



Santa Clara County Office of Education

Mary Ann Dewan, Ph.D.
County Superintendent of Schools

San Jose City Council
200 E. Santa Clara St.
San José, CA 95113

June 4, 2021

Dear Council Members Jimenez, Peralez, Cohen, Carrasco, Davis, Esparza, Arenas, Foley, and Mahan,

As the Santa Clara County Superintendent of Schools, I write to urge approval of an ordinance to strengthen tobacco retailer licensing laws and restrict flavored tobacco products in the City of San Jose. I applaud the efforts of San Jose in taking the necessary steps to protect youth from addiction and the dangerous health risks of electronic cigarettes, also known as “vapes.”

On behalf of our community, I urge the San Jose City Council to take action on the existing tobacco retailer licensing policy by voting to ban all flavored tobacco products, including menthol, restrict the density of tobacco retailers near schools and create strong enforcement provisions. These key laws would protect San Jose Youth from predatory marketing practices that endanger their physical and mental health and wellbeing. Tobacco companies are using candy-flavored products to lure young people into a dangerous addiction to nicotine. Most young people who have ever used tobacco started with a flavored product. These products are sleek and appealing and often mimic popular candies, drinks, or snacks in both packaging and flavor, making them particularly more appealing to youth. In Santa Clara County, 82.3% of teens currently using tobacco reported using a flavored product. Eight in ten San Jose tobacco retailers sell fruit or sweet flavored tobacco products. More alarming, 45.4% of teens in Santa Clara County reported purchasing their own e-cigarettes, with over a quarter of this group saying they buy them directly from a local store. Among Santa Clara County teens, 1 in 3 have tried cigarettes and 1 in 8 are currently using them. Brain development continues until the age of 25 and nicotine negatively impacts parts of the brain responsible for attention, learning, and memory, and increases anxiety. There is growing evidence that smokers are at a greater risk of hospitalization and severe illness due to COVID-19. In addition, there is growing evidence that vaping can also harm lung health. These factors put smokers, and “vapers” at greater risk for coronavirus.

It is crucial that action is taken within the City of San Jose to protect youth and have comprehensive policies which restricts the sale of all flavored products, limits tobacco sales near schools and restricts the sale of vaping products. It is our shared responsibility to keep youth safe from harmful tobacco and vape products. Please do your part by supporting a ban of all flavored tobacco products, including hookah, in all San Jose locations, restrict e-cigarette and vape product sales, restrict density of tobacco retailers near schools and existing retailers, and eliminate the adult-only store exemption.

Sincerely,

A large black rectangular redaction box covering the signature of Mary Ann Dewan.

Mary Ann Dewan, Ph.D.
Santa Clara County Superintendent of Schools



June 1, 2021

The Honorable Sam Liccardo
 San Jose City Council
 200 E. Santa Clara St.
 San Jose, CA 95113

Re.: Ending the sale of flavored tobacco in San Jose

Dear Mayor Liccardo and Members of the San Jose City Council:

On behalf of the organizations signed on to this letter we are writing to express our support for a comprehensive policy to end the sale of menthol and all flavored tobacco products without exemption, which will help protect youth from the harms of these addictive and deadly products.

We are in the midst of a youth tobacco use epidemic of unparalleled proportions. Tobacco companies have pushed candy-flavored products into the youth market, quietly hooking kids

into a dangerous addiction to nicotine. Recent events have highlighted these dangers. Being a current or former cigarette smoker increases your risk of severe illness from COVID-19. Smoking increases the risk for respiratory infections, weakens the immune system and is a major cause of a number of chronic health conditions, including chronic obstructive pulmonary disease, heart disease and diabetes. In addition, there is growing evidence that vaping can also harm lung health.

More than 5.3 million youth were current e-cigarette users in 2019, with the overwhelming majority of youth citing use of popular fruit and menthol or mint flavors. Locally, 1 in 3 Santa Clara County teens have tried e-cigarettes and 1 in 8 are currently using them. 82 percent of Santa Clara County teens who have ever used tobacco started with a flavored product. Eight in ten of the 600+ San Jose tobacco retailers sell fruit or sweet flavored tobacco products, and nearly a quarter of surveyed San Jose tobacco retailers sold tobacco to an underage person.

These products often mimic popular candies, drinks, or snacks in both packaging and flavor, making them particularly appealing to youth. A variety of flavored tobacco products like cotton candy, bubble gum, and mango are widely available on retail shelves. 72 percent of youth tobacco users have used a flavored tobacco product in the past month and at least two-thirds of youth tobacco users report using tobacco products “because they come in flavors I like.”

Virtually every major jurisdiction in the Bay Area has already ended the sale of flavored tobacco without exemptions. This includes the cities of Alameda, Albany, Berkeley, Burlingame, Cupertino, Dublin, East Palo Alto, Fremont, Half Moon Bay, Hayward, Lafayette, Livermore, Menlo Park, Morgan Hill, Oakland, Palo Alto, Pleasanton, Portola Valley, Richmond, San Carlos, San Mateo, San Pablo, Santa Cruz, Sunnyvale, Watsonville and the Counties of Alameda, Contra Costa, San Mateo, Santa Clara and Santa Cruz and the City and County of San Francisco.

With the surges in youth nicotine usage and associated public health risks, San Jose needs to take swift action. While the governor recently signed SB793 to end the sale of most flavored tobacco products, the tobacco companies spent more than \$20 million in a pandemic to place the law on hold until the next statewide general election. It is up to San Jose to take local action to protect the community now and address the urgent issue of youth tobacco use.

For these reasons, we are proud to support a comprehensive policy that ends the sale of all flavored tobacco products without exemption.

Sincerely,

100 Black Men of Silicon Valley
African American Tobacco Control Leadership Council
American Cancer Society Cancer Action Network
Americans for Nonsmokers' Rights
American Heart Association
American Lung Association

Asian American for Community Involvement (AACI)
BAYMEC Community Foundation
Boys and Girls Club of Silicon Valley
Breathe California of the Bay Area, Golden Gate and Central Coast
Campaign for Tobacco Free Kids
City Year San Jose/Silicon Valley
Health Trust
International Children's Assistance Network (ICAN)
Healthier Kids Foundation
Korean American Community Services
NAACP--San Jose/Silicon Valley
Parents Against Vaping E-Cigarettes
Santa Clara County Dental Society
Santa Clara County Department of Public Health
Santa Clara County Office of Education
Santa Clara Family Health Plan
Silicon Valley Black Chamber of Commerce
Social Equity Initiative
South Bay Labor Council
Teen Success Inc.
Tobacco Free Coalition of Santa Clara County
Valley Medical Center Foundation

Blattman, Rachelle

From: Espejo, Gina
Sent: Wednesday, June 9, 2021 1:22 PM
To: CMOAgendaServices
Subject: FW: We have waited long enough – don't sacrifice our kids!

From: Lori Bremner [REDACTED]
Sent: Tuesday, June 8, 2021 4:40 PM
To: Rios, Angel <Angel.Rios@sanjoseca.gov>
Cc: Kolander, Grace <Grace.Kolander@sanjoseca.gov>; Raania.mosen@sanjoseca.gov; Jones, Chappie <Chappie.Jones@sanjoseca.gov>; Espejo, Gina <Gina.Espejo@sanjoseca.gov>
Subject: We have waited long enough – don't sacrifice our kids!

[External Email]

Dear Mr. Rios

We have waited long enough for San Jose to step up and join the county and countless other nearby communities to protect kids from the predatory practices of the tobacco industry.

We are prepared for our long awaited hearing on ending the sale of flavored tobacco products on June 15th, but we just heard that the hearing may be delayed until after summer.

- *How many more kids will get addicted during that time?
- *How many more serious lung injuries (EVALI) will occur during that time?
- *How many more kids will get COVID from sharing vapes with their friends during that time?

We know that there are many other pressing issues. But what could be more pressing than saving the lives of our children?

The San Jose ordinance does not need to be complicated by exemptions and special circumstances like the staff has proposed in the draft ordinance. In fact, we can only support the draft ordinance with significant modifications.

But you can make it really simple.

Just match the existing county ordinance like Santa Clara is poised to do. Give our kids in San Jose the exact same protections enjoyed in the unincorporated County, and soon in Santa Clara, and get it passed on the first reading on June 15th.

Please do not delay this urgent need. Our kids are counting on you.

Lori Bremner

California Grassroots Coordinator

--



Lori Greenstein Bremner
Parents Against Vaping E-Cigarettes



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Blattman, Rachelle

From: Espejo, Gina
Sent: Wednesday, June 9, 2021 1:22 PM
To: CMOAgendaServices
Subject: FW: Please do not delay the tobacco ordinance

From: Maren Lopez <[REDACTED]>
Sent: Wednesday, June 9, 2021 1:13 PM
To: Espejo, Gina <Gina.Espejo@sanjoseca.gov>
Subject: Please do not delay the tobacco ordinance

[External Email]

Dear Mr. Rios

As a San Jose resident, parent, and teacher, I implore you to keep the Tobacco ordinance on the agenda for June 15th. I do not understand why it has already taken so long for our kids in San Jose to enjoy the same protections from the tobacco industry's targeting that the kids in the county and many other cities have.

Don't make us wait any longer. The lives of our children are at stake. Keep our issue on the agenda, and urge the staff to simplify the ordinance by just matching it to the one already passed by the unincorporated County.

Our kids deserve nothing less . . . and they deserve it now!

Thank you,

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Blattman, Rachelle

From: Espejo, Gina
Sent: Wednesday, June 9, 2021 1:22 PM
To: CMOAgendaServices
Subject: FW: Please keep flavored tobacco on June 15 agenda

From: Liz Williams [REDACTED] >
Sent: Tuesday, June 8, 2021 5:35 PM
To: Rios, Angel <Angel.Rios@sanjoseca.gov>
Cc: Espejo, Gina <Gina.Espejo@sanjoseca.gov>; Jones, Chappie <Chappie.Jones@sanjoseca.gov>; Kolander, Grace <Grace.Kolander@sanjoseca.gov>; Raania.mosen@sanjoseca.gov
Subject: Please keep flavored tobacco on June 15 agenda

[External Email]

Good evening,

I'm writing to urge you to keep the issue of regulating the sale of flavored tobacco products on the June 15 City Council agenda.

San Jose should take action this month to join more than 60 cities and counties in California that have already enacted laws to end the sale of all flavored tobacco products—including menthol cigarettes, flavored vaping devices, and hookah—in all retailers.

We know that the tobacco companies continue to aggressively target and market their flavored products specifically at youth and young adults, African Americans, low-income neighborhoods, and the LGBTQ+ community.

Delaying taking action on this important public health issue protects the profits of tobacco companies and retailers at the expense of the health of San Jose residents. The City Council should not delay taking action.

I hope you address the issue on June 15 and stand with parents, students, community leaders, and health professionals to create a healthier environment for all San Jose residents.

Sincerely,

Liz Williams | Project & Policy Manager
[Americans for Nonsmokers' Rights | nonsmokersrights.org](https://nonsmokersrights.org)
[American Nonsmokers' Rights Foundation | no-smoke.org](https://no-smoke.org)



Blattman, Rachelle

From: Espejo, Gina
Sent: Wednesday, June 9, 2021 1:21 PM
To: CMOAgendaServices
Subject: FW: Letter not to delay flavored tobacco policy (Agenda Item 7.1 for June 15)
Attachments: Tobacco Free Coalition Letter re TRL Flavors Delay Jun 2021.pdf; Tobacco Free Coalition Letter re TRL Flavors Delay Jun 2021.pdf

From: Vanessa Marvin [REDACTED] >
Sent: Tuesday, June 8, 2021 4:24 PM
To: Espejo, Gina <Gina.Espejo@sanjoseca.gov>
Subject: Fwd: Letter not to delay flavored tobacco policy (Agenda Item 7.1 for June 15)

[External Email]

Whoops I typo in your email address!

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Begin forwarded message:

From: Vanessa Marvin [REDACTED]
Subject: Letter not to delay flavored tobacco policy (Agenda Item 7.1 for June 15)
Date: June 8, 2021 at 4:22:47 PM PDT
To: angel.rios@sanjoseca.gov, chappie.jones@sanjoseca.gov
Cc: gina.espejo@sanoseca.gov, grace.kolander@sanjoseca.gov, Raania.mosen@sanjoseca.gov, Caroline Baker [REDACTED]

Dear Deputy City Manager Rios and Vice Mayor Jones,

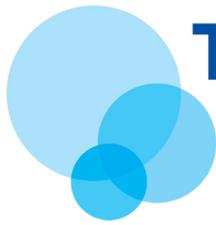
The Tobacco-Free Coalition of Santa Clara County is urging you NOT to delay a vote planned to strengthen your tobacco retailer licensing law and restrict flavored tobacco products in the City of San Jose scheduled for June 15, 2021 (Agenda Item 7.1).

We urge you to move forward on June 15 with a strong ordinance that protects our residents from all flavored tobacco products, including menthol cigarettes and hookah products.

Attached is our letter on the issue.

Thank you for your consideration.

Vanessa Marvin
Carol Baker
Coalition Co-Chairs



TOBACCO-FREE COALITION

of Santa Clara County

1775 Story Road, Suite 120
San Jose, CA 95122

San Jose City Council
200 E. Santa Clara St.
San José, CA 95113

June 8, 2021

Dear Deputy City Manager Rios and Vice Mayor Jones,

The Tobacco-Free Coalition of Santa Clara County is urging you **NOT to delay** a vote planned to strengthen your tobacco retailer licensing law and restrict flavored tobacco products in the City of San Jose (**Agenda Item 7.1 scheduled for June 15, 2021**).

We are in the midst of a youth tobacco use epidemic of unparalleled proportions. Tobacco companies have pushed candy-flavored products into the youth market, quietly hooking kids into a dangerous addiction to nicotine.

In addition, menthol cigarettes pose a tremendous public health threat - blacks smoke menthol cigarettes at high rates and quit smoking at lower rates.

A possible delay is dangerous because every day that these products remain on the market is one more day that another young person can get hooked and a smoker doesn't quit this deadly product.

Consider that:

- Nearly a quarter of surveyed **San Jose** tobacco retailers sold tobacco to an underage person. 11% of these illegal tobacco sales came from a tobacco/vape shop.
- More than a quarter of **San Jose** tobacco retailers are located within 1,000 feet of a school.
- In a survey, 13.2 percent of **Santa Clara County** teens reported using e-cigarettes in the past month, double the amount reported in the previous survey
- 82.3 percent of **Santa Clara County** teens currently using tobacco report using a flavored product.

We urge you to move forward on June 15 with a strong ordinance that protects our residents from all flavored tobacco products, including menthol cigarettes and hookah products.

Virtually every major jurisdiction in the Bay Area has already ended the sale of flavored tobacco without exemptions, including San Francisco, Oakland, and many here in Santa Clara County.

This is no time to delay. We urge the City of San Jose to recognize the urgency of this issue and strengthen your tobacco retailer licensing law on June 15.

Sincerely,

Vanessa Marvin, Co-Chair

Carol Baker, Co-Chair



The African American Tobacco Control Leadership Council

September 22, 2021

To: Mayor Sam Liccardo, Vice Mayor Charles Jones, Councilmember Sergio Jimenez, Councilmember Raul Peralez, Councilmember David Cohen, Councilmember Magdalena Carrasco, Councilmember Devora Davis, Councilmember Maya Esparza, Councilmember Sylvia Arenas, Councilmember Pam Foley and Councilmember Matt Mahan

From: The African American Tobacco Control Leadership Council

Re: Prohibit the Sale of Menthol and all Other Flavored Tobacco Products. No Exemptions: All Flavors, All Products, All Locations!

The African American Tobacco Control Leadership Council (AATCLC) strongly encourages the San Jose City Council to prohibit the sale of menthol and all flavored tobacco products. No exemptions. We are glad to see that the Council is finally addressing this issue and it couldn't come at a better time. We already know that 80% of youth, 12-17 start smoking using flavored cigarettes (Ambrose et al., 2015). Indeed, in the midst of the COVID 19 pandemic nothing could be more important than getting these products out of our community. We already know that smokers are more susceptible to COVID infection (CDC, 2020). If the Council truly wants a healthier San Jose, and we believe that you do, then it is imperative that the sale of menthol and all other flavored tobacco products be prevented and that the predatory marketing of these products be stopped and be recognized as a social injustice; an issue that disproportionately impacts poorer communities, marginalized groups, youths and communities of color.

This is no minor matter. Menthol and flavored tobacco products are driving tobacco-related deaths and diseases nation-wide. While the use of non-flavored tobacco cigarettes has been decreasing, the use of menthol cigarettes is on the rise, among youth and adults; among Latinos, Blacks, and Whites (Villanti, 2016). Let's be clear, the majority of women smokers smoke menthol cigarettes; folks from the LGBTQ community disproportionately smoke these products; 47% of Latino smokers prefer menthol cigarettes, with 62% of Puerto Rican smokers using menthol; nearly 80% of Native Hawaiians; a majority of Filipinos; and a majority of smokers with behavioral health issues smoke menthol cigarettes. Frankly, the most marginalized groups disproportionately use these so-called "minty" products (CDC, 2010; Fallin, 2015; Forbes, 2013; Delnevo, 2011; Hawaii State Dept. of Health, 2009; Euromonitor, 2008; Hickman, 2015).

Be appraised that 85% African American adults and 94% of Black youth who smoke are using menthol products (Giovino, 2013). These striking statistics arise from the predatory marketing of these products in the Black Community, where there are more advertisements, more lucrative promotions, and *cheaper prices* for menthol cigarettes compared to other communities (Henriksen et al., 2011; Seidenberg et al., 2010). These predacious practices for the past 50

years have led to Black folks dying disproportionately from heart attacks, lung cancer, strokes and other tobacco related diseases (RSG, 2014).

Take note that new research, just published this month shows that menthol cigarettes were responsible for 1.5 million new smokers, 157 000 smoking-related premature deaths and 1.5 million life-years lost among African Americans over 1980–2018. While African Americans constitute 12% of the total US population, these figures represent, respectively, a staggering 15%, 41% and 50% of the total menthol-related harm (Mendez & Le, 2021)

The Council should be aware that menthol, as if to add insult to injury, masks the harsh taste of tobacco and allows for deeper inhalation of toxins and greater amounts of nicotine. The greater the nicotine intake, the greater the addiction. Hence, it is no surprise menthol cigarette users find it harder to quit than non-menthol cigarette users (Ton et al., 2015; Levy et al., 2011). The “cool refreshing taste of menthol” heralded by the tobacco industry is just a guise; ultimately, menthol and all flavors allows the poisons in cigarettes and cigarillos “to go down easier!”

While we have all become aware of the meteoric rise of E-Cigarette use, especially among kids, another addictive product is growing in popularity: flavored shisha / Hookah. Let’s not be fooled: passing tobacco smoke through water does nothing to stop the user from inhaling all the toxins, nicotine and cancer-causing chemicals associated with tobacco smoking. Let’s be clear, Hookah is just as deadly as cigarettes, if not more. Studies show that in a single hookah smoking session of 40 minutes, smokers consume 25 times the tar, 125 times the smoke 2.5 times the nicotine and 10 times the carbon monoxide compared to smoking a cigarette (Primack et al., 2016). Moreover, both patrons and employees at Hookah lounges are exposed to elevated levels of 2nd hand smoke an already recognized cause of cancer (Zhou et al., 2016)

Then there is the fiction that Hookah smoking is a 1000-year-old tradition in the Middle East. Look, tobacco only made its way to Europe some 500 years ago and only gradually made its way to the Middle East 3 to 4 hundred years ago. Make no mistake about it, it’s the Hookah Lounge owner’s manipulation of culture argument that is used to attract more business and profits. Flavored shisha like Blue Mist, Irish Kiss and Sex on the Beach has nothing to do with Middle Eastern Culture. Once it was determined in the 1960s that smoking kills, Islamic Leaders deemed tobacco, Hookah and Shisha Forbidden. At bottom, Hookah lounges with their nightclub atmosphere has nothing to do with Middle Eastern Culture, rather it’s all about the Benjamin’s! It’s not about getting rid of all hookahs or all tobacco products, its about getting rid of all flavors, at all places, in all products, period.

The AATCLC is calling upon the San Jose City Council to join a growing number of cities, counties and states around the country that are prohibiting, jurisdiction-wide, the sales of menthol cigarettes and all other flavored tobacco products. In June 2018, San Francisco voters passed the first ever citywide restriction on the sales of all flavored tobacco products, including menthol cigarettes and flavored e-cigarette juices. This “strongest flavor ban law ever” was rapidly replicated in the numerous cities in California and around the Country, including Oakland, Alameda, Hayward, Fremont, Berkeley and Sacramento, just to mention a few. Today over 60 municipalities prohibit the sale of all menthol tobacco products including flavored e-

juices <https://no-smoke.org/wp-content/uploads/pdf/flavored-tobacco-product-sales.pdf> Indeed, in June of 2020, the State of Massachusetts became the first State to prohibit the sale of menthol and all flavored tobacco products state-wide and in August of 2020 California followed suit and became the second state to do so. With the tobacco industry forcing a referendum of SB 793, it becomes even more imperative that local jurisdictions take steps to protect their citizenry. We can't wait on the State, let's take steps to make San Jose healthier now!

And while it is important that the FDA finally began the rulemaking process in April of 2021 to remove menthol cigarettes and flavored little cigars from the marketplace, this process will take years. First, the proposed rule will not be made public until April of 2022. Then, after 60-day public comment period, the tobacco industry will demand more time for comment, that has been granted in the past. Drawing out the comment period to 90 to 120 days. Once the public comment is over, the "rule" is sent to the Office of Management and Budget (OMB), who's review could take a number of months. Once a final rule is made public and there is more public comment, the industry will sue to stop the process from going forward. And may sue for numerous reasons. **The bottom line is that we can't wait of the FDA.** Localities, like San Jose, must take steps to protect the health of their citizens, lives are at stake.

We should note that some groups, spurred on and funded by the tobacco industry, have been spreading falsehoods, stating that restricting the sale of menthol and flavored tobacco products, including flavored e-juices will lead to the "criminalization" of particularly young Black men. Nothing could be further from the truth. All ordinances adopted around the country would ***prohibit the sale*** of flavored products, it would ***not prohibit the possession*** of these products. The facts are that the adoption of menthol restrictions will not lead to police having any greater interaction with any youth; it won't be illegal to possess these products, just retailers cannot sale them. Indeed, when these ordinances were passed in Oakland and San Francisco, the Police Chiefs stood with us and said there would be no arrest for possession of these products.

These same groups rail about "unintended consequences." We respond: **Look at the Intended Consequences!** As mentioned before, Black folks die disproportionately from tobacco related diseases of heart disease, lung cancer, and stroke compared to other racial and ethnic groups. (RSG, 2014); menthol cigarettes and flavored little cigars are the agents of that destruction. It is estimated that 45,000 Black folks die each year from tobacco related diseases (RSG, 1998). In this regard, the Council should remove all criminal penalties associated with the purchase, use and possession of all tobacco products. Decriminalize tobacco! Hold retail owners responsible, not clerks, don't punish kids!

Still other groups funded by the tobacco industry insist that removing menthol cigarettes and flavored little cigars would be taking away "our" cigarette; we'd be discriminatory; racist. This line of argumentation stands history on its head. As was pointed out earlier, it was and is the tobacco industry that predatorially markets these products in the Black Community. The facts are these: there are more advertisements, more lucrative promotions, and most disturbing is that menthol cigarettes are ***cheaper in the Black Community*** compared to other communities (Henriksen et al., 2011; Seidenberg et al., 2010). This is how these flavored death sticks became "our" cigarettes, they pushed it down our throats!

Formed in 2008, the African American Tobacco Control Leadership Council is composed of a cadre of dedicated community activists, academics, public health advocates and researchers. Even though based in California, we are national in our scope and reach. We have partnered with community stakeholders, elected officials, and public health agencies, from Chicago, Boston and Minneapolis to Berkeley and San Francisco. Our work has shaped the national discussion and direction of tobacco control policy, practices, and priorities, especially as they affect the lives of Black Americans, African immigrant populations and ultimately all smokers. The AATCLC has been at the forefront in elevating the regulation of mentholated and other flavored tobacco products on the national tobacco control agenda, including testifying at the FDA hearings in 2010 and 2011 when the agency was first considering the removal of menthol cigarettes from the marketplace. In November of 2019 we testified on Capitol Hill in support of HR 2339 (The Pallone Bill), this bill would prohibit the manufacturing and sale of menthol and all flavored tobacco products throughout the United States. This Bill was passed in the House of Representatives in February of 2020 but went nowhere in the Senate. In June of 2020 the AATCLC along with its partner Action on Smoking and Health (ASH) filed a lawsuit against the FDA for dragging their feet by leaving menthol on the marketplace with overwhelming scientific evidence showing that it should be removed immediately. Subsequently and importantly the American Medical Association (AMA) and the National Medical Association (NMA) have joined the lawsuit as plaintiffs.

Now is the time to adopt strong tobacco control measures that can protect our families. We already know that menthol and flavors “makes the poison go down easier.” Let’s not now allow menthol to make COVID-19 go down easier too! The Council needs to put the health of San Jose’s residents in the forefront of their thoughts, not the interests and profits of the tobacco industry, the vaping industry and their surrogates. This is not the time for half-steps, like continuing to allow these products to be sold in adult-only venues, rather it is time to take a stand for the public’s health and say: **No Selling of Menthol Cigarettes and All Other Flavored Tobacco Products, including Flavored E-Juices and Flavored Hookah in San Jose!** Say “No” to the continued predatory marketing of menthol flavored tobacco products to our youth and say “Yes” to the health and welfare of our kids, who are the most vulnerable. In fact, say “Yes” to the protection for **all** residents of San Jose.

We are all counting on you!

Sincerely,



Phillip Gardiner, Dr. P.H. Co-Chair AATCLC www.savingblacklives.org



Carol McGruder, Co-Chair AATCLC



Valerie Yerger, N.D., Co-Chair AATCLC

Re: End the Sale of Menthol and All Flavored Tobacco Products in San Jose!

Phillip Gardiner <[REDACTED]>

Wed 9/22/2021 10:32 AM

To: Liccardo, Sam <sam.liccardo@sanjoseca.gov>; Jones, Chappie <Chappie.Jones@sanjoseca.gov>; Jimenez, Sergio <sergio.jimenez@sanjoseca.gov>; Peralez, Raul <Raul.Peralez@sanjoseca.gov>; Cohen, David <David.Cohen@sanjoseca.gov>; Carrasco, Magdalena <Magdalena.Carrasco@sanjoseca.gov>; Davis, Dev <dev.davis@sanjoseca.gov>; Esparza, Maya <Maya.Esparza@sanjoseca.gov>; Arenas, Sylvia <sylvia.arenas@sanjoseca.gov>; Foley, Pam <Pam.Foley@sanjoseca.gov>; Mahan, Matt <Matt.Mahan@sanjoseca.gov>

Cc: Agendadesk <Agendadesk@sanjoseca.gov>; City Clerk <city.clerk@sanjoseca.gov>; Carrillo, Oscar <Oscar.Carrillo@sanjoseca.gov>; Mata, Anthony <ANTHONY.MATA@sanjoseca.gov>; Camarillo, Christian <CHRISTIAN.CAMARILLO@sanjoseca.gov>; Aponte, Steven <Steven.Aponte@sanjoseca.gov>; Carol McGruder <[REDACTED]>; Vanessa Marvin <[REDACTED]>; Nicole Turkson <[REDACTED]>; Carollne Baker <[REDACTED]>; Kathy Duong <[REDACTED]>; Leslee Guardino <[REDACTED]>; Joyce Villalobos <joyce.villalobos@phd.sccgov.org>; Tim Gibbs <[REDACTED]>; Lindsey Freitas <[REDACTED]>; Lizzie Velten <[REDACTED]>; Jim Knox <[REDACTED]>; Lori Bremner <[REDACTED]>; Tran, Don <don.tran@phd.sccgov.org>; Margo Sidener <[REDACTED]>

 2 attachments (373 KB)

Menthol AA Mendez.pdf; Menthol Val Editorial.pdf;

Some people who received this message don't often get email from [REDACTED]. [Learn why this is important](#)

[External Email]

Attached is the recently published article: Consequences of a match made in hell: the harm caused by menthol smoking to the African American population over 1980–2018 / David Mendez, Thuy T T Le

The title says it all

Also attached is an excellent accompanying editorial by Dr. Valerie Yerger of UCSF and a Founding Member of the AATCLC: What more evidence is needed? Remove menthol cigarettes from the marketplace—now / Valerie Yerger

Again, the title says it all.

Phillip Gardiner, Dr. P.H.
Co-Chair African American Tobacco Control Leadership Council

On Wed, Sep 22, 2021 at 8:21 AM Phillip Gardiner <gmoney.gardiner@gmail.com> wrote:
Attached is a letter from the African American Tobacco Control Leadership Council calling on the San Jose City Council to end the sale of menthol and all flavored tobacco products in the city of San Jose.

We have written to you before about this matter, yet nothing has been done. Unfortunately new research shows:

"that menthol cigarettes were responsible for 1.5 million new smokers, 157 000 smoking-related premature deaths and 1.5 million life-years lost among African Americans over 1980–2018.

While African Americans constitute 12% of the total US population, these figures represent, respectively, a staggering 15%, 41% and 50% of the total menthol-related harm.." (Mendez & Le, 2021) (will send the full article and accompanying editorial in a separate email)

San Jose can be a leader in putting an end to this outright discriminatory health disparity.

Phillip Gardiner, Dr. P.H.

Co-Chair African American Tobacco Control Leadership Council

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What more evidence is needed? Remove menthol cigarettes from the marketplace—now

Valerie Yerger  ^{1,2}

Tobacco remains the leading cause of preventable death and disease in the USA and many other countries. However, among all racial and ethnic groups in the USA, African Americans bear the greatest burden from tobacco-related morbidity and mortality.¹ Every year, 45 000 African Americans prematurely and unnecessarily die from tobacco-caused diseases. An estimated 85% of them smoked menthol cigarettes.²

Menthol's sensory properties reinforce smoking, increase uptake of nicotine and toxic smoke components, and discourage cessation. Menthol's cooling, anaesthetic and analgesic effects ease initiation among new smokers by masking the harshness and irritation of tobacco smoke, reducing pain sensations in the mouth and throat, and enabling deeper inhalation that facilitates greater exposure to nicotine.³

On 3 March 2009, Representative Henry Waxman and 124 congressional cosponsors introduced H.R. 1256—the 'Family Smoking Prevention and Tobacco Control Act.'⁴ Representative Waxman's Committee Report expressed concerns about the disproportionate use of menthol cigarettes among African Americans, the targeted marketing of menthol cigarettes in black communities, and the higher rates of lung cancer among African American smokers compared with non-African American smokers, urging the Secretary of Health and Human Services to move quickly to address the unique public health issues posed by menthol cigarettes. Yet, although most other characterising flavours in cigarettes were prohibited in 2009 under the final version of the Family Smoking Prevention and Tobacco Control Act, menthol was inexplicably excluded.⁵ It has been estimated that hundreds of thousands of African Americans and other menthol smokers are destined to die

prematurely if the exemption of menthol is allowed to continue.⁶

The disproportionate toll of menthol cigarettes among African Americans compared with the general population is a social injustice. The black community has long been subjected to the predatory marketing of mentholated tobacco products, particularly in lower income areas, where there are not only more advertisements, but more promotions and cheaper prices for menthol cigarettes when compared with more affluent neighbourhoods.⁷ Tobacco companies also heavily rely on their cooptation of community leaders to defuse tobacco control efforts.⁸ Black-led organisations with financial ties to the tobacco industry have played a critical role in disseminating misinformation throughout the black community. Such misinformation, for example, includes the idea that local policies prohibiting the sale of mentholated tobacco products are racist and will increase the criminalisation of individuals who possess or smoke them, exploiting legitimate concerns about racist policing to defend the tobacco industry's targeted predation on the black community.^{9,10}

Authors Mendez and Le, in their article 'Consequences of a match made in hell: the harm caused by menthol smoking to the African American population over 1980–2018,'¹¹ show why none of us can remain silent and complicit. This paper should serve as a kick upside the head for those who are in a position to remove these deadly products from the marketplace. Until this paper, no prior study has fully quantified the health harm inflicted on African Americans by menthol cigarettes. Yet, for at least three decades, African American tobacco control activists have been out there resisting the pervasive presence of the tobacco industry and their deadly products in black communities,^{12–15} including filing a lawsuit to get the Center for Tobacco Products of the US Food and Drug Administration (FDA) to act on menthol.¹⁶ Now the evidence is irrefutable: menthol cigarettes are killing our people at a rate unmatched by any other assaults on our community.

Though constituting only 12% of the total US population, African Americans bear an alarming amount of the

total menthol-related harm: 41% of the smoking-related premature deaths and 50% of the life-years lost. This analysis demonstrates the contribution of menthol cigarettes toward the annihilation of a people already under siege by a racist society and its myriad of inequities, governmental policies and political domination.^{17,18} Institutionalised racism, its long historical impact, and the associated, yet unresolved, intergenerational trauma experienced by black people in America have made them vulnerable to the clever marketing and predatory dumping of mentholated tobacco products in their communities.

For decades, the tobacco industry has exploited social and economic inequities to foster the uptake and use of menthol cigarettes, and create brand loyalty among African Americans. Tobacco companies strategically targeted menthol cigarettes to low-income African Americans, blanketing inner city communities with marketing, free samples, and music promotions,¹⁹ and thereby contributing to the tobacco-related health disparities observed today, as Mendez and Le have now confirmed. We can no longer ignore the intersecting, overlapping and distinctive systems of oppression that shape 'being black in America' and how menthol cigarettes contribute to sustained and widening health disparities.²⁰

This paper is compelling on its own merit; however, read in tandem with the authors' previous paper,²¹ one can fully appreciate the significant role menthol cigarettes have played in addicting millions of young people to nicotine and in the deaths of thousands due to tobacco. As the authors emphasise, mentholated cigarettes have a 'significant detrimental impact on the public's health and could continue to pose a substantial health risk.'

More than a decade after the FDA was given authority to regulate tobacco products, long after other flavours favoured by white children were banned from most tobacco products, and long after the first of several scientific reports found menthol cigarettes to pose a public health risk above that seen with non-menthol cigarettes,^{22–24} the FDA still has not acted. The black community has been abandoned at the federal level, leaving activists to seek local and state policy changes. So, the question for me is: Given the mountains of evidence, will anything push the federal government to consider social justice and act on its commitment to finally ban menthol cigarettes and all flavoured cigars?^{25,26}

The recent highly publicised killings of black men and women, including George Floyd, Ahmaud Arbery, Breonna Taylor and many others, brought to the forefront

¹Social and Behavioral Sciences, University of California San Francisco, San Francisco, California, USA

²African American Tobacco Control Leadership Council, San Francisco, California, USA

Correspondence to Dr Valerie Yerger, Social and Behavioral Sciences, University of California San Francisco, San Francisco, California 94143-0612, USA; Valerie.Yerger@ucsf.edu

of our nation's conscience how pervasively racism permeates everyday life. Whether one is on the receiving or perpetuating end of racist behaviours or if one benefits from or is negatively impacted by racist policies, we all recently watched how quickly the world mobilised to support the Black Lives Matter movement. Are we in a moment to leverage this movement?

If menthol cigarettes are allowed to stay in the marketplace, the lives of African Americans and others remain at increased risk. Conversely, removing these terrible products will benefit not only the black community but also other racial and ethnic groups, the lesbian, gay, bisexual and transgender community, youth and those with behavioural health issues, since these groups also disproportionately smoke mentholated cigarettes over non-mentholated cigarettes.^{27–30} I ask that others stand with us to repair a wrong done to the black community, as we stand with you. There is simply no ethically acceptable reason to allow the tobacco industry to continue using a flavouring that makes it easier to start smoking and harder to quit. Whether we work at the federal, state or local level, we are empowered in our collective work to protect our communities from our number one killer, a corporate industry of federally adjudicated racketeers.³¹ This paper provides us with added ammunition to get that vital work done. It is long past time for the FDA to get inoculated against whatever the hell is keeping it from getting these deadly products out of the marketplace.

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ORCID ID

Valerie Yerger <http://orcid.org/0000-0003-2469-402X>

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Consequences of a match made in hell: the harm caused by menthol smoking to the African American population over 1980–2018

David Mendez, Thuy T T Le 

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Health Management and Policy, University of Michigan, Ann Arbor, Michigan, USA

Correspondence to

Dr Thuy T T Le, Department of Health Management and Policy, University of Michigan School of Public Health, Ann Arbor 48109, MI, USA; thuittle@umich.edu

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ABSTRACT

Background For many years, national surveys have shown a consistently disproportionately high prevalence of menthol smokers among African Americans compared with the general population. However, to our knowledge, no prior study has quantified the harm that menthol smoking has caused on that population. In this work, we estimate the public health harm that menthol cigarettes have caused to the African American community over the last four decades.

Methods Using National Health Interview Survey data, we employed a well-established simulation model to reproduce the observed smoking trajectory over 1980–2018 in the African American population. Then, we repeat the experiment, removing the effects of menthol on the smoking initiation and cessation rates over that period, obtaining a new hypothetical smoking trajectory. Finally, we compared both scenarios to calculate the public health harm attributable to menthol cigarettes over 1980–2018.

Results Our results show that menthol cigarettes were responsible for 1.5 million new smokers, 157 000 smoking-related premature deaths and 1.5 million life-years lost among African Americans over 1980–2018. While African Americans constitute 12% of the total US population, these figures represent, respectively, a staggering 15%, 41% and 50% of the total menthol-related harm.

Discussion Our results show that menthol cigarettes disproportionately harmed African Americans significantly over the last 38 years and are responsible for exacerbating health disparities among that population. Removing menthol cigarettes from the market would benefit the overall US population but, particularly, the African American community.

avoided if menthol cigarettes were banned from the market; and while other studies^{3 5–9} have addressed the historical causes that have made menthol the preferred choice of cigarette products among African Americans, to our knowledge, no prior study has quantified the health harm that menthol smoking has already inflicted on that population.

Following a recent study¹⁰ that calculated the health damage caused by menthol smoking on the entire US population over 1980–2018, the current work estimates the share of such harm borne by the African American community, and its disproportion compared with the total menthol toll in the USA. Our results may be helpful to the Food and Drug Administration as they continue evaluating the benefit of a menthol ban.

METHODS

We used the same simulation model and calibration process as in the Le-Mendez article¹⁰ with parameters specific to the African American population. The model formulation, definition of model parameters and how some parameters were calculated were thoroughly described in Le-Mendez's work.¹⁰ The African American-specific parameters were taken from several data sources described below and summarised in online supplemental table A1.

For our initial year (1980), we obtained the African American population by single year of age from the Centers for Disease Control and Prevention.¹¹ For subsequent years, we got the African American birth cohorts from 1981 through 2018 from the National Vital Statistics Reports.^{12 13} The overall age-specific death rates for the African American population, updated every 5 years, were extracted from the 1980–2018 US Life Tables.¹⁴ We used relative risks of mortality specific to the African American population, derived from Cancer Prevention Study II (CPS-II data; Relative risks for African American current and former smokers were derived from CPS-II data and provided by Dr Michael Thun from the American Cancer Society for the 2011 Tobacco Products Scientific Advisory Committee (TPSAC) Menthol Report. Available in online supplemental table A5) to calculate the death rates by age for never, current and former smokers following the same procedure described in Le-Mendez's article.¹⁰ Smoking prevalence for current and former smokers and the proportion of menthol use among smokers in 1980 were estimated using NHIS data. We calculated the overall smoking cessation rates for African Americans by adjusting the general population's overall smoking cessation rates presented in Le-Mendez's work¹⁰ with the ratio of cessation

BACKGROUND

For over 60 years, tobacco companies have targeted menthol cigarettes to the African American community through aggressive marketing and promotion.^{1–3} It is well known that a disproportionately high number of African Americans smoke menthol cigarettes. According to the 2018 National Survey on Drug Use and Health, 85% of African American smokers used menthol versus 39% of those in the general population. This is not a recent phenomenon. In 1980, for example, menthol prevalence among African American smokers was 66% vs 33% among the general population, according to the National Health Interview Survey (NHIS).

Several articles⁴ have addressed the prospective harm to the black community that could be



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rates between the African American and general populations (0.66) reported in ref 15. Then, using the menthol cessation multiplier for African Americans estimated by Mills *et al*¹⁶ (0.47, 95% CI 0.24 to 0.91) and the proportion of menthol smokers among current African American smokers, we applied the same process used in ref 10 to compute the cessation rates for African American non-menthol and menthol smokers. The specific formulation and cessation values for 1980 are shown in the Supplement to ref 10 and online supplemental tables A2 and A3.

The annual adult smoking initiation rates for African Americans were computed by taking the average NHIS smoking prevalence among 18–24 year-olds, consistent with ref 10. The switching rates between menthol and non-menthol smokers were calculated as in the 2011 menthol report¹⁷ (2.29% switching to menthol and 1.08% to non-menthol cigarettes). An extensive sensitivity analysis (see online supplemental table A4) showed that these parameters exert little influence on the results. The ratio of yields from experimenter to smoker^{18 19} and menthol mortality multiplier for the African American population remains as in the Le-Mendez work,¹⁰ following their same arguments.

As in ref 10, we first used NHIS smoking prevalence data over 1980–2018 (when the NHIS survey was conducted) to calibrate the model. Then, we used the calibrated model to replicate African Americans' smoking prevalence trajectory during 1980–2018. Finally, to quantify the harmful effect of menthol use on the African American population, we repeated the previous step to generate an alternative smoking trajectory for African Americans during the same period, eliminating the effect of menthol since 1980. We achieved this by adjusting the smoking initiation and cessation rates to eliminate the effect of menthol on those parameters (see the Appendices to the 2011 TPSAC Menthol Report¹⁷ and the Le-Mendez paper¹⁰). Finally, we compared our results from both scenarios (with and without menthol cigarettes) to calculate the impact of menthol on smoking prevalence, life-years lost and smoking-related premature deaths. Additionally, we compared our results with those for the general population reported in Le-Mendez's work¹⁰ and calculated the disproportionate harm inflicted on the African American population due to menthol.

RESULTS

The simulated smoking prevalence for African Americans closely captures the NHIS reported smoking prevalence over 1980–2018 with pseudo- $R^2=0.95$ (pseudo- $R^2=1-[\text{Errors Sum of Squares}]/[\text{Total Sum of Squares}]$) (see online supplemental figure A1 and A2). Table 1 shows the harm attributable to menthol cigarettes for the general population (from Le-Mendez's work¹⁰), the African American population and the hypothetical low-menthol African American population. A complete sensitivity analysis on the values in table 1 is presented in online supplemental table A4.

The values in the first three columns of the table are self-explanatory; the numbers within parentheses show the percentages that those values represent, relative to those for the general population. The last column shows the average proportion

(over 1980–2018) of the corresponding population referred to on each row, relative to the entire US population. For example, the table shows that, among African Americans, menthol was responsible for 1.5 million extra smokers, 157 000 smoking-related premature deaths and 1.5 million excess life-years lost during 1980–2018, representing 15%, 41% and 50% of the total menthol toll, respectively. However, during the same period, African Americans constituted only around 12% of the overall US population.

The last row of the table shows a hypothetical African American population that exhibits the same menthol smoking-related parameters as the general population. We simulated this scenario by setting the values of menthol-affected parameters for the African American population to those of the general population. In this hypothetical group, the estimated menthol smoking excess initiation, premature deaths and life-years lost would have represented 13%, 16% and 21% of the overall menthol harm, respectively; much more in agreement with the proportional (relative to the entire US) size of this population (12%). It is worth noting, though, that the menthol death toll in the low-menthol population is still above its proportional share. This is due to the mortality rates among African American smokers, which are higher than in the general population.

DISCUSSION

Since the 1960s, the tobacco industry has targeted the African American community for the consumption of menthol cigarettes through aggressive marketing, including intense advertising and price discounts. Simultaneously, the industry supported numerous African American organisations to gain the trust of the African American community. Several publications^{3 9} describe the marketing efforts by the tobacco industry to establish a special connection between menthol cigarettes and the African American community. In a fascinating article entitled 'The African Americanization of menthol cigarette use in the United States',³ Gardiner recounts the long history of, and explains the facts behind, the relationship between African Americans and menthol cigarettes, and how those products became an integral part of the African American culture. In essence, the identification of African American smokers with menthol has been purposely orchestrated by the tobacco industry following their goal of maximising their profits.

Unfortunately, this marketing strategy turned out to be a huge success for the tobacco industry, but deadly for the black community. Besides creating a brand with which African Americans could identify and call their own, the industry exposed this population to a substance that amplifies the damaging effects of cigarette smoking. Menthol intensifies this harm by increasing the chances that individuals transition from experimentation to regular smoking,^{18 19} and by increasing dependency, which leads to delayed cessation.¹⁶ These effects increase the number of smokers and the amount of time they remain smoking.

Table 1 Excess smoking initiation, smoking-related deaths and life-years lost due to menthol cigarettes over 1980–2018 for the adult general, African American and hypothetical low-menthol African American population

	Cumulative excess smoking initiators (%)	Cumulative excess deaths (%)	Cumulative excess life-years lost (%)	Average percentage of population (%)
General population	10 137 808 (100)	377 528 (100)	2 951 533 (100)	100
African American population	1 508 913 (15)	156 471 (41)	1 476 198 (50)	12
Hypothetical low-menthol African American population	1 286 848 (13)	61 132 (16)	606 840 (21)	12

The negative impact of menthol cigarettes on the public's health is significant, as Le and Mendez described in ref 10. For African American smokers, though, the harm wrought by menthol smoking is much higher than that for the rest of the population. Despite having a similar overall smoking prevalence as the general population,²⁰ it is well known that African Americans suffer, proportionally or disproportionately, more serious smoking-attributable health consequences.²¹ Main probable causes for this phenomenon are the high overall mortality rates due to economic and social conditions and the high prevalence of menthol among African American smokers, which causes them to be more addicted and quit less. In fact, our results show that menthol was responsible for 157 000 smoking-related deaths among African Americans during 1980–2018, over two and a half times their proportional share of menthol deaths compared with the general population. And, what is even more depressing, 50% of all the life-years lost to menthol smoking during 1980–2018 occurred among African Americans. Additionally, our results (shown in online supplemental figure A1) also indicate that, without menthol, smoking prevalence among African Americans in 2018 would have been 8.3%, instead of the NHIS reported 14.9% (a 44% reduction). We note that our results may be considered conservative, since we do not take into account the future harm that menthol smoking over 1980–2018 will cause to the African American population.

Considering that cigarette smoking is the number one cause of preventable deaths in the USA, menthol in cigarettes is an important factor in creating and exacerbating health disparities in this country. Removing menthol cigarettes from the market will save thousands of African American lives per year and help reduce health disparities at a time when inequalities among minority and socioeconomically disadvantaged groups are increasingly salient.

What this paper adds

- ▶ Menthol cigarettes have been disproportionately used among African Americans.
- ▶ Menthol cigarettes exacerbate health inequalities for the African American community.
- ▶ Removing menthol can have the double effects of saving lives and reducing inequalities.

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Contributors DM and TTTL conceptualised the project. TTTL calibrated the model and conducted all the analysis. DM supervised the work. Both authors contributed to the writing of the manuscript.

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ORCID iD

Thuy T T Le <http://orcid.org/0000-0002-3106-4045>

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End the Sale of Flavored Tobacco

Lindsey Freitas <[REDACTED]>

Wed 9/22/2021 11:11 AM

To: Liccardo, Sam <sam.liccardo@sanjoseca.gov>; Jones, Chappie <Chappie.Jones@sanjoseca.gov>; Jimenez, Sergio <sergio.jimenez@sanjoseca.gov>; Peralez, Raul <Raul.Peralez@sanjoseca.gov>; Cohen, David <David.Cohen@sanjoseca.gov>; Carrasco, Magdalena <Magdalena.Carrasco@sanjoseca.gov>; Davis, Dev <dev.davis@sanjoseca.gov>; Esparza, Maya <Maya.Esparza@sanjoseca.gov>; Arenas, Sylvia <sylvia.arenas@sanjoseca.gov>; Foley, Pam <Pam.Foley@sanjoseca.gov>; Mahan, Matt <Matt.Mahan@sanjoseca.gov>

Cc: Agendadesk <Agendadesk@sanjoseca.gov>; Leslee Guardino [REDACTED]; Tim Gibbs [REDACTED]; Kathy Duong [REDACTED]

📎 4 attachments (5 MB)

San Jose Fights Flavors Coalition Letter - 9.22.21.pdf; Menthol AA Mendez.pdf; Hookah San Jose v5.pdf; San Jose TRL Factsheet_Final.pdf;

[External Email]

Good Morning Mayor, Vice Mayor and City Council Members,

Thank you for taking the time to consider this email. Attached please find a letter of support for ending the sale of all flavored tobacco products in the city of San Jose from the San Jose Fights Flavors Coalition, a coalition comprised of 36 organizations that wish to protect kids from the harms of tobacco, and promote health equity.

I have also attached several additional pieces of information that support the urgent need for this policy.

1. "Consequences of a match made in hell: the harm caused by menthol smoking to the African American Population over 1980-2018": This peer reviewed study published in the Tobacco Control Journal states "menthol cigarettes disproportionately harmed African Americans significantly over the last 38 years and are responsible for exacerbating health disparities among that populations"
2. "Hookah in San Jose": This factsheet dispels the myth that hookah is solely a cultural product, and demonstrates how the increasing popularity of hookah is fueling nicotine addiction among youth and young adults.
3. "San Jose TRL Factsheet": This factsheet provides basic information on how flavored tobacco is driving youth tobacco use within San Jose.

Thank you, and please let me know if you have any questions that I can answer.

Lindsey Freitas, MPA

Regional Advocacy Director

Campaign for Tobacco-Free Kids // Tobacco-Free Kids Action Fund

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

PREVENTING YOUTH ACCESS AND EXPOSURE TO TOBACCO PRODUCTS

1 IN 8 SANTA CLARA COUNTY TEENS USE TOBACCO PRODUCTS.¹

- Nearly 1 in 3 Santa Clara County (SCC) teens have tried e-cigarettes and 1 in 8 are currently using them.¹
- **Nicotine is toxic** to the developing brain. Brain development continues until the age of 25 and nicotine negatively impact parts of the brain responsible for attention, learning, and memory.

NEARLY A QUARTER OF SURVEYED SAN JOSE TOBACCO RETAILERS SOLD TOBACCO TO AN UNDERAGE PERSON.²

- 11% of these illegal tobacco sales came from a **tobacco/vape shop**.²
- Of all the illegally sold tobacco products, 28% were mint or menthol flavored and 68% were fruit flavored.²

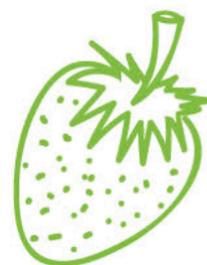
MORE THAN A QUARTER OF SAN JOSE TOBACCO RETAILERS ARE LOCATED WITHIN 1,000 FT. OF A SCHOOL.³

- Increased availability of tobacco products contributes to higher rates of tobacco use initiation, normalizes tobacco use, and undermines quit attempts.⁴
- Although tobacco retailers are present throughout SCC, there is a **higher concentration of tobacco retailers in neighborhoods with a higher percentage of low-income residents or people of color**.⁴



8 IN 10 SAN JOSE TOBACCO RETAILERS SELL FRUIT OR SWEET FLAVORED TOBACCO PRODUCTS.⁵

- Flavored tobacco products are very appealing to youth. The Tobacco Industry has a history of developing and marketing flavored tobacco products to attract young, new smokers.
- 82% of SCC teens who use a tobacco product uses a flavored tobacco product.¹
- Menthol is the only flavored cigarette that can be sold nationally. Nearly two-thirds (63%) of SCC teens who are current smokers report using menthol cigarettes,¹



THE SOLUTION: COMPREHENSIVE TOBACCO RETAIL LICENSING.

- Of surveyed SCC residents: 69% support a policy which prevents stores near schools from selling tobacco, 68% support a policy which restricts the sale of flavored tobacco, including menthol cigarettes, and 64% support a policy which restricts the sale of ALL vaping products.⁶
- Five SCC jurisdictions have **comprehensive policies** which restrict the sale of ALL flavored tobacco products, limits tobacco sales near schools and existing tobacco retailers, and restricts the sale of all vaping products - Unincorporated SCC, Town of Los Gatos, and the Cities of Cupertino, Los Altos, and Palo Alto.

SOURCES

1. California Student Tobacco Survey, Santa Clara County Report (2017-2018)
2. Santa Clara County Public Health Department, Young Adult Tobacco Purchase Survey (2018)
3. California Tobacco Health Assessment Tool (2019)
4. ChangeLab Solutions, Tobacco Retailer Density: Place-Based Strategies to Advance Health and Equity (2019)
5. Santa Clara County, Healthy Stores for a Healthy Community Observational Survey (2019)
6. Santa Clara County, Healthy Stores for a Healthy Community Public Opinion Survey (2019)

HOOKAH IN SAN JOSE

Hookah use is increasing, particularly among college students and young adults, and with it the re-emergence of smoking popularity. Along with other flavored tobacco products, hookah presents a new and immediate danger to the health of San Jose residents.

HOOKAH: JUST AS HARMFUL AS CIGARETTES

- A single hookah tobacco smoking session (40 to 45 minutes) exposes its users to:
 - 25 times the tar
 - 125 times the smoke
 - 2.5 times the nicotine
 - 10 times the carbon monoxide
as compared to a single cigarette!¹
- Both employees and patrons at hookah lounges are exposed to elevated levels of thirdhand smoke.²
- Passing the tobacco smoke through water does nothing to stop the user from inhaling all the toxins, nicotine and cancer-causing chemicals.

HOOKAH HOOKS SMOKERS

- Hookah tobacco comes in hundreds of flavors, which increases the likelihood of hookah initiation among non-smokers or never smokers, and the continued use of hookah among regular users.
- Among individuals who were not current smokers, those who had tried hookah were more likely to report intent to try cigarettes soon.³
- More than one in five high school students in one study first learned about hookah by seeing a hookah bar in their community.⁴



40 Thieves Hookah Lounge, San Jose
<https://www.40thievesonline.com/about-us>

HOOKAH CULTURE: IT'S ALL ABOUT THE BENJAMIN'S!

- Hookah lounge owner's manipulation and claims of "culture" is done to attract more business and profit. And in the course of doing this, addicting another generation to tobacco.
- Once it was determined that smoking tobacco kills, Islam deemed hookah and shisha as forbidden.
- The main tobacco product used throughout the Middle East is cigarettes, not hookah
- The hundreds of flavors like *Blue Mist*, *Irish Kiss* and *Sex on the Beach* show hookah has nothing to do with any culture or religion.

HOOKAH IN SANTA CLARA COUNTY ⁵

- Of Santa Clara County (SCC) youth who use hookah, 83% use a flavored hookah products. Fruit was the most (62%) commonly used flavored hookah product among youth.
- In SCC, teens who don't use any tobacco products are more likely to use hookah than any other tobacco product because of the way hookah is typically used (in social settings).
- Although 5% of SCC youth have ever used hookah, youth rates are not something to ignore.
- Among current SCC youth who use hookah, almost a third (31%) reported using the product for 20 or more days in the past 30 days.

WHAT IS HOOKAH?

Despite common misconceptions, hookah is not a safe alternative to cigarettes and other combustible tobacco products.

Hookah or water pipe smoking involves burning tobacco, passing it through a water-filled bowl and inhaling the smoke through a long hose.



Tangerine Hookah Bar, San Jose
<https://www.facebook.com/tangerinehookah?v=photos>

¹ Primack et al., 2016

² Zhou et al., 2016

³ Heinz, A. et al. (2013). A comprehensive examination of hookah smoking in college students: Use patterns and contexts, social norms, and attitudes, harm perception, psychological correlates and co-occurring substance use. *Addictive Behaviors* 38, 2751-2760.

⁴ Smith JR, Novotny TE, Edland SD, et al. Determinants of Hookah Use Among High School Students. *Nicotine Tob Res* 2011; 13(7): 565-572.

⁵ Zhu S-H, Lee J, Zhuang YL, Braden K, Cole A, Wolfson T, Gamst A (2019). *Tobacco use among high school students in Santa Clara County: Findings from the 2017-18 California Student Tobacco Survey*. San Diego, California: Center for Research and Intervention in Tobacco Control (CRITC), University of California, San Diego.

Consequences of a match made in hell: the harm caused by menthol smoking to the African American population over 1980–2018

David Mendez, Thuy T T Le 

► Additional supplemental material is published online only. To view, please visit the journal online (<http://dx.doi.org/10.1136/tobaccocontrol-2021-056748>).

Health Management and Policy, University of Michigan, Ann Arbor, Michigan, USA

Correspondence to

Dr Thuy T T Le, Department of Health Management and Policy, University of Michigan School of Public Health, Ann Arbor 48109, MI, USA; thuyttle@umich.edu

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ABSTRACT

Background For many years, national surveys have shown a consistently disproportionately high prevalence of menthol smokers among African Americans compared with the general population. However, to our knowledge, no prior study has quantified the harm that menthol smoking has caused on that population. In this work, we estimate the public health harm that menthol cigarettes have caused to the African American community over the last four decades.

Methods Using National Health Interview Survey data, we employed a well-established simulation model to reproduce the observed smoking trajectory over 1980–2018 in the African American population. Then, we repeat the experiment, removing the effects of menthol on the smoking initiation and cessation rates over that period, obtaining a new hypothetical smoking trajectory. Finally, we compared both scenarios to calculate the public health harm attributable to menthol cigarettes over 1980–2018.

Results Our results show that menthol cigarettes were responsible for 1.5 million new smokers, 157 000 smoking-related premature deaths and 1.5 million life-years lost among African Americans over 1980–2018. While African Americans constitute 12% of the total US population, these figures represent, respectively, a staggering 15%, 41% and 50% of the total menthol-related harm.

Discussion Our results show that menthol cigarettes disproportionately harmed African Americans significantly over the last 38 years and are responsible for exacerbating health disparities among that population. Removing menthol cigarettes from the market would benefit the overall US population but, particularly, the African American community.

avoided if menthol cigarettes were banned from the market; and while other studies^{3 5–9} have addressed the historical causes that have made menthol the preferred choice of cigarette products among African Americans, to our knowledge, no prior study has quantified the health harm that menthol smoking has already inflicted on that population.

Following a recent study¹⁰ that calculated the health damage caused by menthol smoking on the entire US population over 1980–2018, the current work estimates the share of such harm borne by the African American community, and its disproportion compared with the total menthol toll in the USA. Our results may be helpful to the Food and Drug Administration as they continue evaluating the benefit of a menthol ban.

METHODS

We used the same simulation model and calibration process as in the Le-Mendez article¹⁰ with parameters specific to the African American population. The model formulation, definition of model parameters and how some parameters were calculated were thoroughly described in Le-Mendez's work.¹⁰ The African American-specific parameters were taken from several data sources described below and summarised in online supplemental table A1.

For our initial year (1980), we obtained the African American population by single year of age from the Centers for Disease Control and Prevention.¹¹ For subsequent years, we got the African American birth cohorts from 1981 through 2018 from the National Vital Statistics Reports.^{12 13} The overall age-specific death rates for the African American population, updated every 5 years, were extracted from the 1980–2018 US Life Tables.¹⁴ We used relative risks of mortality specific to the African American population, derived from Cancer Prevention Study II (CPS-II data; Relative risks for African American current and former smokers were derived from CPS-II data and provided by Dr Michael Thun from the American Cancer Society for the 2011 Tobacco Products Scientific Advisory Committee (TPSAC) Menthol Report. Available in online supplemental table A5) to calculate the death rates by age for never, current and former smokers following the same procedure described in Le-Mendez's article.¹⁰ Smoking prevalence for current and former smokers and the proportion of menthol use among smokers in 1980 were estimated using NHIS data. We calculated the overall smoking cessation rates for African Americans by adjusting the general population's overall smoking cessation rates presented in Le-Mendez's work¹⁰ with the ratio of cessation

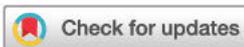
BACKGROUND

For over 60 years, tobacco companies have targeted menthol cigarettes to the African American community through aggressive marketing and promotion.^{1–3} It is well known that a disproportionately high number of African Americans smoke menthol cigarettes. According to the 2018 National Survey on Drug Use and Health, 85% of African American smokers used menthol versus 39% of those in the general population. This is not a recent phenomenon. In 1980, for example, menthol prevalence among African American smokers was 66% vs 33% among the general population, according to the National Health Interview Survey (NHIS).

Several articles⁴ have addressed the prospective harm to the black community that could be



► <http://dx.doi.org/10.1136/tobaccocontrol-2021-056748>



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rates between the African American and general populations (0.66) reported in ref 15. Then, using the menthol cessation multiplier for African Americans estimated by Mills *et al*¹⁶ (0.47, 95% CI 0.24 to 0.91) and the proportion of menthol smokers among current African American smokers, we applied the same process used in ref 10 to compute the cessation rates for African American non-menthol and menthol smokers. The specific formulation and cessation values for 1980 are shown in the Supplement to ref 10 and online supplemental tables A2 and A3.

The annual adult smoking initiation rates for African Americans were computed by taking the average NHIS smoking prevalence among 18–24 year-olds, consistent with ref 10. The switching rates between menthol and non-menthol smokers were calculated as in the 2011 menthol report¹⁷ (2.29% switching to menthol and 1.08% to non-menthol cigarettes). An extensive sensitivity analysis (see online supplemental table A4) showed that these parameters exert little influence on the results. The ratio of yields from experimenter to smoker^{18 19} and menthol mortality multiplier for the African American population remains as in the Le-Mendez work,¹⁰ following their same arguments.

As in ref 10, we first used NHIS smoking prevalence data over 1980–2018 (when the NHIS survey was conducted) to calibrate the model. Then, we used the calibrated model to replicate African Americans' smoking prevalence trajectory during 1980–2018. Finally, to quantify the harmful effect of menthol use on the African American population, we repeated the previous step to generate an alternative smoking trajectory for African Americans during the same period, eliminating the effect of menthol since 1980. We achieved this by adjusting the smoking initiation and cessation rates to eliminate the effect of menthol on those parameters (see the Appendices to the 2011 TPSAC Menthol Report¹⁷ and the Le-Mendez paper¹⁰). Finally, we compared our results from both scenarios (with and without menthol cigarettes) to calculate the impact of menthol on smoking prevalence, life-years lost and smoking-related premature deaths. Additionally, we compared our results with those for the general population reported in Le-Mendez's work¹⁰ and calculated the disproportionate harm inflicted on the African American population due to menthol.

RESULTS

The simulated smoking prevalence for African Americans closely captures the NHIS reported smoking prevalence over 1980–2018 with pseudo- $R^2=0.95$ (pseudo- $R^2=1-[\text{Errors Sum of Squares}]/[\text{Total Sum of Squares}]$) (see online supplemental figure A1 and A2). Table 1 shows the harm attributable to menthol cigarettes for the general population (from Le-Mendez's work¹⁰), the African American population and the hypothetical low-menthol African American population. A complete sensitivity analysis on the values in table 1 is presented in online supplemental table A4.

The values in the first three columns of the table are self-explanatory; the numbers within parentheses show the percentages that those values represent, relative to those for the general population. The last column shows the average proportion

(over 1980–2018) of the corresponding population referred to on each row, relative to the entire US population. For example, the table shows that, among African Americans, menthol was responsible for 1.5 million extra smokers, 157 000 smoking-related premature deaths and 1.5 million excess life-years lost during 1980–2018, representing 15%, 41% and 50% of the total menthol toll, respectively. However, during the same period, African Americans constituted only around 12% of the overall US population.

The last row of the table shows a hypothetical African American population that exhibits the same menthol smoking-related parameters as the general population. We simulated this scenario by setting the values of menthol-affected parameters for the African American population to those of the general population. In this hypothetical group, the estimated menthol smoking excess initiation, premature deaths and life-years lost would have represented 13%, 16% and 21% of the overall menthol harm, respectively; much more in agreement with the proportional (relative to the entire US) size of this population (12%). It is worth noting, though, that the menthol death toll in the low-menthol population is still above its proportional share. This is due to the mortality rates among African American smokers, which are higher than in the general population.

DISCUSSION

Since the 1960s, the tobacco industry has targeted the African American community for the consumption of menthol cigarettes through aggressive marketing, including intense advertising and price discounts. Simultaneously, the industry supported numerous African American organisations to gain the trust of the African American community. Several publications^{3 9} describe the marketing efforts by the tobacco industry to establish a special connection between menthol cigarettes and the African American community. In a fascinating article entitled 'The African Americanization of menthol cigarette use in the United States',³ Gardiner recounts the long history of, and explains the facts behind, the relationship between African Americans and menthol cigarettes, and how those products became an integral part of the African American culture. In essence, the identification of African American smokers with menthol has been purposely orchestrated by the tobacco industry following their goal of maximising their profits.

Unfortunately, this marketing strategy turned out to be a huge success for the tobacco industry, but deadly for the black community. Besides creating a brand with which African Americans could identify and call their own, the industry exposed this population to a substance that amplifies the damaging effects of cigarette smoking. Menthol intensifies this harm by increasing the chances that individuals transition from experimentation to regular smoking,^{18 19} and by increasing dependency, which leads to delayed cessation.¹⁶ These effects increase the number of smokers and the amount of time they remain smoking.

Table 1 Excess smoking initiation, smoking-related deaths and life-years lost due to menthol cigarettes over 1980–2018 for the adult general, African American and hypothetical low-menthol African American population

	Cumulative excess smoking initiators (%)	Cumulative excess deaths (%)	Cumulative excess life-years lost (%)	Average percentage of population (%)
General population	10 137 808 (100)	377 528 (100)	2 951 533 (100)	100
African American population	1 508 913 (15)	156 471 (41)	1 476 198 (50)	12
Hypothetical low-menthol African American population	1 286 848 (13)	61 132 (16)	606 840 (21)	12

The negative impact of menthol cigarettes on the public's health is significant, as Le and Mendez described in ref 10. For African American smokers, though, the harm wrought by menthol smoking is much higher than that for the rest of the population. Despite having a similar overall smoking prevalence as the general population,²⁰ it is well known that African Americans suffer, proportionally or disproportionately, more serious smoking-attributable health consequences.²¹ Main probable causes for this phenomenon are the high overall mortality rates due to economic and social conditions and the high prevalence of menthol among African American smokers, which causes them to be more addicted and quit less. In fact, our results show that menthol was responsible for 157 000 smoking-related deaths among African Americans during 1980–2018, over two and a half times their proportional share of menthol deaths compared with the general population. And, what is even more depressing, 50% of all the life-years lost to menthol smoking during 1980–2018 occurred among African Americans. Additionally, our results (shown in online supplemental figure A1) also indicate that, without menthol, smoking prevalence among African Americans in 2018 would have been 8.3%, instead of the NHIS reported 14.9% (a 44% reduction). We note that our results may be considered conservative, since we do not take into account the future harm that menthol smoking over 1980–2018 will cause to the African American population.

Considering that cigarette smoking is the number one cause of preventable deaths in the USA, menthol in cigarettes is an important factor in creating and exacerbating health disparities in this country. Removing menthol cigarettes from the market will save thousands of African American lives per year and help reduce health disparities at a time when inequalities among minority and socioeconomically disadvantaged groups are increasingly salient.

What this paper adds

- ▶ Menthol cigarettes have been disproportionately used among African Americans.
- ▶ Menthol cigarettes exacerbate health inequalities for the African American community.
- ▶ Removing menthol can have the double effects of saving lives and reducing inequalities.

Acknowledgements The authors would like to thank the University of Michigan Data Analysis and Dissemination Core led by Dr. Jihyoun Jeon for providing us some data for this work.

Contributors DM and TTTL conceptualised the project. TTTL calibrated the model and conducted all the analysis. DM supervised the work. Both authors contributed to the writing of the manuscript.

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Competing interests None declared.

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ORCID iD

Thuy T T Le <http://orcid.org/0000-0002-3106-4045>

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September 22, 2021

The Honorable Sam Liccardo and City Councilmembers
 City of San Jose
 200 E. Santa Clara Street, 18th Floor
 San Jose, CA 95113

Re.: Ending the sale of flavored tobacco in San Jose, September 28 City Council meeting,
 agenda item 7.1

Dear Mayor Liccardo and Members of the San Jose City Council

On behalf of the organizations signed on to this letter we are writing to express our support for a comprehensive policy to end the sale of menthol and all flavored tobacco products without exemption, which will help protect youth from the harms of these addictive and deadly products.

We are in the midst of a youth tobacco use epidemic of unparalleled proportions. Tobacco companies have pushed candy-flavored products into the youth market, quietly hooking kids into a dangerous addiction to nicotine. Recent events have highlighted these dangers. Being a current or former cigarette smoker increases your risk of severe illness from COVID 19. Smoking increases the risk for respiratory infections, weakens the immune system and is a major cause of a number of chronic health conditions, including chronic obstructive pulmonary disease, heart disease and diabetes. In addition, there is growing evidence that vaping can also harm lung health.

More than 5.3 million youth were current e-cigarette users in 2019, with the overwhelming majority of youth citing use of popular fruit and menthol or mint flavors. Locally, 1 in 3 Santa Clara County teens have tried e cigarettes and 1 in 8 are currently using them. 82 percent of Santa Clara County teens who have ever used tobacco started with a flavored product. Eight in ten of the 600+ San Jose tobacco retailers sell fruit or sweet flavored tobacco products, and nearly a quarter of surveyed San Jose tobacco retailers sold tobacco to an underage person.

These products often mimic popular candies, drinks, or snacks in both packaging and flavor, making them particularly appealing to youth. A variety of flavored tobacco products like cotton candy, bubble gum, and mango are widely available on retail shelves. 72 percent of youth tobacco users have used a flavored tobacco product in the past month and at least two-thirds of youth tobacco users report using tobacco products “because they come in flavors I like”

Virtually every major jurisdiction in the Bay Area has already ended the sale of flavored tobacco without exemptions. This includes the cities of Alameda, Albany, Berkeley, Burlingame, Cupertino, Dublin, East Palo Alto, Fremont, Half Moon Bay, Hayward, Lafayette, Livermore, Menlo Park, Morgan Hill, Oakland, Palo Alto, Pleasanton, Portola Valley, Richmond, San Carlos, San Mateo, San Pablo, Santa Cruz, Sunnyvale, Watsonville and the Counties of Alameda, Contra Costa, San Mateo, Santa Clara and Santa Cruz and the City and County of San Francisco.

With the surges in youth nicotine usage and associated public health risks, San Jose needs to take swift action. While the governor recently signed SB793 to end the sale of most flavored tobacco products, the tobacco companies spent more than \$20 million in a pandemic to place the law on hold until the next statewide general election. It is up to San Jose to take local action to protect the community now and address the urgent issue of youth tobacco use.

For these reasons, we are proud to support a comprehensive policy that ends the sale of all flavored tobacco products without exemption.

Sincerely,

100 Black Men of Silicon Valley
African American Tobacco Control Leadership Council
American Cancer Society Cancer Action Network
Americans for Nonsmokers' Rights

American Heart Association
American Lung Association
Asian American for Community Involvement (AACI)
BAYMEC Community Foundation
Bill Wilson Center
Billy DeFrank LGBTQ+ Community Center
Boys and Girls Club of Silicon Valley
Breathe California of the Bay Area, Golden Gate and Central Coast
Campaign for Tobacco Free Kids
City Year San Jose/Silicon Valley
Delta Sigma Theta-San Jose Alumnae Chapter
First Five-Santa Clara County
Foothill College Respiratory Therapy
Health Trust
Healthier Kids Foundation
International Children's Assistance Network (ICAN)
Korean American Community Services
Latinas Contra Cancer
NAACP-San Jose/Silicon Valley
Parent Teacher Association Sixth District
Parents Against Vaping E-Cigarettes
Santa Clara County Dental Society
Santa Clara County Department of Public Health
Santa Clara County Office of Education
Santa Clara Family Health Plan
Silicon Valley Black Chamber of Commerce
Social Equity Initiative
South Bay Labor Council
Stanford Children's Health
Teen Success Inc.
Tobacco Free Coalition of Santa Clara County
Valley Medical Center Foundation



The Honorable Sam Liccardo and City Councilmembers
San Jose City Council
200 E. Santa Clara St.
San José, CA 95113

Re: 9/28 City Council Meeting, Support for Agenda Item 7.1

September 22, 2021

Dear Mayor Liccardo and Members of the San Jose City Council,

The San Jose Alumnae Chapter of Delta Sigma Theta Sorority, Inc. is writing to you in support of the draft proposed tobacco retailer licensing law, including the restriction of flavored tobacco products, in the City of San Jose (Agenda Item 7.1). However, we would like to see the changes outlined below.

Thank you for considering this important issue. Everyday tobacco companies are using candy-flavored products to hook kids into a dangerous addiction to nicotine. Most young people who have ever used tobacco started with a flavored product. These products often mimic popular candies, drinks, or snacks in both packaging and flavor, making them particularly appealing to youth.

We appreciate that the ordinance, as drafted, ends the sale of menthol cigarettes, which is a critical step in protecting San Jose residents.

However, we would like to see San Jose's policy match other strong jurisdictions by restricting the sale of ALL flavored tobacco products in ALL locations, including flavored hookah, premium cigars and loose-leaf tobacco. **A recent study found that 80 percent of kids who have ever used tobacco products started with a flavored product and the majority of African American smokers start with menthol flavored products.**

Any exemption in this policy will become a "go-to" product for youth in San Jose.

San Jose began exploring this policy in 2019. It is time to act now. We cannot afford to wait for state or federal action, San Jose residents want action. San Jose should look to the strong examples of Oakland, San Francisco and Santa Clara County to adopt a comprehensive policy that includes flavored hookah, strong compliance protocol, and language to reduce exposure to tobacco retail and marketing near youth sensitive areas.

This issue is important to our organization because the tobacco industry has a well-documented history of targeting African Americans with "culturally friendly" advertising of menthol cigarettes, resulting in nearly 83% of African American smokers smoking menthol cigarettes (compared to 24% of white smokers). According to the 2012 Surgeon General Report on the prevention of tobacco use, adolescent and young adult smokers smoke menthol cigarettes at a higher percentage than any other age group and menthol cigarettes are especially popular among Black youth. Delta Sigma Theta, Inc. is committed to the health and well-being of the African American community.

We urge Council to adopt the ordinance and close the loopholes. It is time to end the sale ALL flavored tobacco products in San Jose and put public health over tobacco industry profit.

Thank you for your strength and commitment to protecting the health of all San Jose residents.

Sincerely,



Traci Williams
President
San Jose Alumnae Chapter
Delta Sigma Theta Sorority, Inc.

FW: Please vote All Flavors, All Products, All Stores, NO Exemptions

City Clerk <city.clerk@sanjoseca.gov>

Fri 9/24/2021 7:42 AM

To: Rules and Open Government Committee Agendas <rulescommitteeagenda@sanjoseca.gov>

-----Original Message-----

From: American Cancer Society Cancer Action Network [REDACTED] On Behalf Of Lori Kahn

Sent: Friday, September 24, 2021 7:34 AM

To: City Clerk <city.clerk@sanjoseca.gov>

Subject: Please vote All Flavors, All Products, All Stores, NO Exemptions

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Sep 24, 2021

City Clerk Toni Taber

Dear City Clerk Taber,

As a resident of San Jose, and your constituent, I urge you to pass a comprehensive flavored tobacco ordinance that ends the sale of ALL flavored tobacco products with no exemptions and a smoke-free multi-unit housing ordinance that defines housing as two of more units.

The proposed flavored tobacco ordinance, as currently written, leaves loopholes that will allow the tobacco industry to maintain its foothold as they continue to contribute to health disparities in San Jose.

We recognized that these health disparities are caused by complex, interrelated factors including social, economic, cultural, geographic, environmental and health system elements, but there is ample evidence that the tobacco industry's intentional marketing to specific populations, including communities of color, low-income communities, and youth has contributed to these disparities. Additionally, systematic racism has led to worse health outcomes for certain populations, especially Black Americans.

Comprehensive tobacco control policies have been proven to reduce tobacco use in all populations, yet San Jose has not fully benefited from tobacco control policies. Unless you ensure that San Jose residents who experience the greatest burden of tobacco use and its disease and death are also covered by comprehensive tobacco control laws, disparities related to tobacco will persist and potentially widen.

Please take a stand against tobacco and stand up for our children who are most susceptible.

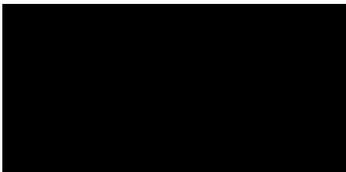
Ending the sale of ALL flavored tobacco products has the potential to aid in health equity. A 2020 study in Nicotine & Tobacco Research concluded that use of flavors by adults could be associated with greater nicotine dependence for users of cigarettes, cigars, and e-cigarettes. Among current adults who smoke cigar, those who used flavored products were more likely to be non-Hispanic Black, with a high school diploma only, and younger.

Tobacco is the leading cause of preventable death in our country and is responsible for one third of all cancer deaths. Our kids and communities of color face many challenges, and they should not arrive at adulthood already addicted to or negatively impacted by this deadly product. It is time for San Jose to stand up for health equity!

Please vote to protect the health of San Jose over tobacco industry profits.

Sincerely,

Mrs. Lori Kahn



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Building Connections for Youth and Families

3490 The Alameda
Santa Clara, CA 95050
(408) 243-0222 *tel*
(408) 246-5752 *fax*
www.billwilsoncenter.org

September 24, 2021

The Honorable Sam Liccardo and City Councilmembers
San Jose City Council
200 E. Santa Clara Street
San José, CA 95113

Re: 9/28 City Council Meeting, Support for Agenda Item 7.1

Dear Mayor Liccardo and Members of the San Jose City Council,

Bill Wilson Center is writing to you in support of the draft proposed tobacco retailer licensing law, including the restriction of flavored tobacco products, in the City of San Jose (Agenda Item 7.1).

Thank you for considering this important issue. Everyday tobacco companies are using candy-flavored products to hook kids into a dangerous addiction to nicotine. Most young people who have ever used tobacco started with a flavored product. These products often mimic popular candies, drinks, or snacks in both packaging and flavor, making them particularly appealing to youth. We appreciate that the ordinance, as drafted, ends the sale of menthol cigarettes, which is a critical step in protecting San Jose residents.

However, we would like to see San Jose's policy match other strong jurisdictions by restricting the sale of ALL flavored tobacco products in ALL locations, including flavored hookah, premium cigars and loose-leaf tobacco. A recent study found that 80 percent of kids who have ever used tobacco products started with a flavored product and the majority of African American smokers start with menthol flavored products. Any exemption in this policy will become a "go-to" product for youth in San Jose.

San Jose began exploring this policy in 2019. It is time to act now. We cannot afford to wait for state or federal action, San Jose residents want action, and youth need our protection. San Jose should look to the strong examples of Oakland, San Francisco and Santa Clara County to adopt a comprehensive policy that includes flavored hookah, strong compliance protocol, and language to reduce exposure to tobacco retail and marketing near youth sensitive areas.

This issue is important to Bill Wilson Center because the homeless youth we serve already face tremendous barriers to stabilization – they don't need to add nicotine addiction to their list of things to overcome. We urge Council to adopt the ordinance and close the loopholes. It is time to end the sale ALL flavored tobacco products in San Jose. Thank you for your strength and commitment to protecting the health of all San Jose residents.

Sincerely,


Sparky Harlan
Chief Executive Officer

Fw: Please vote All Flavors, All Products, All Stores, NO Exemptions

City Clerk <city.clerk@sanjoseca.gov>

Fri 9/24/2021 4:57 PM

To: Agendadesk <Agendadesk@sanjoseca.gov>

Office of the City Clerk | City of San José

200 E. Santa Clara St., Tower 14th Floor

San Jose, CA 95113

Main: 408-535-1260

Fax: 408-292-6207

How is our service? [Please take our short survey.](#)

From: American Cancer Society Cancer Action Network - [REDACTED]

Sent: Thursday, September 23, 2021 4:33 PM

To: City Clerk <city.clerk@sanjoseca.gov>

Subject: Please vote All Flavors, All Products, All Stores, NO Exemptions

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Sep 23, 2021

City Clerk Toni Taber

Dear City Clerk Taber,

As a resident of San Jose, and your constituent, I urge you to pass a comprehensive flavored tobacco ordinance that ends the sale of ALL flavored tobacco products with no exemptions and a smoke-free multi-unit housing ordinance that defines housing as two of more units.

The proposed flavored tobacco ordinance, as currently written, leaves loopholes that will allow the tobacco industry to maintain its foothold as they continue to contribute to health disparities in San Jose.

We recognized that these health disparities are caused by complex, interrelated factors including social, economic, cultural, geographic, environmental and health system elements, but there is ample evidence

that the tobacco industry's intentional marketing to specific populations, including communities of color, low-income communities, and youth has contributed to these disparities. Additionally, systematic racism has led to worse health outcomes for certain populations, especially Black Americans.

Comprehensive tobacco control policies have been proven to reduce tobacco use in all populations, yet San Jose has not fully benefited from tobacco control policies. Unless you ensure that San Jose residents who experience the greatest burden of tobacco use and its disease and death are also covered by comprehensive tobacco control laws, disparities related to tobacco will persist and potentially widen.

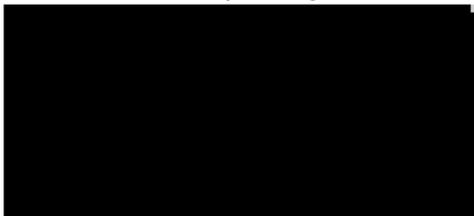
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Tobacco is the leading cause of preventable death in our country and is responsible for one third of all cancer deaths. Our kids and communities of color face many challenges, and they should not arrive at adulthood already addicted to or negatively impacted by this deadly product. It is time for San Jose to stand up for health equity!

Please vote to protect the health of San Jose over tobacco industry profits.

Sincerely,

Miss Kiana Mulqueeney



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City Clerk <city.clerk@sanjoseca.gov>

Fri 9/24/2021 4:57 PM

To: Agendadesk <Agendadesk@sanjoseca.gov>

Office of the City Clerk | City of San José

200 E. Santa Clara St., Tower 14th Floor

San Jose, CA 95113

Main: 408-535-1260

Fax: 408-292-6207

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From: American Cancer Society Cancer Action Network [REDACTED] Becki Adams

Sent: Thursday, September 23, 2021 4:33 PM

To: City Clerk <city.clerk@sanjoseca.gov>

Subject: Please vote All Flavors, All Products, All Stores, NO Exemptions

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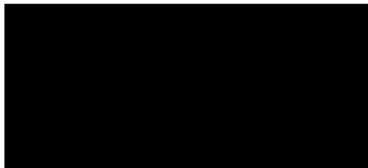
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Sincerely,

Mrs. Becki Adams



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