



1400 EYE STREET, N.W. • SUITE 1200 • WASHINGTON, DC 20005  
PHONE (202) 296-5469 • FAX (202) 296-5427

---

May 21, 2025

The Honorable Meek, Chair  
Senate Committee on Finance  
Oregon State Capitol  
900 Court St NE  
Salem, OR 97301

Re: Senate Bill 702A—Support

Dear Chair Meek, Vice-Chair McLane, and members of the Senate Committee on Finance:

The Campaign for Tobacco-Free Kids is pleased to submit this letter in support of SB 702A, which would significantly reduce access to flavored tobacco products in the state of Oregon. By requiring these products to only be sold in licensed OLCC liquor stores, Oregon is taking a meaningful step to help protect kids from the unrelenting efforts of the tobacco industry to addict new customers. Flavored tobacco products are designed to alter the taste and reduce the harshness of tobacco products so they are more appealing and easy for beginners, who are almost always kids. **The tobacco industry spends over \$90 million to market their products in Oregon each year.**<sup>1</sup> Tobacco products are pervasive and are marketed and sold in a variety of kid-friendly flavors. With their colorful packaging and sweet flavors, flavored tobacco products are often hard to distinguish from the candy displays near which they are frequently placed in retail outlets.

Last year, the U.S. Surgeon General released a [report on tobacco-related health disparities](#), which detailed how the tobacco industry has intentionally targeted youth and other priority populations with flavored tobacco products, finding that, “The tobacco industry has designed, engineered, and marketed menthol cigarettes and other tobacco products that deliver multisensory flavor experiences which increase the likelihood of tobacco initiation, addiction, and sustained use.”<sup>2</sup> This report provides strong evidence that states and localities must step up to protect youth and priority populations by prohibiting flavored tobacco products, concluding that, “**Local laws restricting the sale of flavored tobacco products are associated with a decrease in tobacco product sales and in the prevalence of tobacco use among youth.**”<sup>3</sup>

SB702A expands on the tremendous work of public health advocates in Washington and Multnomah County who have taken action to end the sale of flavored tobacco products. Unfortunately, these counties have had to spend past three years fighting the tobacco industry in court at great cost to the counties who are working to improve the health of their communities.

Not every county has the resources to take this battle on, so legislature must take action to implement these policies now.

### **Tobacco Products Are Easy for Young People to Access**

While tremendous progress has been made in reducing youth tobacco use, tobacco products are still too easy for kids to get. **Nearly half (47.4%) of Oregon 11<sup>th</sup> grade students report that it would be easy to get e-cigarettes if they wanted some and nearly one-third (32.3%) report that it would be easy to get cigarettes.**<sup>4</sup> A comprehensive policy that prohibits all flavored tobacco products in all retailers is the best way to reduce youth access and protect kids; however restricting flavored tobacco sales to OLCC liquor stores will dramatically reduce youth access.

Research shows that tobacco retail density and proximity are key risk factors for youth tobacco use. Research shows that tobacco retail density is associated with more smoking experimentation and higher smoking rates among youth.<sup>5</sup> Currently, more than three-quarters of Oregonians live within 5 minutes of the nearest tobacco retailer.<sup>6</sup> Oregon currently licenses over 2,800 tobacco retailers, but only 151 OLCC liquor stores are licensed to sell tobacco, meaning that this law would reduce the number of stores that can sell flavored tobacco by over 90%. Restricting the sale of flavored tobacco to OLCC liquor stores would increase the average drive time to a retailer selling flavored tobacco by 2 minutes and 23 seconds (a 56% increase) and 1.1 million fewer Oregonians would live within one minute from a tobacco retailer selling flavored tobacco.<sup>7</sup> Reducing the proximity and density of retailer selling flavored tobacco products would disproportionately impact youth who are more likely to use flavored tobacco and who have limited resources to travel longer distances to access flavored tobacco products. This bill drastically decreases the convenience of youth access points for flavored tobacco on their way to school and play in their community.

Restricting flavored tobacco product sales to OLCC liquor stores has additional benefits beyond reducing retail density and proximity. Research shows that state liquor stores enforce stricter standards around hours of sale, pricing, advertising, product availability and age-of-sale verification.<sup>27,28</sup> According to the 2021 National Youth Tobacco Survey, 22.2% of youth e-cigarette users report obtaining e-cigarettes from a vape shop or tobacco shop in the past month and 17.7% from a gas station or convenience store.<sup>8</sup> Nearly half of adolescents visit a convenience store at least once a week.<sup>9</sup> Removing flavored tobacco from stores that youth commonly frequent and into a more tightly regulated system will reduce youth tobacco use.

Although this bill will allow flavored tobacco products to be sold OLCC liquor stores, the regulatory structure for tobacco compliance will remain the same, which is with the Oregon Health Authority Tobacco Retail Licensing Program. Even liquor stores who wish to sell flavored tobacco products will also need to obtain tobacco retail licenses, which more than half already do. Annual inspections and compliance for tobacco control will remain under the purview of the Oregon Health Authority or the local public health authority. SB702A does not change this reality.

### **Youth E-Cigarette Use Remains a Serious Public Health Concern**

Flavored e-cigarettes are undermining the nation's efforts to reduce youth tobacco use and putting a new generation of kids at risk of nicotine addiction and the serious health harms that

result from tobacco use. E-cigarettes have been the most popular tobacco product among youth since 2014. While youth e-cigarette use has declined from its peak in 2019, it remains a serious public health concern, with over 1.6 million youth, including 7.8% of US high schoolers reporting current e-cigarette use in 2024.<sup>10</sup> Another national survey estimates that each day, more than 4,200 kids (under 18) try e-cigarettes for the first time. **Here in Oregon, 10.8% of 11<sup>th</sup> grade students reported current e-cigarette use in 2022** (the latest available data). Additionally, two-thirds of Oregon 11<sup>th</sup> graders who have ever used a tobacco product, initiated use with an e-cigarette.<sup>11</sup>

### ***Kid-Friendly Flavors Drive Youth E-Cigarette Use***

E-cigarettes are widely available in every flavor imaginable—from cotton candy and pink lemonade, to mango, mint and strawberry. Flavors play a major role in youth e-cigarette use. The 2016 Surgeon General Report on e-cigarettes concluded that flavors are among the most common reasons for using e-cigarettes among youth and young adults.<sup>12</sup> Nationally, nearly 90% of youth e-cigarette users reported using flavored products.<sup>13</sup>



### ***Increasing Nicotine Levels in E-Cigarettes is Causing a Youth Addiction Crisis***

Nicotine is a highly addictive drug that can have lasting damaging effects on adolescent brain development—the brain keeps developing until about age 25. In particular, nicotine use can harm the parts of the adolescent brain responsible for attention, learning, mood and impulse control.<sup>14</sup> The Surgeon General concluded that, “The use of products containing nicotine in any form among youth, including in e-cigarettes, is unsafe.”<sup>15</sup> As a result of increasing nicotine levels in e-cigarettes, kids are not just experimenting with e-cigarettes, but are using them frequently, leading to an addiction that is difficult to break. In 2024, 42.1% of high school e-cigarette users reported vaping on 20 or more days/month, and 29.7% reported daily use. In total, 620,000 million middle and high school students are vaping on a frequent basis, including 430,000 daily users.<sup>16</sup> According to the FDA, “Teens who vape may end up addicted to nicotine faster than teens who smoke cigarettes. This is because vapes may expose users to more nicotine and may be used more frequently. Plus, e-cigarettes may come in flavors that appeal to youth. Appealing flavors may cause teens to vape longer and more often, putting them at risk for nicotine addiction.”<sup>17</sup> Flavored e-cigarettes can set kids up for a lifetime of addiction. Youth who use e-cigarettes are at greater risk of using more dangerous combustible tobacco products and nicotine addiction can also make young people more susceptible to addiction to other drugs such as cocaine and methamphetamine.<sup>18</sup>

Today’s e-cigarettes contain increasingly high levels of nicotine, with **some disposable e-cigarettes containing as much or more nicotine as 20 packs of cigarettes**. One study aptly described current disposables on the market as “bigger, stronger and cheaper.” One study aptly described current disposables on the market as “bigger, stronger and cheaper.” From January 2017 through September 2022 disposable e-cigarettes nearly tripled in average nicotine strength.<sup>19</sup> From January 2017 through September 2022, disposable e-cigarettes nearly tripled in average nicotine strength.<sup>20</sup> A more recent study found that the average e-liquid volume in disposable e-

cigarettes increased more than seven-fold from February 2020 to June 2024.<sup>21</sup> These large-format disposable devices also deliver nicotine at a lower cost, making them more affordable to price-sensitive youth. Large capacity disposable e-cigarettes like Elf Bar have surged in popularity among youth due to the wide array of flavors—like cotton candy and watermelon bubblegum. In 2024, 55.6% of youth e-cigarette users reported using disposable e-cigarettes.<sup>22</sup> From February 2020 to December 2024, sales of disposables tripled, and disposable e-cigarettes now make up about 60% of total e-cigarettes sales nationwide and in Oregon.<sup>23</sup>

### ***FDA Has Failed to Effectively Use Its Authority Over E-Cigarettes, Leaving Illegal Flavored E-Widely Available***

While the FDA has had regulatory authority over e-cigarettes since 2016, it has been slow to implement the required premarket reviews for e-cigarettes. Under a federal court order, FDA faced a deadline of September 9, 2021 to determine whether e-cigarettes meet the statutory standard to stay on the market. However, the FDA failed to finish reviewing e-cigarette marketing applications by this deadline and illegal, flavored e-cigarettes still remain widely available. Recently released data from the Truth Initiative show that while the FDA has authorized 34 e-cigarette products for sale, these products only make up less than 14% of the market, meaning that **86% of the e-cigarette market is for unauthorized, illegal products.**<sup>24</sup> Oregon can act more quickly to remove these illegal products from store shelves than FDA by prohibiting the sale of flavored tobacco products. While the tobacco industry argues that this law will push consumers to the illicit market, the truth is that Oregon stores are selling illegal e-cigarettes right now without consequence. For decades, the tobacco industry has argued that other tobacco control policies, particularly tobacco tax increases will increase illicit trade, but study after study has shown that the industry's claims are overblown. Most importantly, youth—the target of this policy—are extremely unlikely to seek products through an illicit market.

Notably, the FDA pre-marketing authorization process for tobacco products is distinct from the process to market a product as a tobacco cessation drug or device product. To date, no e-cigarette or nicotine pouch manufacturer has even submitted an application to FDA to market their product for cessation. If a flavored tobacco product were to be authorized as a cessation drug or device product, it would be exempt from SB702A, which does not apply to FDA-approved cessation devices.

### **A Comprehensive Restriction on the Sale of All Flavored Tobacco Products is the Best Way to Protect Kids in Oregon**

The science is clear that across all tobacco products, flavors hook kids. A comprehensive restriction on the sale of all flavored tobacco products is the best way to protect kids and Oregon should not consider exemptions for any category of tobacco products. The evidence shows that if flavored tobacco products remain on the market, kids will find a way to access them.

### ***Hookah Smoke Pose Many of the Same Health Risks as Cigarettes***

There are also 1,800 unique hookah flavors available, including a wide range of kid-friendly offerings, like bubble gum, cola, blueberry, strawberry cream and watermelon.<sup>25</sup> It's no surprise

that the majority (84.1%) of youth who smoke hookah use flavored tobacco.<sup>26</sup> There are widespread misperceptions about the health effects of hookah use, but the data is clear: hookah is not harmless. According to the CDC, using a hookah to smoke tobacco poses serious health risks to smokers and others exposed to the smoke from the hookah.<sup>27</sup> Hookah smokers can inhale more deeply and spend more time in a “hookah session,” potentially exposing the user to more smoke over a greater period of time than what occurs when smoking a regular cigarette.<sup>28</sup> At least 82 toxicants and carcinogens have been identified in hookah smoke. Hookah smoking also delivers nicotine, the same highly addictive drug found in other tobacco products.<sup>29</sup> Research indicates that hookah smoking is linked to many of the same adverse health effects as cigarette smoking, such as lung, bladder and oral cancers and heart disease.<sup>30</sup> Although hookah use originated in Asia and the Middle East, today in the U.S. hookah use is popular with young people of many backgrounds who primarily use hookah for the social aspect and because of the flavors. Even countries with a history of hookah use have implemented public health measures to reduce its use. Recognizing the health risks of hookah, more than a dozen countries in Africa and Asia have banned the sale of hookah, including countries with a history of hookah use.<sup>31</sup> There is no cultural or religious reason to exempt hookah from a prohibition on flavored tobacco products.

### ***New and Emerging Tobacco Products Threaten to Undermine Youth Tobacco Use Declines***

Sales of nicotine pouches—like Zyn—have skyrocketed in recent years. While Zyn does not contain tobacco leaf, it does contain nicotine derived from tobacco. Some nicotine pouches use synthetic nicotine, which is still regulated as tobacco under federal law. Nicotine pouch products raise new questions about potential health risks and public health impacts, including youth uptake and addiction. These products are flavored and easy to conceal – two of the characteristics of e-cigarettes that led to their popularity among youth. In addition, current marketing and social media trends with the products are a cause for concern, as they appear to mimic patterns seen with JUUL e-cigarettes that led to the sudden surge in youth e-cigarette use. While youth use of these products remains relatively low, the total number of youth using nicotine pouches more than doubled from 200,000 in 2021 to 480,000 in 2024, despite the fact that nicotine pouches are regulated as tobacco products under federal law and therefore the sale to those under age 21 is prohibited.<sup>32</sup>

### **Menthol Cigarettes and Flavored Cigars Increase Youth Initiation, Reduce Smoking Cessation & Increase Disparities**

While e-cigarettes are the most popular tobacco product among youth, no flavored tobacco product has caused more death and disease than menthol cigarettes. In Oregon, 6,000 youth under 18 will try cigarettes for the first time this year and 5,550 adults will die due to their own smoking.<sup>33</sup>

### ***Menthol Makes It Easier for Youth to Start Smoking and Become Addicted Smokers***

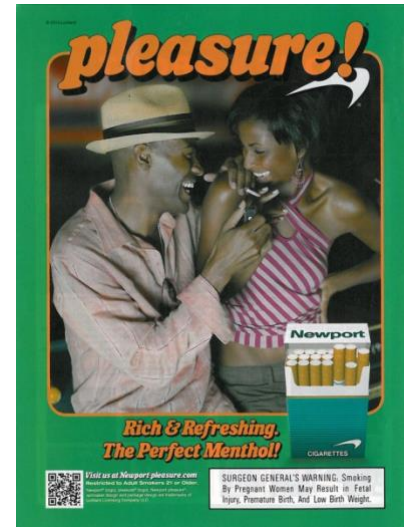
Menthol is a chemical compound that cools and numbs the throat. When used in cigarettes, it reduces the harshness of tobacco smoke and makes menthol cigarettes more appealing to youth. As a result, menthol cigarettes increase the number of kids who experiment with cigarettes and who become regular smokers.<sup>34</sup> Half of youth who have ever tried smoking started with menthol

cigarettes.<sup>35</sup> Between 1980 and 2018, menthol cigarettes were responsible for 10.1 million additional new smokers, an average of 265,000 new smokers a year over the 38-year period.<sup>36</sup>

### ***Menthol Cigarettes Have Had a Devastating and Disproportionate Impact on the Health of Black Americans***

For more than 60 years, tobacco companies have targeted Black communities with marketing for menthol cigarettes. They have used sponsorship of community and music events, free samples, magazine advertising, and retail promotions to market menthol cigarettes to Black communities.<sup>37</sup> Black neighborhoods have more tobacco retailers, more advertising for menthol cigarettes, and more price promotions for menthol cigarettes.<sup>38</sup> This decades-long marketing campaign is the primary reason why use of menthol cigarettes is highest among Black Americans: 88% of Black smokers smoke menthol cigarettes compared to 31% of white smokers.<sup>39</sup>

In addition to youth and Black Americans, other population groups also have high rates of menthol use. Half of Hispanic smokers, 45% of Asian American smokers, 51% of lesbian or gay smokers, and 52% of bisexual smokers use menthol cigarettes. Use of menthol cigarettes is also high among those with serious mental health conditions and socioeconomically disadvantaged populations.<sup>40</sup> Women are also more likely than men to use menthol cigarettes, and 60% of pregnant smokers use menthol cigarettes.<sup>41</sup>



### ***Prohibiting Menthol Cigarettes Will Prevent Kids from Smoking, Help Smokers Quit, Save Lives and Advance Health Equity***

Restricting the sale of menthol cigarettes will significantly reduce smoking-caused disease and death by reducing smoking initiation and increasing smoking cessation. According to the 2024 Surgeon General's report, "Policies that restrict the availability of menthol cigarettes can reduce smoking initiation and prevalence among adolescents, young adults, Black people, and other population groups that have disproportionately higher use of menthol cigarettes."<sup>42</sup> Nationwide, researchers estimate that prohibiting menthol cigarettes will prevent over 650,000 deaths, including 255,000 deaths in the Black community, within 40 years.<sup>43</sup> Importantly, prohibiting menthol cigarettes will help reverse health disparities. Researchers estimate that prohibiting menthol cigarettes would eliminate the disparity in lung cancer death rates between Black Americans and other U.S. racial and ethnic groups within just five years.<sup>44</sup> This policy would also advance health equity because Black neighborhoods have a higher number of tobacco retailers and research shows that Black Oregonians would experience larger increases in travel time to tobacco retailers selling flavored tobacco.<sup>16</sup>

### ***Cigar Smoke Pose Many of the Same Health Risks as Cigarettes***

Cigars come in hundreds of kid-friendly flavors like "Berry Fusion," "Cocoa," and "Cherry Dynamite," and can be as cheap as 3 for 99 cents. These flavors increase youth initiation,





progression to regular use and are associated with greater potential for addiction.<sup>45</sup> While cigar smoking is often perceived as an activity of older men, a troubling number of today's cigar smokers are youth and young adults. The wide assortment of flavors, colorful packaging, and affordability of many cigars make them an appealing tobacco product for youth. In 2024, 330,000 youth were cigar smokers and cigar smoking among Black high schoolers is double that of White high schoolers.<sup>46</sup> The 2024 Surgeon General's report found that, "Tobacco industry documents suggest that product design and flavoring was a deliberate and iterative process to optimize the appeal of cigarillos and little cigars to youth, women, and African American people who smoke, especially those who smoke mentholated tobacco products."<sup>47</sup> Cigar smoke is composed of the same toxic and carcinogenic constituents found in cigarette smoke.<sup>48</sup> Cigar smoking causes cancer of the oral cavity, larynx, esophagus and lung, and daily cigar smokers have an increased risk of heart disease, chronic obstructive pulmonary disease (COPD), and an aortic aneurysm.<sup>49</sup>

### ***Oregon Should Not Wait for FDA to Act on Menthol Cigarettes and Flavored Cigars***

Last year, the FDA submitted to the White House a final rule to prohibit menthol cigarettes and flavored cigars based on clear evidence that these rules would significantly reduce smoking-caused disease and death by reducing the number of youth who start smoking and increasing the number of smokers who quit.<sup>50</sup> Removing menthol cigarettes and flavored cigars from the market is supported by over 100 public health, medical, and civil rights groups, including the NAACP. However, the current administration withdrew the proposed rule early this year. Oregon can act **now** to protect citizens from menthol cigarettes and flavored cigars, and should not wait for the federal government to act.

### **Oregon Should Not Yield to Tobacco Industry Fearmongering about "Unintended Consequences"**

The tobacco industry will stop at nothing to addict the next generation. While the tobacco industry and their retailer allies are likely to claim that enacting a flavored tobacco restriction will have disastrous economic consequences for retail stores, research shows that laws to end the sale of flavored tobacco products do not adversely impact retailers. This is because all tobacco retailers will still be allowed to sell tobacco-flavored products, including non-menthol cigarettes which are the largest driver of tobacco-related profits, and because tobacco users who do quit will shift their spending to other goods and services that still generate revenue for retailers.

**Oregon can act to protect kids and health without harming business.** A report from economists at the University of Illinois at Chicago, [\*The Economic Effects of Cigarette Sales and Flavor Bans on Tobacco Retail Businesses\*](#), analyzed trends in tobacco sales and various measures of convenience store business to assess several economic measures related to tobacco retailers. The report finds that retail stores, including convenience stores, continue to thrive despite ongoing declines in cigarette sales. It concludes, "**Claims of significant negative impact of tobacco control policies that reduce demand for tobacco products are exaggerated.**"<sup>51</sup> A subsequent report found "**no evidence that flavored e-cigarette or menthol cigarette sales restrictions have negative effects on tobacco stores, convenience stores, or convenience stores with gas stations.**" Put simply, these laws have no significant effect on the number of stores, number of employees, or real wages paid to employees."<sup>52</sup> **These reports add further evidence that the tobacco industry's claims that flavored tobacco restrictions will hurt the**

**economy and put retailers out of business are overblown.** Moreover, by reducing tobacco use, tobacco control policies reduce tobacco-related death, disease, disability, and associated healthcare costs. Reducing these costs and shifting the savings to more productive purposes and expenditures will improve reduce business costs and further strengthen the economy.

In conclusion, when the legislature passes this bill, you'll be protecting more young Oregonians from becoming hooked on tobacco, addicted to nicotine and save the state money from the dramatic economic costs tobacco use imposes on our health care system and society. Tobacco use is directly responsible for \$1.79 billion in health care costs and another \$3.7 billion productivity losses in Oregon each year.<sup>53</sup> Imagine a future when kids never started and those health burdens didn't exist. Reductions in tobacco use will save the state millions of dollars in health care cost savings.

Senate Bill 702A is step forward we should take to protect the health of Oregon kids and provides the opportunity to make a real long-term difference and that's why we urge you to vote yes.

**Thank you for considering this lifesaving policy. We urge a YES vote on SB702A.**

Sincerely,



Heidi Low  
Director, U.S. Western Region  
Campaign for Tobacco-Free Kids  
[hlow@tobaccofreekids.org](mailto:hlow@tobaccofreekids.org)

---

<sup>1</sup> Campaign for Tobacco-Free Kids, Toll of Tobacco in Oregon, <https://www.tobaccofreekids.org/problem/toll-us/oregon>.

<sup>2</sup> U.S. Department of Health and Human Services. *Eliminating Tobacco-Related Disease and Death: Addressing Disparities—A Report of the Surgeon General* (p.9). Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2024.

<sup>3</sup> HHS, *Eliminating Tobacco-Related Disease and Death: Addressing Disparities—A Report of the Surgeon General*, 2024, at 23.

<sup>4</sup> 2022 Oregon Student Health Survey,

<https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/SURVEYS/Documents/SHS/2022/Reports/State%20of%20Oregon%202022.pdf>.

<sup>5</sup> Robertson, L, et al., "Point-of-sale tobacco promotion and youth smoking: a meta-analysis," Tobacco Control, published online January 4, 2016. Payntner, J & Edwards, R, "The impact of tobacco promotion at the point of sale: A systematic review," Nicotine & Tobacco Research 11(1), 2009. Henriksen, L, et al., "A longitudinal study of exposure to retail cigarette advertising and smoking initiation," Pediatrics 126:232-238, 2010. Henriksen, L, et al., "Is adolescent smoking related to the density and proximity of tobacco outlets and retail cigarette advertising near schools?" Preventive Medicine 47(2):210-4, 2008.

<sup>6</sup> Trangenstein, P. J., et al., (2025). Limiting tobacco accessibility by transitioning tobacco sales to state alcohol stores: estimated increases in travel time and changes in associated disparities. *Tobacco Control*.

<sup>7</sup> Trangenstein, P. J., et al., (2025). Limiting tobacco accessibility by transitioning tobacco sales to state alcohol stores: estimated increases in travel time and changes in associated disparities. *Tobacco Control*.



- 
- <sup>8</sup> Gentzke, A, et al., “Tobacco Product Use and Associated Factors Among Middle and High School Students—National Youth Tobacco Survey, United States, 2021,” *MMWR* 71(5): 1-29, March 10, 2022, <https://www.cdc.gov/mmwr/volumes/71/ss/pdfs/ss7105a1-H.pdf>.
- <sup>9</sup> Sanders-Jackson, A, et al., “Convenience store visits by US adolescents: Rationale for healthier retail environments,” *Health & Place* 34:6366, 2015.
- <sup>10</sup> Park-Lee, E., et al., “E-Cigarette and Nicotine Pouch Use Among Middle and High School Students — United States, 2024,” *MMWR* 73(35):774-778, September 5, 2024, <https://www.cdc.gov/mmwr/volumes/73/wr/pdfs/mm7335a3-H.pdf>.
- <sup>11</sup> 2022 Oregon Student Health Survey, <https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/SURVEYS/Documents/SHS/2022/Reports/State%20of%20Oregon%202022.pdf>.
- <sup>12</sup> HHS, *E-Cigarette Use Among Youth and Young Adults. A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2016.
- <sup>13</sup> Park-Lee, E., et al., “E-Cigarette and Nicotine Pouch Use Among Middle and High School Students — United States, 2024,” *MMWR* 73(35):774-778, September 5, 2024, <https://www.cdc.gov/mmwr/volumes/73/wr/pdfs/mm7335a3-H.pdf>.
- <sup>14</sup> HHS, *The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General*, CDC, Office of Smoking and Health (OSH), 2014, <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/index.html>. See also: CDC Office on Smoking and Health, “Quick Facts on the Risks of E-cigarettes for Kids, Teens, and Young Adults,” March 2019. Accessed August 9, 2019.
- <sup>15</sup> HHS, *E-Cigarette Use Among Youth and Young Adults. A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2016.
- <sup>16</sup> Park-Lee, E., et al., “E-Cigarette and Nicotine Pouch Use Among Middle and High School Students — United States, 2024,” *MMWR* 73(35):774-778, September 5, 2024, <https://www.cdc.gov/mmwr/volumes/73/wr/pdfs/mm7335a3-H.pdf>.
- <sup>17</sup> FDA Center for Tobacco Products, *Resources for Professionals About Vaping & E-Cigarettes: A Toolkit for Working with Youth*, <https://digitalmedia.hhs.gov/tobacco/hosted/Vaping-ECigarettes-Youth-Toolkit.pdf>.
- <sup>18</sup> National Academies of Sciences, Engineering, and Medicine. 2018. *Public health consequences of e-cigarettes*. Washington, DC: The National Academies Press. <http://nationalacademies.org/hmd/Reports/2018/public-health-consequences-of-e-cigarettes.aspx>. HHS, *E-Cigarette Use Among Youth and Young Adults. A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2016.
- <sup>19</sup> Diaz, MC, et al., “Bigger, stronger and cheaper: growth in e-cigarette market driven by disposable devices with more e-liquid, higher nicotine concentration and declining prices,” *Tobacco Control*, published online August 3, 2023.
- <sup>20</sup> Diaz, MC, et al., “Bigger, stronger and cheaper: growth in e-cigarette market driven by disposable devices with more e-liquid, higher nicotine concentration and declining prices,” *Tobacco Control*, published online August 3, 2023.
- <sup>21</sup> Ali, FMR, et al., “Trends in U.S. E-cigarette Sales Measured in Milligrams of Nicotine, 2019–2024,” *American Journal of Preventive Medicine*, published online April 22, 2025.
- <sup>22</sup> Park-Lee, E., et al., “E-Cigarette and Nicotine Pouch Use Among Middle and High School Students — United States, 2024,” *MMWR* 73(35):774-778, September 5, 2024, <https://www.cdc.gov/mmwr/volumes/73/wr/pdfs/mm7335a3-H.pdf>.
- <sup>23</sup> CDC Foundation, <https://tobaccomonitoring.org/>. Data from Circana which includes e-cigarette sales data from convenience stores, gas stations and other retail store chains. Sales from the internet and tobacco-specialty stores, including vape shops, are not included.
- <sup>24</sup> Truth Initiative, U.S. retail sales data show 86% of e-cigarette sales are for illegal products, November 6, 2024, <https://truthinitiative.org/research-resources/tobacco-industry-marketing/us-retail-sales-data-show-86-e-cigarette-sales-are-illegal>.
- <sup>25</sup> Sutfin, EL, et al., “Waterpipe Tobacco Brands and Flavors Sold Online in the USA,” *Substance Use & Misuse*, published online June 30, 2024.
- <sup>26</sup> Birdsey J, et al. “Tobacco Product Use Among U.S. Middle and High School Students — National Youth Tobacco Survey, 2023.” *MMWR* 72(44):1173–1182, November 3, 2023, Supplementary Table 2: <https://stacks.cdc.gov/view/cdc/134701>.
- <sup>27</sup> Centers for Disease Control and Prevention. “Hookahs.” Available at [http://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/tobacco\\_industry/hookahs/](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/tobacco_industry/hookahs/). Accessed March 4, 2016
- <sup>28</sup> Centers for Disease Control and Prevention. “Dangers of Hookah Smoking.” Available at <http://www.cdc.gov/features/hookahsmoking/>. Accessed March 4, 2016. World Health Organization. WHO Advisory Note: “Waterpipe Tobacco Smoking: Health Effects, Research Needs and Recommended Actions by Regulators,” WHO 2005; HHS, *Prevention Tobacco Use Among Youth and Young Adults, A Report of the Surgeon General*, 2012, <http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/index.html>; American Lung Association, *An Emerging Deadly Trend: Waterpipe Tobacco Use*, February 2007,

---

[http://www.lungusa2.org/embargo/slati/Trendalert\\_Waterpipes.pdf](http://www.lungusa2.org/embargo/slati/Trendalert_Waterpipes.pdf). American Lung Association, *Hookah Smoking: A Growing Threat to Public Health*, 2011, <http://www.lung.org/assets/documents/tobacco/hookah-policy-brief-updated.pdf>.

<sup>29</sup> See e.g., Ward, KD, et al., “The waterpipe: an emerging epidemic in need of action,” *Tobacco Control*, 24(S1): i1-i2, 2015.

See e.g., Sepetdjian, E, et al., “Measurement of 16 Polycyclic Aromatic Hydrocarbons in Narghile Waterpipe Tobacco Smoke,” *Food and Chemical Toxicology*, 46: 1582-1590, 2008. Schubert, J., et al., “Mainstream Smoke of the Waterpipe: Does this Environmental Matrix Reveal as Significant Source of Toxic Compounds?” *Toxicology Letters*, 205(3): 279-284, 2011. Jacob, P., et al. “Nicotine, Carbon Monoxide and Carcinogen Exposure After a Single Use of a Water Pipe,” *Cancer Epidemiology, Biomarkers, & Prevention*, 20: 2345-2353, 2011.

<sup>30</sup> HHS, *Prevention Tobacco Use Among Youth and Young Adults, A Report of the Surgeon General*, 2012,

<http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/index.html>; Knishkowsky B, Amitai, Y. “Waterpipe (narghile) smoking: an emerging health risk behavior,” *Pediatrics* 2005.

<sup>31</sup> Campaign for Tobacco-Free Kids, <https://www.tobaccocontrolaws.org/>. Countries include Bhutan, Cambodia, Cameroon, Congo, Ethiopia, Kenya, Mali, Mauritius, Niger, Rwanda, Senegal, Singapore, Tanzania\*, Thailand, and Uganda. \*Tanzania has a “de facto” sales ban. See also, An Overview of Global Regulatory Practices in Controlling Waterpipe Tobacco Use Prepared by the WHO FCTC Secretariat’s Knowledge Hub on Waterpipe Tobacco Smoking under the grant from the Convention Secretariat, WHO FCTC, July 2018. <https://fctc.who.int/publications/m/item/an-overview-of-global-regulatory-practices-in-controlling-waterpipe-tobacco-use>.

<sup>32</sup> Park-Lee, E., et al., “E-Cigarette and Nicotine Pouch Use Among Middle and High School Students — United States, 2024,” *MMWR* 73(35):774-778, September 5, 2024, <https://www.cdc.gov/mmwr/volumes/73/wr/pdfs/mm7335a3-H.pdf>.

<sup>33</sup> U.S. Dept of Health & Human Services (HHS), “Results from the 2023 National Survey of Drug Use and Health: Summary of National Findings and Detailed Tables,” with the state share of the national number estimated proportionally based on the projected number of youth smokers ages 0-17 reported in U.S. Department of Health and Human Services (HHS), *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*, 2014, <https://www.cdc.gov/tobacco/sgr/50th-anniversary/index.htm>. CDC, *Best Practices for Comprehensive Tobacco Control Programs*, 2014, <https://www.cdc.gov/tobacco/stateandcommunity/guides/pdfs/2014/comprehensive.pdf>.

<sup>34</sup> FDA. *Preliminary Scientific Evaluation of the Possible Public Health Effects of Menthol versus Nonmenthol Cigarettes* (2013).

<sup>35</sup> 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.

<sup>36</sup> Le, TT, “An estimation of the harm of menthol cigarettes in the United States from 1980 to 2018,” *Tobacco Control*, published online February 25, 2021.

<sup>37</sup> TPSAC, *Menthol Cigarettes and Public Health: Review of the Scientific Evidence and Recommendations*, July 21, 2011; Hafez, N. & Ling, P.M. “Finding the Kool Mixx: how Brown & Williamson used music marketing to sell cigarettes,” *Tobacco Control* 15: 359-366, 2006. See also Yerger, VB, et al., “Racialized geography, corporate activity, and health disparities: Tobacco industry targeting of inner cities,” *Journal of Health Care for the Poor and Underserved*, 18: 10-38, 2007. RJ Reynolds. *Black Street Scenes: review and recommendations*. Winston-Salem, NC: R.J. Reynolds Tobacco Company, 1983. Available at <http://legacy.library.ucsf.edu/tid/onb19d00>; Landrine, H, et al., “Cigarette advertising in Black, Latino and White magazines, 1998-2002: An exploratory investigation,” *Ethnic Disparities* 15(1):63-7, 2005. Gardiner, PS, “The African Americanization of menthol cigarette use in the United States,” *Nicotine & Tobacco Research*, 6(S1): S55-S65, 2004.

<sup>38</sup> Lee, JGL, et al., “A Systematic Review of Neighborhood Disparities in Point-of-Sale Tobacco Marketing,” *American Journal of Public Health*, published online ahead of print July 16, 2015. Ribisl, KM, et al., “Disparities in tobacco marketing and product availability at the point of sale: results of a national study,” *Preventive Medicine*, in press as of April 2017. Resnick, EA, et al., *Cigarette Pricing Differs by U.S. Neighborhoods—A BTG Research Brief*. Chicago, IL: Bridging the Gap Program, Health Policy Center, Institute for Health Research and Policy, University of Illinois at Chicago, 2012, [www.bridgingthegapresearch.org](http://www.bridgingthegapresearch.org). Henriksen, L, et al., “Menthol cigarettes in black neighbourhoods: still cheaper after all these years,” *Tobacco Control*, published online August 12, 2021. Rodriguez, D, et al., “Predictors of tobacco outlet density nationwide: a geographic analysis,” *Tobacco Control*, published online first on April 4, 2012. See also Lee, JGL, et al., “Inequalities in tobacco outlet density by race, ethnicity and socioeconomic status, 2012, USA: results from the ASPIRE Study,” *Journal of Epidemiology and Community Health*, published online March 1, 2017.

<sup>39</sup> HHS, *Eliminating Tobacco-Related Disease and Death: Addressing Disparities—A Report of the Surgeon General*, 2024, at 74.

<sup>40</sup> HHS, *Eliminating Tobacco-Related Disease and Death: Addressing Disparities—A Report of the Surgeon General*, 2024, at 74.

<sup>41</sup> Delnevo, CD, et al., “Banning Menthol Cigarettes: A Social Justice Issue Long Overdue,” *Nicotine & Tobacco Research*, 22(10): 1673-1675, 2020.

<sup>42</sup> HHS, *Eliminating Tobacco-Related Disease and Death: Addressing Disparities—A Report of the Surgeon General*, 2024, at 9.

<sup>43</sup> Levy, DT, et al., “Public health impact of a US ban on menthol in cigarettes and cigars: a simulation study,” *Tobacco Control*, published online September 2, 2021. Issabakhsh, M, et al., “Public health impact of a US menthol cigarette ban on the non-Hispanic black population: a simulation study,” *Tobacco Control*, published online June 14, 2022.

<sup>44</sup> Angelino, O, et al., “How New Tobacco Control Laws Could Help Close the Racial Gap on U.S. Cancer,” Council on Foreign Relations, February 1, 2023, <https://www.cfr.org/article/how-new-tobacco-control-laws-could-help-close-racial-gap-us-cancer>.

---

<sup>45</sup> FDA, *Scientific Assessment of the Impact of Flavors in Cigar Products*, March 2022, <https://www.fda.gov/media/157593/download>.

<sup>46</sup> Jamal, A, et al., *MMWR* 73(41):917-924, October 17, 2024.

<sup>47</sup> HHS, *Eliminating Tobacco-Related Disease and Death: Addressing Disparities—A Report of the Surgeon General*, 2024, at 254.

<sup>48</sup> Pickworth, WB, et al., “Dual Use of Cigarettes, Little Cigars, Cigarillos, and Large Cigars: Smoking Topography and Toxicant Exposure,” *Tobacco Regulatory Science* 3(Suppl 1):S72-S83, April 2017. Chen, J, et al., “Biomarkers of Exposure among U.S. Cigar Smokers: An Analysis of 1990-2012 National Health and Nutrition Examination Survey (NHANES) Data,” American Association for Cancer Research, 2014.

<sup>49</sup> NCI, *Cigars: Health Effects and Trends*, 1998.

<sup>50</sup> FDA, FDA Proposes Rules Prohibiting Menthol Cigarettes and Flavored Cigars to Prevention Youth Initiation, Significantly Reduce Tobacco-Related Disease and Death, April 28, 2022. <https://www.fda.gov/news-events/press-announcements/fda-proposes-rules-prohibiting-menthol-cigarettes-and-flavored-cigars-prevent-youth-initiation>.

<sup>51</sup> Tauras, JA & Chaloupka, FJ, *The Economic Effects of Cigarette Sales and Flavor Bans on Tobacco Retail Businesses*, Tobacconomics, <https://www.tobacconomics.org/research/the-economic-effects-of-cigarette-sales-and-flavor-bans-on-tobacco-retail-businesses/>, 2023.

<sup>52</sup> Tauras, JA, et al., *The Effects of Tobacco Flavor Restrictions on Tobacco Retail Businesses*, Tobacconomics, <https://www.tobacconomics.org/files/research/882/the-effects-of-tobacco-flavor-bans-on-tobacco-retail-businesses-oct-2023-final-md.pdf>, 2023.

<sup>53</sup> Campaign for Tobacco-Free Kids, Toll of Tobacco in Oregon, <https://www.tobaccofreekids.org/problem/toll-us/oregon>.