



RI Department of Health
Three Capitol Hill
Providence, RI 02908-5097

TTY: 771
www.health.ri.gov

February 25, 2025

The Honorable Joseph J. Solomon, Jr, Chair
House Committee on Corporations
State House
82 Smith St.
Providence, RI 02903

RE: H 5329 – An Act Relating to Taxation – Cigarette and Other Tobacco Products Tax

Dear Chair Solomon:

Please accept this letter opposing H 5329, legislation proposing an exemption for proposed newly defined vape shops from current Rhode Island law restricting flavored electronic nicotine-delivery system (ENDS/e-cigarettes) sales.

Most people who smoke want to quit.¹ Rhode Island offers free, effective, and confidential help for adults and youth interested in quitting or reducing tobacco/nicotine use.² In addition to treatment, there are seven FDA-approved products to help people quit smoking; the products do not include e-cigarettes currently.³ Most e-cigarettes contain nicotine, which is highly addictive. Nicotine can harm parts of an adolescent's brain that control attention, learning, mood, and impulse control.⁴ Aerosol from e-cigarettes can contain harmful and potentially harmful substances. These include cancer-causing chemicals and tiny particles that can be inhaled deep into lungs. No tobacco products, including e-cigarettes, are safe.⁵

Tobacco use often starts, and is established, in adolescence. Flavors are significant contributors to high youth e-cigarette use, as youth e-cigarette users report flavors a primary reason to use e-cigarettes.⁴ Flavored e-cigarettes are the most used tobacco/nicotine product among youth and young adults. In Rhode Island, 95% of high school students (approximately 7,000 students) who use e-cigarettes use flavored products,^{6,7} and the most common flavors used nationwide are fruit, candy, and mint.⁸ The finding that most Rhode Island youth who use ENDS, use flavored products is a significant public health concern and cause for continued interest in preventing youth access to, and use of, the products.

¹ Babb S, Malarcher A, Schauer G, Asman K, Jamal A. [Quitting Smoking Among Adults — United States, 2000–2015](#). MMWR Morb Mortal Wkly Rep 2017;65:1457–1464.

² Rhode Island Department of Health. [Rhode Island Nicotine Helpline](#). February 2025.

³ U.S. Food & Drug Administration. [Want to Quit Smoking? FDA-Approved and FDA-Cleared Cessation Products Can Help](#). July 2022.

⁴ Centers for Disease Control and Prevention. [E-Cigarette Use Among Youth](#). October 2024.

⁵ Centers for Disease Control and Prevention. [Health Effects of Vaping](#). January 2025.

⁶ Rhode Island Department of Health. Center for Health Data Analysis. [2023 Youth Risk Behavior Survey](#).

⁷ Raut A, Garcia C, Pearlman D, Hartzell H. [Disparities in Flavored Electronic Nicotine-Delivery System \(ENDS\) Use Among Youth in Rhode Island](#). RI Med J. 2025 Feb 1; 108(2): 74-77.

⁸ Park-Lee E, Jamal A, Cowan H, et al. [Notes from the Field: E-Cigarette and Nicotine Pouch Use Among Middle and High School Students — United States, 2024](#). MMWR Morb Mortal Wkly Rep 2024;73:774–778.

In 2023, 16.5% of Rhode Island high school students reported current (past 30 days) use of e-cigarettes and 32.4% (approximately 14,700 students) reported using e-cigarettes at least one or more times in their life.⁶ Rhode Island has made great strides in reducing youth access and use, including increasing the sales age for tobacco products to 21 in 2021. In 2023, approximately 23.3% of Rhode Island youth e-cigarette users reported buying the products from a store or shop, 1.5% from the internet, and 75.1% by other means including from other individuals, friends, or family.⁹ Most youth obtain e-cigarettes from other individuals, demonstrating a continued need for reducing flavored ENDS availability from the marketplace altogether and supporting existing flavor restrictions and structure without exemptions.

As of December 2024, seven states, Washington DC, and 412 US jurisdictions have enacted flavor policies.¹⁰ Rhode Island's 2019 regulatory restrictions on flavored ENDS products led to significant decreases in overall e-cigarette and flavored e-cigarette sales.⁷ According to the Centers for Disease Control and Prevention (CDC) Foundation, Rhode Island monthly ENDS total unit sales decreased 55.3% from October 2019 to September 2024 from 109,700 units to 49,000 and flavored ENDS sales decreased by 92.2% from 70,100 units to 5,500 units. Monthly sales of flavored ENDS rose slightly from September 2022 to September 2024.¹¹ Rhode Island high school students who ever used ENDS in 2019 was 48.9% versus 32.4% in 2023. High school students who currently use ENDS was 30.1% in 2019 versus 16.5% in 2023.⁶ As enacted by the General Assembly and signed into law by the Governor in June 2024, Rhode Island codified its existing flavor regulations other than menthol and tobacco flavors, effective January 1, 2025, including a new excise tax on ENDS products with increased support for education and enforcement.

An evaluation of Providence tobacco product sales policies conducted by the Rhode Island Department of Health (RIDOH), published in 2019 *CDC Preventing Chronic Disease*, found policies restricting flavored tobacco product sales to be effective, demonstrating significant reduction in high school students' use of tobacco products, including cigarettes and e-cigarettes.¹² In 2020, Massachusetts implemented a statewide law restricting the sale of all flavored tobacco products. Impact studies demonstrated the law reduced the access to the products and it has had no significant impact on cross-border sales in neighboring states, including Rhode Island.^{13,14}

RIDOH also believes that the definition of "vape shop" in the proposed legislation is overly broad. On the strict side, the wording "*dedicated to* the display of [vapes]..." could mean shops that solely sell vape-related products, but it could be interpreted to mean the plethora of corner stores and gas stations that advertise these products.

Thank you for the opportunity to comment on the proposed legislation. Coordinated prevention, education, cessation/quit resource programming, tobacco product and access restrictions, and tax parity are effective public health-aligned, evidence-based approaches for reducing tobacco and nicotine use. RIDOH is committed to continue to work with the General Assembly and Governor in advancing the significant progress made in reducing the adverse health outcomes associated with

⁹ Rhode Island Department of Health. [Burden of Tobacco/Nicotine Use in Rhode Island](#). February 2025.

¹⁰ Truth Initiative. [Local restrictions on flavored tobacco and e-cigarette products](#). December 2024.

¹¹ CDC Foundation. [Monitoring Tobacco Product Use](#). September 2024.

¹² Pearlman D, Arnold J, Guardino G, Welsh E. [Advancing Tobacco Control Through Point of Sale Policies, Providence, Rhode Island](#). *Prev Chronic Dis* 2019;16:180614.

¹³ Ali F, King B, Seaman E, Vallone D, Schillo B. [Impact of Massachusetts law prohibiting flavored tobacco products sales on cross-border cigarette sales](#). *PLoS One*. 2022 Sep 13;17(9).

¹⁴ Kingsley M, McGinnes H, Song G, Doane J, Henley P. [Impact of Massachusetts' Statewide Sales Restriction on Flavored and Menthol Products on Tobacco Sales in Massachusetts and Surrounding States, June 2020](#). *American Journal of Public Health* 2022;112, 1147_1150.

tobacco and nicotine access and use in Rhode Island.

Sincerely,

A handwritten signature in blue ink, appearing to read "Jerome M. Larkin", with the word "for" written in smaller letters below the signature.

Jerome M. Larkin, MD
Director

CC: The Honorable William W. O'Brien
The Honorable Members of the House Committee on Corporations
Nicole McCarty, Chief Legal Counsel
Lynne Urbani, Director of House Policy



Burden of Tobacco/Nicotine Use in Rhode Island

Tobacco use remains the leading preventable cause of death and disease in the United States and in Rhode Island. Approximately 490,000 deaths each year are attributed to smoking and other tobacco use in the United States, with 1,800 deaths in Rhode Island annually and 31.3% of cancer related deaths attributable to smoking.¹ Tobacco-related disparities negatively impact health equity.² No tobacco products, including e-cigarettes, are safe.³

An estimated 1,300 youth in Rhode Island will try smoking cigarettes for the first time this year.¹ Nearly 9 out of 10 (90%) adults who currently smoke cigarettes started using tobacco/nicotine products by age 18, and 99% started by age 26.⁴ Flavored e-cigarettes are the most used tobacco/nicotine product among youth and young adults. In Rhode Island, 95% of high school students who use e-cigarettes use flavored products,⁵ and the most common flavors used nationwide are fruit, candy, mint, and menthol.⁶ Most e-cigarettes contain nicotine, which is highly addictive. Nicotine can harm the parts of an adolescent's brain that control attention, learning, mood, and impulse control.⁷ Aerosol from e-cigarettes can contain harmful and potentially harmful substances.³ There is currently no e-cigarette approved by the FDA to help people quit smoking.⁸

Rhode Island Youth Tobacco Use Behaviors

High School, 2023 ⁵	Percent (%)
Ever tried e-cigarettes	32.4
Flavored e-cigarette use	15.6
Ever tried cigarettes	11.9
Purchased e-cigarettes from store/shop †	23.3
Obtained e-cigarettes by other means (i.e., other individuals, friends, or family) †	75.1

† among current high school e-cigarette users

Rhode Island Current Tobacco Use

High School, 2023 ⁵	Percent (%)
E-cigarettes	16.5
Daily e-cigarette use	3.9
Cigars, cigarillos, or little cigars	4.0
Cigarettes	3.1
Smokeless tobacco products	2.8
Middle School, 2023 ⁵	Percent (%)
E-cigarettes	6.7
Adults, 2023 ⁹	Percent (%)
Cigarettes	9.5
E-cigarettes	6.8
Menthol cigarettes*	38.0

*among current adult cigarette users

Rhode Island Department of Health Tobacco Control Program:

health.ri.gov/tobacco/tobacco-control-program

Reducing Tobacco/Nicotine Use Burden with Treatment:

Most people who smoke want to quit.¹⁰ Rhode Island offers free, effective, customized, and confidential help for adults and youth interested in quitting or reducing tobacco/nicotine use:

Rhode Island Nicotine Helpline

- Recommended for adults ages 18+
- Text: "Start"/"Inscribir" to 300500
- Call: 1-800-QUIT-NOW (1-800-784-8669)
1-800-8-DEJALO
- Visit: QuitNowRI.com

QuitNowRI.com



My Life, My Quit™

- Recommended for youth ages 13-17
- Text: "Start" to 36072
- Call: 855-891-9989
- Visit: mylifemyquit.com

MY LIFE MY QUIT.



Smoking-Caused Monetary Costs for Rhode Island per Year¹

\$744 million

Annual healthcare costs

\$233.0 million

Medicaid costs

\$1.1 billion

Losses in productivity

References:

- ¹ Campaign for Tobacco-Free Kids. [The Toll of Tobacco in Rhode Island](#).
- ² U.S. Department of Health and Human Services. [Eliminating Tobacco-Related Disease and Death: Addressing Disparities — A Report of the Surgeon General](#).
- ³ Centers for Disease Control and Prevention. [Health Effects of Vaping](#).
- ⁴ Centers for Disease Control and Prevention. [The Health Consequences of Smoking — 50 Years of Progress: A Report of the Surgeon General](#).
- ⁵ Rhode Island Department of Health. Center for Health Data Analysis. [2023 Youth Risk Behavior Survey](#).
- ⁶ Park-Lee E, Jamal A, Cowan H, et al. [Notes from the Field: E-Cigarette and Nicotine Pouch Use Among Middle and High School Students — United States, 2024](#).
- ⁷ Centers for Disease Control and Prevention. [E-Cigarette Use Among Youth](#).
- ⁸ U.S. Food & Drug Administration. [Want to Quit Smoking? FDA-Approved and FDA-Cleared Cessation Products Can Help](#).
- ⁹ Rhode Island Department of Health. Center for Health Data Analysis. [2023 Behavioral Risk Factor Surveillance System](#).
- ¹⁰ Babb S, Malarcher A, Schauer G, Asman K, Jamal A. [Quitting Smoking Among Adults—United States, 2000–2015](#).

This information was last updated February 14, 2025