



American
Heart
Association.

The American Heart Association's
Progress Toward Achieving the
Tobacco and Nicotine Endgame



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Introduction:

Tobacco use remains one of the leading preventable causes of death, disease and disability, despite decades of progress from public health organizations seeking to control these deadly products and help consumers understand the dangers of using them.

Now, the American Heart Association is committed to an even more aggressive goal: ending tobacco and nicotine addiction once and for all through the Tobacco and Nicotine Endgame.

This nationwide effort will take time and hard work. The shorter-term aim of the Endgame is to cut tobacco use to less than 5% across the U.S. by 2035. That plan includes prioritizing reduction of smoking by 2030 and continuing to focus on ensuring e-cigarettes and other newer products don't addict the next generation of children and adolescents. All this work will involve consideration of the structural, political and social dynamics that sustain nicotine and tobacco addiction.

The American Heart Association works at all levels of government to address tobacco use. Since the AHA began advocating for public health policy more than 40 years ago, we've led over 3,000 campaigns at the state and local levels.

At the federal level, we have successfully advocated for Food and Drug Administration regulation of tobacco; raising the sales age for tobacco to 21; banning smoking and tobacco use in aircraft and in federal buildings; instituting smoke-free public housing; raising the federal tobacco excise tax; and supporting multiple reports from the U.S. Surgeon General.



Meet A **Survivor: Kristin O'Carroll**

The morning of October 1, 2011 started as an average one; I smoked a cigarette, had a cup of coffee, and headed out for the day. However, it quickly took a turn for the worse. As I sat down for lunch, my heart rate shot up and I felt a sudden rush of adrenaline. I assumed it was anxiety and tried to forget the discomfort. I went about my day until a friend placed his hand on my chest to feel my heart rate. After feeling what felt like “a thousand grenades going off” in my chest, he convinced me to go to the hospital. There I was told that an aneurysm in my heart ruptured, and I would probably need open-heart surgery.

I had to go to two hospitals before the doctors could confirm it was an aneurysm of the sinus of Valsalva. I had to go to a third hospital to have surgery. There was one thing that every doctor at every hospital agreed on: I had to quit smoking. I was only 21 years old at the time. While everyone I encountered was shocked that I suffered such a traumatic event at such a young age, few were surprised to learn that I had already been a smoker for five years. Recovering from my event meant not only regaining my strength, but also kicking my addiction.

Even after experiencing a traumatic health crisis, I struggled to quit smoking. I reached out to the American Heart Association to figure out how. Today I am an advocate to prevent children from ever starting.

With the help of the AHA team, I learned not only how dangerous cigarettes are, but also how flavored tobacco products help get kids hooked. Over half of all smokers ages 12-17 use menthol cigarettes. Menthol flavored products have an even bigger impact within the black community. Seven out of ten black youth smokers start by smoking menthol cigarettes. I was one of those seven.



Meet An **Advocate: Andre Scott**

I am Andre Scott, a resident of Houston, Texas, and a fellow AHA advocate. I am a high school student fascinated with cardiology and internal medicine, and additionally utilizing ways to prevent cardiovascular disease in Texas and across the country!

In the summer of 2021, I began taking college courses (public speech and humanities) at LoneStar College to enhance my communication and effectiveness with my community concerning cardiovascular disease. Furthermore, I play the trumpet in my high school marching band and passed my freshman year of high school in the top 5% of my class. I started advocating with the American Heart Association to my lawmakers at the age of 14 for societal change in active transportation, ending youth tobacco use, and cardiac rehabilitation in my Texas community.

Many people in my life and community such as my neighbors, classmates, and even family members – especially individuals of color – are not taking corrective measures to ensure that their heart and vascular health is up to par. Through the American Heart Association advocacy team, I found that I was able to speak to the lawmakers that can implement my words and change the lifestyles of my loved ones and community.

As a teenager who lives in a constantly changing generation with new trends and lifestyles, my main ambition is to encourage effective actions so that my community and loved ones are taking correct precautions to alleviate the risk of cardiovascular disease and live healthy lifestyles. Youth tobacco use is a major subject that I care about as a teenager since I see my Texas classmates frequently interest each other in e-cigarettes or vape products.



Tobacco Wins Over the Years at the Federal, State and Local Levels:

Since the AHA established a Federal advocacy office in 1981, addressing tobacco and public health has been a priority. Federal level wins over the years are summarized in the milestones on the next page, but have included such transformational accomplishments as giving FDA regulatory authority over tobacco products, increasing the national sales age for tobacco to 21, establishing smoke-free policies in public housing, eliminating smoking and use of tobacco products during air travel, and raising the federal excise tax on tobacco products.

Before 1998, the AHA did not have a nationwide dedicated state and community advocacy staff, but the affiliates did lend their support to some significant tobacco policy work, including being a part of the coalitions that passed proposition 99 in California in 1998 that established the California Tobacco Control Program and the passing of the 1992 25-cent tax ballot that established the Massachusetts Tobacco Control Program. As a 50-state team, beginning in 1998, we largely focused on smoke-free air campaigns. Around 2003, the number of campaigns increased to include more tobacco tax campaigns. Later the number of campaigns increased to include Tobacco 21 and then flavor restriction campaigns. On the next page, look at the number of measures the AHA has helped pass -- including the past three record-setting years.

Since 1998, the American Heart Association has led or actively engaged in over 3000 tobacco-related campaigns at the local, state, and federal levels.



116 Successful Advocacy Campaigns

were ran at the state
and local levels from
2019-2021 addressing:



Excise taxes for all
tobacco products



Removing flavorings from
all tobacco products



Comprehensive funding
for tobacco control and
prevention programs



Preemption

State laws that prevent local jurisdictions from
passing laws that differ from or are stricter than state law.



Increasing the sales age
for purchasing tobacco to 21

Led to implementation of the federal law on Dec. 20, 2019.



Comprehensive coverage for
tobacco cessation services
in health care plans



Robust tobacco
retail licensure laws



Comprehensive
Smoke-Free Air Laws

States Where Campaigns Ran in 2021:





Milestones:

1862

Congress passes excise taxes, which include tobacco, to raise money for the Civil War.¹

1868

Tobacco taxes are a main source of government revenue.¹

1921

Iowa becomes the first state to pass a tobacco excise tax.²

1950

40 states and Washington, D.C., have enacted taxes on cigarette sales.³

1956

AHA publishes its first scientific statement on smoking and heart disease, concluding more evidence is needed to definitively link tobacco smoking to increased coronary heart disease deaths.⁴

1961

Public health partners, including the AHA, highlight the health hazards of smoking to President John F. Kennedy and request he establish a commission to address the problem.⁵



1964

The U.S. Surgeon General issues its first report on smoking: *Smoking and Health: Report of the Advisory Committee to the Surgeon General of the Public Health Services*.⁵

1966

Health warnings are required on cigarette packs.⁵

1969

The AHA issues a statement reflecting its stand on cigarette labeling and advertising legislation.⁴ | All states, Washington, D.C. and U.S. territories have implemented cigarette taxes.³

1970

Cigarette ads are banned on television and radio.⁶

1971

The AHA issues a scientific statement on the causal effect of smoking on heart disease.⁴

1973

Arizona becomes the first state to have some smoke-free public places.⁶



1975

Minnesota passes the first statewide law requiring separate smoking areas in public places.⁵

1977

AHA releases its updated scientific statement that definitively links the effects of smoking to heart disease.⁴

1982

The Coalition on Smoking OR Health is formed by the AHA, American Lung Association and American Cancer Society as a national public policy group to monitor federal legislative and regulatory issues related to cigarettes and smokeless tobacco.⁴

1984

The U.S. Food and Drug Administration approves nicotine gum as the first drug designed to help people quit smoking.⁵ | The Coalition on Smoking OR Health is instrumental in passage of laws requiring stronger, rotating warning labels on cigarette packages and advertisements. The first such labels appear in 1985.⁴ | The AHA introduces the Heart-At-Work program, which developed a policy on smoking in the workplace.⁴ | Save-A-Sweet-Heart, an AHA national anti-smoking program for 7th and 8th graders, demonstrated the “uncool” realities of tobacco use.⁴



1985

AHA releases an updated statement on cigarette smoking and heart disease. ⁴

1986

The 19th Surgeon General's report is issued: The Health Consequences of Involuntary Smoking, which concluded that environmental tobacco smoke is a cause of disease, particularly lung cancer, in healthy nonsmokers.⁵

! A coalition including the AHA, American Cancer Society and American Lung Association is formed to develop strategies to support Surgeon General C. Everett Koop's call for a smoke-free society by the year 2000.⁴

1987

Aspen, Colorado, becomes the first city to require smoke-free restaurants.⁵

1988

California voters approve Proposition 99, which increased the tax on cigarettes by 25 cents a pack and an equivalent amount on other tobacco products. Some of the revenue is slated for the creation of the first comprehensive statewide tobacco control program.⁵ ! Tobacco Free America (the AHA, American Lung Association and American Cancer Society) publishes State Legislative Actions on Tobacco Issues.⁵ ! Tobacco Free America launches the Smoke-Free Class of 2000 campaign to educate students in elementary school with the goal of creating a smoke-free generation beginning with those that would graduate in 2000. ⁴ ! A smoking ban on domestic flights of two hours or less becomes law, after an extensive lobbying effort by the Coalition on Smoking OR Health.⁴



1989

Congress passes a bill prohibiting smoking on all domestic airlines.⁵

1990

San Luis Obispo, California becomes the first city in the world to eliminate smoking in all public buildings, including bars and restaurants.⁵

1992

The AHA publishes its first scientific statement on the harmful effects of environmental tobacco smoke, which concluded that environmental tobacco smoke exposure at home increased the risk of death from heart disease by about 30%, and could be much higher in those exposed in the workplace.⁴ | Massachusetts passes a 25 cents per pack tax ballot initiative that established the Massachusetts tobacco control program (the second statewide program in the U.S.).

1993

The U.S. Environmental Protection Agency publishes the report *Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders*.⁵



1994

California becomes the first state to pass a statewide comprehensive smoke-free workplace law, including all restaurants and bars. However, this law did not cover all workplaces. (Assembly Bill 13, Chapter 310 Statutes of 1994)

1995

The FDA declares nicotine a drug.⁵

1996

HeartPower! was rolled out for schoolchildren from preschool through middle school, focusing on tobacco-free living and other health issues.⁴

1998

The AHA establishes nationwide dedicated state and community advocacy staff. | 46 state attorneys general reach the Master Settlement Agreement that reimbursed states for the costs of tobacco-related health care.⁵



1999

The U.S. Department of Justice sues the tobacco industry under the RICO statute, which equated the industry to organized crime for engaging in and executing a 50-year scheme to defraud the public.⁵ | The U.S. Centers for Disease Control and Prevention releases 1st edition of the Best Practices for Comprehensive Tobacco Control Programs.⁵

2002

Delaware's indoor smoke-free air law goes into effect.⁵

2004

The U.S. signs the World Health Organization's Framework Convention on Tobacco Control Treaty.⁵

2005

The AHA, along with 5 other major public health groups, intervenes in the Department of Justice's suit against the tobacco industry. The organizations advocated for more severe penalties to preclude future tobacco industry wrongdoings after the DOJ announced a reduction in the penalties it was seeking.⁵



2006

The U.S. Surgeon General issues *The Health Consequences of Involuntary Exposure to Tobacco Smoke*, which concluded that secondhand smoke causes premature death and disease in those that do not smoke and eliminating smoking in indoor spaces is the only measure that fully protects nonsmokers from secondhand smoke.⁵ | The final ruling in the DOJ lawsuit finds the tobacco industry lied and deceived the American public for 50 years.⁵

2007

Belmont, CA becomes the first city in the U.S. to prohibit smoking in multi-unit housing.⁸

2008

The U.S. Public Health Service updates the Guidelines on Treating Tobacco Use and Dependence.⁵

2009

Congress passes the Family Smoking Prevention and Tobacco Control Act giving the FDA authority to regulate tobacco products. President Barack Obama signs the bill into law on June 22nd.⁵



2010

The 30th Surgeon General's report is issued: *How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease*, which concluded there is no risk-free level of exposure to tobacco smoke, risk and severity of adverse health outcomes are related to the duration and level of tobacco smoke exposure, and sustained tobacco use is due to powerful addicting effects of nicotine.⁵ | The Patient Protection and Affordable Care Act is signed into law. It includes provisions to expand tobacco cessation benefits and establishes the Prevention and Public Health Fund (established to provide expanded and sustained national investments in prevention and public health).⁵

2012

The CDC launches the first-ever federally-funded national tobacco education campaign, *Tips from Former Smokers campaign*.⁵ | The Surgeon General issues the report *Preventing Tobacco Use Among Youth and Young Adults: A Report of the U.S. Surgeon General*, which concluded tobacco industry advertising and promotional activity cause the onset and continuation of smoking in youth and young adults, and 88% of adult smokers first tried cigarettes before the age of 18.⁵

2013

The AHA receives a \$19.6 million five-year grant from the National Institutes of Health and the FDA to support research to inform regulation around the manufacture, distribution and marketing of tobacco products.⁴



2014

Major parts of the *Patient Protection and Affordable Care Act* are implemented, including coverage of smoking cessation for most private health insurance plans and Medicaid.⁵ | The CDC updates its Best Practices for Comprehensive Tobacco Control Programs that provided structure for implementing interventions and recommended level of state investment to reduce tobacco use.⁵ | The FDA launches “The Real Cost,” a campaign aiming to keep youths ages 12-17 from starting to use tobacco products.⁵ | The U.S. issues the *Surgeon General’s Report on Smoking & Health 50th Anniversary 1964-2014*.⁵ | CVS stops selling tobacco products and becomes the first (and still only) national pharmacy chain to do so.⁷

2015

The Institute of Medicine issues the report *Health Implications of Raising the Minimum Age for Purchasing Tobacco Products*, which concluded that raising the legal sales age to 21 would reduce smoking initiation in 15-17 year-olds by 25%.⁵ | Hawaii increases the minimum tobacco sales age to 21.⁵

2016

The U.S. Surgeon General issues the report *E-Cigarette Use Among Youth and Young Adults*, which was the first federal agency to report the use of e-cigarettes among youth and young adults.⁵ | The FDA extends its regulatory authority over all tobacco products, including cigars, hookah and e-cigarettes.⁵ | AHA and several other public health groups file a lawsuit against the FDA for failing to issue graphic warnings for cigarette packages and advertisements.



2017

Tobacco companies begin running “corrective statements” in newspapers and on TV acknowledging their 50-year campaign of deception and fraud about the dangers of smoking and exposure to secondhand smoke.⁵ | The FDA announces its intention to reduce nicotine concentrations in cigarettes to non- or minimally-addictive levels.⁵

2018

The U.S. Department of Housing and Urban Development requires all public housing agencies to implement smoke-free policies for all residential units and common areas.⁵ | The AHA and several other health partners file a lawsuit challenging an FDA decision to extend the premarket tobacco application (PMTA) deadline for e-cigarettes and cigars, allowing these products to stay on the market for up to six more years without being reviewed by the agency.⁵ | In response to a significant rise in youth use of e-cigarettes, U.S. Surgeon General Jerome Adams issues an advisory on the e-cigarette epidemic among youth.⁵

2019

A federal court orders the FDA to issue final graphic warning labels for cigarette packages and advertisements by March 15, 2020. | A federal judge rules against FDA for extending the PMTA deadline for e-cigarettes and cigars and establishes a new timeline for applications to be submitted and reviewed.⁵ | Congress passes legislation to raise the tobacco sales age to 21 across the country.⁵



2020

The FDA issues final graphic warning labels on cigarettes, requiring companies to begin using the warnings by June 2021. The tobacco industry challenges the rule in court, delaying implementation of the requirement until at least October 2023.⁵ | The U.S. Surgeon General releases the report Smoking Cessation: A Report of the U.S. Surgeon General.⁵ | E-cigarette, cigar and other “new” tobacco product manufacturers submit thousands of premarket tobacco product applications to the FDA.⁵

2021

The AHA receives funding to launch the California Tobacco Endgame Center for Organizing & Engagement with partners. | The AHA launches its Tobacco Endgame Roadmap. | FDA issues decisions on thousands of PMTAs, but does not make decisions on the most popular e-cigarette products by the court-ordered September deadline.

2022

Congress gives FDA the authority to regulate products with synthetic nicotine. | FDA starts the rule-making process to remove menthol cigarettes and all flavored cigars from the market. | FDA announces its intent (again) to reduce nicotine in cigarettes and certain other combustible products.

Timeline References

1 The United States Department of Treasury

[U.S. Treasury - Fact Sheet on the History of the U.S. Tax System \(archive.org\)](#)

2 Tobacco Facts

www.tobacco-facts.net/files/iowa/

3 Emanuel L and Borean R

[When Did Your State Adopt Its Cigarette Tax? | Tax Foundation](#)

4 American Heart Association.

[AHA History Timeline - 1915-2020 \(sharepoint.com\)](#)

5 American Lung Association

[State of Tobacco Control 2022. Tobacco Control Milestones | State of Tobacco Control | American Lung Association](#)

6 Truth Initiative

[Milestones in tobacco history \(truthinitiative.org\)](#)

7 Assembly Bill 13, Chapter 310 Statutes of 1994

<https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.91.2.245> (aphapublications.org)

8 Prohibit Smoking in Multi-Unit Housing

<https://www.nytimes.com/2009/01/27/us/27belmont.html?auth=linked-google1tap> (nytimes.com)

Adult Cigarette Consumption in the U.S.

Consumption Estimates are in Billions of Cigarettes



1900-1960: www.statista.com/statistics/261573/total-cigarette-consumption-in-the-us-since-1900 (accessed 12/13/21)

1963-2006: US Federal Trade Commission. Cigarette Report for 2019

2006-2020: <https://catalog.data.gov/dataset/adult-tobacco-consumption-in-the-u-s-2000-present> (accessed 12/13/21)

Something to think about:



The sum of all the cigarettes consumed in the United States in the chart on the previous page was

28.2 TRILLION cigarettes.

Using the length of a standard cigarette,
laying these end-to-end
would be about

2.6 billion kilometers.

**That is the same as a ROUND TRIP
between Earth and Saturn.**

Key Accomplishments in Recent Years:

In 2022, Congress passed legislation giving the FDA authority over products using synthetic nicotine. Because synthetic nicotine is not made from tobacco, industry had been positioning products made from synthetic nicotine to be exempt from legislation and regulation at all levels of government. Now that loophole has been closed and FDA has authority to regulate these products.

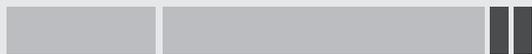
Tobacco 21

On Dec. 20, 2019, Congress raised the federal minimum legal sales age for all tobacco products from 18 to 21 after extensive advocacy efforts from the American Heart Association and its public health partners.

State-level advocacy for this measure, also known as “T21” helped lead to the federal law. Before the federal law, 19 states, two territories (Guam and Palau), and Washington, D.C., all had T21 laws.

Early research is showing that T21 laws

decreased
12th-grade
cigarette use



by 35%

with a smaller effect on
8-10th grade cigarette use.*

* Abouk R, De PK, Pesko M. Estimating the Effects of Tobacco-21 on Youth Tobacco Use and Sales. Rochester, NY: Social Science Research Network; 2021.

Cigarette and e-cigarette

sales
decreased
12.3%
and
49.1%

respectively, in areas with highest quartile
of people under 21.*



T21
increases
ID
checks*



Comprehensive Smoke-Free Laws

Through decades of work, the American Heart Association and its partners have helped pass comprehensive smoke-free laws, protecting people from secondhand smoke, reducing tobacco use and saving lives.

As of February 2022, 30 states have passed comprehensive laws covering restaurants, workplaces and bars. Those laws cover 67% of the U.S. population. Thirty-six states have some type of smoke-free law that covers one or more of these settings, reaching 82% of the population.* The U.S. Department of Housing and Urban Development also requires public housing agencies to implement smoke-free policies for all residential units and common areas.

Almost 212 million people in the United States are now protected by comprehensive local and state smoke-free air laws.



67% of the population

* Summary of 100% Smokefree State Laws and Population Protected by 100% U.S. Smokefree Laws (no-smoke.org)

Tobacco Excise Taxes

A significant increase in tobacco excise taxes is one of the most impactful and evidence-based strategies to advance the Tobacco and Nicotine Endgame. These taxes reduce tobacco use, save lives, raise revenue for states and communities, and lower health care costs. This impact is even greater when states or localities use the revenue to address tobacco cessation and prevention.

**Nationally,
every 10% increase
in cigarette prices:**



reduces
youth
smoking
by about
7%



total
cigarette
consumption
by about
4%

The federal government and almost every state have increased tobacco taxes, and the American Heart Association has typically been supporting or leading these campaigns.

As of March 14, 2021, the average state cigarette tax is \$1.91 per pack. Some localities have an additional excise tax on top of the state tax.**

On April 1, 2009, the federal cigarette tax increased by 62 cents, to \$1.01 per pack.

* Chaloupka FJ, Tauras JA. Taxation of emerging tobacco products. Chicago: Tobacconomics; 2020.

** U.S. State and Local Issues: Tobacco Taxes - Campaign for Tobacco-Free Kids (tobaccofreekids.org)

Removing Flavors:

The American Heart Association and national partners advocated for the 2009 Family Smoking Prevention and Tobacco Control Act to ban all “characterizing flavors” in cigarettes. While this law did ban most characterizing flavors in cigarettes, menthol cigarettes were exempted and the law did not address flavors in other tobacco products.¹ In 2015 there were more than 250 unique cigar flavors on the U.S. market.² In 2017, over 15,000 e-liquid flavors were being sold.



81%
of youths ages 12 to 17
start using tobacco
with a flavored product.

All tobacco users whose first use was a flavored product were more likely to use tobacco products regularly in the future.⁴

In addition, the tobacco industry has historically promoted flavorings to Black communities and other disenfranchised groups.^{5,6} It's estimated that the continued presence of menthol cigarettes on the market has been a significant contributor for slowing the decline in smoking prevalence from 1980 to 2018.⁷

Flavorings in e-cigarettes, cigars and other newer products have been a major contributor to their proliferation and the epidemic of youth use.⁸

In January 2020, responding to the e-cigarette use-associated lung injury, or EVALI, and the youth e-cigarette epidemic, the U.S. Food and Drug Administration issued guidance restricting the sale of some flavored e-cigarettes.⁹ However, e-liquids used in open-tank systems, all menthol flavored e-cigarettes, and self-contained, disposable e-cigarettes were exempted from this guidance.

Not surprisingly, surveillance has shown that youth quickly migrated to these exempted products.^{10,11} Some states and localities also responded by restricting flavored tobacco products and their components. The American Heart Association advocates for removal of all characterizing flavorings other than tobacco in the U.S.

In February 2020, the *Protecting American Lungs and Reversing the Youth Tobacco Epidemic Act* passed the House of Representatives with bipartisan support. This bill would prohibit all flavored tobacco products, including menthol cigarettes and all flavored e-cigarettes, and enact several other tobacco control policies. The AHA led efforts to support this legislation. While the bill was not voted on in the Senate, the House passage was a historic vote.

In Spring 2022, FDA issued proposed rules to remove menthol as a characterizing flavor from cigarettes and all characterizing flavors (other than tobacco) from cigars. If implemented, these regulations could save over 650,000 lives in the next 40 years and cut smoking rates significantly.¹²

References for Removing Flavors:

1. Villanti AC, Johnson AL, Halenar M, Sharma E, Cummings KM, Stanton CA, Delnevo CD, Wackowski OA, Bansal-Travers M, Pearson JL, Abrams DB, Niaura RS, Fong GT, Elton-Marshall T, Hatsukami D, Trinidad DR, Kaufman A, Sawdey MD, Taylor EV, Slavit WI, Rass O, Compton WM and Hyland A. Menthol and mint cigarettes and cigars: Initiation and progression in youth, young adults and adults in Waves 1 - 4 of the PATH Study, 2013 - 2017. *Nicotine Tob Res.* 2020.
2. Campaign for Tobacco-Free Kids. *E-Cigarettes: Flavored products fuel a youth epidemic.* 2021;2021.
3. Ambrose BK, Day HR, Rostron B, Conway KP, Borek N, Hyland A and Villanti AC. Flavored Tobacco Product Use Among US Youth Aged 12-17 Years, 2013-2014. *Jama.* 2015;314:1871-3.
4. Villanti AC, Johnson AL, Glasser AM, Rose SW, Ambrose BK, Conway KP, Cummings KM, Stanton CA, Edwards KC, Delnevo CD, Wackowski OA, Feirman SP, Bansal-Travers M, Bernat JK, Holder-Hayes E, Green VR, Silveira ML and Hyland A. Association of Flavored Tobacco Use With Tobacco Initiation and Subsequent Use Among US Youth and Adults, 2013-2015. *JAMA Netw Open.* 2019;2:e1913804.
5. Carpenter CM, Wayne GF, Pauly JL, Koh HK and Connolly GN. New cigarette brands with flavors that appeal to youth: tobacco marketing strategies. *Health Aff (Millwood).* 2005;24:1601-10.
6. United States Food and Drug Administration. *Preliminary Scientific Evaluation of the Possible Public Health Effects of Menthol versus Nonmenthol Cigarettes.* 2013.
7. Le TT and Mendez D. An estimation of the harm of menthol cigarettes in the United States from 1980 to 2018. *Tob Control.* 2021.
8. Harrell MB, Loukas A, Jackson CD, Marti CN and Perry CL. Flavored Tobacco Product Use among Youth and Young Adults: What if Flavors Didn't Exist? *Tob Regul Sci.* 2017;3:168-173.
9. Center for Tobacco Products. *Enforcement Priorities for Electronic Nicotine Delivery System (ENDS) and Other Deemed Products on the Market Without Premarket Authorization: Guidance for Industry.* 2020.
10. Courtemanche CJ, Palmer MK and Pesko MF. Influence of the Flavored Cigarette Ban on Adolescent Tobacco Use. *Am J Prev Med.* 2017;52:e139-e146.
11. Rossheim ME, Livingston MD, Krall JR, Barnett TE, Thombs DL, McDonald KK and Gimm GW. Cigarette Use Before and After the 2009 Flavored Cigarette Ban. *J Adolesc Health.* 2020;67:432-437.
12. Levy DT, Meza R, Yuan Z, et al. Public health impact of a US ban on menthol in cigarettes and cigars: a simulation study. *Tobacco Control* Published Online First: 02 September 2021.

State-Level Flavor Restriction or Elimination

CA, MA & DC are the only states with statewide Tobacco Flavor Sales Restrictions.



City and County-Level Flavor Restriction or Elimination

These cities, towns and counties have passed measures banning or restricting the sale of flavored tobacco products.

Fiscal Year

2019

to

2020

Fiscal Year

2020

to

2021

Fiscal Year

2021

to

2022

Berkeley, CA
Los Angeles County, CA

Fremont, CA

Boston, MA

Unincorporated Contra Costa County, CA

Santa Maria, CA

Unincorporated Santa Barbara County, CA

Oakland, CA

Compton, CA

Unincorporated Alameda County, CA

El Monte, CA

Hayward, CA

Maywood, CA

Sunnyvale, CA

Bloomington, MN

Alhambra, CA

Glendale, CA

Long Beach, CA

San Diego, CA

Edgewater, CO

Novato, CA

Washington County, OR

Denver, CO

The FDA is currently issuing decisions on thousands of premarket tobacco applications for flavored products, including many flavored e-cigarettes. AHA is actively defending the FDA's decisions to deny marketing orders to many of these flavored products, filing amicus briefs with our public health partners in cases where the tobacco industry is challenging the FDA's decisions.

The American Heart Association supports the FDA's proposed rules to remove menthol cigarettes and all flavored cigars from the market.

Proposed Rules to Remove Menthol Cigarettes and All Flavored Cigars

FDA Proposes Rules Prohibiting Menthol Cigarettes and Flavored Cigars to Prevent Youth Initiation, Significantly Reduce Tobacco-Related Disease and Death

FDA: Proposed Product Standards to Prohibit Menthol as a Characterizing Flavor in Cigarettes and All Characterizing Flavors in Cigars



Subtracting Added Flavors

2009: All flavored cigarettes are banned, except for menthol

2020: New FDA enforcement policy removes some flavored cartridge- and pod-based e-cigarettes from the market. E-liquids used in open-tank or refillable e-cigarettes, disposable e-cigarettes, and all menthol and tobacco flavor e-cigarettes are exempt.

2022: FDA proposes a ban on menthol cigarettes and all flavored cigars.

Our Tobacco and Nicotine Endgame efforts have made a difference! We are reducing tobacco use across the U.S. population.

However, significant disparities remain:

Adult Non-Smoking Rates (%)

(NHIS 2013–2020) by Race/Ethnicity and Poverty Status

	2013	2014	2015	2016	2017	2018	2019	2020
TOTAL	82.1	83.1	84.8	84.5	86.0	86.2	86.0	87.5
Income 2X or More Poverty Level	85.7	86.7	88.1	87.4	88.7	88.8	89.1	90.2
Income 1-2X Poverty Level	76.7	76.7	78.1	78.3	79.7	79.9	79.8	82.0
Income Less than 1X Poverty Level	71.0	74.1	73.9	74.8	77.4	77.6	77.6	78.2
Asian	90.5	90.6	93.0	90.7	92.5	93.2	92.8	92.0
Hispanic	88.4	89.3	90.2	89.6	90.4	90.4	91.2	92.0
Black	82.3	83.0	83.6	83.8	85.4	85.7	85.1	85.6
White	79.8	80.9	82.7	82.7	84.3	84.5	84.5	86.7
American Indian/ Native Alaskan	79.0	79.7	81.5	78.5	83.6	77.5	79.1	72.9

2013–2018 data: *NHIS 2013–2018 – Table A-12. Current cigarette smoking status among adults aged 18 and over, age-adjusted, by race & poverty status*

2019 data: Cornelius ME, Wang TW, Jamal A, Loretan CG, Neff LJ. Tobacco Product Use Among Adults — United States, 2019. *MMWR. Morbidity and Mortality Weekly Report.* 2020;69(46):1736–1742.

2020 data: Cornelius ME, Loretan CG, Wang TW, Jamal A, Homa DM. Tobacco Product Use Among Adults - United States, 2020. *MMWR. Morbidity and Mortality Weekly Report.* 2022;71(11):397–405

*2019–2020 data: AHA analysis based on NHIS data

Youth Non-Smoking Rates (%)

(NYTS 2011-2021) by Race/Ethnicity, Sexual Identity, and Transgender Identity

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Asian	92.8	93.6	92.1	90.9	90.1	97.0	95.1	89.7	88.6	93.2	--*
Black	84.7	83.6	84.5	86.2	84.3	86.7	89.6	87.3	79.7	87.1	90.8
Hispanic	80.8	82.7	81.8	79.2	80.5	85.1	86.6	83.3	77.7	83.1	92.6
White	81.5	83.6	83.6	81.3	82.0	84.1	84.6	78.4	74.6	82.4	89.0
American Indian/ Alaska Native	78.6	74.6	80.1	82.3	76.0	66.9	79.6	71.7	69.2	76.9	--*
Lesbian/Gay/ Bisexual**	--	--	--	--	--	--	--	--	--	74.5	85.8
Transgender***	--	--	--	--	--	--	--	--	--	--	81.1

Percentage of middle school and high school students combined who do NOT report current use of any tobacco product;

*Not calculated due to <50 respondents (appear to be combined with other race/ethnicity groups (94.6% not current any tobacco product users);

**Not assessed until the 2020 survey;

***Not assessed until the 2021 survey. Source: National Youth Tobacco Survey (https://www.cdc.gov/tobacco/data_statistics/surveys/nyts/index.htm)

