

Great American Smokeout — November 21, 2013

The Great American Smokeout, sponsored by the American Cancer Society, is an annual event that encourages smokers to make a plan to quit, or to plan in advance and quit smoking on that day, in an effort to stop permanently (1). This year, the Smokeout will be held on November 21.

Fifty years after the release of the first Surgeon General's report on smoking and health, remarkable progress has been made. Since 1964, smoking prevalence among U.S. adults has been reduced by half. Unfortunately, tobacco use remains the leading preventable cause of disease, disability, and death in the United States (2).

In 2010, nearly two out of three adult smokers wanted to quit, and more than half had made a quit attempt for >1 day in the preceding year (3). However, an estimated one out of five U.S. adults still smokes (2).

Quitting smoking is beneficial to health at any age and has immediate and long-term benefits. Getting help through counseling or medications can double or triple the chances of quitting successfully (4).

Additional information and support for quitting is available by telephone (800-QUIT-NOW [800-784-8669]). Additional quit support and real stories of persons who have quit successfully are available on CDC's Tips from Former Smokers website at <http://www.cdc.gov/tips>.

References

1. American Cancer Society. Great American Smokeout. Atlanta, GA: American Cancer Society; 2013. Available at <http://www.cancer.org/healthy/stayawayfromtobacco/greatamericansmokeout>.
2. CDC. Current cigarette smoking among adults—United States, 2011. *MMWR* 2012;61:889–94.
3. CDC. Quitting smoking among adults—United States, 2001–2010. *MMWR* 2011;60:1513–9.
4. Fiore MC, Jaen CR, Baker TB, et al. Treating tobacco use and dependence: 2008 update. Clinical practice guideline. Rockville, MD: US Department of Health and Human Services, Public Health Service; 2008. Available at http://www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf.

Tobacco Product Use Among Middle and High School Students — United States, 2011 and 2012

Nearly 90% of adult smokers in the United States began smoking by age 18 years (1). To assess current tobacco product use among youths, CDC analyzed data from the 2012 National Youth Tobacco Survey (NYTS). This report describes the results of that analysis, which found that, in 2012, the prevalence of current tobacco product use among middle and high school students was 6.7% and 23.3%, respectively. After cigarettes, cigars were the second most commonly used tobacco product, with prevalence of use at 2.8% and 12.6%, respectively. From 2011 to 2012, electronic cigarette use increased significantly among middle school (0.6% to 1.1%) and high school (1.5% to 2.8%) students, and hookah use increased among high school students (4.1% to 5.4%). During the same period, significant decreases

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occurred in bidi* and kretek† use among middle and high school students, and in dissolvable tobacco use among high school students. A substantial proportion of youth tobacco use occurs with products other than cigarettes, so monitoring and prevention of youth tobacco use needs to incorporate other products, including new and emerging products. Implementing evidence-based interventions can prevent and reduce tobacco use among youths as part of comprehensive tobacco control programs. In addition, implementation of the 2009 Family Smoking Prevention and Tobacco Control Act, which granted the Food and Drug Administration (FDA) the authority to regulate the manufacture, distribution, and marketing of tobacco products (1–3), also is critical to addressing this health risk behavior.

* The question to assess past 30 day use of bidis changed between 2011 and 2012. In 2011, the bidis question was “In the past 30 days, on how many days did you smoke bidis?” Students selected among “0 days,” “1 or 2 days,” “3 to 9 days,” “10 to 19 days,” “20 to 29 days,” or “all 30 days.” In 2012, the bidis question was “In the past 30 days, which of the following products have you used on at least one day?” Students could select different products, of which “bidis (small brown cigarettes wrapped in a leaf)” was a possible selection. This change might have affected the results for bidis.

† The question to assess past 30 day use of kreteks changed between 2011 and 2012. In 2011, the kreteks question was “In the past 30 days, on how many days did you smoke kreteks?” Students selected among “0 days,” “1 or 2 days,” “3 to 9 days,” “10 to 19 days,” “20 to 29 days,” or “all 30 days.” In 2012, the bidis question was “In the past 30 days, which of the following products have you used on at least one day?” Students could select different products, of which “clove cigarettes (kreteks)” was a possible selection. This change might have affected the results for kreteks.

NYTS is a school-based, self-administered, pencil-and-paper questionnaire administered to U.S. middle school (grades 6–8) and high school (grades 9–12) students to collect information on key tobacco control outcome indicators used to monitor the impact of comprehensive tobacco control policies and programs (4) and FDA’s newly granted regulatory authority. NYTS was conducted in 2000, 2002, 2004, 2006, 2009, 2011, and 2012. The 2012 NYTS used a three-stage cluster sampling procedure to generate a cross-sectional, nationally representative sample of students in grades 6–12. This report includes 2011 and 2012 NYTS data to provide an updated definition of current tobacco use, which now also includes hookahs, snus, dissolvable tobacco, and electronic cigarettes, to take into account nonconventional products that are new to the market or are increasing in popularity; data for these four products were first collected in 2011. The previous definition for current tobacco use did not include all of these products, thus yielding slightly lower estimates of current tobacco use. For example, in 2011, the previous definition for overall current tobacco use resulted in estimates of 7.1% for middle school and 23.2% for high school students (5), whereas the new definition resulted in 2011 estimates of 7.5% for middle school and 24.3% for high school students (Table).

Of the 284 schools selected for the 2012 NYTS, 228 (80.3%) participated, resulting in a sample of 24,658 (91.7%) among 26,873 eligible students; the overall response rate was 73.6%. The 2011 NYTS had a comparable overall response rate of 72.7% (5). Respondents were asked about their current use of

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TABLE. Percentage of middle and high school students currently using* tobacco products, by school level, sex, race/ethnicity, and product type — National Youth Tobacco Survey, United States, 2011 and 2012

School level/Product type	Sex											
	Total				Females		Males					
	2011		2012		2011		2012		2011		2012	
	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
Middle school												
Tobacco [†]	7.5	(6.5–8.8)	6.7	(5.8–7.7)	5.9	(4.7–7.4)	5.6	(4.7–6.7)	9.0	(7.9–10.3)	7.8	(6.7–9.0)
Cigarettes	4.3	(3.5–5.2)	3.5	(2.8–4.3)	4.0	(3.1–5.2)	3.2	(2.5–4.0)	4.5	(3.7–5.5)	3.8	(3.0–4.7)
Cigars	3.5	(2.8–4.2)	2.8	(2.4–3.4)	2.5	(1.9–3.4)	2.4	(1.9–3.2)	4.3	(3.4–5.4)	3.2	(2.7–3.8)
Smokeless tobacco	2.2	(1.8–2.7)	1.7	(1.3–2.1)	1.4	(1.0–2.0)	1.2	(0.8–1.6)	3.0	(2.3–3.8)	2.2	(1.7–2.9)
Pipes	2.2	(1.7–2.9)	1.8	(1.4–2.3)	1.8	(1.3–2.5)	1.7	(1.3–2.3)	2.7	(2.1–2.5)	1.9	(1.4–2.4)
Bidis	1.7	(1.3–2.2)	0.6	(0.5–0.7) [§]	1.4	(1.0–1.9)	0.4	(0.3–0.7) [§]	1.9	(1.4–2.6)	0.7	(0.5–1.0) [§]
Kreteks	1.1	(0.9–1.4)	0.5	(0.4–0.7) [§]	0.9	(0.6–1.3)	0.4	(0.3–0.7) [§]	1.3	(1.0–1.6)	0.6	(0.4–0.9) [§]
Hookahs	1.0	(0.8–1.4)	1.3	(1.0–1.7)	1.0	(0.6–1.6)	1.0	(0.7–1.4)	1.1	(0.7–1.5)	1.5	(1.1–2.2)
Snus	0.9	(0.6–1.2)	0.8	(0.6–1.0)	0.8	(0.5–1.2)	0.6	(0.4–0.9)	1.0	(0.6–1.4)	1.0	(0.7–1.4)
Dissolvable tobacco	0.3	(0.2–0.4)	0.5	(0.4–0.8) [§]	0.3	(0.2–0.5)	0.4	(0.2–0.6)	0.3	(0.1–0.5)	0.7	(0.4–1.1) [¶]
Electronic cigarettes	0.6	(0.4–0.9)	1.1	(0.9–1.5) [§]	0.4	(0.2–0.7)	0.8	(0.6–1.1) [§]	0.7	(0.4–1.3)	1.5	(1.1–2.1) [§]
High school												
Tobacco [†]	24.3	(22.1–26.6)	23.3	(21.6–25.2)	19.0	(17.0–21.1)	18.1	(16.2–20.1)	29.4	(26.6–32.4)	28.3	(26.2–30.6)
Cigarettes	15.8	(13.7–18.1)	14.0	(12.5–15.7)	13.8	(11.7–16.2)	11.7	(10.2–13.4)	17.7	(15.2–20.4)	16.3	(14.5–18.3)
Cigars	11.6	(10.5–12.7)	12.6	(11.4–13.9)	7.4	(6.3–8.6)	8.4	(7.2–9.8)	15.7	(14.3–17.2)	16.7	(15.0–18.5)
Smokeless tobacco	7.3	(5.9–9.0)	6.4	(5.5–7.5)	1.6	(1.2–2.2)	1.5	(1.1–2.1)	12.9	(10.4–15.9)	11.2	(9.5–13.0)
Pipes	4.0	(3.4–4.6)	4.5	(4.0–5.2)	2.8	(2.2–3.4)	3.2	(2.7–3.9)	5.1	(4.3–6.0)	5.8	(5.0–6.7)
Bidis	2.0	(1.6–2.5)	0.9	(0.7–1.1) [§]	1.0	(0.7–1.4)	0.5	(0.3–0.7) [§]	2.9	(2.3–3.7)	1.3	(1.0–1.7) [§]
Kreteks	1.7	(1.4–2.0)	1.0	(0.8–1.2) [§]	0.8	(0.6–1.2)	0.5	(0.3–0.7) [§]	2.4	(1.9–2.9)	1.5	(1.1–1.9) [§]
Hookahs	4.1	(3.4–5.0)	5.4	(4.6–6.3) [§]	3.5	(2.8–4.4)	4.5	(3.7–5.4)	4.8	(3.7–6.1)	6.2	(5.3–7.3)
Snus	2.9	(2.3–3.7)	2.5	(2.0–3.0)	0.8	(0.5–1.1)	0.9	(0.7–1.3)	5.1	(3.9–6.6)	3.9	(3.2–4.9)
Dissolvable tobacco	0.4	(0.3–0.6)	0.8	(0.6–1.0) [§]	0.1	(0.1–0.4)	0.6	(0.4–0.9) [¶]	0.6	(0.4–1.0)	1.0	(0.8–1.4)
Electronic cigarettes	1.5	(1.2–2.0)	2.8	(2.3–3.5) [§]	0.7	(0.5–1.0)	1.9	(1.5–2.4) [§]	2.3	(1.7–3.1)	3.7	(2.9–4.8) [§]

See table footnotes on page 896.

cigarettes, cigars[§] (defined as cigars, cigarillos, or little cigars), smokeless tobacco, pipes, bidis, kreteks, hookahs, snus, dissolvable tobacco, and electronic cigarettes. For each product, current use was defined as using on ≥ 1 day of the past 30 days.

Data were adjusted for nonresponse and weighted to provide national prevalence estimates with 95% confidence intervals for current tobacco use overall and by product, school level, sex, and race/ethnicity. Point estimate differences between 2011 and 2012 were assessed using a two-tailed t-test for significance ($p < 0.05$).

In 2012, 6.7% of middle students reported current use of any tobacco product (Table). The most commonly used forms of tobacco were cigarettes (3.5%), cigars (2.8%), pipes (1.8%), smokeless tobacco (1.7%), hookahs (1.3%), electronic cigarettes (1.1%), snus (0.8%), bidis (0.6%), kreteks (0.5%), and dissolvable tobacco (0.5%). Among high school students, 23.3% reported current use of any tobacco product. The most commonly used forms of tobacco were cigarettes (14.0%), cigars (12.6%), smokeless tobacco (6.4%), hookahs (5.4%),

pipes (4.5%), electronic cigarettes (2.8%), snus (2.5%), kreteks (1.0%), bidis (0.9%), and dissolvable tobacco (0.8%).

During 2011–2012, among middle school students, for current electronic cigarette use, significant increases were observed overall (0.6% to 1.1%) and among females (0.4% to 0.8%), males (0.7% to 1.5%), and Hispanics (0.6% to 2.0%) (Table). For hookahs, a significant increase was observed among Hispanics (1.7% to 3.0%).

During 2011–2012, among high school students, for electronic cigarette use, significant increases were observed overall (1.5% to 2.8%) and among females (0.7% to 1.9%), males (2.3% to 3.7%), non-Hispanic whites (1.8% to 3.4%), and Hispanics (1.3% to 2.7%). For hookahs, significant increases were observed overall (4.1% to 5.4%) and among non-Hispanic whites (4.3% to 6.1%). For cigars, a significant increase in use was observed among non-Hispanic blacks (11.7% to 16.7%).

Reported by

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[§] The heading for the cigar section of the questionnaire changed between 2011 and 2012. In 2011, the heading was "Cigars." In 2012, the heading was "Cigars, cigarillos, or little cigars, such as Black and Milds, Swisher Sweets, Dutch Masters, White Owl, or Phillies Blunts," and the question on ever use of cigars also included brand names. This change might have affected the results for cigars.

TABLE. (Continued) Percentage of middle and high school students currently using* tobacco products, by school level, sex, race/ethnicity, and product type — National Youth Tobacco Survey, United States, 2011 and 2012

School level/ Product type	Race/Ethnicity										
	White, non-Hispanic		Black, non-Hispanic		Hispanic		Other race, non-Hispanic				
	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012	
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	
Middle school											
Tobacco†	6.2 (5.1–7.4)	5.1 (4.2–6.3)	8.5 (6.6–10.9)	7.7 (5.9–10.1)	11.5 (10.2–13.1)	10.5 (8.6–12.8)	6.1 (3.8–9.9)	3.1 (1.7–5.4)			
Cigarettes	3.8 (2.8–5.1)	3.1 (2.4–4.0)	3.6 (2.6–5.0)	2.6 (1.7–4.0)	6.7 (5.6–8.0)	5.4 (4.2–7.1)	3.4 (2.0–5.8)	1.7 (0.8–3.6) [¶]			
Cigars	2.3 (1.7–3.0)	1.6 (1.2–2.0)	5.7 (4.3–7.4)	5.0 (3.8–6.6)	6.1 (4.9–7.4)	4.9 (3.8–6.4)	1.6 (0.8–3.2)	1.5 (0.7–3.1) [¶]			
Smokeless tobacco	2.3 (1.8–2.9)	1.6 (1.1–2.2)	1.0 (0.5–2.1)	0.6 (0.3–1.3) [¶]	2.9 (2.3–3.6)	2.4 (1.7–3.4)	2.4 (1.2–4.8)	1.4 (0.7–3.1) [¶]			
Pipes	1.5 (1.1–2.2)	1.2 (0.8–1.7)	1.3 (0.8–2.1)	1.2 (0.6–2.2) [¶]	5.0 (4.2–6.1)	3.7 (2.7–5.1)	2.5 (1.2–5.0)	0.5 (0.2–1.1) [¶]			
Bidis	1.0 (0.7–1.5)	0.3 (0.2–0.5) [¶]	1.9 (1.1–3.2)	0.6 (0.4–1.0)	3.5 (2.6–4.6)	1.2 (0.8–1.8) [¶]	1.2 (0.5–2.8)	0.7 (0.2–2.4) [¶]			
Kreteks	0.6 (0.4–0.6)	0.3 (0.2–0.5)	0.9 (0.5–1.6)	0.2 (0.1–0.7) [¶]	2.5 (2.0–3.3)	1.0 (0.6–1.7) [¶]	1.8 (0.7–4.3)	0.7 (0.2–2.4) [¶]			
Hookahs	0.9 (0.6–1.4)	0.8 (0.6–1.2)	0.9 (0.5–1.7)	0.9 (0.4–1.8) [¶]	1.7 (1.2–2.3)	3.0 (2.2–4.1) [¶]	0.1 (0.0–0.5)	0.3 (0.1–1.6) [¶]			
Snus	1.0 (0.7–1.4)	0.7 (0.5–1.0)	0.6 (0.2–1.3)	0.4 (0.1–0.9) [¶]	1.0 (0.6–1.5)	1.1 (0.7–1.7)	0.7 (0.2–2.5)	0.4 (0.1–2.8) [¶]			
Dissolvable tobacco	0.2 (0.1–0.5)	0.4 (0.2–0.7) [¶]	0.4 (0.1–1.2)	0.5 (0.2–1.5) [¶]	0.2 (0.1–0.5)	1.0 (0.6–1.6) [¶]	0.4 (0.1–2.4)	0.1 (0.0–0.5) [¶]			
Electronic cigarettes	0.6 (0.4–1.0)	0.9 (0.6–1.3)	0.4 (0.2–1.0)	1.1 (0.6–2.2) [¶]	0.6 (0.4–1.1)	2.0 (1.4–2.9) [¶]	0.7 (0.2–2.6)	0.3 (0.1–0.8) [¶]			
High school											
Tobacco†	26.6 (23.6–29.8)	24.6 (22.3–27.0)	18.9 (15.6–22.8)	22.6 (19.7–25.8)	23.8 (21.2–26.5)	22.5 (19.5–25.6)	13.9 (10.5–18.3)	13.7 (9.9–18.8)			
Cigarettes	17.6 (14.7–20.9)	15.4 (13.2–17.8)	10.6 (7.6–14.6)	9.6 (7.6–12.0)	15.8 (13.9–17.8)	14.3 (12.0–16.9)	8.9 (6.2–12.5)	8.7 (5.9–12.5)			
Cigars	12.1 (10.7–13.6)	12.2 (10.8–13.8)	11.7 (9.8–13.9)	16.7 (14.4–19.3) [§]	11.3 (9.8–13.1)	12.4 (10.6–14.4)	5.7 (4.0–8.1)	6.3 (4.4–9.0)			
Smokeless tobacco	9.2 (7.4–11.5)	8.1 (6.9–9.5)	3.0 (1.8–5.1)	2.2 (1.5–3.2)	5.1 (3.8–6.8)	5.1 (3.8–6.8)	4.0 (2.4–6.8)	3.4 (2.3–5.2)			
Pipes	3.5 (2.9–4.4)	4.5 (3.8–5.4)	2.4 (1.5–3.8)	2.9 (1.8–4.5)	6.3 (5.2–7.7)	6.2 (5.2–7.4)	3.4 (1.7–6.6)	2.4 (1.4–3.9) [¶]			
Bidis	1.4 (1.0–2.0)	0.7 (0.5–1.0) [§]	2.0 (1.2–3.2)	0.8 (0.4–1.7) [¶]	3.7 (2.9–4.8)	1.4 (0.9–2.2) [¶]	1.8 (1.0–3.4)	0.4 (0.2–1.1) [¶]			
Kreteks	1.4 (1.0–2.0)	1.1 (0.8–1.5)	1.3 (0.8–2.2)	0.6 (0.3–1.1) [¶]	2.5 (1.9–3.3)	0.9 (0.6–1.4) [¶]	2.0 (1.0–4.0)	0.3 (0.1–0.7) [¶]			
Hookahs	4.3 (3.4–5.4)	6.1 (5.2–7.2) [§]	1.7 (0.9–3.0)	2.1 (1.6–2.9)	5.1 (4.1–6.3)	6.6 (5.1–8.5)	4.8 (2.5–9.0)	2.5 (1.5–4.1) [¶]			
Snus	3.7 (2.8–4.9)	3.3 (2.6–4.2)	0.7 (0.3–1.5)	0.6 (0.3–1.1) [¶]	2.3 (1.7–3.1)	1.8 (1.3–2.5)	1.7 (0.7–3.8)	0.8 (0.4–1.6) [¶]			
Dissolvable tobacco	0.3 (0.1–0.5)	0.7 (0.5–0.9) [¶]	0.3 (0.1–1.2)	0.8 (0.4–1.3) [¶]	0.8 (0.5–1.3)	1.4 (1.0–2.1)	0.6 (0.1–2.9)	0.5 (0.2–1.2) [¶]			
Electronic cigarettes	1.8 (1.3–2.4)	3.4 (2.7–4.2) [§]	0.8 (0.3–1.7)	1.1 (0.7–1.9) [¶]	1.3 (0.8–2.1)	2.7 (1.9–3.8) [¶]	0.6 (0.3–1.2)	2.2 (0.9–5.8) [¶]			

Abbreviation: CI = confidence interval.

* Current use of cigarettes was determined by asking, "During the past 30 days, on how many days did you smoke cigarettes?" Current use of cigars was determined by asking, "During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?" Current use of smokeless tobacco was determined by asking, "During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip?" Current use of a pipe was determined by asking, "During the past 30 days, on how many days did you smoke tobacco in a pipe?" In 2011, current use of bidis and kreteks was determined by asking, "During the past 30 days, on how many days did you smoke bidis?" and "During the past 30 days, on how many days did you smoke kreteks?" In 2012, current use of bidis and kreteks was determined by asking, "During the past 30 days, which of the following products (bidis and kreteks) have you used on at least 1 day?" Current use of hookahs, snus, dissolvable tobacco, and electronic cigarettes was determined by asking, "During the past 30 days, which of the following products (hookah, snus, dissolvable tobacco, and electronic cigarettes) have you used on at least 1 day?"

† Includes use for ≥1 day in the past 30 days of any of the following: cigarettes, cigars, smokeless tobacco, tobacco pipes, bidis, kreteks, hookahs, snus, dissolvable tobacco, or electronic cigarettes.

§ Difference between 2011 and 2012 was statistically significant by t-test ($p < 0.05$).

¶ Data are statistically unreliable because sample size <50 or relative standard error >0.3 on at least 1 year's data; therefore, no t-test was performed.

Editorial Note

The findings in this report indicate that during 2011–2012 significant increases occurred in current use of nonconventional tobacco products, such as electronic cigarettes and hookahs, among middle and high school students; in addition, an increase in cigar use occurred among non-Hispanic black high school students. During this same period, overall current use of some tobacco products, such as bidis and kreteks, significantly decreased. These findings indicate that more efforts are needed to monitor and prevent the use of both conventional and nonconventional tobacco products among youths.

During 2011–2012, cigar use increased significantly among non-Hispanic black high school students to 16.7%, more than doubling the 2009 estimate (6). Further, cigar use among high school males (16.7%) was approximately double that of high school females (8.4%) and similar to cigarette use among high school

males (16.3%). Cigars include traditional premium cigars as well as cigarillos and "little cigars," which are similar to cigarettes in terms of appearance, but depending on their weight, can be taxed at lower rates and legally sold with certain flavors that are banned from cigarettes (7). Youths are known to have higher rates of cigar use than adults, which might be related to the lower price of some cigars (e.g., cigarillos and "little cigars") relative to cigarettes, or the marketing of flavored cigars that might appeal to youths (8). Significant increases also were observed in overall use of current electronic cigarettes (9) and hookahs. Current use of electronic cigarettes doubled among middle and high school females, middle school males, and Hispanic high school students. Among non-Hispanic white high school students, this increase was slightly less than double (1.8% to 3.4%), and among high school males, this increase was slightly more than 60% (2.3 to 3.7). For current hookah use, an increase of more than 75%

What is already known on this topic?

Nearly 90% of adult smokers began smoking by age 18 years.

What is added by this report?

Although decreases in the use of certain tobacco products (bidis and kreteks) have been observed, current cigar use has increased among non-Hispanic black high school students (11.7% to 16.7%), and the use of nonconventional products, such as electronic cigarettes, have increased among middle school (0.6% to 1.1%) and high school (1.5% to 2.8%) students.

What are the implications for public health practice?

Current use of cigars and nonconventional tobacco products need to be monitored at local, state, and national levels. This is especially true for nonconventional tobacco products and specific population subgroups. To reduce tobacco use among youths, national and state tobacco control programs can continue to implement evidence-based strategies, including those that will work in coordination with the Food and Drug Administration to regulate the manufacture, distribution, and marketing of tobacco products.

(1.7% to 3.0%) was observed for Hispanic middle school students; among high school students, an overall increase of more than 30% (4.1% to 5.4%) was observed, but for non-Hispanic whites, this increase was more than 40% (4.3% to 6.1%). The increase in use of electronic cigarettes and hookah tobacco could be attributed to low price, an increase in marketing, availability, and visibility of these products, and the perception that these tobacco products might be “safer” alternatives to cigarettes. Cigars, electronic cigarettes, hookah tobacco, and certain other new types of tobacco products are not currently subject to FDA regulation. FDA has stated it intends to issue a proposed rule that would deem products meeting the statutory definition of a “tobacco product” to be subject to the Federal Food, Drug, and Cosmetic Act.⁵

The findings in this report are subject to at least six limitations. First, data were only collected from youths who attended either public or private schools and might not be generalizable to all middle and high school-aged youths. Second, data were self-reported; thus, the findings are subject to recall and response bias. Third, current tobacco use was defined by including students who responded to questions about at least one of the 10 tobacco products but might have had missing responses to any of the other tobacco products that were assessed; missing responses were considered as nonuse, which might have resulted in conservative estimates. Fourth, in 2012, the question wording for bidis and kreteks was modified, and cigar brand examples were added to the heading and ever cigar use question of the survey; therefore, any observed changes in prevalence estimates across years might be attributed in part to these wording

modifications. Fifth, the NYTS overall response rate of 73.6% in 2012 and 72.7% in 2011 might have resulted in nonresponse bias, even after adjustment for nonresponse. Finally, estimates might differ from those derived from other youth surveillance systems, in part because of differences in survey methodology, survey type and topic, and age and setting of the target population. However, overall relative trends are similar across the various youth surveys (1).

Effective, population-based interventions for preventing tobacco use among youths are outlined in the Surgeon General’s report (1) and the World Health Organization’s MPOWER package (10). Interventions include increasing the price of all tobacco products, implementing 100% comprehensive smoke-free laws and policies in workplaces and public places, warning about the dangers of all tobacco use with tobacco use prevention media campaigns, increasing access to help quitting, and enforcing restrictions on all tobacco product advertising, promotion, and sponsorship. Interventions are best implemented as part of comprehensive tobacco control programs, which are effective in decreasing tobacco use in the United States (2). Full implementation of comprehensive tobacco control programs at CDC-recommended funding levels, in coordination with FDA regulations of tobacco products, would be expected to result in further reductions in tobacco use and changes in social norms regarding the acceptability of tobacco use among U.S. youths (1,2,10).

References

1. US Department of Health and Human Services. Preventing tobacco use among youth and young adults. Atlanta, GA: US Department of Health and Human Services, CDC; 2012. Available at http://www.cdc.gov/tobacco/data_statistics/sgt/2012/index.htm.
2. CDC. Best practices for comprehensive tobacco control programs—2007. Atlanta, GA: US Department of Health and Human Services, CDC; 2007. Available at http://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm.
3. CDC. CDC Grand Rounds: current opportunities in tobacco control. *MMWR* 2010;59:487–92.
4. CDC. Key outcome indicators for evaluating comprehensive tobacco control programs. Atlanta, GA: US Department of Health and Human Services, CDC; 2005. Available at http://www.cdc.gov/tobacco/tobacco_control_programs/surveillance_evaluation/key_outcome/pdfs/frontmaterial.pdf.
5. CDC. Current tobacco use among middle and high school students—United States, 2011. *MMWR* 2012;61:581–5.
6. CDC. Tobacco use among middle and high school students—United States, 2000–2009. *MMWR* 2010;59:1063–8.
7. United States Government Accountability Office. Tobacco taxes: large disparities in rates for smoking products trigger significant market shifts to avoid higher taxes (GAO-12-475). Washington, DC: United States Government Accountability Office; 2012. Available at <http://www.gao.gov/products/gao-12-475>.
8. King B, Tynan M, Dube S, Arrazola R. Flavored-little-cigar and flavored-cigarette use among U.S. middle and high school students. *J Adolesc Health* 2013 [Epub ahead of print].
9. CDC. Notes from the field: electronic cigarette use among middle and high school students—United States, 2011–2012. *MMWR* 2013;62:729–30.
10. World Health Organization. WHO report on the global tobacco epidemic, 2008—the MPOWER package. Geneva, Switzerland: World Health Organization; 2008. Available at http://www.who.int/tobacco/mpower/mpower_report_full_2008.pdf.

⁵FDA has expressed its intent to assert jurisdiction over all tobacco products. Additional information available at <http://www.reginfo.gov/public/do/eAgendaViewRule?publd=201304&CRIN=0910-AG38>.

Morbidity and Mortality Weekly Report

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Erratum

Vol. 62, No. 45

In the report, "Tobacco Product Use Among Middle and High School Students — United States, 2011 and 2012," an error occurred in the first paragraph on pages 893 and 894. The sixth sentence of that paragraph should read, "During the same period, significant decreases occurred in bidi* and kretek† use among middle and high school students."



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PHONE (202) 296-5469 • FAX (202) 296-5427

November 19, 2013

The Honorable Margaret Hamburg, Commissioner
U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993

Re: Lorillard Letter on FDA Regulation of E-Cigarettes

Dear Commissioner Hamburg:

On October 23, 2013, Lorillard Inc., which owns blu eCigs, submitted to you a letter expressing support for Food and Drug Administration (FDA) regulation of electronic cigarettes (e-cigarettes). In its letter, Lorillard insists that e-cigarettes are not a product for youth and claims to have voluntarily implemented “responsible measures” to prevent the sale and marketing of e-cigarettes to youth. At the same time, however, the company questions new research by the Centers for Disease Control and Prevention (CDC) that shows a sharp increase in youth use of e-cigarettes.¹

Lorillard’s attack on CDC’s research is unwarranted, and its claim of corporate responsibility with respect to youth access to its products is utterly misleading.

Youth Use of E-Cigarettes Has Increased

The CDC recently reported that youth use of e-cigarettes among high school students more than doubled from 2011 to 2012 (from 4.7% to 10%). The CDC estimates that nearly 1.8 million U.S. youth (grades 6–12) had tried e-cigarettes as of 2012, and 160,000 of those who tried e-cigarettes had never used conventional cigarettes.² This is a significant and alarming trend and suggests that e-cigarettes may be encouraging greater youth experimentation with tobacco products. Rather than recognizing the adverse implications of these findings for public health, Lorillard dismisses the CDC findings as “dramatically overstated” and lacking evidence. Lorillard’s absence of concern for this documentation of underage use of e-cigarettes is troubling and at odds with its claims of being a responsible manufacturer.

Like cigarettes, e-cigarettes contain nicotine; and nicotine is extremely addictive. Kids and adolescents are more susceptible to the effects of nicotine, because they are still going through critical periods of growth and their brains are still developing.³ Research shows that youth can experience symptoms of dependence—

¹ See October 23, 2013 Lorillard letter to Commissioner Hamburg regarding FDA regulation of e-cigarettes

² Centers for Disease Control and Prevention (CDC). “Electronic Cigarette Use Among Middle and High School Students—United States, 2011–2012,” *Morbidity and Mortality Weekly Report (MMWR)*, 62(35):729-730, September 6, 2013.

³ U.S. Department of Health and Human Services (USDHSS), *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General*, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2012. See also USDHSS, *How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General*, U.S. Department

including withdrawal and tolerance—after minimal exposure to nicotine.⁴ Thus, e-cigarettes could serve as a gateway to nicotine addiction and increase kids' risk of initiating other tobacco products.

As a result of nicotine addiction, approximately three out of four teen smokers end up smoking into adulthood, even if they intend to quit after just a few years.⁵ Research also shows that the earlier a young person first tries smoking, the higher his or her chances of ultimately becoming a regular smoker, and the less likely he or she is to quit.⁶ Lorillard dismisses CDC's data, asserting that it "includes youth who took only so much as one puff from an e-cigarette" but, as FDA's Tobacco Products Scientific Advisory Committee has stated, "Regular cigarette smoking begins with experimentation."⁷ The sharp increase in experimentation with e-cigarettes and its potential to draw youth into a lifetime of addiction is, therefore, a cause for great concern and worthy of more serious attention, and responsive action, than shown by Lorillard.

E-Cigarette Marketing Targets Youth

Lorillard states in its letter that "Responsible e-cigarette manufacturers, including blu eCigs, do not market to youth." Unfortunately, Lorillard's actions contradict its words. The marketing strategies Lorillard uses to promote blu are the same as the marketing strategies that have long been used by tobacco companies to market cigarettes to kids. They include:

- **Kid-friendly flavors:** Lorillard is the only one of the top three e-cigarette manufacturers to sell its product in flavors. In addition to classic tobacco and menthol varieties, blu e-cigarette cartridges are available in candy and fruit flavors, like cherry crush, vivid vanilla, piña colada, and peach schnapps. (See Exhibit A.) Tobacco companies have regularly used flavored products to appeal to youth, who may otherwise be turned off by the harsh taste of nicotine. It was for that reason that Congress approved the prohibition on flavored cigarette sales when it passed the Family Smoking Prevention and Tobacco Control Act in 2009. Current research confirms that flavored tobacco products are particularly popular among youth. A recently published national study found that 42.4 percent of youth smokers use flavored little cigars or flavored cigarettes.⁸ Data from the 2013 Florida Youth Tobacco Survey show that 18.7 percent of high school students have tried a flavored tobacco product at least once.⁹ It is reasonable to expect that flavored e-cigarettes would appeal to youth in the same way as other flavored tobacco products.
- **Magazine advertisements:** Lorillard regularly places advertisements for blu in magazines with high youth readership, including *Rolling Stone*, *ESPN The Magazine*, and *Sports Illustrated*. (See Exhibit B).

of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2010.

⁴ USDHSS, *How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General*, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2010.

⁵ USDHSS, *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General*, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2012.

⁶ See, e.g., Khuder, SA, et al., "Age at Smoking Onset and its Effect on Smoking Cessation," *Addictive Behavior*, 24(5):673-7, September-October 1999; D'Avanzo, B, et al., "Age at Starting Smoking and Number of Cigarettes Smoked," *Annals of Epidemiology*, 4(6):455-59, November 1994; Chen, J & Millar, WJ, "Age of Smoking Initiation: Implications for Quitting," *Health Reports*, 9(4):39-46, Spring 1998; Everett, SA, et al., "Initiation of Cigarette Smoking and Subsequent Smoking Behavior Among U.S. High School Students," *Preventive Medicine*, 29(5):327-33, November 1999; Breslau, N & Peterson, EL, "Smoking cessation in young adults: Age at initiation of cigarette smoking and other suspected influences," *American Journal of Public Health*, 86(2):214-20, February 1996.

⁷ Tobacco Products Scientific Advisory Committee, "Menthol Cigarettes and Public Health: Review of the Scientific Evidence and Recommendations" (July 21, 2001), at 215.

⁸ King, B. et al. "Flavored-Little-Cigar and Flavored-Cigarette Use Among U.S. Middle and High School Students," *Journal of Adolescent Health*, August 27, 2013. Flavored cigarettes may include menthol products.

⁹ 2013 Florida Youth Tobacco Survey.

Youth readership (ages 12- 17) for these three magazines alone is more than five million; the reach for all magazines would be millions more.¹⁰ With images of rugged men, glamorous women, and depictions of e-cigarette use as masculine, sexy, and rebellious, these advertisements likely appeal to many teenage boys and girls.

- **Celebrity endorsements:** Lorillard's advertisements for blu feature TV personality Jenny McCarthy and actor Stephen Dorff. Lorillard may be right that both celebrities are over 40 years old, but they are pictured in trendy settings, such as night clubs, speaking about the ways in which blu enhances their social and dating lives—scenes and topics that are familiar and important to many youth. This strategy mirrors tobacco companies' strategies from the 1940s and 1950s, when they used celebrities to associate a specific lifestyle and personality with their cigarettes in an effort to construct positive social norms around smoking.¹¹ And while Lorillard asserts that its TV advertisements featuring these celebrities were shown during time slots when at least 85 percent of the viewing audience was 18 years of age or older, it neglects to mention that these advertisements also are posted on YouTube, a public video-sharing website that is popular with youth. (See Exhibit C.) As such, these advertisements—which associate glamour with the use of blu—can be viewed by individuals of all ages at any time.
- **Sports, music, and other event sponsorships:** Although federal law prohibits Lorillard from sponsoring sporting and music events with its cigarette brands, it continues to take advantage of these popular, youth-friendly events to market blu. (See Exhibit D.) Blu currently sponsors cars in the IndyCar and Nascar circuits. It has sponsored numerous musical festivals, including The Governors Ball Music Festival in New York City, June 2013; the Bonnaroo Music and Arts Festival in Tennessee, June 2013; and Sasquatch! music festival at the Gorge in Washington state, May 2013. Blu has also sponsored "vaping areas," which show signs displaying the blu logo, in at least one Six Flags theme park in California. Six Flags is an amusement park that attracts thousands of visitors each year—many of which are families and young adults.¹²
- **Cartoons:** The website for blu has featured an animated cartoon pitchman named "Mr. Cool." The cartoon, which included an animated video, is reminiscent of the notorious Joe Camel cartoon character that effectively marketed cigarettes to kids in the 1990s. (See Exhibit E.)

Lorillard's Age Verification for Access to Its E-Cigarette Website is Superficial

Lorillard prides itself on its two-step age screening process for the blu website www.blucigs.com. A visit to the website, however, quickly shows that the age verification is superficial and inadequate to prevent youth access.

To access the blu website, an individual only needs to click on an icon that states "18+ (ENTER)." No validation of age is required. The individual is then directed to the full blu website, which includes information on e-cigarettes, a store, customer reviews, a support center, and more. This is a stark contrast to the age verification required to access Lorillard's website for Newport, its leading brand of cigarettes. Accessing the Newport website is a multi-stage process that first requires individuals to enter their date of birth. Individuals are then directed to a second page where they must enter their full name, address, driver's

¹⁰ GfK Mediamark Research & Intelligence. Youth readership is 2,002,000 for *ESPN The Magazine*, 1,289,000 for *Rolling Stone*, and 1,727,000 for *Sports Illustrated*.

¹¹ National Cancer Institute. *The Role of the Media in Promoting and Reducing Tobacco Use*. Tobacco Control Monograph No. 19. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute, June 2008.

¹² Americans for Nonsmokers' Rights. "Do you think Blu e-cigarettes should be promoted at Six Flags?" http://anr.no-smoke.org/site/MessageViewer?em_id=292810.

license number, and the last four digits of their social security number. Only after this information and the individual's age are verified are they able to enter the website. (See Exhibit F.)

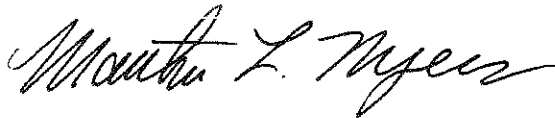
Having set up a more rigorous age verification system for its leading cigarette brand, Lorillard clearly has the knowledge and experience to set up a more advanced screening process for its e-cigarette brand. It has not, however; and the company offers no explanation for why the age verification processes differ. As a result, youth can be introduced to blu e-cigarettes just as easily as any adult.

Lorillard states that a second screening process takes place before an individual is allowed to purchase a product from the blu website. As before, however, this system lacks the rigor needed to effectively prevent youth from completing a purchase. Individuals need only enter a name, birthdate, and credit card information—information that could easily be taken from an older individual. A driver's license and social security number are not required for age verification.

Lorillard claims to be a responsible e-cigarette manufacturer and implies that it is part of the solution for reducing tobacco-related harms. Its actions, however, show that it still is part of the problem. The strategies used to market blu e-cigarettes are the same irresponsible marketing strategies used by tobacco companies to market cigarettes to kids.

I urge the FDA to move quickly to regulate e-cigarettes and ensure that tobacco companies, like Lorillard, do not continue to market their addictive products to another generation of kids.

Sincerely,

A handwritten signature in black ink that reads "Matthew L. Myers". The signature is written in a cursive, flowing style.

Matthew L. Myers
President
Campaign for Tobacco-Free Kids

Exhibit A: Screenshot of blu eCigs Website, November 1, 2013

Electronic Cigarette Cartridge | Electric C...

www.blucigs.com/store/cartridges

Call us 24/7 | Store Locator | My Account | My Cart (0) | Checkout | Log In

blu FREE SHIPPING ONE YEAR WARRANTY Enter Zip to Find Store Find a Store

Start Starter Kit Cartridges Disposables How it Works Rewards Reviews Support

Products
[View All](#)
[Starter Kits](#)
[Cartridges](#)
[Disposables](#)
[Accessories](#)
[Packs](#)
[Batteries](#)
[Chargers](#)

Need Help?
 Click to Start LIVE CHAT

My Cart
 You have no items in your shopping cart.

Reviews
 "When people ask me what the best electronic cigarettes are for new vapor smokers, I always tell them go ahead and give the Blu Cigs electric cigs a shot. Not only are they priced fair, but Blu Cigs is also one of the most recognized brands in the industry."
REVIEWS
 "blu batteries can be charged on the go - This is perhaps one of the biggest advantages of blu Electronic Cigarettes."
 "The blu cigs vapor produced is the highest quality."

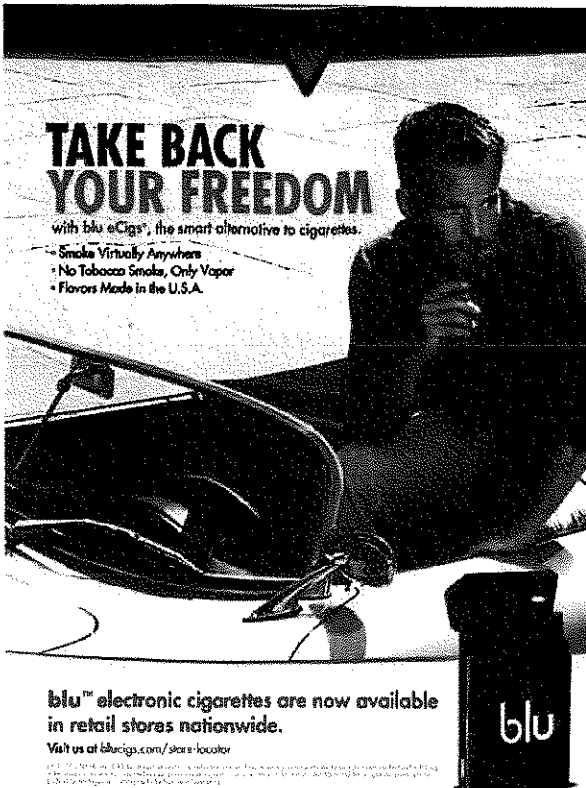
blu Starter Pack, Original and Premium Electronic Cigarette Flavor Cartridges

Classic Tobacco Pack	Magnificent Menthol Pack	Java Jolt Pack	Cherry Crush Pack
1 Five Pack \$12.00 2 Five Packs \$10.80 ea. 4 Five Packs \$ 8.80 ea.	1 Five Pack \$12.00 2 Five Packs \$10.80 ea. 4 Five Packs \$ 8.80 ea.	1 Five Pack \$12.00 2 Five Packs \$10.80 ea. 4 Five Packs \$ 8.80 ea.	1 Five Pack \$12.00 2 Five Packs \$10.80 ea. 4 Five Packs \$ 9.60 ea.
Select Learn More	Select Learn More	Select Learn More	Select Learn More

Vivid Vanilla Pack	Pina Colada Pack	Peach Schnapps Pack
1 Five Pack \$12.00 2 Five Packs \$10.80 ea. 4 Five Packs \$ 8.80 ea.	1 Five Pack \$12.00 2 Five Packs \$10.80 ea. 4 Five Packs \$ 9.60 ea.	1 Five Pack \$12.00 2 Five Packs \$10.80 ea. 4 Five Packs \$ 9.60 ea.
Select Learn More	Select Learn More	Select Learn More

Premium100 Electronic Cigarette Flavor Cartridges

Exhibit B: Magazine Ads in Magazines with High Youth Readership



Magazine Ad Found In:

Rolling Stone: April 25, 2013; May 23, 2013; June 20, 2013; July 4-18, 2013

Car and Driver: June 2013; July 2013

Men's Journal: June 2013; July 2013; August 2013

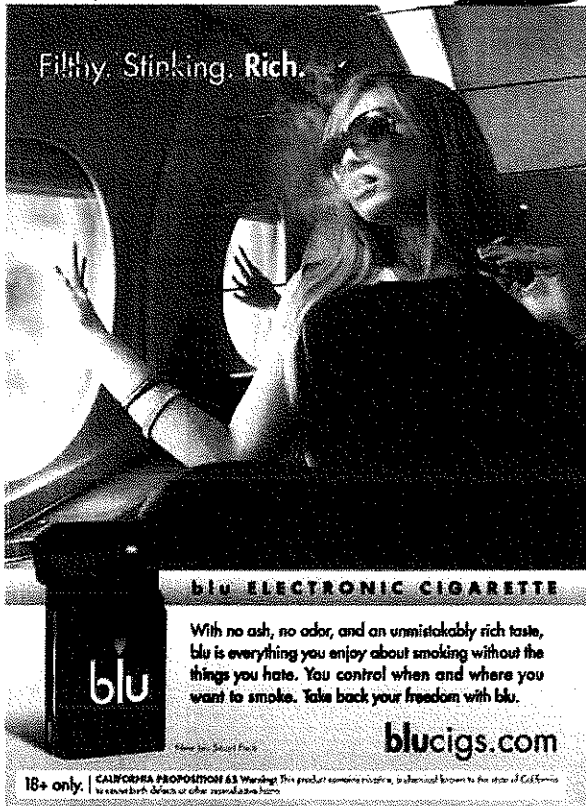
Esquire: June 2013

Field and Stream: June 2013; July 2013

Playboy: June 2013; July/August 2013

Popular Mechanics: June 2013; July/August 2013

Source: Trinkets & Trash, www.trinketsandtrash.org



Magazine Ad Found In:

Rolling Stone - May 2012

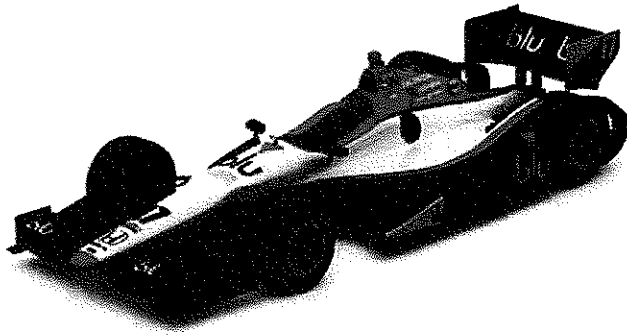
Source: Trinkets & Trash, www.trinketsandtrash.org

Exhibit C: Screenshots of blu TV Advertisements on YouTube

This screenshot shows a YouTube video player for a commercial. The video title is "Stephen Dorff's Rise From the Ashes- Brought to you by blu Cigs". The video shows a man (Stephen Dorff) in a dark suit, looking thoughtfully at a smartphone he is holding. The video player includes a progress bar and a volume icon. Below the video, the channel name "blu Cigs" is displayed with 23 videos and 121,817 subscribers. The video was published on Oct 1, 2012. To the right, there are featured video thumbnails, including "Ice House Chronicles: Joe Regan vs. Brian Redban on..." and "A PBNardo Review: The Blu Electronic Cigarette".

This screenshot shows a YouTube video player for a commercial. The video title is "blu eCigs 2013 TV Commercial: 'Freedom' featuring Jenny McCar...". The video shows a woman (Jenny McCar...) in a dark, atmospheric setting, possibly a bar or club, with a lamp visible in the foreground. The video player includes a progress bar and a volume icon. Below the video, the channel name "blu Cigs" is displayed with 47 videos and 39,312 subscribers. The video was published on Aug 6, 2013. Below the video, there is a link to visit www.blucigs.com for more information and a link to like the channel on Facebook at www.facebook.com/blucigs. A "Show more" link is also present.

Exhibit D: Sports, Music, and Other Events Sponsorships



blu IndyCar sponsorship

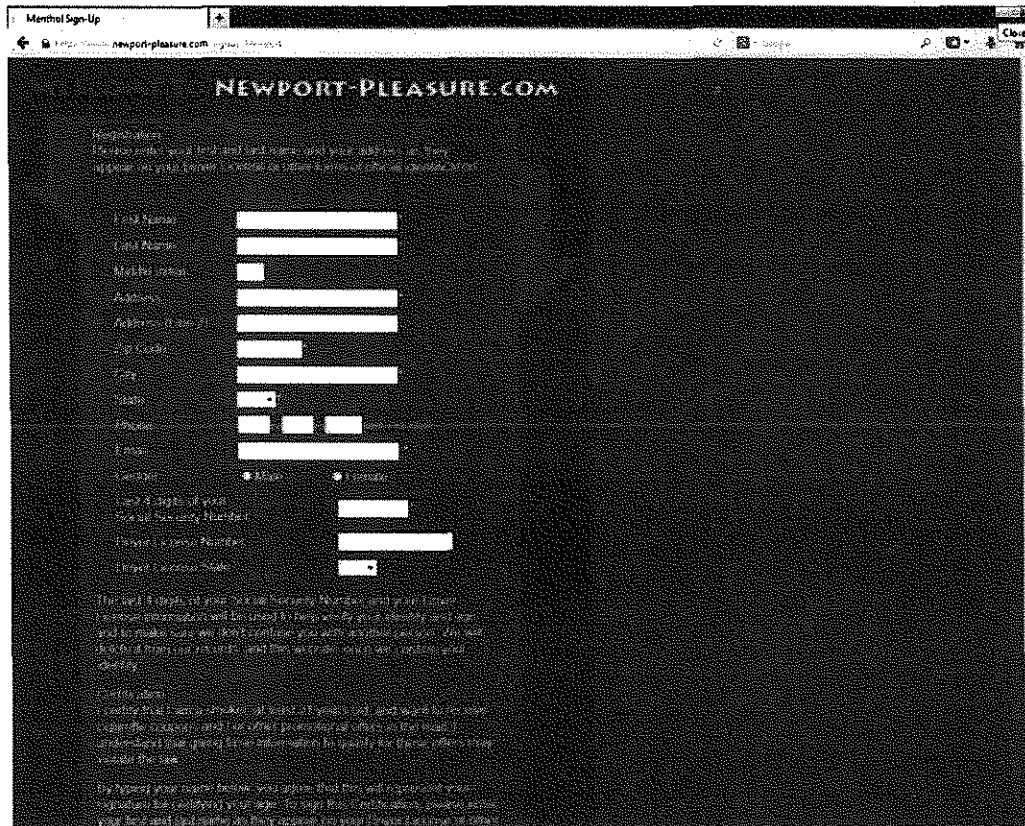


blu sponsorship of Bonnaroo Music and Arts Festival

Exhibit E: Screenshot of "Mr. Cool" Cartoon on blu eCigs Website



Exhibit F: Screenshots of blu eCigs and Newport Age Verification





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ACPM
American College of
Preventive Medicine



NACCHO
National Association of County & City Health Officials



SAHM
SOCIETY FOR ADOLESCENT
HEALTH AND MEDICINE

September 19, 2013

The President
The White House
1600 Pennsylvania Avenue NW
Washington, DC 20500

Dear Mr. President:

We write you today to ask for your leadership in ensuring that the Food and Drug Administration (FDA) moves forward promptly with a rule that would assert the agency's authority over all tobacco products, including e-cigarettes, little cigars, cigars and other tobacco products not currently under its jurisdiction. More than two years ago, FDA announced its intent to take this action, yet no progress has been made. This delay is having very real public health consequences.

This Sunday, September 22, marks, the four-year anniversary of the prohibition of candy-flavored cigarettes. The prohibition of candy-flavored cigarettes was one of the very first measures implemented as a result of the enactment of the Family Smoking Prevention and Tobacco Control Act (Tobacco Control Act), which passed the Congress with overwhelming bipartisan majorities and you signed into law on June 22, 2009. As a result, the tobacco industry is no longer able to use candy- and fruit-flavored cigarettes with characterizing flavors such as strawberry, grape, pineapple, chocolate and vanilla to attract and addict our nation's children to cigarettes.

The Tobacco Control Act gave the FDA immediate authority over cigarettes, smokeless and roll-your-own tobacco and gave the authority to the Secretary of Health and Human Services to deem other tobacco products subject to FDA's jurisdiction. Until this occurs, there is no federal oversight of these products, nor restrictions in

place to protect the public health against risks posed by these products, particularly to the health of our children. For example, at present FDA has no authority to stop the use of candy- and fruit-flavors in other tobacco products and cannot require the disclosure of the ingredients disclosure of those products. There is no reason for further delay.

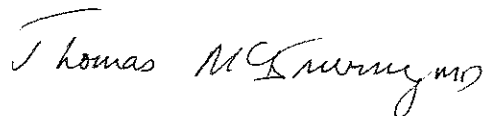
The use of e-cigarettes is increasing, including among youth. The e-cigarette industry is using a number of marketing techniques originally employed by the cigarette companies to addict youth, including the use of candy- and fruit-flavors. E-cigarettes come in cotton candy, gummy bear, bubble gum flavors, Atomic Fireball, orange soda, as well as grape, apple and strawberry. Earlier this month, the Centers for Disease Control and Prevention (CDC) released alarming new data about e-cigarette use among youth. In just one year (2011 to 2012), the number of students in grades 6-12 reporting having ever used an e-cigarette doubled from 3.3 percent to 6.8 percent. Recent use of e-cigarettes among 6-12 year olds increased from 1.1 percent to 2.1 percent. Adults are also reporting greater use of e-cigarettes. CDC estimates that one in five adults have tried an e-cigarette, doubling from ten percent in 2010 to 21 percent in 2011.

Cigarette use declined 33 percent between 2000 and 2011, while the use of large cigars increased 233 percent over this period. Cigar smoking is the second most common form of tobacco use among youth. According to national surveys, 17.8 percent of high school boys currently smoke cigars (i.e., large cigars, cigarillos, and small cigars), and each day more than 3,000 kids under 18 years old try cigar smoking for the first time. Again, the unregulated cigar and little cigar industry is using candy- and fruit-flavored flavors such as Swisher Sweets Sweet Chocolate Blunts, Phillis Sugarillos Cigarillos (described on the box as "when sweet isn't enough!"), White Owl grape Blunts Xtra, and Optimo peach Blunts.

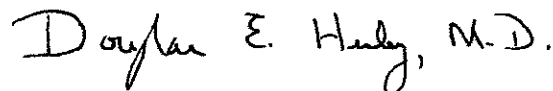
The Tobacco Control Act is already paying health dividends. The FDA has implemented regulations to curb the marketing and sales of cigarettes and smokeless tobacco products to children and is working with states and local governments to enforce the law that prohibits the sale of these products to children. It has also worked to end misleading brand descriptors including light, low and mild. The FDA has also launched a significant research collaboration with the National Institutes of Health to investigate major questions associated with tobacco use.

Given the enormity of the burden of death and disease caused by tobacco products, the public health of our nation cannot afford further delay. FDA must issue a rule to regulate all tobacco products, including cigars, little cigars, e-cigarettes and other tobacco products. We urge you do everything in your power to ensure that FDA takes this action without further delay.

Most respectfully,




Thomas K. McNerny, MD, FAAP
President
American Academy of Pediatrics



Douglas E. Henley, MD, FAAFP
Executive Vice President and CEO
American Academy of Family Physicians



Harold Wimmer
National President and CEO
American Lung Association



Christopher W. Hansen
President
American Cancer Society Cancer Action Network

Hal C. Lawrence III, MD, FACOG
Executive Vice President and CEO
American College of Obstetricians and Gynecologists

Molly Cooke, MD, FACP
President
American College of Physicians

Michael A. Barry, CAE
Executive Director
American College of Preventive Medicine

Nancy A. Brown
Chief Executive Officer
American Heart Association

Georges C. Benjamin, MD, FACP, FACEP (E)
Executive Director
American Public Health Association

Stephen C. Crane PhD MPH
Executive Director
American Thoracic Society

Matthew L. Myers
President
Campaign for Tobacco-Free Kids

Cheryl G. Heaton, DrPH
President and CEO
Legacy

Robert M. Pestronk, MPH
Executive Director
National Association of County and
City Health Officials

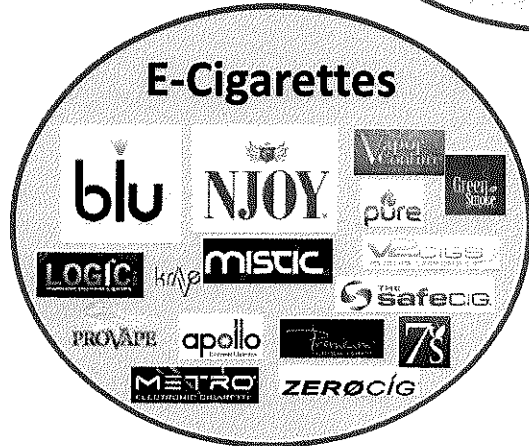
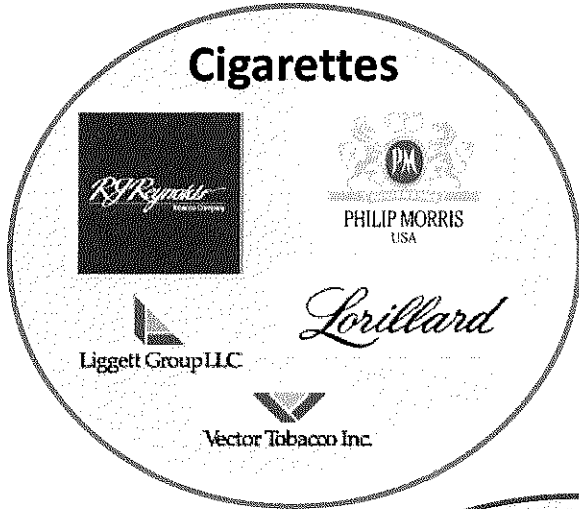
Paula T. Rieger, RN, MSN, CAE, FAAN
Chief Executive Officer
Oncology Nursing Society

Rose Matulionis
Executive Director
Partnership for Prevention

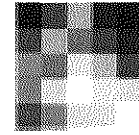
Debra K. Katzman, MD, FSAHM
President
Society for Adolescent Health and Medicine

Cc: The Honorable Kathleen Sebelius, Secretary, Department of Health and Human Services
The Honorable Margaret Hamburg, Commissioner, Food and Drug Administration
Mitch Zeller, Director, Center for Tobacco Products, Food and Drug Administration

BEFORE



NOW



Altria

Philip Morris USA
an Altria Company



NuMark
an Altria Company



RAI Reynolds American



R.J. Reynolds
Vapor



Lorillard

Lorillard

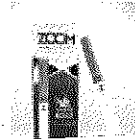
blu



VECTOR GROUP LTD.

Liggett Group LLC

Vector Tobacco Inc.







7 Ways E-Cigarette Companies Are Copying Big Tobacco's Playbook

(or 7 reasons FDA should quickly regulate e-cigarettes)



The CDC recently reported that rates of electronic cigarette use among U.S. youth more than doubled from 2011 to 2012, when 10 percent of high school students reported ever having used e-cigarettes.

These numbers are troubling but not surprising. There has been an explosion in e-cigarette marketing in recent years, and e-cigarette manufacturers are using the same slick tactics long used to market regular cigarettes to kids.

Here's how. →

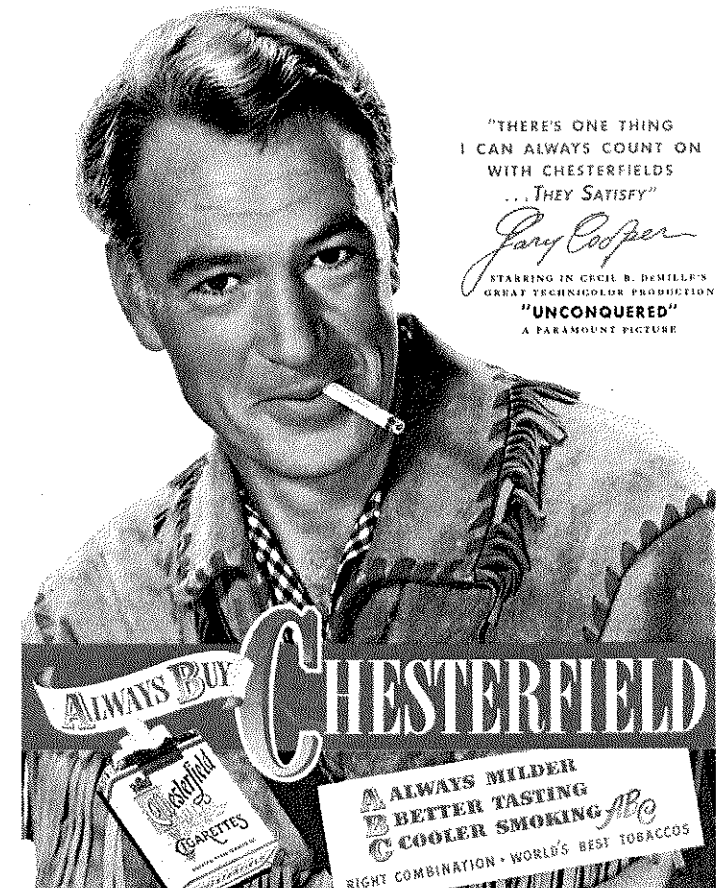
1. They have celebrity spokespeople

Like cigarette ads of old, television, online and print ads for e-cigarettes feature catchy slogans and celebrity endorsers, including actor **Stephen Dorff**



Stephen Dorff's Rise From the Ashes- Brought to you by blu Cigs

https://www.youtube.com/watch?v=VZishwAt_RM



http://tobacco.stanford.edu/tobacco_main/main.php

... and TV personality **Jenny McCarthy** for blu eCigs ...



blu eCigs 2013 TV Commercial: "Freedom" featuring Jenny McCarthy for blu Electronic Cigarettes



306 views

5 likes 0 dislikes

Like

About

Share

Add to

Like

Flag

<https://www.youtube.com/watch?v=A5rBDwliN8E>

Scientific tests prove Lucky Strike milder than any other principal brand!

These scientific tests, confirmed by independent consulting laboratory, prove Lucky Strike mildest of 6 major brands tested!

MARLENE DIETRICH says:

"I smoke a smooth cigarette—Lucky Strike!"



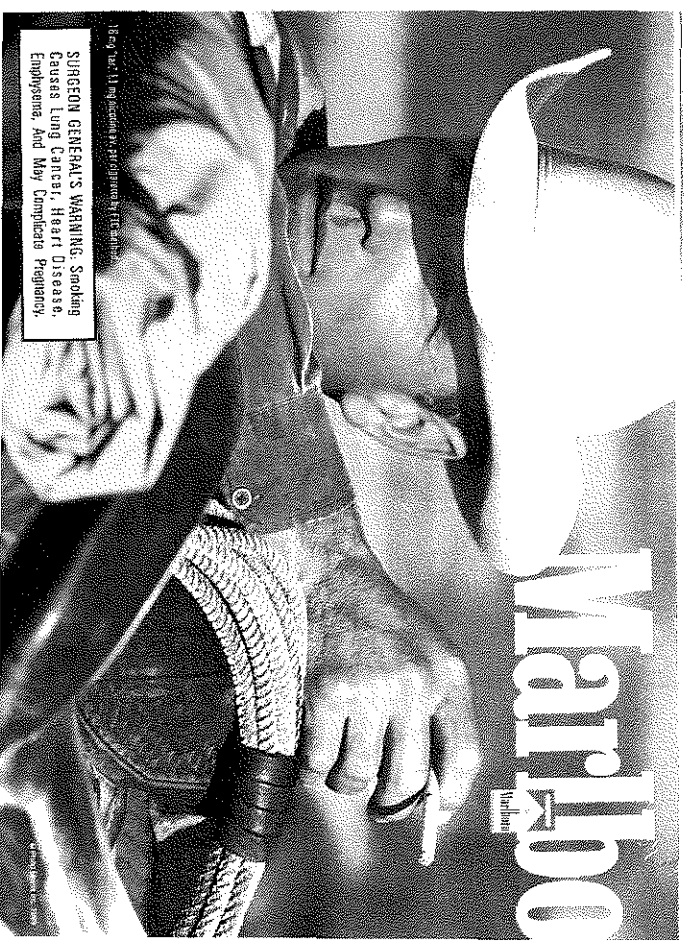
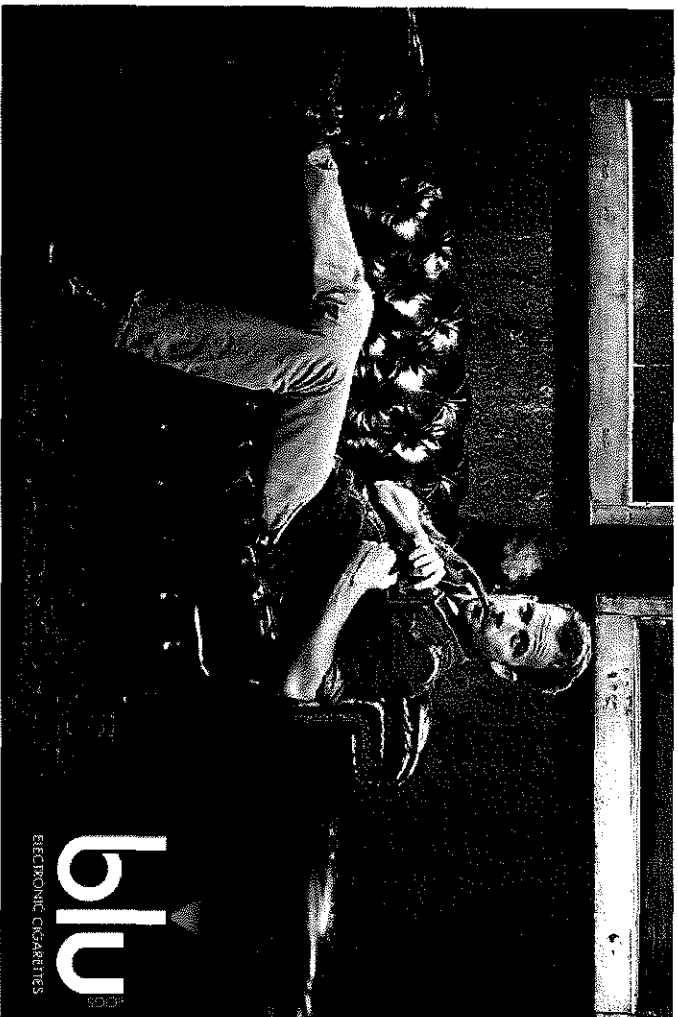
Let your own taste and throat be the judge! For the rich taste of fine tobacco—for smoothness and mildness—
THERE'S NEVER A ROUGH PUFF IN A LUCKY!

L.S./M.F.T. — Lucky Strike Means Fine Tobacco

So round, so firm, so fully packed—so free and easy on the draw

http://tobacco.stanford.edu/tobacco_main/main.php

2. Their magazine ads feature rugged men ...



... and glamorous women

These ads feature today's equivalents of the Marlboro Man and the Virginia Slims woman, depicting e-cigarette use as masculine, sexy or rebellious. E-cigarette ads have appeared in magazines that reach millions of teens, including *Rolling Stone*, *Sports Illustrated*, *InStyle* and *Us Weekly*.



SMOKE IN STYLE
With blu Electronic Cigarettes

Freedom never goes out of fashion. Control when and where you want to smoke with blu electronic cigarettes. blu produces no tobacco smoke and no ash, only vapor, making it the ultimate accessory and the smarter alternative to regular cigarettes. Step out in style with blu.

  'Like' us on Facebook
[facebook.com/blucigs](https://www.facebook.com/blucigs)

blu

blucigs.com

* Introducing the World's First Smart Pack 2010 © 2010

18+ ID required. | blu e-cigs are not a smoking cessation product and have not been evaluated by the Food and Drug Administration, nor are they intended to treat, prevent or cure any disease or condition.



In 1984, Mrs. Caring Husband found a clever way to smoke a cigarette while her husband still got the attention he demanded.

**You've
come a long
way, baby.**



© Philip Morris Inc. 1999
8 mg "tar," 0.6 mg nicotine av. per cigarette, FTC Report Feb '05

**SURGEON GENERAL'S WARNING: Cigarette
Smoke Contains Carbon Monoxide.**

3. They know sex sells

Like cigarette companies have long done, e-cigarette makers portray use of their products as sexually attractive.



This year, resolve to make the most of your opportunities by making the switch to blu. With only five ingredients, blu produces no ash, no smell, only vapor, which means it's perfect for restaurants, bars and your trip around the bases. You control the nicotine. You control when and where you want to smoke. The rest is up to her.

FLAVORS: Classic Tobacco, Magnificent Menthol, Cherry Crush, Vivid Vanilla & Java Jolt

blucigs.com



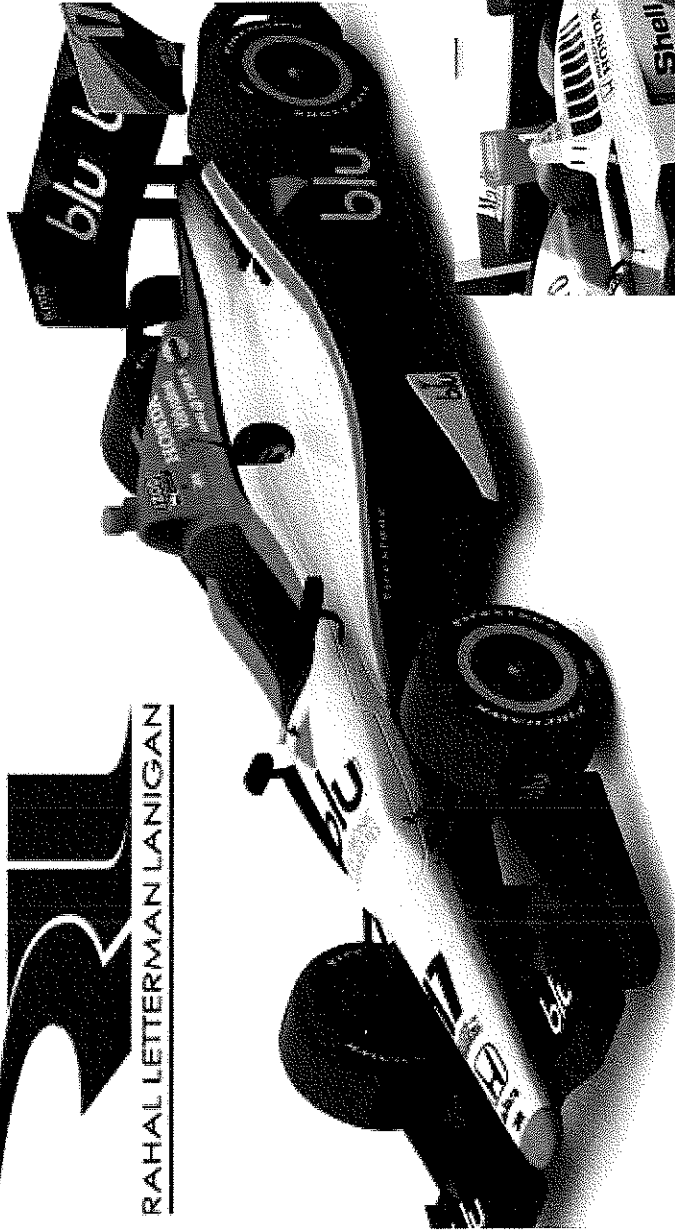
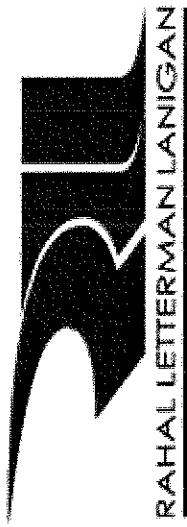
Available Now at These
and Other Fine Retailers:



18+ only. CALIFORNIA PROPOSITION 65 Warnings: This product contains nicotine, a chemical known to the state of California to cause birth defects or other reproductive harm.



4. They sponsor sports ...



... and music festivals

For decades tobacco companies used sponsorships of sports and entertainment events, especially auto racing and music festivals, to promote cigarettes to huge audiences, including kids. Cigarette sponsorships are now banned, but e-cigarette brands have auto racing sponsorships of their own.

blu ELECTRONIC CIGARETTES
PRESENTS



electric lounge

MARCH 14-16, 2013 • 418 E. 6th St. • AUSTIN, TX

thursday	friday	saturday
DAY NOON - 7:30 DIM MAK <small>hosted by</small> KEYS N KRATES WILL BRENNAN THE DEATH SET SCANNERS NEW IVORY BONES DJ SET	DAY NOON - 6PM FUTURE CLASSIC/ BOND MUSIC <small>powered by</small> FLAME RAC CLASSXX MITZI BICEP VICEROY GROUNDISLAVIA	DAY NOON - 7:30PM OM RECORDS/ LAVISH HABITS <small>powered by</small> BODY LANGUAGE VOLTA BUREAU FRENCH HORN REBELION MYSTERY SKULLS GOLDROOM GIRAFFAGE NANOSAUR SEATRAFFIC
NIGHT 8PM - 1AM FIREPOWER <small>powered by</small> DATSIK DELTA HEAVY BARE NOIZE MAYHEM GETTER SUB ANIX	NIGHT 8PM - 1AM STYLES & COMPLETE TEAM BAYSIDE HIGH TERRY URBAN SILVER MEDALLION BENZI	NIGHT 9PM - 1AM SHINY TOY GUNS DJ SET CHEWIE D. VELOPED **SPECIAL GUEST**

ticket price is limited. \$17 and less are subject to change.
MEDIA AND SUPPORTING PARTNERS

40,000 the BMW network creative: [unclear] hissonquad | digital: [unclear] **BOLIVIN**

KOOL JAZZ FESTIVAL

Come get down to the real jazz music in jazz. Some from the past, some from the future, they'll be playing and keeping their unforgettable sounds. Don't miss them.

KOOL JAZZ FESTIVAL 1983

Amsterdam, NL	May 25-26
Antwerp, Belgium	May 28-29
Brussels, Belgium	May 31
Frankfurt, Germany	June 4-7
Frankfurt, Germany	June 8-10
Geneva, Switzerland	June 11-12
Hamburg, Germany	June 14-17
London, England	June 20-22
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London, England	October 7-8
London, England	October 9-10
London, England	October 11-12
London, England	October 13-14
London, England	October 15-16
London, England	October 17-18
London, England	October 19-20
London, England	October 21-22
London, England	October 23-24
London, England	October 25-26
London, England	October 27-28
London, England	October 29-30
London, England	November 1-2
London, England	November 3-4
London, England	November 5-6
London, England	November 7-8
London, England	November 9-10
London, England	November 11-12
London, England	November 13-14
London, England	November 15-16
London, England	November 17-18
London, England	November 19-20
London, England	November 21-22
London, England	November 23-24
London, England	November 25-26
London, England	November 27-28
London, England	November 29-30
London, England	December 1-2
London, England	December 3-4
London, England	December 5-6
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London, England	December 17-18
London, England	December 19-20
London, England	December 21-22
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London, England	December 29-30
London, England	January 1-2
London, England	January 3-4

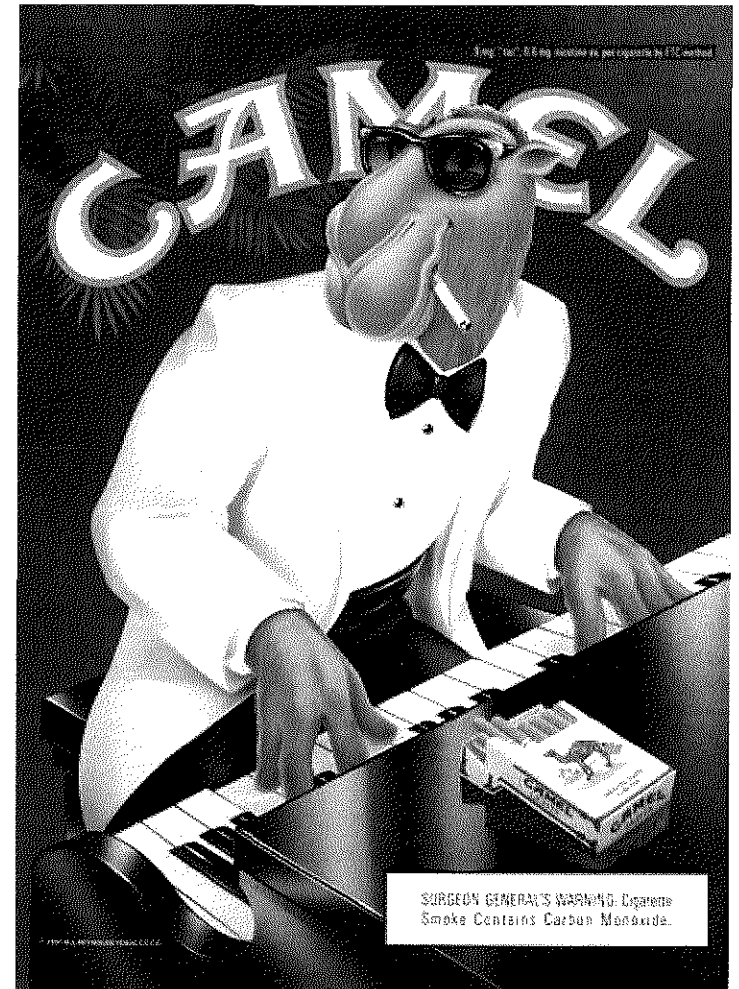
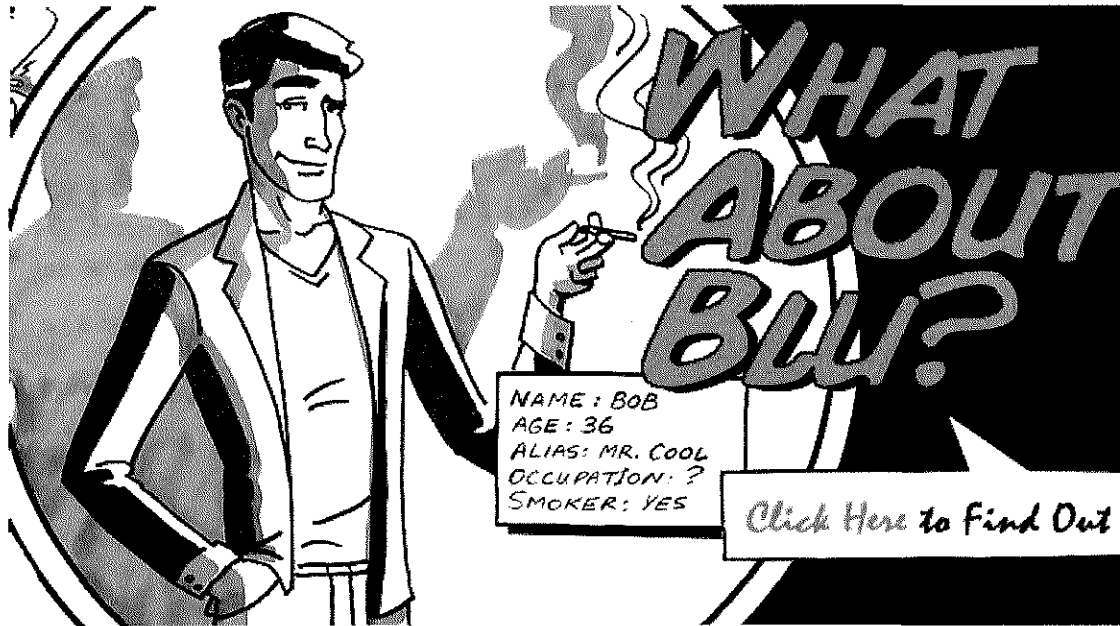
5. Their products come in sweet flavors

A 2009 federal law banned fruit- and candy-flavored cigarettes, but many e-cigarette companies gleefully pitch similar flavors. Apollo Vapors, for example, offers Almond Joyee (“the candy bar taste without the calories!”), French Vanilla (“like biting into a deliciously sweet vanilla cupcake”) and Banana Cream (“yummy ambrosia of bananas and whipped cream”).



6. They use cartoons

The web site for Blu e-Cigs has featured a cartoon pitchman named “Mr. Cool.” It was reminiscent of the Joe Camel cartoon character that so effectively marketed cigarettes to kids in the 1990s.



7. Their ads say, “Switch, Don’t Quit.”

Tobacco companies have long tried to discourage smokers from quitting by marketing cigarette changes as reducing health risk. Some e-cigarette ads carry a similar message.



**WHY QUIT?
SWITCH TO BLU**

blu is the smart choice for smokers wanting a change. Take back your freedom to smoke when and where you want without ash or smell. blu is everything you enjoy about smoking and nothing else. Nobody likes a quitter, so make the switch today.

Visit blucigs.com

PREMIUM ELECTRONIC CIGARETTE

18+ only. CALIFORNIA PROPOSITION 65 - Warning: This product contains nicotine, a chemical known to the state of California to cause birth defects or other reproductive harm.



Considering all I'd heard, I decided to either quit or smoke True.

I smoke True.

The low tar, low nicotine cigarette. Think about it.

Warning: The Surgeon General Has Determined That Cigarette Smoking is Dangerous to Your Health.

True Cigarettes are made with 100% tobacco. © 2008 Lorillard LLC. All rights reserved.

No wonder youth e-cigarette use is on the rise.

These developments underscore the need for the FDA to quickly regulate e-cigarettes and take steps to prevent their marketing and sale to kids.



www.TobaccoFreeKids.org

Samples of E-Cigarette Marketing

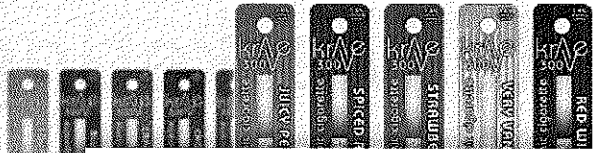
1-5: Flavored e-cigarettes, refill cartridges,
and refill liquids

6: Promotional events

7: Branded items

8-9: Health and cessation claims

10-12: Retail marketing



KRAVE® 300 - Disposable Flavored Electronic Cigarette

- LASTS UP TO 300 PUFFS / INHALATIONS
- READY TO SMOKE RIGHT OUT OF THE PACK

\$10.95

Options:

-- Please Select --

Qty:



Overall puff efficiency is estimated and can vary depending on size, duration, and strength of inhalations.

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[Like](#) 760



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1.877.958.2767

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- VAPOR COUTURE Batteries
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Vapor Cartridges

 <p>Bombshell</p> <p>This rich, smooth blend is a great fit for the tobacco lovers!</p>	 <p>Rodeo Drive</p> <p>The perfect hearty and rich, traditional All-American tobacco flavor.</p>	 <p>Fresh Mint</p> <p>Our wonderful and invigorating menthol is fresh, cool and delicious.</p>	 <p>Passion Fruit</p> <p>Fruity and bold, this is a full-bodied flavor treat with a hint of captivating passion.</p>	 <p>NEW Strawberry Champagne</p> <p>Fruity, full-bodied flavor treated with a hint of passion.</p>	 <p>NEW Arctic Mint</p> <p>Sensuous Arctic blast of minty flavor.</p>
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You are here: Home / Juicy eJuice / SweetTarts e-Liquid

SweetTarts e-Liquid



SweetTarts e-Liquid from Juicy eJuice has been created with care to bring you that fun flavour of SweetTarts candy.

- Buy the Best e-Liquid
You can buy the best e-Liquid online directly from the JUICY! Shop.

Filed Under: Juicy eJuice, Rich e Juice Flavours Tagged With: SweetTarts e-Liquid

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EARN MONEY!! **JUICY BUCKS \$\$**

What is e-Liquid?

e-Cigarette FAQ's

JUICY! GUARANTEE



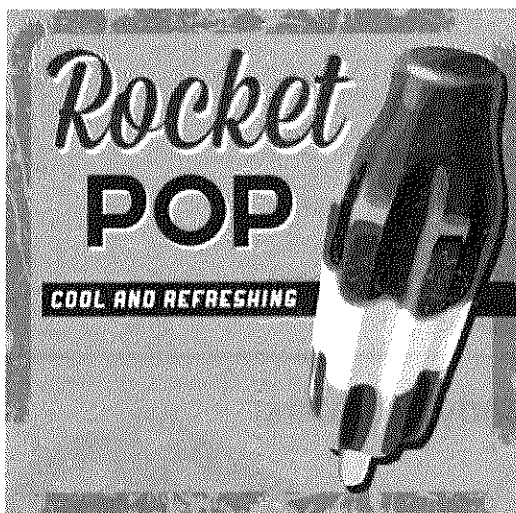
Welcome to Rocket Fuel

YOU PICK 5 SAMPLE PACKS - \$22
ALL 10 ML E-LIQUIDS - \$6.5
ALL 30 ML E-LIQUIDS - \$16



Cart \$0.00

HOME ABOUT FLAVORS - YOU PICK 5 VAPE BLOG CONTACT LOG IN



Rocket Pop

★★★★☆ 2 Review(s) | Add Your Review

A blend of cherry, lime and raspberry that will take you back to long-forgotten summers of the past.

\$6.50

Availability: In stock

* Required Fields

Nicotine *

-- Please Select --



Volume *

10 ml

30 ml + \$9.50

Add to Cart

Quantity: 1



SSL encrypted checkout for safe credit card transactions.



FREE shipping on orders over \$50. Current processing time is 24-48 hours.



Diacetyl-free, quality controlled, and made in the USA



Products containing nicotine are not valid for purchase by shoppers under the age of 18.

5% off



Product Description Reviews Product Tags

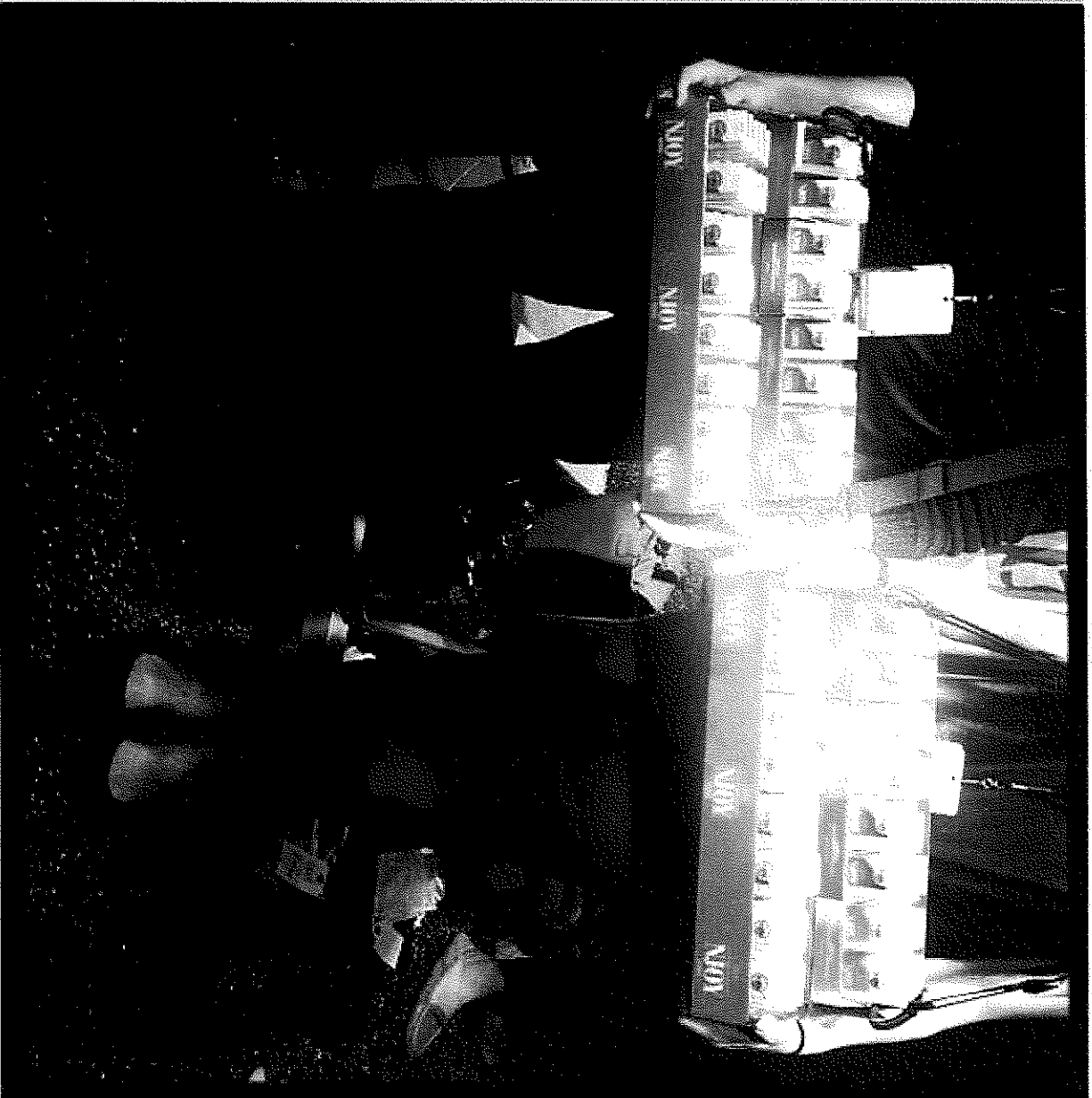
A blend of cherry, lime and raspberry that will take you back to long-forgotten summers of the past. Made in the USA by Rocket Fuel - Kansas City 70/30 Mix 100% diacetyl-free ingredients and byproducts.



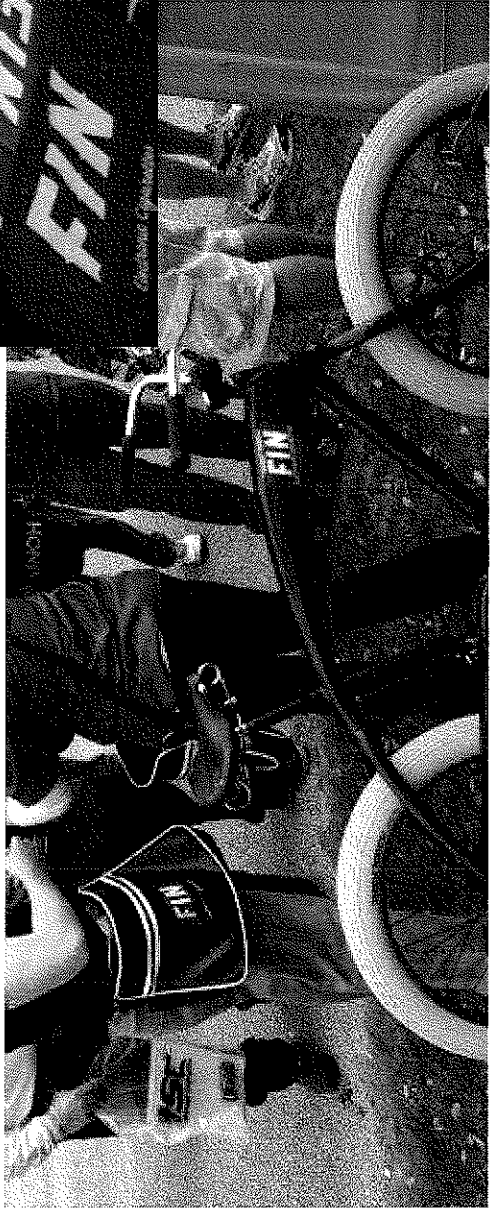
Resemblance to liquid candy products:



Images captured July 9, 2013



New York Fashion Week,
September 2013



blu BLOG



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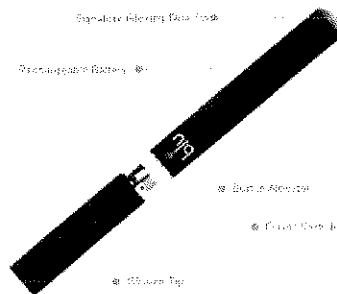
Say NO to Chemicals and YES to Electronic Cigarettes

Electronic cigarette vs. Traditional Cigarettes

Here is an alarming statistic: To date, traditional cigarettes contain over 7,000 known chemicals. Hundreds of these are toxic, and around 70 are directly linked to cancer. This is to say nothing of the toxins and chemical found within secondhand smoke. Many scientists suspect that there are an additional 50,000 unidentified chemicals contained within the cigarette and the cigarette smoke.

In short, when you smoke a tobacco cigarette, you are subjecting yourself to much more than tobacco and nicotine – And you really have no way of knowing what you are putting into your body.

What Is In an Electronic Cigarette?



Things are a little different when you draw a comparison with electronic cigarettes. While the number and type of ingredients can vary depending on brand, on average, e-cigs generally only contain a handful of ingredients.

For instance at blu Cigs, our e-liquid (also referred to as smoke juice) contains:

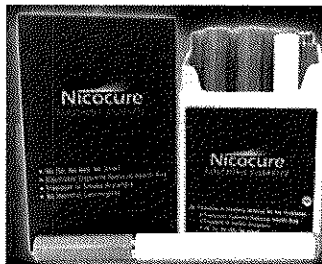
- Citric Acid
- Nicotine
- Distilled Water
- Natural and Artificial Flavors
- USP Grade Glycerin

Then, because e-cigarettes do not produce combustion, they do not produce smoke. So instead of exposing yourself, and all those around you, to the thousands of dangerous toxins and chemicals found within tobacco smoke, electronic cigarettes simply produce a water vapor – meaning you can enjoy your e-cigarette without the worry of offending those around you.

Leader of

Nicocure Electronic Cigarettes Reviews

by ADMIN on SEPTEMBER 3, 2012



Do you want to quit your habit of smoking cigarettes?

If yes, then you must be determined to achieve your goals. Since continuous usage of cigarettes make the person addicted to the ritual, it turns hard on the part of the individual when it comes to eliminating this bad habit from their day to day life. If you are also a victim of these circumstances than try your hand with the new **Nicocure** electronic cigarettes.

The number of carcinogens and harmful toxins and ingredients present in those traditional cigarettes are uncountable. Exposing yourself to these will affect your health and lead to severe complications in the body and brain. So make change, before it's too late. This advanced e-cigs are absolutely free from tar which reduces the risk of diseases in the body.

CLAIM YOUR NICOCURE STARTER KIT!

How does these product work?

Using the latest ECIG technology these pack of electronic cigarettes comes with-

1. cartomizers
2. rechargeable lithium batteries
3. wall charger
4. USB charger
5. durable storage case
6. and offers the user five variety of flavors

So with this new technology of e-cig you can smoke anywhere in the public, whether you are in the restaurant or in the garden. The choice is yours...!!

Nicocure

LOOKS, TASTES & SMOKES LIKE A REAL CIGARETTE!

- 100% Nicotine Free
- NO Tar
- NO Carbon Monoxide
- NO Lead
- NO Cadmium
- NO Nicotine
- NO Tar
- NO Carbon Monoxide
- NO Lead
- NO Cadmium
- NO Nicotine

ACT NOW, SUPPLIES ARE LIMITED! RUSH MY ORDER!

SMOKE ANYWHERE! You can smoke anywhere, anytime, anywhere.

These e-cigarettes have revolutionized the tobacco industry. Are you ready for the liberation of smoking and freedom without the negative aspects of traditional cigarettes?

Most people don't realize that e-cigarettes (like the Nicocure) are 100% nicotine free. Nicocure e-cigs are nicotine free, so you can enjoy the pleasure of smoking without the negative aspects of traditional cigarettes.

Only \$15.95 for 100 Nicocure e-cigs (100% nicotine free) with 100% nicotine free e-cigs.

1 Nicocure e-cig (100% nicotine free) with 100% nicotine free e-cigs.

Be smoke or get associated with traditional tobacco cigarettes.



Hess Gas Station, Central New Jersey, January 2013
Courtesy of Trinkets and Trash





Truck stop convenience store, York, Nebraska, April 2013
Courtesy of Counter Tobacco

