

HB20-1319: PROHIBIT SALE OF FLAVORED NICOTINE PRODUCTS
Concerning a prohibition against the sale of flavored nicotine products.

Details

Bill Sponsors:	House – <i>Caraveo (D) and Becker (D)</i> Senate – <i>Fields (D) and Priola (R)</i>
Committee:	House Health & Insurance
Bill History:	2/21/2020 – Introduced 3/4/2020 – House Health & Insurance Committee Lay Over Unamended
Next Action:	Action in House Health & Insurance Committee
Fiscal Note:	<u>3/2/2020</u>

Bill Summary

After September 1, 2020, the bill prohibits the sale of flavored cigarettes, tobacco products, and nicotine products, and products that are intended to be added to those products to produce a flavor other than tobacco.

Issue Summary

Nicotine Products

A "cigarette, tobacco product, or nicotine product" is a product that contains nicotine or tobacco, or is derived from tobacco that is ingested, inhaled, or applied to skin.¹ These products include, but are not limited to: cigarettes, cigars, e-cigarettes, pipe tobacco, chewing tobacco and hookah tobacco. The nicotine in all of these products may impair prefrontal brain development in adolescents, which can lead to attention deficits.² Tobacco use remains the leading cause of preventable death and disease in the United States and in Colorado. For those that use cigarettes and other traditional tobacco products, smoking can cause cancer, heart disease, stroke, lung diseases, diabetes, and chronic obstructive pulmonary disease (COPD).³ In Colorado, 25.7 percent of cancer deaths are attributable to smoking.⁴ Each year, approximately 5,100 Coloradan adults die from their own smoking.⁴ Additionally, secondhand smoke can lead to many of those same diseases and contributes to approximately 41,000 deaths among nonsmoking adults and 400 deaths in infants each year.³ Primarily due to the nicotine, electronic smoking devices (ESDs) and e-cigarettes are dangerous for development in youth and pregnant women.⁵

E-cigarettes and electronic smoking devices are battery-powered devices that come in a variety of shapes and sizes that produce an aerosol (or vapor) by heating a liquid that contains a variety of chemicals, which can include nicotine, ultrafine chemicals, flavorings, heavy metals, and other volatile compounds.⁶ Users

¹ As defined in C.R.S. 18-13-121(5)

² Goriounova, N. A., & Mansvelder, H. D. (2012). Short- and long-term consequences of nicotine exposure during adolescence for prefrontal cortex neuronal network function. *Cold Spring Harbor perspectives in medicine*, 2(12), a012120. doi:10.1101/cshperspect.a012120

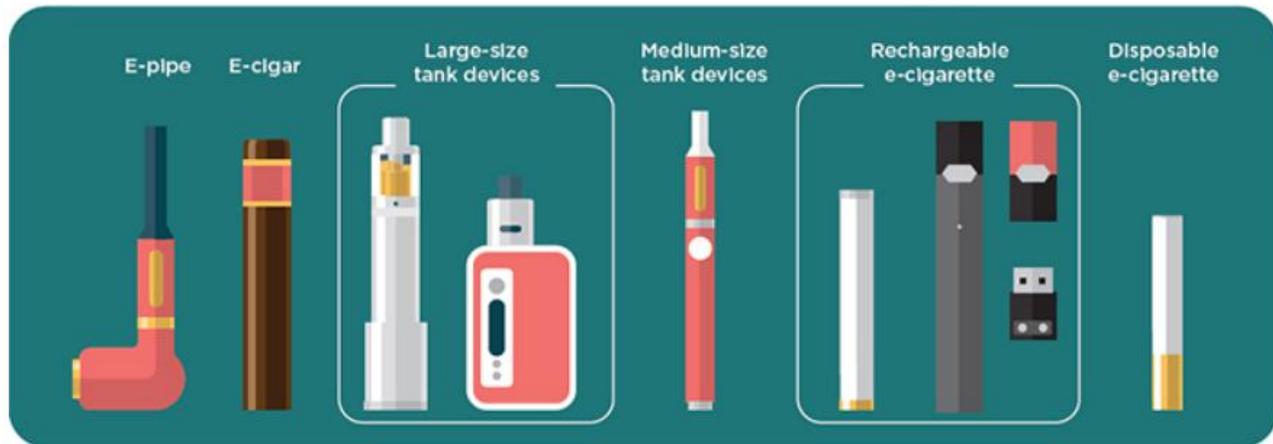
³ Centers for Disease Control and Prevention (2018). *Health Effects*. Retrieved from https://www.cdc.gov/tobacco/basic_information/health_effects/index.htm

⁴ Campaign for Tobacco Free Kids (Jan. 15, 2020) *The Toll of Tobacco in Colorado*. Retrieved from <https://www.tobaccofreekids.org/problem/toll-us/colorado>

⁵ CDC. (Nov. 2018). *About Electronic Cigarettes (E-Cigarettes)*. Retrieved from https://www.cdc.gov/tobacco/basic_information/e-cigarettes/about-e-cigarettes.html.

⁶ CDC. (Nov. 2018). *About Electronic Cigarettes (E-Cigarettes)*. Retrieved from https://www.cdc.gov/tobacco/basic_information/e-cigarettes/about-e-cigarettes.html.

inhale the aerosol into their lungs. Bystanders can also breathe in this aerosol when the user exhales into the air. The figure below from the Centers for Disease Control and Prevention (CDC) demonstrates the variability in the products.⁵



The recent prevalence of ESDs in the United States has led to much speculation regarding the potential benefits and costs of using these devices in place of/in tandem with traditional combustible cigarette products. As of February 18, 2020, there have been 2,807 cases of or deaths due to e-cigarette, or vaping, product use-associated lung injury (EVALI) reported to the Centers for Disease Control and Prevention (CDC).⁷ The use of vitamin E acetate, an additive in THC-containing vaping products, has been strongly linked to the EVALI outbreak.

According to the National Academies of Sciences' Committee on the Review of the Health Effects of Electronic Nicotine Delivery Systems, there is conclusive evidence that e-cigarette use decreases the quality of indoor air and contributes particulate matter that can be harmful to health.⁸ Despite variability in the type, brand, and use of liquids, there is broad evidence that the devices emit toxic chemicals in addition to nicotine. The Committee also concluded that use of e-cigarettes results in dependence on the devices, though with apparently less risk and severity than that of traditional tobacco cigarettes. However, the implications for long-term effects on morbidity and mortality are not yet clear. A recent U.S. Surgeon General report on smoking cessation noted, that there is presently "inadequate evidence to conclude that e-cigarettes, in general, increase smoking cessation. However, the evidence is suggestive but not sufficient to infer that the use of e-cigarettes containing nicotine is associated with increased smoking cessation compared with the use of e-cigarettes not containing nicotine, and the evidence is suggestive but not sufficient to infer that more frequent use of e-cigarettes is associated with increased smoking cessation compared with less frequent use of e-cigarettes"⁹ Finally, the committee found that evidence suggests that while e-cigarettes might cause youth who use them to transition to use of traditional tobacco products, they might also increase adult cessation of the traditional tobacco products.

A recent study adds to the body of evidence that supports the concept of e-cigarette use being associated with increased risk for cigarette initiation and use by youth.¹⁰ However, another recent study found that

⁷ CDC (Feb. 25, 2020). *Outbreak of Lung Injury Associate with the Use of E-Cigarette, or Vaping, Products*. Retrieved from https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html

⁸ Committee on the Review of the Health Effects of Electronic Nicotine Delivery Systems (Jan. 2018). *Public Health Consequence of E-Cigarettes. National Academies of Sciences, Engineering, and Medicine*. Retrieved from <http://nationalacademies.org/hmd/Reports/2018/public-health-consequences-of-e-cigarettes.aspx>

⁹ U.S. Department of Health & Human Services (2020). *Smoking Cessation: A Report of the Surgeon General*. Retrieved from <https://www.hhs.gov/sites/default/files/2020-cessation-sgr-full-report.pdf>

¹⁰ Berry KM, Fetterman JL, Benjamin EJ, et al. (Feb. 2019). Association of Electronic Cigarette Use With Subsequent Initiation of Tobacco Cigarettes in US Youths. *JAMA Netw Open*. 2(2):e187794. doi:10.1001/jamanetworkopen.2018.7794

there has been a reduction in youth and young adult smoking prevalence as vaping has become more widespread.¹¹ In addition, a study demonstrated that e-cigarettes were more effective for smoking cessation than nicotine-replacement therapy, when both products were accompanied by behavioral support.¹² With ESDs being a newer product on the market, there is a dearth of long-term studies on the association between ESDs and tradition tobacco cessation. Contradictions in the data could be due to the short time period of data available, populations studied, or other possible limitations.

Adult Tobacco and Nicotine Product Use

In the United States, 4.5 percent of adults reported currently using e-cigarettes in 2016.¹³ Of those, 15 percent had never smoked a traditional cigarette. Of note, more than half, 51.2 percent, of the current e-cigarette users in the U.S. were under the age of 35. In 2017, 5.3 percent of Colorado adults reported currently using e-cigarettes¹⁴ and 14.6 percent currently using cigarettes.¹⁵ Between 2016 and 2017, 5.5 percent of Larimer County adults reported currently using e-cigarettes.⁶ From 2015 to 2017, 13.4 percent reported currently using traditional cigarettes.⁶ In recent years, one-third of U.S. adults perceive e-cigarettes as equally or more harmful than traditional cigarettes (up from approximately 10 percent in 2012).¹⁶

According to the FDA, data from the Population Assessment of Tobacco and Health (PATH) Study demonstrates that 86 percent of young adults who ever used tobacco (even once or twice in their lifetimes) reported that the first tobacco product they used was flavored.¹⁷ Another survey of young adults that consumed nicotine through electronic devices found that most began with flavored nicotine products, with fruit, mint, and menthol being the most common starting flavors.¹⁸

Youth Tobacco and Nicotine Use

The U.S. Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC) recently released findings from the 2019 National Youth Tobacco Survey (NYTS).¹⁹ The results show high numbers of middle and high school students using e-cigarettes. More than 5 million youth reporting having used e-cigarettes in the past 30 days and nearly one million reporting daily use. Among those youth respondents for the 2016 NYTS who had ever used an e-cigarette, 31 percent said their reason for use was the availability of “flavors such as mint, candy, fruit, or chocolate.”²⁰ Youth that use electronic smoking devices are substantially more likely than adults to use a non-tobacco flavor and are significantly more likely to use more than one flavor, and to use flavor combinations that do not involve tobacco flavoring.²¹ According to the CDC, many young Americans that consume electronic smoking devices (i.e. e-cigarettes)

¹¹ Levy DT, Warner KE, Cummings KM, et al (2019) Examining the relationship of vaping to smoking initiation among US youth and young adults: a reality check. *Tobacco Control*. Retrieved from <https://tobaccocontrol.bmj.com/content/28/6/629.citation-tools>

¹² Hajek, P., Phillips-Waller, A., Przulj, D., et al. (Jan. 2019). A Randomized Trial of E-Cigarettes versus Nicotine-Replacement Therapy. *New England Journal of Medicine*. doi: 10.1056/nejmoa1808779

¹³ Mirbolouk, M., et al. (Oct. 2018). Prevalence and Distribution of E-Cigarette Use Among U.S. Adults: Behavioral Risk Factor Surveillance System, 2016. *Ann Intern Med* 169 (7): 429-438. doi: 10.7326/M17-3440

¹⁴ The survey used the wording “electronic vapor device”

¹⁵ CO Department of Public Health and Environment (n.d.) *VISION: Visual Information System for Identifying Opportunities and Needs*. Retrieved from <https://www.colorado.gov/pacific/cdphe/vision-data-tool>

¹⁶ Maheed, Ban A., et al. (2017). Changing Perceptions of harm of E-Cigarettes among U.S. Adults, 2012-2015. *American Journal of Preventative Medicine* 52 (3): 331-338.

¹⁷ FDA (July 18, 2018). *Flavors in Tobacco Products: What are the Potential Risks and Benefits to Public Health?* Retrieved from <https://www.fda.gov/tobacco-products/products-ingredients-components/flavors-tobacco-products-what-are-potential-risks-and-benefits-public-health>

¹⁸ Nguyen, N., McKelvey, K., & Halpern-Felsher, B. (Aug. 1, 2019). Popular flavors used in alternative tobacco products among young adults. *Journal of Adolescent Health*. <https://doi.org/10.1016/j.jadohealth.2019.05.004>

¹⁹ US Food and Drug Administration (Nov. 18, 2019) *Youth Tobacco Use: Results from the National Youth Tobacco Survey*. Retrieved from <https://www.fda.gov/tobacco-products/youth-and-tobacco/youth-tobacco-use-results-national-youth-tobacco-survey>

²⁰ FDA (Nov. 18, 2019) *Youth Tobacco Use: Results from the National Youth Tobacco Survey*.

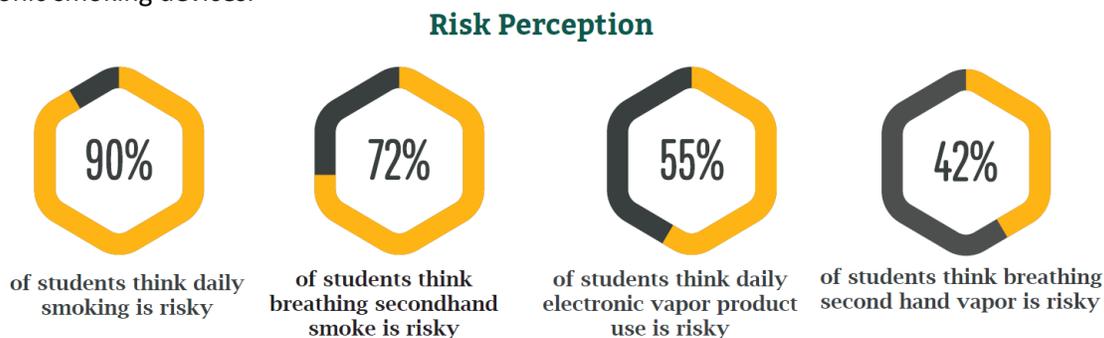
²¹ Schneller, L. M., Bansal-Travers, M., Goniewicz, M. L., McIntosh, S., Ossip, D., & O'Connor, R. J. (2019). Use of Flavored E-Cigarettes and the Type of E-Cigarette Devices Used among Adults and Youth in the US-Results from Wave 3 of the Population Assessment of Tobacco and Health Study (2015-2016). *International journal of environmental research and public health*, 16(16), 2991. <https://doi.org/10.3390/ijerph16162991> Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6720922/>

also use traditional cigarettes and there is some evidence that young people that start with e-cigarettes are more likely to smoke in the future.²²

The Surgeon General reports that current e-cigarette use increased 78 percent among high school students in one year, from 11.7 percent in 2017 to 20.8 percent in 2018.²³ Nearly a third of U.S. youth thought that e-cigarettes were less harmful than traditional cigarettes.²⁴ About two-thirds of U.S. youth believe that the harmful effects of e-cigarettes are dose-dependent. Research studies have found that youth are three times more sensitive to tobacco advertising than adults, while a third of underage experimentation with smoking is attributable to advertising and promotion by tobacco companies.²⁵

Local Youth Tobacco and Nicotine Use

In 2017, 27 percent of high school students in Colorado reported currently using e-cigarettes and 7.2 percent were current cigarette smokers.²⁶ During the same period, 32 percent of Larimer County high school students reported using electronic vapor products within the past 30 days.²⁷ In comparison, 7 percent of all Larimer students reported using cigarettes. The following graphic from the Larimer County Department of Health and Environment illustrates the difference in risk perception of youth in regards to cigarettes and electronic smoking devices.



Menthol

Menthol is a chemical compound found in peppermint and other similar plants. The menthol chemical in nicotine products creates a cooling sensation in the throat, which companies market as “smoother.” As of 2018, sales of menthol cigarettes made up 36 percent of all cigarette sales in the nation; in comparison, the market share of menthol cigarettes was 26 percent in 2000.²⁸ During the period from 2011 to 2015, menthol cigarette sales increased, even while overall cigarette sales were decreasing.²⁹ As of 2016, more than 19.5 million people are current smokers of menthol cigarettes.³⁰ The same data found that 85.8 percent of African American smokers, 46 percent of Hispanic smokers, 39 percent of Asian smokers, and 28.7 percent of White smokers smoke menthol cigarettes. Further, more than half of smokers ages 12-17 smoke menthols.

²² Centers for Disease Control (Dec. 2018). Quick Facts on the Risks of E-cigarettes for Kids, Teens, and Young Adults. Retrieved from https://www.cdc.gov/tobacco/basic_information/e-cigarettes/Quick-Facts-on-the-Risks-of-E-cigarettes-for-Kids-Teens-and-Young-Adults.html

²³ U.S. Surgeon General (2018). *Surgeon General’s Advisory on E-cigarette Use among Youth*. Retrieved from <https://e-cigarettes.surgeongeneral.gov/documents/surgeon-generals-advisory-on-e-cigarette-use-among-youth-2018.pdf>

²⁴ Ambrose, Bridget K., et al. (2014). Perceptions of the Relative harm of Cigarettes and E-cigarettes among U.S. Youth. *American Journal of Preventative Medicine* 47 (2): 53-60.

²⁵ Tobacco Free Kids (Jan. 15, 2020). *The Toll of Tobacco in the United States*. Retrieved from <https://www.tobaccofreekids.org/problem/toll-us>

²⁶ CO Department of Public Health and Environment (n.d.) *VISION: Visual Information System for Identifying Opportunities and Needs*. Retrieved from <https://www.colorado.gov/pacific/cdphe/vision-data-tool>

²⁷ Larimer County Department of Health & Environment. *Tobacco Data Brief*.

²⁸ Federal Trade Commission (2019). *Cigarette Report for 2018*. Retrieved from <https://www.ftc.gov/system/files/documents/reports/federal-trade-commission-cigarette-report-2018-smokeless-tobacco-report-2018/p114508cigaretterreport2018.pdf>

²⁹ Kuiper, N. M., Gammon, D., Loomis, B., Flakey, K., Wang, T. W., King, B. A., & Rogers, T. (2018). Trends in Sales of Flavored and Menthol Tobacco Products in the United States During 2011-2015. *Nicotine & tobacco research : official journal of the Society for Research on Nicotine and Tobacco*, 20(6), 698-706. <https://doi.org/10.1093/ntr/ntx123> Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5711620/>

³⁰ FDA (Jan. 3, 2020). *Menthol and Other Flavors in Tobacco Products*. Retrieved from <https://www.fda.gov/tobacco-products/products-ingredients-components/menthol-and-other-flavors-tobacco-products#reference>

Food and Drug Administration (FDA) reports have concluded that removing menthol from all commercial tobacco products would benefit the public, avert millions of people from starting to smoke, and save thousands of lives, 33-50 percent of which would be African American.^{31,32} Studies have supported that the removal of menthol from cigarettes is likely to reduce youth smoking initiation, and improve smoking cessation outcomes in adult smokers.³³ Individuals with low levels of income or education are more likely to smoke menthol cigarettes than other cigarettes.³⁴

Federal Action

On September 22, 2009, the FDA prohibited cigarettes from containing any “characterizing flavor,” including candy, fruit, and alcohol flavors.³⁵ This prohibition only extends to cigarettes and their component parts (i.e. tobacco, filter, or paper); it does not apply to non-cigarette tobacco products.³⁶ In July 2017, the FDA announced a regulatory plan for tobacco products that prioritized restrictions on kid-attractive flavors, including menthol, and established an agency approach to nicotine.³⁷ On March 21, 2018, the FDA issued a nonbinding advance notice of proposed rulemaking (ANPRM) related to regulating flavors in tobacco products.³⁸ Over 525,000 comments were received in response to the ANPRM. On January 2, 2020 the FDA announced a policy banning certain flavored vaping products; the prohibition only prohibits the sale of flavored e-cigarette cartridges (excluding menthol and tobacco flavors) and does not address the sale of flavored liquid nicotine sold in open tank systems.³⁹ Therefore as of February 6, 2020, many flavored e-liquid pods, including Juul and Juul-compatible products, will no longer be sold legally in the United States.⁴⁰

This Legislation

In the bill, the Division of Liquor Enforcement has the power to enforce the components of the bill prohibiting the sale of flavored nicotine products.

On and after September 1, 2020, a retailer⁴¹ shall not sell, offer for sale, permit the sale, or otherwise furnish a flavored cigarette, tobacco product, nicotine product, or a flavor enhancer (for the purposes of this analysis this list of products will be encompassed under the term “nicotine product”). There is a rebuttable presumption⁴² that a nicotine product being sold, offered for sale, permitted to be sold, or otherwise

³¹ Tobacco Products Scientific Advisory Committee (2011). *Menthol Cigarettes and Public Health: Review of the Scientific Evidence and Recommendations*. Retrieved from <https://wayback.archive-it.org/7993/20170405201731/https://www.fda.gov/downloads/AdvisoryCommittees/CommitteesMeetingMaterials/TobaccoProductsScientificAdvisoryCommittee/UCM269697.pdf>

³² Food and Drug Administration (2013). *Preliminary Scientific Evaluation of the Possible Public Health Effects of Menthol versus Nonmenthol Cigarettes*. Retrieved from <https://www.fda.gov/media/86497/download>

³³ Villanti, A. C., Collins, L. K., Niaura, R. S., Gagosian, S. Y., & Abrams, D. B. (2017). Menthol cigarettes and the public health standard: a systematic review. *BMC public health*, 17(1), 983. <https://doi.org/10.1186/s12889-017-4987-z>. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5747135/>

³⁴ Food and Drug Administration (2013). *Preliminary Scientific Evaluation of the Possible Public Health Effects of Menthol versus Nonmenthol Cigarettes*. Retrieved from <https://www.fda.gov/media/86497/download>

³⁵ Under authority granted by the Family Smoking Prevention and Tobacco Control Act (Pub.L. 111-31)

³⁶ Public Health Law Center (May 2019). *Regulating Flavored Tobacco Products*. Retrieved from <https://www.publichealthlawcenter.org/sites/default/files/resources/Regulating-Flavored-Tobacco-Products-2019-2.pdf>

³⁷ FDA (July 27, 2017). *FDA announces comprehensive regulatory plan to shift trajectory of tobacco-related disease, death*. Retrieved from <https://www.fda.gov/news-events/press-announcements/fda-announces-comprehensive-regulatory-plan-shift-trajectory-tobacco-related-disease-death>

³⁸ Regulations of Flavors in Tobacco, 83 FR 12294, March 21, 2018, Retrieved from <https://www.regulations.gov/document?D=FDA-2017-N-6565-0001>

³⁹ FDA (Jan. 2, 2020). *FDA finalizes enforcement policy on unauthorized flavored cartridge-based e-cigarettes that appeal to children, including fruit and mint*. Retrieved from <https://www.fda.gov/news-events/press-announcements/fda-finalizes-enforcement-policy-unauthorized-flavored-cartridge-based-e-cigarettes-appeal-children>

⁴⁰ Public Health Law Center (2020). *Much Ado About Nothing: FDA’s Lackluster Effort to Restrict Flavors*. Retrieved from <https://www.publichealthlawcenter.org/blogs/2020-01-08/much-ado-about-nothing-fda%E2%80%99s-lackluster-effort-restrict-flavors>

⁴¹ Defined as “a business of any kind at a specific location that sells cigarettes, tobacco products, or nicotine products to a user or consumer. (C.R.S. § 44-7-102(5))

⁴² It is an assumption that is made in the law that will stand as a fact unless someone comes forward to contest it and prove otherwise.

furnished at a retail location is flavored if the retailer, the manufacturer, or any employee/agent of the retailer or manufacturer:

- Has made a public statement or claim that the product imparts a taste or smell other than the taste or smell of tobacco;
- Uses any text or image on the product's labeling, packaging, or signage promoting the product that explicitly or implicitly indicates that the product imparts a taste or smell other than the taste or smell of tobacco; OR
- Has taken any action directed toward consumers that a reasonable person would expect to cause consumers to believe that the nicotine product imparts a taste or smell other than the taste or smell of tobacco

The bill defines a flavored cigarette, tobacco product, or nicotine product as a product that imparts a taste or smell, other than the taste or smell of tobacco, either before or during the consumption of the product, including but not limited to: fruit, menthol, mint, wintergreen, chocolate, cocoa, vanilla, honey, candy, dessert, alcohol, herb, or spice. A "flavor enhancer" is a product that is designed, manufactured, produced, marketed, or sold for the purpose of producing a flavored cigarette, tobacco product, or nicotine product when added to a regular product.

For violating the prohibition on the sale of flavored nicotine products, the following penalties apply:

- 1st violation within a 24 month period- Fine of \$250
- 2nd violation within a 24 month period- Fine of \$500
- 3rd violation within a 24 month period- Fine of \$1,000 & prohibition against the retailer from selling nicotine products at the offending location for at least 7 days after the day the fine is imposed
- 4th violation within a 24 month period- Fine of \$1,000-\$15,000 & prohibition against the retailer from selling nicotine products at the offending location for at least 15 days after the day the fine is imposed
- 5th or subsequent violation within a 24 month period- Fine of \$15,000 & prohibition against the retailer from selling nicotine products at the offending location for at least 1 year after the day the fine is imposed

The bill is effective upon the Governor's signature or if the Governor allows it to become law without their signature.

Reasons to Support

Ending the sale of flavored e-cigarettes eliminates a major source of e-cigarette demand among young people, and preserves the tobacco flavor for adults who wish to continue using e-cigarettes. Supporters assert that ending the sale of flavored tobacco products will help protect vulnerable populations long targeted by the tobacco industry. The "less harsh" sensation of menthol nicotine products is more appealing to new smokers and young people; prohibiting menthol products would help in stemming the creation of new nicotine product consumers, which may reduce the public health risk of such consumption in Colorado.

Supporters

- The African American Tobacco Control Leadership Council
- American Academy of Pediatrics
- American Heart Association
- American Lung Association
- Boulder County
- Campaign for Tobacco-Free Kids
- Cancer Action Network- American Cancer Society
- Children's Hospital Colorado
- Colorado Academy of Family Physicians
- Colorado Association of Local Public Health Officials (CALPHO)
- Colorado Black Health Collaborative

- Colorado Children’s Campaign
- Colorado Dental Association
- Colorado Hospital Association
- Colorado Municipal League
- Colorado Public Health Association
- Healthier Colorado
- Kaiser Foundation Health Plan
- Kaiser Permanente
- National African American Tobacco Prevention Network (NAATPN)
- National Association for the Advancement of Colored People (NAACP)
- National Jewish Health
- ONE Colorado
- Prevention Tobacco Addiction Foundation
- SCL Health

Reasons to Oppose

Some may argue that removing all flavors, including menthol, would reduce the use of e-cigarettes by adults as a tool to quit smoking. There is some evidence that restricting e-cigarette access by youth can increase their uptake of cigarettes.⁴³ Additionally, some may say that since adults also like flavors, such a ban punishes law-abiding adults. Some assert that prohibiting menthol products unfairly singles out African American tobacco users. If the sale of flavored tobacco products is prohibited, local black markets may emerge to fulfill demand via illegal sales.

Opponents

- 7- Eleven
- Altria
- Cigar Association of America
- International Premium Cigar & Pipe Retailers
- JUUL Labs
- Smoker Friendly
- Swisher International
- VaporSource

About this Analysis

This analysis was prepared by Health District of Northern Larimer County staff to assist the Health District Board of Directors in determining whether to take an official stand on various health-related issues. The Health District is a special district of the northern two-thirds of Larimer County, Colorado, supported by local property tax dollars and governed by a publicly elected five-member board. The Health District provides medical, mental health, dental, preventive and health planning services to the communities it serves. This analysis is accurate to staff knowledge as of date printed. For more information about this analysis or the Health District, please contact Alyson Williams, Policy Coordinator, at (970) 224-5209, or e-mail at awilliams@healthdistrict.org.

⁴³ Friedman, A. (2015). How does electronic cigarette access affect adolescent smoking? *Journal of Health Economics*. Retrieved from <https://scholar.harvard.edu/afriedman/publications/how-do-electronic-cigarettes-affect-adolescent-smoking>