

Menthol – The Tobacco Industry’s Key Flavor with Devastating Consequences



Menthol in cigarettes increases smoking initiation, decreases successful quitting, and leads to greater addiction. The tobacco industry has used menthol for decades to intentionally and aggressively target certain communities for addiction to their deadly products. As a result, African Americans consistently report the highest prevalence of menthol cigarette use.

The 2011 Congressionally mandated report on menthol by the Food and Drug Administration’s Tobacco Products Scientific Advisory Committee estimated that more than 460,000 African Americans will have started smoking and 4,700 will die because of menthol cigarettes by 2020.¹ The report concluded that “the removal of menthol cigarettes from the marketplace would benefit public health.”

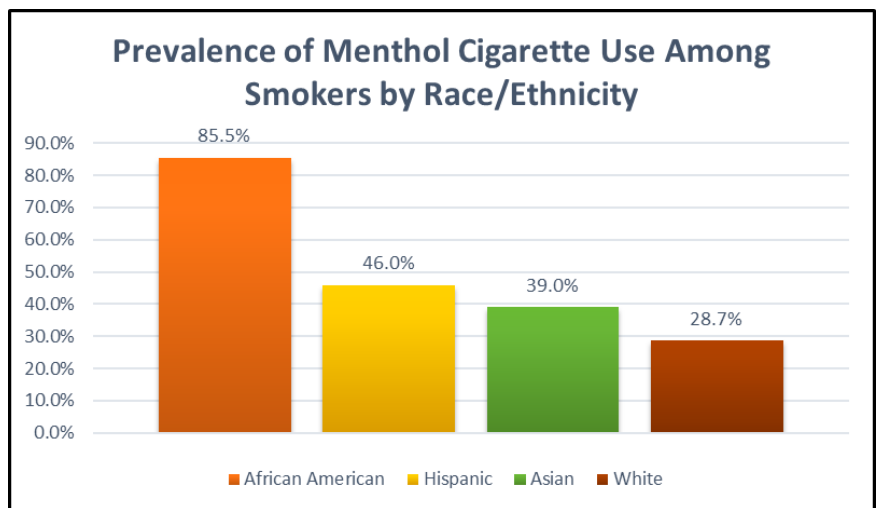
Menthol Products Use

Although fewer people are smoking cigarettes than in the past, the percentage of menthol cigarette smokers is declining more slowly than the decline in percentage of non-menthol cigarette smokers.^{2,3} According to the most recent data available, more than 19.6 million Americans smoke menthol cigarettes.⁴ There are large disparities by race/ethnicity with 85.5% of African American smokers, 46% of Hispanic smokers, 39% of Asian smokers, and 28.7% of White smokers use menthol cigarettes.

Knowing that youth who experience less negative physiological effects of smoking are more likely to begin and continue smoking regularly, the tobacco industry has spent decades manipulating its menthol brand-specific product lines to appeal to youth and other communities, in particular, African Americans. This was long before tobacco companies started adding fruit, candy, and alcohol flavorings.

In fact, more than half (50.9%) of youth aged 12-17 and young adults aged 18-25

(49.9%) who smoke report smoking menthol compared to a third of adults aged 26 and older (35.5%).⁵ Menthol cigarettes were still the most common flavored tobacco product used by adults in 2014/2015. In addition, menthol cigarette use increased from 2003 to 2014/2015, particularly among young adults.⁶ The tobacco industry uses themes and images in marketing campaigns to appeal to younger groups and associate consumption of tobacco products with popularity, acceptance, and positive self-image.⁷



Health Risks of Menthol

Menthol is derived from mint products and can be found naturally or developed synthetically.⁸ Menthol was first added to tobacco products in the 1920s and 30s as a way to reduce the harshness of cigarette smoke and to advertise cigarettes as a “smoother, healthier” option.⁹ Tobacco manufacturers add menthol to cigarettes to create an effect on multiple senses – including improving the taste, flavor, aroma of the product and creating a smoothing or cooling effect.¹⁰ Unfortunately, these positive sensory effects can reinforce use of the tobacco product because they can be felt immediately by the tobacco user.

Menthol cigarettes pose all the same health risks as cigarettes without a flavor. Cigarette smoke is responsible for 480,000 preventable premature deaths in the U.S. every year, and costs more than \$300 billion in medical costs and lost productive.¹¹ Smoking accounts for almost 30% of all cancer deaths, including 80% of lung cancer deaths, as well as contributing to other illnesses like heart and lung disease.¹²

The FDA and its tobacco products advisory committee have concluded that menthol also poses additional risks as compared to cigarettes without menthol.^{13,14} Menthol has been shown to increase smoking initiation, decrease successful quitting, and lead to greater addiction, all independent of the damaging effects of nicotine. Menthol may also contribute to youth progressing to regular smoking as compared to non-menthol cigarettes. In addition, adults who smoke menthol cigarettes make more quit attempts but have less success compared to adults who smoke non-menthol cigarettes.¹⁵ This is exacerbated by race/ethnicity where non-Hispanic black adult smokers report the greatest interest in quitting, but the least success.¹⁶

Advertising of Menthol Products to Target Communities

Menthol cigarettes are very popular and are the most advertised products on store exteriors. Ninety-eight percent (98.6%) of tobacco retailers carry menthol cigarettes. In addition, while print advertising has generally gone down, by 2005 only menthol cigarettes or brands with a prominent menthol brand were advertised in magazines.¹⁷ In fact, Newport and American Spirit spent an estimated \$9.4 million on print advertising for their menthol cigarettes from June 2012 to January 2013.

For decades, the tobacco industry has used menthol products to target a wide range of groups: communities of color, youth, LGBT communities, women and low income communities.¹⁸

Tobacco companies disproportionately market menthol products in African American neighborhoods, magazines popular with African Americans, and events that are aimed for African Americans.¹⁹ Within communities of color, menthol products are given more shelf space in retail stores. Many of these groups also see lower prices and more advertisements for these products in their communities.

ACS CAN's Position:

ACS CAN supports a federal prohibition and state and local sales restrictions on menthol cigarettes as part of a comprehensive policy to remove all flavored tobacco products. The aggressive use of flavors and marketing tactics by the tobacco industry, rapid increased use of flavored products by youth and young adults, and under regulation of these products requires the public health community to take action to protect youth and young adults, and the public health at-large.

Missed Opportunity.

Prior to 2009, cigarette manufacturers aggressively marketed flavored cigarette products, including “Twista Lime” and “Winter MochaMint,” with creative campaigns like “scratch and sniff” marketing tactics, DJ nights, ads in magazines with a high proportion of youth and young adult readers, and specially-themed packs to attract new young users. In 2009, the Family Smoking Prevention and Tobacco Control Act prohibited flavors in cigarettes, except for menthol. An analysis of the partial prohibition found a decrease in the likelihood of being a smoker (17.1 percent) and fewer cigarettes smoked (59 percent) associated with the flavor prohibition, but also a 45 percent increase in the probability that the youth smokers used menthol cigarettes. Furthermore, the flavor prohibition was associated with increases in both cigar use (34.4 percent) and pipe use (54.6 percent). This suggests that youth smokers, in the absence of a comprehensive flavor restriction on all flavors in all products, are substituting menthol cigarettes or cigars and pipe tobacco, for which the current statutory flavor prohibition does not apply.

-
- ¹ Tobacco Products Scientific Advisory Committee. Menthol Cigarettes and Public Health: Review of the Scientific Evidence and Recommendations pdf icon[PDF–15.3 MB]external icon. Rockville, MD: US Department of Health and Human Services, Food and Drug Administration; 2011.
- ² Villanti AC, Collins LK, Niaura RS, Gagosian SY, Abrams DB. Menthol cigarettes and the public health standard: a systematic review external icon. *BMC Public Health* 2017;17:983.
- ³ Kuiper NM, Gammon D, Loomis B, et al., Trends in sales of flavored and menthol tobacco products in the United States during 2011-2015external icon, *Nicotine Tob Res.* 2018;20(6):698-706.
- ⁴ Food and Drug Administration. Menthol and Other Flavors in Tobacco Products. <https://www.fda.gov/tobacco-products/products-ingredients-components/menthol-and-other-flavors-tobacco-products#reference>
- ⁵ U.S. National Cancer Institute. A Socioecological Approach to Addressing Tobacco-Related Health Disparities. National Cancer Institute Tobacco Control Monograph 22. NIH Publication No. 17-CA-8035A. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute; 2017.
- ⁶ National Center for Chronic Disease Prevention and Health Promotion (US) Office on Smoking and Health. Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General. Atlanta (GA): Centers for Disease Control and Prevention (US); 2012. 5, The Tobacco Industry’s Influences on the Use of Tobacco Among Youth. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK99238/>
- ⁷ National Center for Chronic Disease Prevention and Health Promotion (US) Office on Smoking and Health. Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General. Atlanta (GA): Centers for Disease Control and Prevention (US); 2012. 5, The Tobacco Industry’s Influences on the Use of Tobacco Among Youth. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK99238/>
- ⁸ Tobacco Products Scientific Advisory Committee. Menthol Cigarettes and Public Health: Review of the Scientific Evidence and Recommendations pdf icon[PDF–15.3 MB]external icon. Rockville, MD: US Department of Health and Human Services, Food and Drug Administration; 2011.
- ⁹ Food and Drug Administration. Preliminary Scientific Evaluation of the Possible Public Health Effects of Menthol Versus Nonmenthol Cigarettes pdf icon[PDF–1.6 MB]external icon. 2013.
- ¹⁰ U.S. National Cancer Institute. A Socioecological Approach to Addressing Tobacco-Related Health Disparities. National Cancer Institute Tobacco Control Monograph 22. NIH Publication No. 17-CA-8035A. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute; 2017.
- ¹¹ U.S. Department of Health and Human Services. The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General. Atlanta, GA: 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, 2014. Printed with corrections, January 2014.
- ¹² Islami F, Goding Sauer A, Miller KD, Siegel RL, Fedewa SA, Jacobs EJ, McCullough ML, Patel AV, Ma J, Soerjomataram I, Flanders WD, Brawley OW, Gapstur SM, Jemal A (2018) Proportion and number of cancer cases and deaths attributable to potentially modifiable risk factors in the United States. *CA Cancer J Clin* 68: 31-54
- ¹³ Food and Drug Administration. Preliminary Scientific Evaluation of the Possible Public Health Effects of Menthol Versus Nonmenthol Cigarettes pdf icon[PDF–1.6 MB]external icon. 2013.
- ¹⁴ Tobacco Products Scientific Advisory Committee. Menthol Cigarettes and Public Health: Review of the Scientific Evidence and Recommendations pdf icon[PDF–15.3 MB]external icon. Rockville, MD: US Department of Health and Human Services, Food and Drug Administration; 2011.
- ¹⁵ Villanti AC, Collins LK, Niaura RS, Gagosian SY, Abrams DB. Menthol cigarettes and the public health standard: a systematic review external icon. *BMC Public Health* 2017;17:983.
- ¹⁶ U.S. National Cancer Institute. A Socioecological Approach to Addressing Tobacco-Related Health Disparities. National Cancer Institute Tobacco Control Monograph 22. NIH Publication No. 17-CA-8035A. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute; 2017.
- ¹⁷ U.S. National Cancer Institute. A Socioecological Approach to Addressing Tobacco-Related Health Disparities. National Cancer Institute Tobacco Control Monograph 22. NIH Publication No. 17-CA-8035A. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute; 2017.
- ¹⁸ https://tobaccocontrol.bmj.com/content/20/Suppl_2/ii20
- ¹⁹ U.S. National Cancer Institute. A Socioecological Approach to Addressing Tobacco-Related Health Disparities. National Cancer Institute Tobacco Control Monograph 22. NIH Publication No. 17-CA-8035A. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute; 2017.