March 25, 2019

To: Los Angeles City Council President Herb Wesson, President Pro Tempore Nury Martinez, Assistant President Pro Tempore Joe Buscaino, Councilmember Gil Cedillo, Councilmember Paul Krekorian, Councilmember Bob Blumenfield, David Ryu, Councilmember Paul Koretz, Councilmember Monica Rodriguez, Councilmember Marqueece Harris-Dawson, Councilmember Curren Price, Councilmember Mike Bonin, Councilmember Richard Englander, Councilmember Mitch O’Farrell, Councilmember Jose Huizar

From: The African American Tobacco Control Leadership Council

Re: Adopt Citywide Restriction on the Sale of Menthol and all Other Flavored Tobacco Products, Including Flavored E-Juices in Los Angeles

The African American Tobacco Control Leadership Council (AATCLC) strongly encourages the Los Angeles City Council to restrict the sale of menthol and all flavored tobacco products, including flavored e-juices citywide, with no adult venue exemptions. We already know that 80% of youth’s 12-17 start smoking using flavored cigarettes (Ambrose et al., 2015). If the City Council truly wants a healthier Los Angeles, and we believe that you do, then it is imperative that the sale of menthol and all other flavored tobacco products be restricted and the predatory marketing of these products be recognized as a social injustice issue, 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-caused 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, most marginalized groups disproportionately use these “minty” products (CDC, 2010; Fallin, 2015; Forbes, 2013; Delnevo, 2011; Hawaii State Dept. of Health, 2009; Euromonitor, 2008; Hickman, 2015).

Moreover, 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 Blacks folks dying disproportionately from heart attacks, lung cancer, strokes and other tobacco related diseases (RSG, 2014).

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. Furthermore, the presence of menthol makes cigarettes harder to quit compared to other cigarettes (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 allows the poisons in cigarettes and cigarillos to “go down into the body” more easily.

We all have been reading in the papers about the “JUUL Explosion,” where a little thumb drive looking device is used more than regular cigarettes among youth (CDC, 2018). Frankly, the “JUUL Explosion” is really a “Flavors Explosion” given the fact that there are over 15,000 kid friendly flavors available in the marketplace! (https://www.flavorshookkids.org/ 2018). The vaporist community would like you to believe that aerosol inhaled by e-cigarette users is only water vapor – nothing could be further from the truth. Here are the facts:

1. E-cigarettes are tobacco products that deliver nicotine, an addictive substance that especially in youth can compromise the brains executive functioning (Report of the Surgeon General, 2014).
2. The propylene glycol and vegetable glycerin that constitute a large portion of the e-juice and the resulting vapor are not FDA approved for inhalation.
3. The 15,000+ flavors available on the market may be Generally Recognized as Safe (GRAS) for ingestion, but they are not GRAS for inhalation.
4. There are as many, if not more, metals in the vapor of e-cigarettes than found in cigarette smoke (Williams et al., 2013).
5. Many of the same toxins and carcinogens found in regular cigarettes, like benzene, formaldehyde, and tobacco specific nitrosamines, can be found in e-cigarette vapor (Goniewicz et al., 2013). And yes, these toxins and carcinogens are at lower levels than in a regular cigarette; while these lower levels may be safer, this does not mean that e-cigarettes are safe!
6. The vapor from e-cigarettes activates platelet formation just like regular cigarettes; such platelet activity leads to arterial blockages (Hom et al., 2016).
7. E-cigarette aerosol consists of ultrafine particles at levels comparable to or higher than cigarettes. These particles can cause cardiovascular and pulmonary disease. In addition, the particle size in e-cigarettes is often smaller, and thus more dangerous, than those generated by cigarettes (Fuoco FC, Buonanno G, Stabile L, Vigo P. 2014).
8. Kids who start with e-cigarettes are more likely to become regular cigarette users, and unfortunately, in many cases dual users (Byrne S et al., 2018).
9. Here is a link to the European Public Health Association: Fact or Fiction on E-cigs: https://eupha.org/repository/advocacy/EUPHA_facts_and_fiction_on_e-cigs.pdf
The AATCLC is calling upon the Los Angeles City Council to join a growing number of cities and counties around the country that are restricting, jurisdiction-wide, the sales of menthol cigarettes and all other flavored tobacco products, including flavored e-juices. 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 City of Richmond the following month. Within weeks, Beverly Hills followed suit, with their own city wide restrictions. Since November the cities of Alameda, Santa Cruz, San Pablo, and Hermosa Beach all have adopted their own citywide restrictions. And the County of Marin approved a county-wide ban for its unincorporated areas. Even the Food and Drug Administration is finally talking about getting rid of menthol cigarettes and flavors in little cigars and cigarillos. Moreover, we also recognize that there has been legislation introduced in Sacramento to ban flavors state-wide. While these developments are welcomed, we know that the tobacco industry will use all its muscle to slow down and curtail these national and state efforts. Hence, it is imperative that Cities like Los Angeles, take the lead and join the growing movement to remove flavored tobacco products, especially menthol cigarettes, from the market place by adopting a City-wide ordinance to restrict their sale.

We should also mention that some groups, spurred on 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. The proposed ordinance would prohibit the sale of flavored products, it would not prohibit the possession of these products. Hence, this ordinance will not lead to police having any greater interaction with Black youth.

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 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 when the agency was first considering the removal of menthol cigarettes from the marketplace.

We here at the AATCLC recognize that the Council may be under extraordinary pressure from the tobacco industry and the vaporist community to put profits above human life by limiting or curtailing restrictions on flavored tobacco products. Please join your sister cities and stand up to the tobacco industry and their allies – Call for: No Selling of Menthol Cigarettes and All Other Flavored Tobacco Products, including Flavored E-Juices in the City of Los Angeles! Say “No” to the continued predatory marketing of 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 the City of Los Angeles.

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
Jeff Wasson <jwasson24@gmail.com>  
Mon, Mar 25, 2019 at 2:13 PM
To: eric.villanueva@lacity.org

As a pediatrician in Santa Monica who counsels many teenagers, I am opposed to the marketing of flavored tobacco.

Thank you.

Jeffrey Wasson, MD  
1450 10th Street  
Santa Monica, Ca. 90401
March 25, 2019

Hon. David Ryu  
Committee on Health, Education, Neighborhoods, Parks, Arts, and River  
200 N. Main Spring Street, Room 1060  
Los Angeles, CA 90012

Dear Honorable Chair David Ryu,

My name is Alisha Lopez and I am a resident of Los Angeles City in District 2, and I am writing to voice support for Item No. 1 (18-1104) on the Health, Education, Neighborhoods, Parks, Arts, and River Committee Agenda for March 27, 2019.

I am very pleased to see that there was a Motion relative to a proposed strategy to restrict the sale of flavored tobacco products to youth and young adults, and this motion will be discussed at the committee meeting. I would like to thank you for making this issue a priority in the city as most youth begin using tobacco with a flavored product such as menthol cigarettes, fruit flavored cigarillos or e-cigarettes/vapes.

I know in recent years cities have addressed the issue by adopting a flavor ban in their city or county (i.e. Beverly Hills, and San Francisco), and I am in full support of a city-wide flavor ban in Los Angeles. As a mother of a 19-year-old it has been particularly challenging to educate my daughter on the harms of tobacco products, especially fruity and seemingly harmless e-cigarettes and vape products such as Juul in recent years.

I applaud your leadership and look forward to seeing some movement in the right direction towards a full flavor ban in the City of Los Angeles.

Sincerely,

Alisha Lopez  
District 2-North Hollywood  
alisha812003@yahoo.com
March 25, 2019

Hon. David Ryu
Committee on Health, Education, Neighborhoods, Parks, Arts, and River
200 N. Main Spring Street, Room 1060
Los Angeles, CA  90012

Re: Banning All Flavored Tobacco Products in Los Angeles

Dear Councilmember Ryu,

I write you on behalf of the residents and faculty of the Advocacy Interest Group at Olive View-UCLA.* We are doctors that care for our vulnerable adult patients at Olive View-UCLA Medical Center, a LAC/DHS facility. As internists, we see the outcomes of tobacco smoking on a day-to-day basis. Four of the five top causes of death in the United States – heart disease, cancer, chronic lung disease, and stroke – are directly linked to smoking. We have been heartened by the gains made in recent decades on smoking rates in the US, but we are very concerned about the potential to see these changes reverse as e-cigarette use becomes increasingly widespread.

Flavored e-cigarettes are used to make smokeless tobacco more palatable and appealing. They are marketed particularly to children and young adults, the age groups that are most susceptible to addictive habits. A 2016 report from the Surgeon General notes that 37.7% of high school and 13.5% of middle school students have every smoked an e-cigarette.

Not only are more children and young adults using e-cigarettes, but they are also more likely to smoke tobacco as a result. One reliable study showed that children who had used e-cigarettes are up to 7 times more likely to smoke tobacco than if they had never used an e-cigarette; a similar effect has been seen among young adults. In fact, children that had no intention to smoke tobacco when they first tried e-cigarettes were even more vulnerable to later smoking. Furthermore, it has been seen that flavored e-cigarettes are even more effective at leading to cigarette smoking than non-flavored e-cigarettes.

As the rate of cigarette smoking rises in these children and young adults, we are also concerned that this will lead to long-term cigarette smoking in adulthood. Nearly 90% of adult smokers begin before age 18. Therefore, as more and more of our young population use e-cigarettes, we are highly concerned that this could lead to cigarette smoking in youth and later adulthood.

As stated by the Surgeon General, Dr. Jerome Adams, “e-cigarette use among youth (is) an epidemic in the United States.” We know that flavored e-cigarettes target these young and impressionable people. And it has worked, with rates of vaping rising year after year leading to increased cigarette smoking, reversing gains made in recent decades. Therefore, we strongly urge you to stem the tide of youth e-
cigarette use and support the citywide ban on all flavored tobacco products in Los Angeles. This ordinance from a city such as ours will set a strong example for other municipalities around our state.

Sincerely,

Colin L. Robinson, MD, MPH, on behalf of the Olive View-UCLA Medical Center Resident Advocacy Committee

*The views expressed by the faculty and residents of the Resident Advocacy Group at Olive View-UCLA Medical Center do not necessarily represent those of the Olive View-UCLA Medical Center, the Olive View-UCLA Department of Medicine, or the Olive View-UCLA Internal Medicine Residency.*