

Minnesota Teens Prefer Commercial Tobacco Products with Flavors

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ENDING THE SALE OF FLAVORED E-CIGARETTES IS ESSENTIAL FOR REDUCING TEEN VAPING

Why are e-cigarettes flavored?

There are over 15,000 unique e-cigarette flavors on the market.¹ Flavors added to commercial tobacco products mask their harsh and bitter taste. Sweet flavors in particular appeal to youth and young adults.² Menthol, a minty flavor additive, has cooling and painkilling effects that can make commercial tobacco products easier for new users to tolerate.³

Most teens initiate commercial tobacco use with a flavored product, either menthol or another flavor (*Figure 1*),⁴ and use of flavored products is more common among teens than adults.⁵ In 2020, 81.8% of Minnesota middle school and high school students who had recently used commercial tobacco reported having used a flavored product, including 87.1% of students who had used an ecigarette (*Figure 2*).

Tobacco, 21.7% Menthol, 15.4% Other flavor,

Figure 1. Was the first product you tried menthol or any

flavor other than plain tobacco?

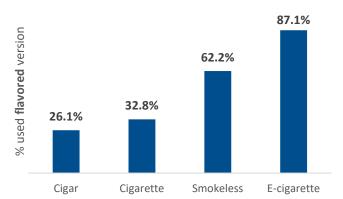
Source: 2020 Minnesota Youth Tobacco Survey; denominator: students who reported having ever used a tobacco product

63.0%

What can be done about it?

In 2015, Minneapolis became the first city in Minnesota to restrict the sale of flavored commercial tobacco (adding menthol to the ban in 2017) to adults-only stores. Many other cities and some counties have adopted policies to end the sale of flavored commercial tobacco products. As of June 2021, 23% of Minnesotans are covered by a flavor restriction policy.⁶

Figure 2. Percentage of students who reported having used a flavored version of a commercial tobacco product



Source: 2020 Minnesota Youth Tobacco Survey; denominator: students who used that tobacco product in the past 30 days

Will ending the sale of flavored tobacco products keep teens from vaping?

Flavors influence teens to try and keep using commercial tobacco products. Teens report that they use e-cigarettes because they come in flavors they like (*Figure 3*). In Minnesota, teens who had recently used fruity, sweet, or other flavored e-cigarettes were more likely to report intolerable cravings and other signs of e-cigarette dependence than teens who used tobacco-flavored e-cigarettes (*Figure 4*).

Teens who say they might use an e-cigarette if offered one by a friend are more likely to start using e-cigarettes in the future. In 2020, nearly four in 10 Minnesota teens were willing to use an e-cigarette when the flavor offered could be any flavor the student imagined (*Figure 5*). This is the real-world situation for teens living in areas with no restrictions on selling flavored tobacco. The percentage of students who were willing to use an e-cigarette fell 45% when the flavor offered was plain tobacco.

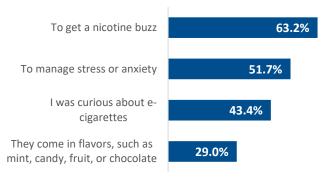
Researchers measured Massachusetts high school students' tobacco use before and after a sales ban on flavored tobacco. They compared the results to a matched community without a ban. Tobacco use prevalence (both flavored and unflavored) decreased among students in the community that restricted flavored tobacco sales and increased among students in the comparison community.⁹

The bottom line

Policies that end the sale of flavored commercial tobacco are needed to discourage teens from trying or continuing to use ecigarettes or other commercial tobacco products.

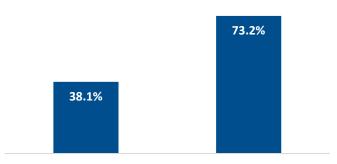
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Figure 3. Top reasons teens use e-cigarettes



Source: 2020 Minnesota Youth Tobacco Survey; denominator: students who reported having used e-cigarettes in the past 30 days

Figure 4. Percentage of students who reported signs of ecigarette dependence, by flavor use

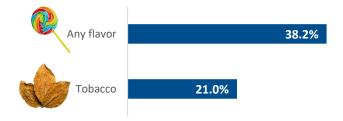


Did not use flavored e-cigarettes

Source: 2020 Minnesota Youth Tobacco Survey; denominator:
students who reported having used e-cigarettes in the past 30

days

Figure 5. Percentage of students susceptible to using ecigarettes, by flavor offered



Source: 2020 Minnesota Youth Tobacco Survey; denominator: middle school and high school students

TEENS PREFER COMMERCIAL TOBACCO PRODUCTS WITH FLAVORS

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For questions, contact the Minnesota Center for Health Statistics.

To obtain this information in a different format, call: 651-201-3535

- 1. Hsu G, Sun JY, Zhu S-H. Evolution of electronic cigarette brands from 2013-2014 to 2016-2017: analysis of brand websites. *Journal of medical Internet research*. 2018;20(3):e8550. doi:https://doi.org/10.2196/jmir.8550
- 2. US Department of Health and Human Services. *E-cigarette Use Among Youth and Young Adults. A Report of the Surgeon General.* 2016.
- 3. Lee YO, Glantz SA. Menthol: putting the pieces together. *Tobacco Control*. 2011;20(Suppl 2):ii1-ii7.
- 4. Villanti AC, Johnson AL, Glasser AM, et al. Association of Flavored Tobacco Use With Tobacco Initiation and Subsequent Use Among US Youth and Adults, 2013-2015. *JAMA network open*. 2019;2(10):e1913804-e1913804.
- 5. Villanti AC, Johnson AL, Ambrose BK, et al. Flavored tobacco product use in youth and adults: findings from the first wave of the PATH study (2013–2014). *American journal of preventive medicine*. 2017;53(2):139-151.
- 6. Association for Nonsmokers-Minnesota. Flavored Tobacco. Accessed 11/3/2021, 2021. https://www.ansrmn.org/issues-resources/flavored-tobacco/
- 7. Ambrose BK, Day HR, Rostron B, et al. Flavored tobacco product use among US youth aged 12-17 years, 2013-2014. *JAMA*. 2015;314(17):1871-1873. doi:10.1001/jama.2015.13802
- 8. Bold KW, Kong G, Cavallo DA, Camenga DR, Krishnan-Sarin S. E-cigarette susceptibility as a predictor of youth initiation of e-cigarettes. *Nicotine and Tobacco Research*. 2017;20(1):140-144.
- 9. Kingsley M, Setodji CM, Pane JD, et al. Short-term impact of a flavored tobacco restriction: changes in youth tobacco use in a Massachusetts community. *American journal of preventive medicine*. 2019;57(6):741-748.