



# FLAVORED PRODUCTS

**97% OF YOUTH WHO VAPE USE FLAVORED PRODUCTS<sup>38</sup>**

IN GREATER CINCINNATI, ROUGHLY 3 IN 10 SMOKERS (30%) USUALLY SMOKE MENTHOL CIGARETTES. HOWEVER, 7 IN 10 (68%) AFRICAN AMERICAN SMOKERS USUALLY SMOKE MENTHOL CIGARETTES COMPARED WITH JUST 2 IN 10 (19%) WHITE SMOKERS.<sup>39</sup>





**FLAVORED PRODUCT REGULATION IS AN  
UPCOMING ISSUE IN OUR COMMUNITY.  
JOIN THE MOVEMENT.**



**Understand the issue**



**Join *You're The Cure* Network**



**Join *The Tobacco Endgame* Coalition**



**Pass the policy**

## Background

**Flavored tobacco products are a key marketing strategy used to entice young people** to try smoking with popular flavors, such as cotton candy, gummy bears, and donuts. The CDC found a slight decline in students' e-cigarette use in 2020; however, eight in 10 students report flavored e-cigarette usage despite FDA interventions. The lack of legislation surrounding flavored tobacco products is a loophole that leaves young people vulnerable to tobacco products marketed and sold in their communities. The FDA conducted a scientific analysis and found that menthol cigarettes:

- 1.) increase tobacco use initiation and progression to regular tobacco use among youth and young adults
- 2.) increase nicotine dependence (addiction)
- 3.) reduce success in quitting tobacco use.<sup>40</sup>

In early 2020, the FDA implemented a policy that prohibits the sale of pre-filled pods or cartridge-based e-cigarettes in any flavor other than tobacco or menthol; however, all flavored liquid nicotine cartridges, whether disposable or refillable, are still allowed to be sold.

The 2020 FDA regulation failed to prohibit the sale of menthol tobacco products at all, despite one-half of flavored refilled pods or cartridges being menthol.<sup>41</sup> The menthol flavoring provides a cooling sensation that reduces the taste of the tobacco, which is linked to higher rates of tobacco use initiation.<sup>42</sup> The policy decision not to ban the menthol flavor has implications for the African American community, since 7 out of 10 African American youth, ages 12-17 years, who smoke use menthol cigarettes.<sup>43</sup>

In Greater Cincinnati, roughly 3 in 10 smokers (30%) usually smoke menthol cigarettes; **however, 7 in 10 (68%) African American smokers usually smoke menthol cigarettes compared with just 2 in 10 (19%) white smokers.**<sup>44</sup> Racial disparities among product usage must be considered by communities when advocating for tobacco reform legislation.

By banning certain flavors that white youth were more likely to use, but not banning the flavor that African American youth were utilizing can lead to further racial disparities and negative health outcomes for African American youth and adults.







**The higher rate of menthol use among African Americans has been traced, by numerous studies, to targeted marketing from tobacco companies.**

Research shows that menthol advertising is strategically placed in magazines that have a significantly higher readership of African Americans, whereas tobacco companies advertise more non-menthol products in magazines that have a significantly higher readership of white people.<sup>45</sup> This targeted advertising extends beyond magazines and into neighborhoods, where predominantly African American neighborhoods have more menthol advertisements than neighborhoods of other races/ethnicities.<sup>46</sup> The tobacco companies' own documents highlight their practice of utilizing free sampling, mobile vans, event sponsorship, and inner city sales programs to specifically target African American communities.<sup>47</sup> Tobacco companies' systematic targeting of youth and African Americans with certain flavored products directly accounts for the disparities seen in tobacco usage rates, as well as negative health outcomes.

Big Tobacco's shameful record includes targeting youth and adults in communities of color and underserved populations with menthol products resulting in the disproportionately higher use rates by minority smokers. - AHA



## Join us

### **We need stronger regulation of the design, manufacturing, sales, and marketing of all tobacco products.**

Voluntary actions by Big Tobacco and the e-cigarette industry are not enough and are no substitute for mandatory, industry-wide regulatory action by the FDA. We ask that you join with us as we aim to develop and implement policy to make these changes in our own communities.

Recently we joined together to pass Tobacco21 in the City of Cincinnati, which raised the legal age to purchase tobacco until 21.

In order to accomplish this we invested time to understand the issue and educate the community about the barriers, needs, and consequences of not taking action. We then asked community members and groups to join with us in support for the movement and together with private companies and city officials we built a coalition. Within the coalition we were able to draft policy with community input and eventually work to have the policy passed. more often. Tobacco companies have grown bolder in their efforts to keep people addicted and misinformed, but communities are standing up to Big Tobacco. Join efforts to achieve the tobacco endgame by taking the pledge as well as signing up for You're the Cure!





## Case Study

**The advocacy work necessary to further restrict and ban flavored tobacco is similar to the work done for Tobacco21.**

Tonia was part of a group of people who advocated for and successfully ensured the passage of Tobacco21(T21) in Cincinnati, raising the minimum legal age for tobacco product sales to 21. Toward the end of 2016 there was a buzz growing around T21 and a lot of discussions took place to determine whether the community as a whole was interested in and ready for this change. Groups of stakeholders were convened to survey the landscape. They knew Columbus had passed T21, so they reached out to the Columbus Public Health Department who hosted them for a site visit where they were able to ask questions about the implementation of the Columbus tobacco retail license program. A tobacco retail license program is what grants a local health department the authority to enforce T21. The support received by the Columbus Public Health Department was pivotal.

“T21 started really slowly and then it happened really fast!” Tonia said.

It was a concerted effort. They worked with a graphic designer to create a campaign around T21 that was appealing to youth, identified champions on the City Council, and found stakeholders who were able to lobby council members about T21.

The Health Department played a key role in educating the community and stakeholders on the data and best practices. Looking back, Tonia offered this recommendation:

“ I think it is important to remember that this is a lot of work. It is important to have a lot of support for the staff. It is a good idea to have several people, a team, working to ensure that if there is staff turnover the information isn't lost.

They received funding for implementation through a grant contingent upon the policy passing until they could generate revenue.

**This is a team effort that requires communication, education, and lots of support!**

There was some opposition on the City Council, and they suggest you should be prepared for similar situations by having multiple people who understand the opposition, are knowledgeable about counterpoints, and able to educate others. Tonia recommends the following to counter opposition: “It is incumbent upon people who are engaged with the education of community members and decision makers to pull out all the stops! Photos of how tobacco is being marketed to youth, and the health disparities associated with tobacco use. Data collection on tobacco retail store assessments and underage buy attempts—this was key to share with decision makers and parents.”

The work doesn't end when the policy is passed. Tonia explains, “Many retailers were willing to comply, but there is a lot of work and you need support internally as well as externally from partners.” The implementation of policy is a tremendous amount of work and is crucial for the policy's success. As you implement policy you are setting up channels for policy enforcement—this is an ongoing effort and is crucial for success. Trained staff is key, as is consistent and clear messaging to the community. They also set up a hotline so people can always ask questions and set up an online portal where retailers can obtain their licenses.



# Resources

For assistance with education, advocacy, and implementation resources to establish flavored products restrictions we recommend utilizing the following resources:

## Education & Advocacy:

- ▶ Hamilton County Public Health Department:  
<https://www.hamiltoncountyhealth.org/contact-us/>
- ▶ American Heart Association:  
<https://www.youarethecure.org/ohkytobaccoendgame>
- ▶ Interact for Health:  
<https://www.interactforhealth.org>
- ▶ City of Cincinnati Health Department:  
<https://www.facebook.com/watch/?extid=aD32fStM56mZVFFX-&v=342911490093733>

## Implementation:

- ▶ Ohio Department of Health cessation program resources:  
<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/tobacco-use-prevention-and-cessation/cessation/>
- ▶ Hamilton County Public Health Department, T21 tobacco retail license program:  
<https://www.hamiltoncountyhealth.org/contact-us/>
- ▶ Northern Kentucky Health cessation program resources:  
<https://nkyhealth.org/individual-or-family/individual-health/quit-smoking/>





# Flavored Products Works Cited:

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