efforts directly reach kids. Tobacco companies will fight this bill with all the money and power they have – because it affects their future customers and cuts into their future profits.

HB22 1064 helps prevent youth from ever starting to use tobacco, because eliminating flavors will make these products less attractive to young people. Tobacco products that taste like cigarettes, not cotton candy, are less appealing.

Furthermore, we know the tobacco industry has targeted communities of color, and even kids, in particular with menthol cigarettes for decades. Research has shown menthol makes cigarettes easier to start and harder to quit, so ending the sale of menthol products will reduce smoking-related health disparities faced by communities of color, LGBTQ, and other marginalized communities.

For more than 60 years, the tobacco industry has been deliberately targeting the Black community with menthol cigarettes, profiting enormously while endangering Black lives and health. In the 1950s, fewer than 10 percent of Black Americans who smoked used menthol cigarettes — today, that number is 85. Heavy advertising and cheaper prices have changed the equation.

The same is true in the Hispanic community; in the 1970s and 1980s, the industry took note of the rapidly changing demographics across the country. It used tactics similar to those used in the Black community — sponsoring cultural events and scholarships to garner loyalty — at the expense of lives.

E-cigarettes are the most commonly used tobacco product among Hispanic high school students today. Almost 19 percent of Hispanic high school students currently use e-cigarettes, which is lower than the rate among white students, but higher than the e-cigarette use rate for African American students.

Tobacco use comes at a high cost to those who use, harming nearly every organ in the body, but its toll is especially high on African Americans and Hispanics. From 1980 to 2018, menthol cigarettes were responsible for 1.5 million extra smokers, 157,000 smoking-related premature deaths and 1.5 million excess life-years lost in the African American community.

According to a recent Centers for Disease Control and Prevention analysis of tobacco-related cancer incidence, more than 43,000 Hispanics are diagnosed with tobacco-related cancer each year and more than 18,000 die from tobacco-related cancer each year. Lung cancer is the leading cause of cancer death among Hispanic men and the second-leading cause among Hispanic women.

Lack of access to information on how to quit, and meager access to health care in both Black and Hispanic communities exacerbates these realities.

Nicotine addiction costs money to the state and the health-care system. According to a 2020 study, smoking costs the state of Colorado almost \$167,000 per smoker. The annual health-care expenditures in Colorado directly caused by tobacco use totaled \$1.89 billion in 2014, according to the Centers for Disease Control and Prevention. That means each Colorado household pays almost \$700 each year in state and local taxes to cover these costs.

With HB22-1064, we can take a big step forward in ending nicotine addiction and saving Colorado taxpayers money by making smart investments in communities and reducing health-care costs by ending the sale of flavored tobacco products statewide.

Jennifer Bacon, of Denver, represents District 7 and Kyle Mullica, of Northglenn, represents District 34 in the State House of Representatives.

FIELDS & PRIOLA: When it comes to nicotine addiction, the right thing to do is rarely the easy thing to do

By **Sens. Rhonda Fields and Kevin Priola** - March 28, 2022

You may have heard rumblings from the state Capitol building on the current debate about whether Colorado should end the sale of flavored nicotine and tobacco products. Maybe you've even taken a side.

Before you harden your views, let us speak frankly about why we are carrying a bill to do just that. The reality is, it's the right thing to do and it's urgent that we act now.

Sen. Rhonda Fields, D-Aurora

In 2021, Colorado banned the sale of these products to anyone under the age of 21. A measured step that we both supported. Our hope was that this would curb the alarming increase in youth nicotine use we had been seeing for years. But now we know this step was really just a half measure. One that continues to feed adult addiction at the expense of our kids.

Instead of reversing the trend, youth vaping is on the rise. A recent survey of Colorado youth found that one in four teens used e-cigarettes. National data tells us that eight out of 10 teens who use nicotine products start with flavored ones. That makes sense. They feature candy flavors such as bubble gum and blue raspberry that mask the harmful chemicals and addictive nature of the product. Sweet smells and small, unobtrusive delivery devices make them very difficult for parents and guardians to detect.



Sen. Kevin Priola, R-Henderson

We know that our proposal concerns the vape shops currently open in Colorado along with the convenience stores and groceries that sell these addictive products. They want to continue to do business as usual, providing their wares to anyone old enough to buy them. To them we would say, you can continue to sell to adults the nicotine products to which they are addicted. But what you should not do, what you cannot do, is continue to sell products with cotton candy and pineapple mango flavors that are clearly aimed at enticing children to start a habit many will never be able to quit.

We know that about 60% of the youth who use flavored nicotine in Colorado through e-cigarettes do so not because they have purchased them illegally, but because an adult in their life or in a friends' life purchased them legally and provided them. That's the reality. Likely addicted adults are feeding new generations of teens who will become addicted themselves.

We have to ask ourselves, where does this end? And the answer we have come to is, with us.

We know the tobacco industry has spent billions of dollars and countless hours of effort ensuring they find new ways to keep people hooked on nicotine. They sold it as menthol, lasering in on communities of color and LGBTQ populations with heavy marketing. They delivered it as cigarettes until too many people wised up and realized it was killing us. Then they pivoted to flavored nicotine in e-cigarettes, targeting another generation with bright colors and tasty flavors that mask their carcinogens and addictive chemicals.

Now as we try to stop the sale of their newest creation, they cower behind individual vape shop owners who fear for the future of their small business, even though they launched that small business with the full knowledge that they were selling products that the federal government had already taken steps to ban. We understand the concerns of these small business owners and have increased the time allotted them to sell down their inventory and get out of the flavored nicotine business. They are still free to sell tobacco-flavored nicotine products to adults even after our bill becomes law.

But what they shouldn't be free to do, what no one should be free to do, is provide products to our kids that are more addictive than heroine and sentence our kids to a lifetime of addiction, poor health and death.

Sen. Rhonda Fields is a Democrat from Aurora. Sen. Kevin Priola is a Republican from Henderson.

As Colorado considers banning all flavored tobacco and nicotine products at all locations, no exceptions, we already know what we will hear from some voices in our community. Grown adults can make their own decisions about what they put in their bodies. We agree.

Where we part ways with these voices, however, is in the need to speak clearly to our children about what they put in their bodies. Where we part ways is our duty to at least try and save our children from a lifetime of nicotine addiction, health issues and premature death. We can make a huge stride toward doing this by taking away the tobacco industry's biggest selling point for our youth, attractive flavors like cotton candy and mint.

Here are a few inconvenient facts that the "adult choice"

We Need to GET REAL about Our Kids and Nicotine Use and Addiction

Op-ed by Hon. Elbra Wedgeworth and Leanne Wheeler



contingent of our community would rather you not contemplate. Fourteen is the average age that youth report starting tobacco use. And eight out of 10 kids who report smoking or vaping regularly, started with a flavored product. Here's the truth that the tobacco industry knows: if they don't hook you before you turn 18 years old, they are very unlikely to ever hook you at all.

And that's bad for business. We understand a lot more about brain development today than we did in the 1960s, when cigarette smoking reached its zenith. We know that youth smoking alters brain development and impairs decision making and other primary functions. Beyond creating deep addiction, nicotine rewires young brains. And again, if we can keep them from starting in their teens, our children are much more unlikely to start in their adult lives. This is critical when you consider another inconvenient truth about tobacco use: we die at higher rates from smoking-related illnesses than any other demographic. If we can turn our children away from that well-documented and ill-fated future, why wouldn't we? Certainly, feeding adult addiction and a



false notion of "choice" can't be the excuse we use.

We'd be remiss if we didn't address the menthol elephant in the room. Most of us know someone who smokes menthol cigarettes. Roughly 85 percent of Black smokers, smoke menthol cigarettes. If you think that's a coincidence, you should think again. Physiologically, these cigarettes are easier to smoke because the mint masks the harsh taste of tobacco.

This outsized percentage of use in our community is directly tied to the tobacco industry's all-out targeted advertising effort in the 1960s and 1970s, to convince Black Americans that menthol cigarettes were healthier and refreshing and cool. What we know is, our communities saw an increased number of tobacco and vape shops over the decades. A recent assessment shows that roughly 50 percent of Denver Public Schools are within 1,000 feet of a tobacco or vape shop, and those shops are most abundant in communities with lower incomes. In comparison, Denver has 23 times more tobacco and vape shops than it has McDonald's restaurants, and eight times more than Starbucks.

We are now at a crossroads. We can choose to believe the industry's lie about menthol flavored nicotine being a matter of "adult choice", and not the nicotine addiction it is. We can choose, once again, to overlook what we know about the age of initiation and choose not to protect our children from developing an addiction to nicotine that will create health and economic deficits for their lifetime. Or we can make a different choice for our kids; the same choice other communities make for their kids: protect them, no matter what, and no matter who. Black children deserve to be protected from the health and economic disparities derived from a life-long addiction to nicotine, don't they?

Yes. Yes, they do.

That's why we are collaborating with Tobacco Free Kids and hundreds of other state-wide coalition partners who are committed to stopping the sale of flavored nicotine products. We think many in our community will make a similar choice. We believe our friends and neighbors will do what our community has done before: stand up for our children and protect them from an industry that means them nothing but a lifetime of nicotine addiction.

The choices we make now will have repercussions for decades, and for generations to come. We have to stop listening to the tobacco industry's Black proxy voices that insist we accept the lie about "adult choice" and let them know that Black kids - OUR kids - deserve better. ■

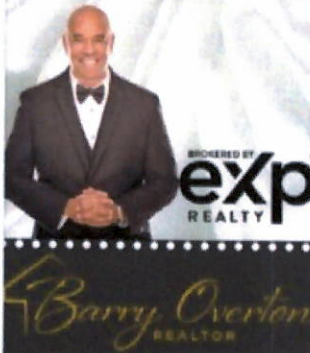
Editor's note: Hon. Elbra Wedgeworth is a former President of the Denver City Council and Chief Government Officer at Denver Health, now a retired public servant on behalf of the City of Denver and State of Colorado for over 32 years. Leanne Wheeler is a principal at the Wheeler Advisory Group and a U.S. Air Force Veteran.

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Durango Herald

Our View: Flavored tobacco

HB 22-1064 would ban products marketed to kids

Friday, Apr 1, 2022 5:00

This is April Fools' Day and tobacco use is a foolish habit, but addiction is no joke and there is nothing remotely humorous about the diseases tobacco causes. That is reason enough to urge Colorado lawmakers to enact legislation banning flavored tobacco products.

An effort to accomplish that is being spearheaded by a group called Flavors Hook Kids Colorado, whose web address is its name plus dot-org. Its partners in this effort include 76 groups and organizations known for advocating good health and children's well-being, plus half a dozen Colorado cities and agencies, and a lengthy list of prominent individuals. They deserve to succeed.

Flavored tobacco products come in various shapes and forms. Examples include e-cigarettes, smokeless tobacco, cigars, fuel for hookahs, vaping juices and menthol cigarettes. The flavors can include different kinds of fruit, various types of candy or desserts, as well as mint and menthol. All are tobacco-based and include nicotine, sometimes at high concentrations.

The point to all that is simple. This is the tobacco industry's latest scheme for getting kids addicted to tobacco. From their point of view, doing so is an essential marketing strategy.

According to a report from the U.S. Department of Health and Human Services' Office of the Surgeon General, "Nearly nine out of 10 smokers started smoking by age 18." The tobacco industry needs to get kids hooked to maintain its profitability because, as the report also says, "Almost no one starts smoking after age 25."

Addicting children to tobacco is even worse than it sounds. Not only will something like a third of those who continue to smoke die prematurely, but even those who quit can be damaged by it. As HHS says, teens who smoke "may end up as adults with lungs that will never grow to full capacity."

Youths are also more sensitive to nicotine than grown-ups. And with that, they can become dependent sooner.

Tobacco has a long history in this country. It was one of the first and most important crops for the newly established American colonies. And its use throughout our history has been all but ubiquitous. Those old enough to remember can attest that at one time it seemed that everybody smoked almost everywhere. See movies from the 1930s, '40s and '50s.

But that was then and this is now. Back then we simply did not know better. Today we do. In the 21st century, addictive schemes like flavored tobacco look no different than peddling heroin.

That tobacco has a long history is no longer relevant. Today, tobacco use must be seen for what it is – a public health issue. Keeping kids from becoming addicts is a great place to start. And banning flavored tobacco is a welcome step in that direction.

Colorado House Bill 22-1064 would ban flavored tobacco. How effective it will be will depend on its final form and Big Tobacco is pouring money into killing or gutting it.

Our lawmakers need to know that their constituents care about Colorado's kids.

https://www.coloradopolitics.com/opinion/pediatricians-want-lawmakers-to-prevent-more-youth-nicotine-addiction/article_857870f0-b14c-11ec-bdc7-d3138d9f7ad1.html

Pediatricians want lawmakers to prevent more youth nicotine addiction

By Autumn Orser
Apr 1, 2022



Autumn Orser

Pediatricians work every day to improve the health of Colorado's kids and, as such, have long been sounding the alarm on electronic cigarettes, or e-cigarettes, and the harms they pose to our children. E-cigarettes are addicting a new generation of young people to nicotine and threatening to unravel five decades of public-health gains regarding tobacco use. That's why I'm excited to see bipartisan House Bill 22-1064 recently introduced at the state legislature to end the sale of all flavored-tobacco products in Colorado.

About 1,400 Colorado kids become new daily smokers every year — that's nearly four newly-addicted Colorado children every day. According to the latest [Healthy Kids Colorado Survey](#) data, more than one in four Colorado high school students use e-cigarettes.

As a health-care professional, I've seen the short- and long-term impacts of teen vaping every day in my own practice. These days, every visit with a teenage patient includes a conversation about e-cigarettes. Many of them either use these products or have friends who do, and they assume that since these products come in child-friendly flavors, they must be safe.

My patients do not understand that one JUUL pod contains as much nicotine as 20 cigarettes. Nicotine-dependence impacts areas of the brain that control executive function, memory and mood. Once the brain becomes dependent on nicotine, it will continue to seek other quick and easy forms

of reward or pleasure. This leads to increased risk for other substance use, including alcohol, marijuana and amphetamines, as well as suicide, sexual-risk behaviors and disruptive school-related behaviors.

Many of my patients now use these products on a daily basis and show significant signs of nicotine addiction, finding it difficult, if not impossible, to stop. Among Colorado high school students who have used these products in the past 30 days, 53.4% have tried to quit in the past year. But nicotine withdrawal can cause headaches, insomnia, irritability, anxiety and depression.

A primary reason we're seeing kids get addicted to nicotine in the first place is because of the availability of flavored-tobacco products. Tobacco companies have a long history of using flavors to make their products more appealing to youth, luring kids into a lifelong struggle with nicotine addiction. The flavors help mask the harsh taste of nicotine, making repeated use more likely, and thereby increasing the likelihood of developing addiction. Data from the [2021 National Youth Tobacco Survey](#) shows us that 80% of youth who have ever used tobacco started with a flavored product.

House Bill 22-1064 is a comprehensive solution — all products, all locations, no exceptions — which will save lives and curb the youth-vaping epidemic. Over the past few years, tobacco flavor bans have been passed in hundreds of towns and cities, and statewide flavor bans have even gone into effect in states such as Massachusetts, New York, Washington and Rhode Island. [Recent studies](#) found these restrictions were associated with reductions of 25% to 31% in e-cigarette sales compared to states without flavor restrictions.

Our goal as pediatricians is to help children and support their families. I hope that, for our kids' sake, Colorado lawmakers follow other states' examples and protect our youth from the dangers of nicotine addiction by voting in favor of House Bill 22-1064.

Autumn Orser, MD, FAAP, is a practicing pediatrician in the Colorado Springs community. She is a member of the [American Academy of Pediatrics, Colorado Chapter](#).

From the Web

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https://www.coloradopolitics.com/opinion/pediatricians-want-lawmakers-to-prevent-more-youth-nicotine-addiction/article_857870f0-b14c-11ec-bdc7-d3138d9f7ad1.html

Pediatricians want lawmakers to prevent more youth nicotine addiction

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Potential Effects of a Ban on the Sale of Flavored Tobacco Products in Colorado*

Summary Highlights

Ending the sale of flavored tobacco products will reduce tobacco use initiation, lead current tobacco users to quit, improve health, and save lives. The policy will result in modest reductions in Colorado's tobacco tax revenues while at the same lead to significant reductions in health care spending, including Medicaid spending, in the state. The public health and economic benefits of these policies are substantial, as detailed below.

Public Health Impact:

- 7,300 smokers (5.6% of menthol smokers) would quit as a result of the policy
- 1,700 premature smoking-caused deaths avoided
- Fewer youth initiating smoking with menthol cigarettes

Fiscal Impact:

- At least \$117 million in long-term health care cost savings for the state
- \$19.9 million decline in cigarette tax revenue (6.8% decline)
- \$5.7 million decline in other tobacco products tax revenue (10.8% decline)

The projected health care savings and public health benefits are conservative because they do not include the impact on youth who will not start to smoke as a result of this policy. Preventing Colorado kids from becoming addicted smokers would secure additional millions of dollars in future health care cost savings.

Public Health and Economic Burden of Tobacco Use in Colorado

Tobacco use remains the leading cause of preventable death in the United States, killing more than 480,000 Americans each year, including 5,100 in Colorado. Each year, 9,900 Colorado kids try their first cigarette; and another 1,400 additional kids become new regular, daily smokers. Nationally, youth e-cigarette use has reached epidemic proportions, and in Colorado, e-cigarette use among youth has far surpassed cigarette smoking. Flavors, including menthol, play a key

role in youth use of tobacco products. Tobacco use is known to cause cancer, heart disease and respiratory diseases, among other serious health problems.

In addition to tobacco's impact on health and well-being, tobacco use imposes a considerable financial toll on the economy. The Centers for Disease Control and Prevention (CDC) estimates that in Colorado, tobacco use costs an estimated \$1.89 billion in health care costs each year, including approximately \$386 million in state Medicaid expenditures.

These burdens on the state highlight the need to implement evidence-based policies to reduce tobacco use.

Introduction

In recent years, state and local governments in the U.S. have implemented policies banning the sale of flavored tobacco products and/or flavored liquids used in vaping. At the same time, policies banning the sale of flavored tobacco products have been implemented at the national level in a few countries, while a growing number of others have adopted but not yet implemented similar policies. Efforts to evaluate the effects of these policies on prevalence, consumption, and sale of tobacco and vaping products are ongoing and new evidence is rapidly emerging.

A variety of methodological approaches have been applied in efforts to understand the potential and actual impact of a ban on the sale of flavored tobacco and other nicotine products on the use of these products and on overall tobacco product use. These include: asking flavored tobacco product users how they would respond to a ban on the sale of flavored products, experiments that assess tobacco users' choices under different scenarios, including when flavored products are not available; evaluation of the impact of bans on the sale of flavored products in jurisdictions that have implemented these policies; and others. The most relevant evidence comes from Canada, where bans on the sale of menthol cigarettes were implemented in many provinces, beginning with Nova Scotia in May 2015, and culminating with a national ban in October 2017. The research on the potential and actual effects of comprehensive bans on the sale of flavored tobacco and other nicotine products suggests that these policies will reduce the use of the banned products and reduce overall use of tobacco and vaping products. Reductions in use will result from both increases in cessation among flavored product users, as well as reductions in initiation among potential users. At the same time, many continuing users are likely to substitute to non-flavored products, while some will avoid/evade the policy by obtaining flavored products from

jurisdictions where the products remain available, or through illicit vendors.

Modeling the Impact of a Comprehensive Flavor Ban on Tobacco Tax Revenues and Public Health

Key Projections:

- Menthol cigarettes portion of total cigarettes in Colorado: 20.1%
- Percent of menthol smokers who would quit: 5.6%
- Percent reduction in overall cigarette consumption from menthol smokers quitting: 1.1%
- Percent reduction in overall cigarette consumption from menthol smokers switching to non-menthol cigarettes or other tobacco products, policy avoidance and evasion: 5.7%

Research indicates that the Canadian ban on menthol cigarettes significantly increased smoking cessation among menthol smokers, with cessation rates 50 to 100 percent higher for menthol smokers than for non-menthol smokers following the implementation of the provincial and national bans. Given this range, I assume that a comprehensive flavor ban will raise the quit rate for menthol smokers by 75 percent relative to that of non-menthol smokers. Given estimates that 7.4 percent of smokers are recent quitters, this implies that almost 5.6 percent of menthol smokers would quit in the short run in response to a ban. Based on data from the 2014/15 Tobacco Use Supplement to the Current Population Survey (TUS-CPS), less than a quarter of smokers (23.6 percent) smoked menthol cigarettes in Colorado. Menthol smokers in Colorado smoke fewer cigarettes per month, on average, than non-menthol smokers. Given the prevalence of menthol smoking and lower average cigarette consumption among menthol smokers, menthol cigarettes account for approximately 20.1 percent of total cigarette consumption. Taken together, these data imply that a comprehensive flavor ban in Colorado would reduce overall

cigarette consumption by 1.1 percent, given increased cessation among menthol smokers.

Among menthol smokers who continue to smoke after the ban, many will switch to non-menthol cigarettes or other tobacco products, while some will continue to smoke menthol cigarettes. The Canadian data suggest that roughly 70 percent of those who continue to smoke will substitute to non-menthol cigarettes, with the remainder purchasing menthol cigarettes from jurisdictions where they continue to be available and/or from illicit sources, or switching to other tobacco/nicotine products. These data imply a potential reduction in tax paid cigarette sales in Colorado due to avoidance and evasion of the ban or switching to other products of 5.7 percent.

Together, overall tax paid cigarette sales in Colorado would fall by 6.8 percent in response to a comprehensive flavor ban, with a corresponding reduction in cigarette tax revenues. Given estimated cigarette excise tax revenues of just over \$290 million in FY2022, including from the recent tax increase, this implies a drop of about \$19.9 million in cigarette tax revenues.

Projecting the impact of a comprehensive flavor ban on use of and tax revenues from other tobacco/nicotine products is more speculative given the limited data available. Using the average share of flavored tobacco product sales for the years from 2011 through 2015 and assuming that the reductions in sales of other flavored tobacco products are of a similar magnitude to the reduction in the sale of menthol cigarettes, I estimate that other tobacco product sales (excluding e-cigarettes) and resulting other tobacco product tax revenues would fall by 10.8 percent in Colorado. Given estimated other tobacco product tax revenues of \$52.7 million in FY2022, including from the recent tax increase, this implies a reduction in other tobacco product tax revenues of \$5.7 million.

Colorado recently instituted a new tax on e-cigarettes, effective January 2021. The original fiscal note from the Legislative Council Staff

estimated that this tax would generate \$12.4 million for FY 2021-2022. Market data from IRI, Inc., reported by the CDC Foundation, show that non-tobacco-flavored e-cigarettes make up 69 percent of the e-cigarettes sold in Colorado. Only a portion of the revenue from non-tobacco-flavored e-cigarettes will be impacted because while some e-cigarette users will quit using e-cigarettes or try to evade the policy by purchasing from other jurisdictions, others may switch to tobacco-flavored e-cigarettes that are subject to the tax. Assuming that those who quit or try to evade the policy contribute to two-thirds of the non-tobacco-flavored e-cigarette revenue collected, this implies a decline in e-cigarette revenue of \$5.7 million.

These estimated reductions in revenues are based on limited data and research evidence and are likely to be imprecise. To some extent, they are likely to overstate the actual declines in revenues as they do not consider the substitution between cigarettes and other tobacco products and e-cigarettes that might result from a flavor ban and given that at least some tobacco users who quit in response to the ban may eventually relapse and consume non-flavored products. Strengthened enforcement and increased penalties on illicit traders can reduce illegal sales of flavored products and lessen the impact of the flavor ban on tobacco tax revenues.

While a comprehensive flavor ban would lead to modest reductions in Colorado's tobacco tax revenues, it will also improve public health given the reductions in tobacco use that result. As described above, a comprehensive flavor ban will result in almost 5.6 percent more menthol smokers quitting smoking in the short run. Given an estimated 555,400 adult current smokers in Colorado, of whom 23.6 percent smoke menthol cigarettes, this implies that over 7,300 adults would quit smoking in response, resulting in over 1,700 fewer deaths caused by smoking. In addition, the limited existing evidence suggests that a comprehensive ban would also deter numerous young people from taking up tobacco use, adding to the public health benefits. Finally, the reductions in tobacco use resulting from a comprehensive

flavor ban would lead to significant reductions in health care spending, including Medicaid spending, with an estimated reduction in lifetime health care spending of at least \$117 million for those induced to quit by the policy.

FDA recently announced its intention to ban menthol cigarettes and flavored cigars, but the process to do so will take many years. In the meantime, Colorado can enact a comprehensive flavor ban to start saving lives and health care costs now.

*For more details, see: Chaloupka FJ (2020). *Potential Effects on Tobacco Tax Revenues of a Ban on the Sale of Flavored Tobacco Products*. Chicago, IL: Tobacconomics Research Program, Institute for Health Research and Policy, University of Illinois at Chicago; www.tobacconomics.org.

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About Tobacconomics

Tobacconomics is a collaboration of leading researchers who have been studying the economics of tobacco control policy for nearly 30 years. The team is dedicated to helping researchers, advocates and policymakers access the latest and best research about what's working—or not working—to curb tobacco consumption and the impact it has on our economy. As a program of the University of Illinois at Chicago, Tobacconomics is not affiliated with any tobacco manufacturer. Visit www.tobacconomics.org or follow us on Twitter <https://twitter.com/Tobacconomics>.

**The Impact of Canada's Menthol Cigarette Ban on
Quitting Among Menthol Smokers: Pooled Analysis from
the ITC Project and the Ontario Menthol Ban Study and
Implications for a Menthol Ban in Colorado**

**Professor Geoffrey T. Fong, OC, PhD, FRSC, FCAHS
University of Waterloo and Ontario Institute for Cancer
Research**

**Comments to the Colorado House Finance Committee
Bill HB22-1064**

April 4, 2022

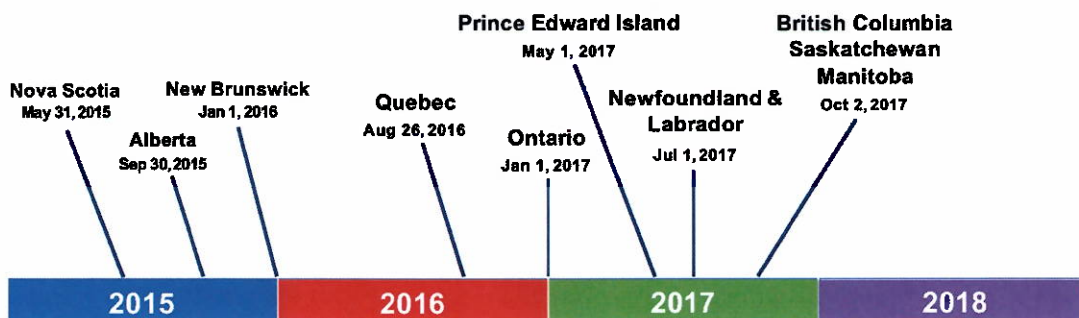
Brief Biosketch



- Professor of Psychology and Public Health Sciences, Univ of Waterloo
- Founder and Chief Principal Investigator of the International Tobacco Control Policy Evaluation Project (ITC Project)
- Largest tobacco control research program in the world
- Since 2002: evaluating tobacco control policies in 31 countries

1

From 2015 to 2017, all Canadian provinces banned menthol cigarettes



2

Two evaluation studies conducted in parallel



Evaluating the impact of menthol cigarette bans on cessation and smoking behaviours in Canada: longitudinal findings from the Canadian arm of the 2016–2018 ITC Four Country Smoking and Vaping Surveys

Janet Chung-Hall¹, Geoffrey T Fong^{1,2,3}, Gang Meng,¹
K Michael Cummings⁴, Andrew Hyland,³ Richard J O'Connor,⁵
Anne C K Quah¹, Lorraine V Craig¹

Ban on menthol-flavoured tobacco products predicts cigarette cessation at 1 year: a population cohort study

Michael O Chaiton^{1,2}, Ioana Nicolau,^{1,2} Robert Schwartz,² Joanna E Cohen,³
Eric Soule,⁴ Bo Zhang,^{2,5} Thomas Eissenberg⁶

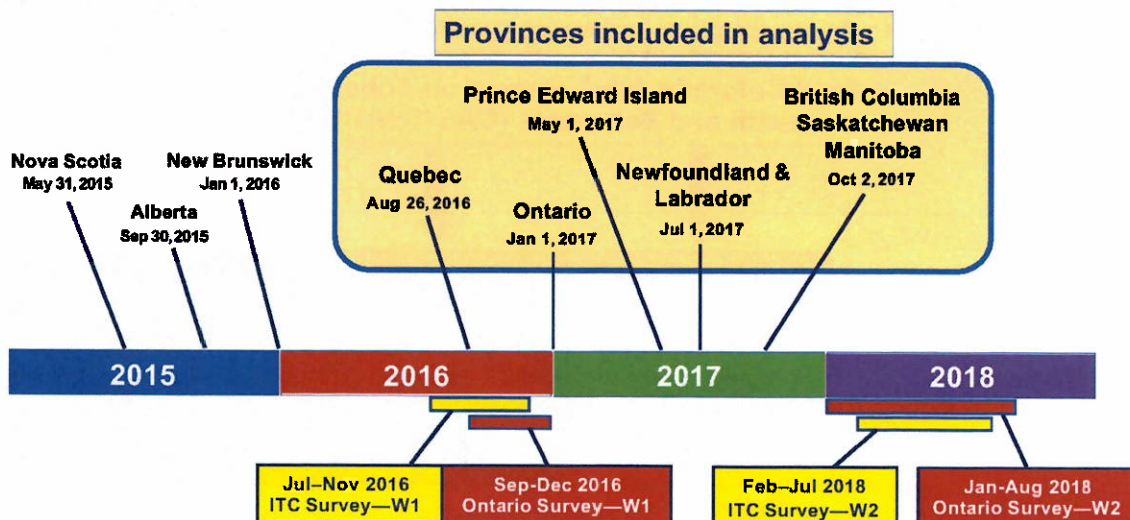
ITC Canada Survey: 1,236 smokers across 7 provinces including Ontario

Ontario Menthol Ban Survey: 1,084 smokers in Ontario

Pooled analysis

3

Pre-post evaluation in 7 provinces (83% of Canada)



4

What was the quit rate after the menthol ban?



Menthol Smokers	Non-Menthol Smokers	Difference
22.3%	15.0%	7.3%

Menthol smokers were more likely to quit

5

Projections of additional quitting if Colorado were to ban menthol cigarettes



Step 1: Compute the number of Menthol smokers in Colorado

2018 Colorado Adult Survey on Tobacco Health and Behaviors (CAS-THAB)

	Number of adult smokers in Colorado in 2018	Percentage of smokers who smoke menthols	Number of menthol smokers in Colorado in 2018
All adults	635,350	22.9%	145,495
Black adults	40,807	61.1%	24,933

6

Projections of additional quitting if Colorado were to ban menthol cigarettes



Step 2: Multiply by the effect of the menthol ban on increasing quitting

	Percentage of Canada's menthol smokers who quit vs. non-menthol smokers		Number of menthol smokers in Colorado (2018)	=	Projected Number of Colorado smokers who would quit	95% Confidence Interval
All adult smokers	7.3%	X	145,495	=	10,621	3,055 – 18,187
Black adult smokers	7.3%	X	24,933	=	1,820	524 – 3,117

Projections from the Canadian menthol ban:
 If Colorado were to ban menthol cigarettes, then this could lead an **additional 10,621 smokers to quit, of whom 1,820 would be Black smokers.**

Summary: When Canada banned menthol cigarettes...



- Significantly more menthol smokers quit: 7.3% more than non-menthol smokers.
- Projecting to Colorado—if the impact were the same:
 - An additional 10,621 smokers would quit, of whom 1,820 would be Black smokers
- **No additional purchasing from illicit sources among menthol smokers compared to non-menthol smokers after the ban.**
- **These results strongly support banning menthol cigarettes.**



Biography – Professor Geoffrey T. Fong, OC, PhD, FRSC, FCAHS

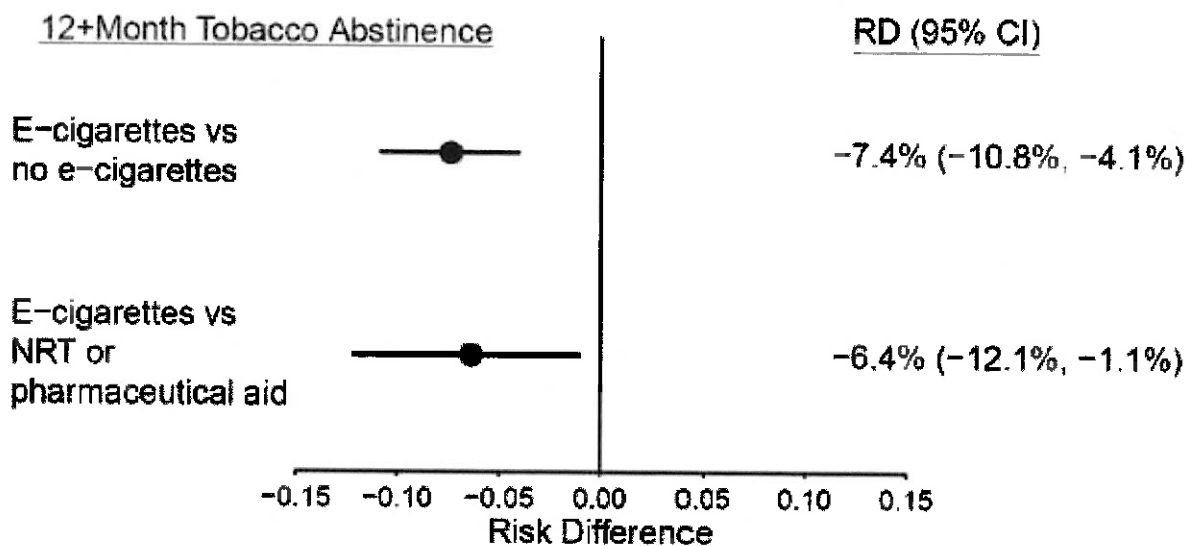
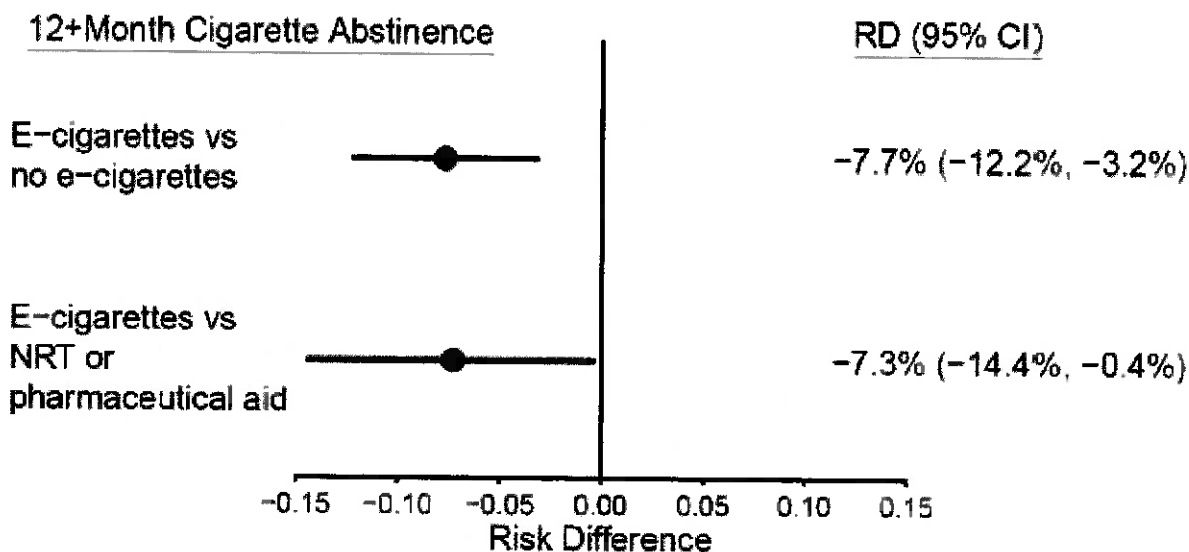
Dr. Geoffrey T. Fong, OC, PhD, FRSC, FCAHS (AB Stanford; PhD University of Michigan) is Professor of Psychology and Public Health Sciences at the University of Waterloo, and Senior Investigator at the Ontario Institute for Cancer Research. Dr. Fong is the Founder and Chief Principal Investigator of the [International Tobacco Control Policy Evaluation \(ITC\) Project](#), a consortium of over 150 researchers across 31 countries, covering over half of the world's population and over two-thirds of the world's tobacco users.

The ITC Project is the world's largest tobacco research program, having published over 650 articles, 100 national and policy reports, and presented over 1,300 papers at scientific meetings since 2002. A major objective of the ITC Project, the first-ever international cohort study of tobacco use, is to evaluate the effectiveness of tobacco control policies of the [WHO Framework Convention on Tobacco Control \(FCTC\)](#)—the first WHO treaty. The ITC Project has produced important and influential research evidence on the effectiveness of FCTC policies, including graphic warnings, smoke-free laws, tobacco marketing restrictions, illicit trade, price/tax policies, cessation support, and bans on menthol cigarettes. Dr. Fong has published over 470 research articles and given over 250 invited talks. Every year since 2015, Dr. Fong has been selected for the [Clarivate Analytics List of Highly Cited Researchers](#), being among the top 0.1% of the world's researchers in the social sciences in the number of highly cited (top 1%) of scientific articles he has published. According to Elsevier Intelligence's SciVal, the world's most extensive research performance metrics system, [Dr. Fong is the world's most productive researcher in the field of tobacco research](#).

Dr. Fong has contributed to many landmark reports, including those of the International Agency for Research on Cancer (IARC), U.S. Surgeon General, WHO, US National Academy of Sciences, and the UK's Royal College of Physicians. He was one of the three Scientific Editors of the 2016 [WHO/US National Cancer Institute Monograph, *The Economics of Tobacco and Tobacco Control*](#). Dr. Fong was a member of the 7-person [WHO FCTC Impact Assessment Expert Group](#), serving as its Technical Coordinator, which conducted the official evaluation of the FCTC in its first decade (2005-15). Dr. Fong has served as an expert consultant for WHO and for many countries including Canada, Australia, Brazil, United Kingdom, Malaysia, and Singapore. He served as an expert for Australia and Uruguay in successful defenses of their policies against the tobacco industry's legal challenges via trade treaties (Australia's defense of plain packaging at the World Trade Organization was the largest ever WTO dispute). Dr. Fong has been a member of many key national and global advisory groups including [Health Canada's Vaping Products Scientific Advisory Board](#), [Canada's Tobacco Endgame Summit](#) (whose objective of "less than 5% tobacco prevalence by 2035" has been adopted by the Canadian Government), WHO Expert Group on COVID-19 and Tobacco Use, and the Expert Group on FCTC Articles 9/10 (Tobacco Product Regulation). Dr. Fong was also a member of the Scientific Leadership Team that created US FDA's Population Assessment of Tobacco and Health (PATH) Project.

Dr. Fong has received 14 Canadian and 8 international awards for his research contributions. In 2009, he and Waterloo colleagues Mary Thompson and David Hammond were awarded the [first Top Canadian Achievement in Health Research from the Canadian Institutes of Health Research \(CIHR\) and CMAJ](#). In 2011, Dr. Fong received the [CIHR Knowledge Translation Award](#). In 2012, Drs Fong, Thompson, and Hammond received the [Statistical Society of Canada's Lise Manchester Award](#) for the ITC Project's "unique and historical research effort." Dr. Fong was awarded the [2013 WHO World No Tobacco Day Award](#) for his international work advancing the FCTC, the [2015 Luther L. Terry Award for Outstanding Research Contribution from the American Cancer Society](#), the [2017 Senior Trailblazer Award from CIHR's Institute for Population and Public Health](#), and the [2017 Policy Impact Award from the American Association of Public Opinion Research \(AAPOR\)](#). In 2019, Dr. Fong was awarded the [John Slade Award from the Society for Research on Nicotine and Tobacco](#), the [Award for Distinguished Service in Cancer Research from the Canadian Cancer Research Alliance](#), and the prestigious [Medal of Honour from the Health Research Foundation](#) (Dr. Fong is the 27th recipient of this award, which was first presented in 1945 to Sir Alexander Fleming, the discoverer of penicillin; other recipients include Charles Best, Wilder Penfield, Julio Montaner, David Jenkins, and Brian Mulroney). Dr. Fong was awarded the [2020 O. Harold Warwick Prize from the Canadian Cancer Society](#) for outstanding achievements in cancer control research, and the [2021 Governor General's Innovation Award](#) (with Thompson and Hammond), a prestigious award that "encompasses all sectors of Canadian society" and is given to "individuals, teams and/or organizations whose innovations are truly exceptional, transformative, and positive in their impact on quality of life in Canada." Dr. Fong is an elected Fellow of the Royal Society of Canada, the Canadian Academy of Health Sciences, the Association for Psychological Science, and the Society for Research on Nicotine and Tobacco. In December 2021, Dr. Fong was [appointed as an Officer of the Order of Canada](#).

More real world evidence that e-cigs make it harder to quit cigarettes



The evidence that e-cigarettes do not work for smoking cessation just keeps piling up.

The latest high quality real world study, "[Effectiveness of e-cigarettes as aids for smoking cessation: evidence from the PATH Cohort Study, 2017-19](#)," published by Ruifeng Chen and colleagues at UCSD in *Tobacco Control*

reports on the association between e-cigarette use and smoking and tobacco cessation in the real world from 2017-2019. This is an important time period because in 2017, there was a 40% surge in e-cig sales, driven by Juul with 75% market share. Because of Juul's introduction of nicotine salt technology, it delivers higher levels of nicotine than earlier generation e-cigarettes. Juul and e-cigarette advocates claim that this higher nicotine delivery makes Juul more likely to help smokers quit cigarettes.

PATH is a huge longitudinal study funded by the FDA that follows people forward in time over several years and collects detailed information on tobacco product use and related behaviors. It is widely considered the best single source for evidence on tobacco product use.

But, following 3578 smokers who were trying to quit in 2017 forward in time didn't produce any evidence that smokers trying to quit were part of this surge. Use of e-cigs as a cessation aid dropped by 25% and virtually no-one was using Juul. (At the same time, Juul was taking off with kids.)

To assess e-cigarettes as a cigarette cessation aid, the authors compared 12+ month cigarette abstinence between 1) any e-cigarette for quit attempt vs anyone who didn't use an e-cigarette; 2) any e-cigarette vs NRT or pharmaceutical aid only for quit attempt. They also compared those who used e-cigarette only vs NRT or pharmaceutical aid only in a sensitivity analysis. To assess if e-cigarettes prevent relapse to cigarettes, they estimated the risk difference in rates of relapse to cigarette smoking between any e-cigarette vs no e-cigarette in 2019.

The results are summarized in the graph above, which is Figure 1 in their paper.

Quitting cigarettes was 7.7% *lower* among those who used e-cigarettes to quit than those who didn't use e-cigarettes to quit. E-cigarettes also performed significantly worse than FDA approved therapies (NRT or prescription cessation aids).

The results were similar for abstinence from all tobacco products.

One bit of good news in the paper is that fewer smokers are attempting to quit with e-cigarettes than FDA-approved therapies that have been shown to work or cold turkey, which also works better than e-cigarettes.

The authors sum up their findings: ***“In this analysis of the most recent PATH Study data, smokers who reported using e-cigarettes to help***

them in their most recent cigarette quit attempt were less, not more, likely than other quit attempters to achieve either successful cigarette cessation or to become tobacco and e-cigarette free. ... Our analysis suggests that the 2017 JUUL marketing campaigns were not effective in encouraging smokers to use JUUL products to help with quit attempts, unlike their effectiveness in encouraging young people to initiate nicotine use with their products.”

Predictably, the pro-e-cigarette [Science Media Centre](#) in the UK immediately released a statement by John Britton dismissing the UCSD study:

“The findings of this observational study of quitting and e-cigarette use in the USA are fundamentally flawed by confounding by severity, whereby the heaviest (most addicted) smokers, having tried and failed to quit using NRT or other treatments in the past, or who have declined to try to quit in the past, then try e-cigarettes.

“This is probably why they conflict with the findings of meta-analyses of the multiple, well-designed clinical trials that have demonstrated that e-cigarettes are effective quitting aids, and which led to the UK National Institute for Health and Care Excellence (NICE) recommending e-cigarettes to help smokers to quit in guidance published at the end of 2021.”

One wonders if Britton read the UCSD paper.

Most important, the UCSD researchers *did* control for level of nicotine addiction through several measures of tobacco use as part of their careful matching of e-cigarette users with similar smokers who did not use e-cigarettes using propensity

score matching. This process is clearly described in the main text of the paper and documented in great detail in the supplementary appendix.

Second, the UCSD researchers *did* recognize that the randomized controlled trials indicate that e-cigarettes, when delivered under controlled conditions as part of a supervised cessation effort, were associated with increased quitting but clearly made the point that this effect did not carry over into the real world. In fact, the real-world effect of e-cigs on quitting smoking was **opposite** what the RCTs showed:

In this analysis of the most recent PATH Study data, smokers who reported using e-cigarettes to help them in their most recent cigarette quit attempt were less, not more, likely than other quit attempters to achieve either successful cigarette cessation or to become tobacco and e-cigarette free. ***Rather than e-cigarettes adding four additional successful cigarette quitters per 100 quit attempters compared to pharmaceutical aid users as concluded by a systematic review of RCT [randomized clinical trial] data, in this study, e-cigarette use was associated with 7 fewer successful quitters per 100 quit attempters.*** Further, switching to e-cigarettes did not reduce the risk of relapse to cigarette smoking compared to other recent former smokers. Instead, nearly 60% of recent former smokers who were daily e-cigarette users had relapsed to cigarette smoking by 2019 ([PATH] Wave 5). [emphasis added]

This finding reinforces the fact that well-done population studies exemplified by the UCSD study are more relevant than randomized controlled trials for assessing the impact of e-cigarettes as consumer products. By relying on the RCTs authorities in UK are pushing products on the

public that **at best are worthless** and at worst keep people smoking by displacing effective FDA-approved therapies.

These real world findings are directly relevant to FDA as it continues to work on whether or not to determine that e-cigarettes in general and Juul in particular, should be authorized for sale because doing so would be “appropriate for the protection of public health.”

- The whole justification for authorizing e-cigarettes for sale is that they theoretically are a less dangerous replacement for cigarettes. This study shows that adults **are not using e-cigarettes to quit** (what the FDA and tobacco companies call “switching completely”).
- Moreover, e-cigarettes do not work as well for smoking and tobacco cessation in the real world as FDA-approved medications or even quitting “cold turkey” without any aids. So, **there is no public health loss for not having them available on the market.**

Here is the abstract:

Objective: To assess the effectiveness of e-cigarettes in smoking cessation in the USA from 2017 to 2019, given the 2017 increase in high nicotine e-cigarette sales.

Methods: In 2017, the PATH Cohort Study included data on 3578 previous year smokers with a recent quit attempt and 1323 recent former smokers. Respondents reported e-cigarettes or other products used to quit cigarettes and many covariates associated with e-cigarette use. Study outcomes were 12+ months of cigarette abstinence and tobacco abstinence in 2019. We report weighted unadjusted estimates and use propensity score matched analyses with 1500 bootstrap samples to estimate adjusted risk differences (aRD).

Results: In 2017, 12.6% (95% CI 11.3% to 13.9%) of recent quit attempters used e-cigarettes to help with their quit attempt, a decline from previous years. Cigarette abstinence for e-cigarette users (9.9%, 95% CI 6.6% to 13.2%) was lower than for no product use (18.6%, 95% CI 16.0% to 21.2%), and the aRD for e-cigarettes versus pharmaceutical aids was -7.3% (95% CI -14.4 to -0.4) and for e-cigarettes versus any other method was -7.7% (95% CI -12.2 to -3.2). Only 2.2% (95% CI 0.0% to 4.4%) of recent former smokers switched to a high nicotine e-cigarette. Subjects who switched to e-cigarettes appeared to have a higher relapse rate than those who did not switch to e-

cigarettes or other tobacco, although the difference was not statistically significant.

Conclusions: Sales increases in high nicotine e-cigarettes in 2017 did not translate to more smokers using these e-cigarettes to quit smoking. On average, using e-cigarettes for cessation in 2017 did not improve successful quitting or prevent relapse.

The full citation is: Chen R, Pierce JP, Leas EC, Benmarhnia T, Strong DR, White MM, Stone M, Trinidad DR, McMenamin SB, Messer K. Effectiveness of e-cigarettes as aids for smoking cessation: evidence from the PATH Study cohort, 2017-2019. *Tob Control*. 2022 Feb 7:tobaccocontrol-2021-056901. doi: 10.1136/tobaccocontrol-2021-056901. Epub ahead of print. PMID: 35131948. It is available [here](#).

Here is a [CNN story](#) on the paper.

 **Stanton Glantz**  **February 9, 2022**

 **[e-cigarettes](#), [FDA](#), [smoking](#), [smoking cessation](#), [vaping](#)**

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Original Investigation | Health Policy

Estimation of 1-Year Changes in Medicaid Expenditures Associated With Reducing Cigarette Smoking Prevalence by 1%

Stanton A. Glantz, PhD

Abstract

IMPORTANCE Reducing smoking is associated with a reduction in health care costs, including in the short run. Medicaid recipients smoke at higher rates than the general population, which suggests that investments to reduce smoking in this population would reduce short-run Medicaid costs.

OBJECTIVE To estimate the short-run (1-year) change in health care expenditure associated with a 1% decrease in absolute smoking prevalence in all US states.

DESIGN, SETTING, AND PARTICIPANTS Economic evaluation based on state Medicaid expenditures and the elasticity between changes in smoking prevalence and health care costs. Data sources were the 2017 Behavioral Risk Factors Surveillance System, 2017 National Health Interview Survey, and Kaiser Family Foundation Total Medicaid Spending for fiscal year 2017. Analysis was conducted in 2018. Participants were all people receiving Medicaid in all US states and the District of Columbia.

EXPOSURES Cigarette smoking.

MAIN OUTCOMES AND MEASURES Short-run (1-year) change in health care costs.

RESULTS Reducing absolute smoking prevalence by 1% in each state was associated with substantial Medicaid savings the following year, totaling \$2.5 billion (in 2017 dollars). Each state saved a median (interquartile range) of \$26 million (\$10 million to \$52 million).

CONCLUSIONS AND RELEVANCE Effective efforts to reducing smoking could be a cost-effective way to reduce Medicaid costs in the short run.

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Introduction

In fiscal year 2017, total Medicaid costs were \$577 billion.¹ It is widely accepted that reducing smoking is associated with a reduction in health care costs, but the implicit assumption has been that it takes years to see these savings. While this may be true for some diseases, notably cancer, other risks change quickly in response to changes in smoking behavior, including myocardial infarction, lung disease, and complications of pregnancy. Medicaid recipients smoke at higher rates than the general population; in 2017, 24.5% of adult Medicaid recipients (aged ≥ 18 years) smoked cigarettes compared with 14.0% of all adults,² suggesting that investments to reduce smoking in this population could be associated with a reduction in Medicaid costs in the short run.³

Key Points

Question What are the expected changes to Medicaid costs the following year associated with reducing absolute cigarette smoking prevalence in each state by 1%?

Findings This economic evaluation found that, based on observed short-run elasticity between changes in smoking and health care expenditures, estimated Medicaid savings in the year following a 1% reduction of smoking prevalence would total \$2.5 billion, with median state savings of \$26 million.

Meaning Reducing cigarette smoking could contribute to lowering Medicaid costs in the short run.

Author affiliations and article information are listed at the end of this article.

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April 12, 2019 1/6

Methods

This article reports the results of a secondary data analysis using large deidentified data sets, which is not considered human subjects research and is therefore exempt from review according to the University of California, San Francisco, institutional review board. Reporting of the study followed the Consolidated Health Economic Evaluation Reporting Standards (CHEERS) reporting guideline. The analysis was conducted in 2018.

Study Population and Data Sources

Participants of the study were people receiving Medicaid in all US states and the District of Columbia. Data sources were the 2017 Behavioral Risk Factors Surveillance System, 2017 National Health Interview Survey (NHIS), and Kaiser Family Foundation Total Medicaid Spending for fiscal year 2017. The 2017 Behavioral Risk Factors Surveillance System provides smoking prevalence for each state⁴ but does not provide data on smoking prevalence for people receiving Medicaid. In contrast, the 2017 NHIS does identify Medicaid recipients,⁵ defined as persons who do not have private coverage, but who have Medicaid or other state-sponsored health plans including the Children’s Health Insurance Program. The NHIS does not provide state-level data; it aggregates the states into 4 major census regions (Northeast, Midwest, South, and West) (Table 1).

Statistical Analysis

Adult Medicaid recipients smoke (defined as persons who had smoked ≥100 cigarettes during their lifetime and now smoked cigarettes either every day or some days) at higher rates than the general population. In addition, there are differences in cigarette smoking by Medicaid recipients across states as well as differences in Medicaid eligibility, benefits, and medical costs.

We used the NHIS to estimate the cigarette smoking prevalence among the general population and Medicaid recipients in each census region accounting for person-level weights (Table 1), then computed the ratio of these 2 prevalences (Table 1). We then multiplied the Behavioral Risk Factors Surveillance System prevalence estimates for each state (Table 2, third column) in each of the 4 census regions (Table 2, second column) by the corresponding ratio (Table 2, fifth column) for states in that census region to estimate cigarette smoking prevalence among Medicaid recipients in each state (Table 2, fourth column).

Lightwood and Glantz⁶ quantified short-run changes in health care costs the year after changes in smoking behavior and found that 1% relative reductions in current smoking prevalence and mean packs smoked per current smoker are associated with mean (SE) reductions of 0.118% (0.026%) and 0.108% (0.025%) in per capita health care expenditure (elasticities). For this analysis, we concentrate on changes in prevalence. (Given the similar elasticity for changes in consumption per

Table 1. Cigarette Smoking Prevalence Among All Adults and Medicaid Recipients^a

Region ^b	All Adults, %	Medicaid Recipients, %	Ratio
Northeast	11.2	23.8	2.12
Midwest	16.9	36.1	2.14
South	15.5	27.6	1.78
West	11.0	15.1	1.38
All	14.0	24.5	1.76

^a The sample size was 26 630 less 90 missing people for the Medicaid estimates because their insurance was not reported.

^b The Northeast region includes Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont; the Midwest includes Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin; the South includes Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia; and the West includes Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming.

Table 2. Predicted Reductions in State Medicaid Costs the Year Following a 1% Decrease in Absolute Cigarette Smoking Prevalence (2017)

State	Region	General Population Cigarette Smoking Prevalence, %	Medicaid Cigarette Smoking Prevalence, %	Ratio of Smoking Prevalence Between Medicaid and General Population	Relative Decrease in Prevalence Corresponding to 1% Decrease in Absolute Prevalence, %	Medicaid Cost, \$, Million	Estimated Reduction in Medicaid Costs the Following Year, \$, Million
Alabama	S	20.9	37.2	1.78	2.7	5593	17.8
Alaska	W	21.0	28.9	1.38	3.5	1979	8.1
Arizona	W	15.6	21.5	1.38	4.7	11 826	65.0
Arkansas	S	22.3	39.7	1.78	2.5	6423	19.1
California	W	11.3	15.5	1.38	6.4	83 033	630.2
Colorado	W	14.6	20.1	1.38	5.0	7876	46.3
Connecticut	NE	12.7	26.9	2.12	3.7	7966	34.9
Delaware	S	17.0	30.2	1.78	3.3	2142	8.4
District of Columbia	S	14.4	25.6	1.78	3.9	2806	12.9
Florida	S	16.1	28.6	1.78	3.5	23 281	95.9
Georgia	S	17.5	31.1	1.78	3.2	10 204	38.7
Hawaii	W	12.8	17.6	1.38	5.7	2387	16.0
Idaho	W	14.4	19.8	1.38	5.0	1842	11.0
Illinois	M	15.5	33.1	2.14	3.0	15 151	53.9
Indiana	M	21.8	46.6	2.14	2.1	11 167	28.3
Iowa	M	17.1	36.6	2.14	2.7	4157	13.4
Kansas	M	17.4	37.2	2.14	2.7	3234	10.3
Kentucky	S	24.6	43.8	1.78	2.3	9586	25.9
Louisiana	S	23.1	41.1	1.78	2.4	11 038	31.7
Maine	NE	17.3	36.7	2.12	2.7	2683	8.6
Maryland	S	13.9	24.7	1.78	4.0	11 231	53.6
Massachusetts	NE	13.7	29.0	2.12	3.4	17 279	70.2
Michigan	M	19.3	41.3	2.14	2.4	16 828	48.1
Minnesota	M	14.5	31.0	2.14	3.2	11 483	43.7
Mississippi	S	22.2	39.5	1.78	2.5	5479	16.4
Missouri	M	20.8	44.5	2.14	2.2	10 151	26.9
Montana	W	17.2	23.7	1.38	4.2	1792	8.9
Nebraska	M	15.4	32.9	2.14	3.0	2082	7.5
Nevada	W	17.6	24.2	1.38	4.1	3557	17.3
New Hampshire	NE	15.7	33.3	2.12	3.0	2072	7.3
New Jersey	NE	13.7	29.0	2.12	3.4	14 956	60.7
New Mexico	W	17.5	24.1	1.38	4.2	4828	23.7
New York	NE	14.1	29.9	2.12	3.3	77 822	307.1
North Carolina	S	17.2	30.6	1.78	3.3	13 532	52.2
North Dakota	M	18.3	39.1	2.14	2.6	1222	3.7
Ohio	M	21.1	45.1	2.14	2.2	23 162	60.6
Oklahoma	S	20.2	35.9	1.78	2.8	4966	16.3
Oregon	W	16.1	22.2	1.38	4.5	8387	44.7
Pennsylvania	NE	18.8	39.9	2.12	2.5	28 279	83.7
Rhode Island	NE	15.0	31.8	2.12	3.1	2637	9.8
South Carolina	S	18.8	33.4	1.78	3.0	6204	21.9
South Dakota	M	19.3	41.3	2.14	2.4	860	2.5
Tennessee	S	22.6	40.2	1.78	2.5	9138	26.8
Texas	S	15.7	27.9	1.78	3.6	36 344	153.6
Utah	W	8.9	12.2	1.38	8.2	2509	24.2
Vermont	NE	15.8	33.5	2.12	3.0	1601	5.6
Virginia	S	16.4	29.2	1.78	3.4	9044	36.6
Washington	W	13.5	18.6	1.38	5.4	12 006	76.3

(continued)

Table 2. Predicted Reductions in State Medicaid Costs the Year Following a 1% Decrease in Absolute Cigarette Smoking Prevalence (2017) (continued)

State	Region	General Population Cigarette Smoking Prevalence, %	Medicaid Cigarette Smoking Prevalence, %	Ratio of Smoking Prevalence Between Medicaid and General Population	Relative Decrease in Prevalence Corresponding to 1% Decrease in Absolute Prevalence, %	Medicaid Cost, \$, Million	Estimated Reduction in Medicaid Costs the Following Year, \$, Million
West Virginia	S	26.0	46.2	1.78	2.2	4037	10.3
Wisconsin	M	16.0	34.2	2.14	2.9	8174	28.2
Wyoming	W	18.7	25.7	1.38	3.9	599	2.7
All States	NA	14.0	24.5	NA	NA	576 638	2,527.4

Abbreviations: M, Midwest; NA, not applicable; NE, Northeast; S, South; W, West.

smoker, the results would be similar for changes in consumption per smoker. One could also estimate the effects of simultaneous changes in both variables by adding the effects of the 2 changes.)

To apply the 0.118 elasticity between changes in cigarette smoking prevalence and changes in health care expenditures the following year, we need to compute the relative decrease in prevalence that corresponds to a 1% decrease in absolute prevalence in each state. Dividing the 1% absolute prevalence decrease by the estimated Medicaid prevalence (Table 2, fourth column) yields the corresponding relative change in prevalence (Table 2, sixth column).

Finally, we multiplied the state Medicaid cost for 2017 reported by the Kaiser Family Foundation¹ (Table 2, seventh column) by the 0.118 elasticity and the relative change in prevalence (Table 2, sixth column) to obtain the estimated Medicaid savings in each state (Table 2, eighth column) if they lowered absolute cigarette smoking prevalence by 1%.

Results

Table 2 shows that reducing absolute smoking prevalence by 1% in each state was associated with substantial Medicaid savings the following year, totaling \$2.5 billion (in 2017 dollars). The median (interquartile range) state savings was \$26 million (\$10 million to \$52 million).

Discussion

The results of this study indicate that investments in policies to motivate and assist Medicaid recipients to stop smoking may yield substantial savings in short-term medical costs.

These estimates are based on cigarette smoking only,⁶ and the use of noncigarette tobacco products is increasing. While 14.0% of adults were current cigarette smokers in 2017, 19.3% used some tobacco product.² To the extent that tobacco control programs are associated with reduced use of these other tobacco products, there could be additional savings. This analysis is focused on reductions in prevalence; reductions in consumption by continuing smokers may also be followed by reductions in health care costs.⁶ Because some of the risks of smoking, such as cancer, emerge more slowly over time, these medical cost savings would likely grow with time.

Limitations

The fact that the NHIS data are only available by region but are applied to individual states introduces uncertainty, as different states have different age, racial, and sex distributions. Unfortunately, more granular data are not available. Many Medicaid recipients are children (and so their health costs are included in Table 2, seventh column), but the estimates of Medicaid savings are based only on adult smoking. Because the elasticity estimates are based on aggregate measures of population characteristics, these estimates reflect all the health care expenditures associated with smoking that arise in a population, which include at least some of the indirect health effects on smokers and of secondhand and thirdhand smoking exposure to nonsmokers, including children.⁶

Conclusions

In addition to the benefits in terms of improved health, this study suggests that reducing smoking among Medicaid recipients may result in substantial savings to the Medicaid program, which would release these funds for other state and federal priorities.

ARTICLE INFORMATION

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Correction: This article was corrected on July 17, 2019, to fix errors in estimated savings in the Key Points, Abstract, Results section, and Table 2.

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Corresponding Author: Stanton A. Glantz, PhD, Center for Tobacco Control Research and Education, Philip R. Lee Institute for Health Policy Studies, Department of Medicine, University of California, San Francisco, San Francisco, CA 94143-1390 (stanton.glantz@ucsf.edu).

Author Affiliation: Center for Tobacco Control Research and Education, Philip R. Lee Institute for Health Policy Studies, Department of Medicine, University of California, San Francisco.

Author Contributions: Dr Glantz had full access to all of the data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis.

Concept and design: Glantz.

Acquisition, analysis, or interpretation of data: Glantz.

Drafting of the manuscript: Glantz.

Critical revision of the manuscript for important intellectual content: Glantz.

Statistical analysis: Glantz.

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Additional Contributions: James Lightwood, PhD, University of California, San Francisco, provided feedback on this article; he was not compensated for this advice.

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American
Heart
Association.



American
Lung
Association.



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March 29, 2022

Julie T. Vo, Managing Editor
Journal of the American Medical Association, Pediatrics
330 N Wabash Ave
Chicago, Illinois 60611

Dear Ms. Julie Vo:

We write to request a retraction of a research letter published in your journal on May 24, 2021, entitled “A Difference-in-Differences Analysis of Youth Smoking and a Ban on Sales of Flavored Tobacco Products in San Francisco, California” by Dr. Abigail Friedman because new information contained in a special communication in *Tobacco Control* (“Youth tobacco use before and after flavoured tobacco sales restrictions in Oakland, California and San Francisco, California”) by Jessica Liu and colleagues on March 17 demonstrates that the data upon which the study relied cannot be relied upon for the conclusions reached by the author.

As described in the Research Letter by Friedman, the “study’s objective was to estimate the association between San Francisco’s ban on flavored tobacco product sales and smoking among high school students younger than 18 years.” Dr Friedman concluded: “San Francisco’s ban on flavored tobacco product sales was associated with increased smoking among minor high school students relative to other school districts.” Dr. Friedman further concluded: “This result was robust to adjustment for district-specific time trends” and that “[w]hile the policy applied to all tobacco products, its outcome was likely greater for youths who vaped than those who smoked due to higher rates of flavored tobacco use among those who vaped.”

Thus, at the very heart of Dr. Friedman’s study is an assessment of the impact of a ban on the sale of flavored tobacco products in San Francisco. The recently published Special Communication in *Tobacco Control* by Liu et al however revealed that, according to the Centers for Disease Control and Prevention, the “post-ban” data from the 2019 Youth Risk Behavior Survey used in Dr. Friedman’s analysis was in fact collected in the fall of 2018, *before* San Francisco had begun enforcement. The new information presented in this article makes clear that the data on which Friedman relied cannot be used to measure the impact of San Francisco’s flavor ban because it was collected before the law was enforced and during the time when retailers were explicitly allowed to be non-compliant with the law and proven to be non-compliant with the law. It is a fundamental flaw that undermines its core conclusions.

There is an urgent need to retract the Friedman Research letter because it is being used by Dr. Friedman and tobacco industry related entities as evidence that the San Francisco law and any new proposed law similar to the San Francisco law has the potential, indeed, is likely to result in increased youth use of traditional tobacco products. Since publication, the Friedman’s *JAMA Pediatrics* research letter and findings have been cited by opponents of proposed legislation that seeks to prohibit the sale of flavored e-cigarettes and other flavored tobacco products before multiple state legislatures and city councils

considering such legislation. Both Dr. Friedman and tobacco-industry funded organizations, such as the National Association of Tobacco Outlets, have relied on these findings in their testimony opposing flavored tobacco restrictions across the United States, including in California, Colorado, Connecticut, Maine, and the cities of Denver, Edgewater, Los Angeles, Loveland, Rancho Cordoba, Santa Ana and more. As recently as March 16, 2022, Dr. Friedman testified in Colorado regarding her findings, despite being made aware of the error during a hearing in Connecticut two days prior.

Some have argued that it is appropriate to use the effective date of a law in an analysis such as done by Dr. Friedman. This may be appropriate when the effective date and enforcement date are the same, which is often the case. In the case of the San Francisco ordinance, however, the enforcement date was delayed several months to allow the San Francisco Department of Public Health to establish enforcement regulations and conduct merchant education and to give retailers time to sell off existing stock of flavored tobacco products. Dr. Friedman is aware of this distinction; in her response to correspondence on her *JAMA Pediatrics* paper she wrote: "retailer compliance jumped from 17% in December 2018 to 77% in January 2019 when the ban went into effect." (Friedman AS. Further Considerations on the Association Between Flavored Tobacco Legislation and High School Student Smoking Rates-Reply. *JAMA Pediatr.* 2021 Dec 1;175(12):1291-1292. doi: 10.1001/jamapediatrics.2021.3293).

The frequent and continued use of this study that is not based on any data after the ordinance was enforced underscores the urgency of retracting this study. This is not a difference in opinion about statistical methodology. It is critically important to correct the record and take steps to ensure that this study is not cited for a proposition that its own data does not support. Only a full retraction of the study will achieve this goal. While you review this information and consider retraction, we strongly encourage you to add a statement of concern to the article online to alert readers about this problem while you are making a decision regarding retraction.

Thank you for your consideration.

Signed,

African American Tobacco Control Leadership Council
American Heart Association
American Lung Association
Campaign for Tobacco-Free Kids
Parents Against Vaping e-cigarettes (PAVe)
Truth Initiative

