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**Public Health Committee
March 6, 2020
American Cancer Society Cancer Action Network**

H.B. No. 5020 AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET RECOMMENDATIONS REGARDING PUBLIC HEALTH.

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to provide comments on H.B. No. 5020 AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET RECOMMENDATIONS REGARDING PUBLIC HEALTH. ACS CAN, the nonprofit, non-partisan advocacy affiliate of the American Cancer Society advocates for public policies that reduce death and suffering from cancer including policies targeted at reducing tobacco use.

ACS CAN is concerned and committed to reducing tobacco use and ending the growing epidemic of e-cigarette use among youth and we applaud the Governor for taking steps to address the emerging health crisis caused by the explosion in e cigarette use.

While we do support the intent, we must, however, respectfully request an amendment that more clearly defines "flavoring agent" so there is no doubt that it includes menthol. In addition, we have reservations about the feasibility of enforcement of the proposed nicotine cap—how is the state prepared to verify ingredients, including nicotine levels and flavoring agents? Finally, we recommend amending the bill to include a prohibition on all characterizing flavors, including menthol, in all flavored tobacco products, including but not limited to e-cigarettes menthol cigarettes, cigars, hookah and smokeless tobacco.

Enacting such a proposal would be a critical component to a comprehensive strategy to reduce tobacco use and prevent initiation and lifelong addiction. Laws aimed at ending the sale of all flavored tobacco products are effective when combined with active enforcement that includes retailers licensing and penalties including license suspension and revocation.

Tobacco use remains the leading preventable cause of death nationwide. In Connecticut, it is estimated that 4900 adults die from smoking every year.ⁱ There are 56,000 Connecticut children who are alive now that will die prematurely due to smoking-related disease.ⁱⁱ It is the single largest preventable cause of death, and the annual health care costs in Connecticut directly caused by smoking are \$2.03 billion.ⁱⁱⁱ

Flavors are a marketing weapon the tobacco manufacturers use to target youth and young people to a lifetime of addiction. Altering tobacco product ingredients and design, like adding flavors, can improve the ease of use of a product by masking harsh effects, facilitating nicotine uptake, and increasing a product's overall appeal.^{iv} Candy, fruit, mint and menthol flavorings in tobacco products are a promotional tool to lure new, young users, and are aggressively marketed with creative campaigns by tobacco companies.^v Products with flavors like cherry, grape, cotton candy, and gummy bear are clearly

not aimed at established, adult tobacco users and years of tobacco industry documents confirm the intended use of flavors to target youth.^{vi} Furthermore, youth report flavors a leading reason they use tobacco products and perceive flavored products as less harmful.^{vii}

Flavored e-cigarettes have proliferated on the market, with one study identifying more than 15,500 distinct flavors available to consumers, up from 7,700 unique e-cigarette flavors in 2014.^{viii} Flavors offered including fruit, candy, and menthol flavors, and were often paired with flashy marketing campaigns to appeal to youth. E-cigarettes are the mostly commonly used flavored tobacco product among high school students overall.

An effective flavor restricting law will include all tobacco products, including but not limited to electronic cigarettes, cigars, hookah, smokeless tobacco and all flavors including menthol cigarettes. Finally, providing a comprehensive definition of “flavored tobacco products” can aid in compliance and enforcement by clearly specifying what exactly is being prohibited.

Data from the 2016-2017 PATH study, the largest national longitudinal study looking at tobacco use and its effects, found that among teens who use e-cigarettes, 97.0 percent regularly used a flavored product.^{ix} Also, among those teens who had ever tried an e-cigarette, 96.1 percent used a flavor product for the first time. In 2019, among high school e-cigarette users, use of any flavored e-cigarette significantly increased from 67.8 percent to 68.8 percent and use of a menthol- or mint-flavored e-cigarette increased from 42.3 percent to 51.2 percent in 2018.^x Among young adults who reported using e-cigarettes every or some days in 2013-2014 91.6 percent used a flavored product.^{xi}

So-called “little cigars” have the look and feel of a cigarette and are smoked like a cigarette. They are often sold individually or in small packs for less than a dollar and are available in a variety of flavors. Historically, cigar smoking in the US has been a behavior of older men, but the industry’s marketing of these products to targeted groups has increased prevalence of use among adolescents.^{xii} In 2016, the U.S. Food and Drug Administration (FDA) sent warning letters to four tobacco manufacturers stating that they were illegally selling flavored cigarettes labeled as “little cigars.”^{xiii} Large cigars and cigarillos, which can resemble either “little cigars” or large cigars, can come in a variety of flavors. Cigars were the most popular product among black high school students.^{xiii} Among all teen cigar users, more than 60 percent had smoked a flavored cigar in the past 30 days in 2014,^{xii} and according to another study, more than 70 percent of teens who have ever smoked a cigar smoked a flavored product.^{xiv}

Smokeless tobacco companies have a long history of using flavorings, such as mint, cherry, apple, and honey, and other product manipulation to gradually get new, young users addicted to “starter” products, keep them using, and shift them on to more potent smokeless tobacco products. In 2014, almost 60 percent of middle and high school students who used smokeless tobacco had used a flavored product in the last month.^{xv} According to another study, more than 70 percent of teens who had ever used smokeless tobacco used a flavored product the first time.^{xvi}

For waterpipe or hookah use, more than 60 percent of current middle and high school users used a flavored product,^{xvii} and almost 90 percent of those surveyed who had ever smoked hookah used a flavored product the first time in 2014.^{xviii} What’s troubling, is that the flavorings used in waterpipe tobacco, the sweet aromas and use of water make users misperceive this practice as safer than cigarette smoking.^{xix} In fact, hookah tobacco and smoke are as dangerous as cigarettes, and contain carcinogens and other substances that can cause cancer and other diseases.^{xx} An hour-long waterpipe or hookah

session typically involves 200 puffs of smoke, whereas smoking a single cigarette typically involves 20 puffs of smoke.

Long before cigarette companies started adding fruit, candy, and alcohol flavorings to cigarettes, they were manipulating levels of menthol to addict new, young smokers. Menthol acts to mask the harsh taste of tobacco with a minty flavor and by reducing irritation at the back of the throat with a cooling sensation. Additionally, menthol may enhance the delivery of nicotine. Knowing that youth who experience less negative physiological effects of smoking are more likely to continue smoking regularly, the tobacco industry has spent decades manipulating its menthol brand-specific product line to appeal to youth and, in particular, African Americans. The FDA's preliminary scientific investigation on menthol cigarettes concluded that the weight of the evidence supports menthol cigarette smoking with increased initiation and progression to smoking, increased dependency, and reduced cessation success, particularly among African American smokers.^{xxiii} Among youth in 2014, menthol use was high overall (53.6 percent), and even higher for non-Hispanic black students (70.5 percent).^{xxiii}

To understand a consequence to limiting the flavor prohibition to only cigarettes and exempting menthol flavoring, an analysis evaluated youth tobacco use before and after the prohibition.^{xxiv} The analysis 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 smoker 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 comprehensive sales restriction on all flavors and all products, are substituting with menthol cigarettes or cigars and pipe tobacco, for which the federal flavor prohibition does not apply.

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 committee to take action to protect youth and young adults, and the public health at-large.

As of January 2020, 1 state and at least 80 localities have enacted laws restricting the sale of all flavored tobacco products including menthol cigarettes. It's time for Connecticut to join them.

Prohibiting the sale of all characterizing flavors, including menthol, in all flavored tobacco products, including but not limited to e-cigarettes menthol cigarettes, cigars, hookah and smokeless tobacco is one part of a comprehensive tobacco control strategy that includes regular and significant tobacco tax increases, implementing comprehensive smoke-free laws, and fully funding best practice tobacco prevention and cessation programs to reduce youth initiation and help people who use tobacco quit.

State and local policymakers must support proven policy interventions that reduce tobacco use so our children can grow up not as next generation smokers but as the first tobacco-free generation. We strongly urge you to protect youth from all flavored tobacco products.

Thank you for your consideration of our comments.

Bryte Johnson
Connecticut Director of Government Relations
American Cancer Society Cancer Action Network



In November 2019, The American Cancer Society announced an update to our position on electronic cigarettes. The revision seeks to clarify ACS guidelines in light of recent spikes in e-cigarette use among youth and young adults, combined with the lack of regulation by the Food and Drug Administration (FDA).

American Cancer Society Position Statement on Electronic Cigarettes

The American Cancer Society (ACS) first released a position statement on e-cigarettes in February 2018. At that time, the ACS emphasized that no young person should start using any tobacco product, including e-cigarettes. However, the use of e-cigarettes in young people has since skyrocketed to epidemic proportion with nearly 30% of high school students reporting using an e-cigarette in the past 30 days and 12% reporting using an e-cigarette daily. This updated position statement replaces all previous ACS statements on e-cigarettes and guides the organization's tobacco control and cessation efforts regarding these products. The ACS position statement will continue to be updated based upon emerging public health trends and evolving science.

No youth or young adult should begin using any tobacco product, including e-cigarettes.

The ACS encourages young people currently using any of these products to ask for help in quitting and to quit as soon as possible.

E-cigarettes should not be used to quit smoking.

The ACS does not recommend the use of e-cigarettes as a cessation method. No e-cigarette has been approved by the Food and Drug Administration (FDA) as a safe and effective cessation product.

Current e-cigarette users should not also smoke cigarettes or switch to smoking cigarettes, and former smokers now using e-cigarettes should not revert to smoking.

All tobacco products, including e-cigarettes, pose a risk to the health of the user. Beginning smoking, switching to smoking, or reverting to smoking exposes the user to potentially devastating health effects.

E-cigarettes

Using e-cigarettes, or "vaping," are terms used synonymously to refer to the use of a wide variety of electronic, battery-operated devices that aerosolize, but do not burn, liquids to release nicotine and other substances. Nicotine-containing e-cigarettes are regulated as "tobacco products" by the FDA because the nicotine is derived from the tobacco plant. E-cigarettes pose a threat to the health of users and the harms are becoming increasingly apparent.

In the past few years, the use of these products has increased at an alarming rate among young people in significant part because the newest, re-engineered generation of e-cigarettes more effectively delivers large amounts of nicotine to the brain. Many e-cigarettes sold in the U.S. contain far more nicotine than e-cigarettes sold elsewhere, which increases the risk of addiction and harm to the

developing brains of youth and young adults. Marketing tactics targeting young people have contributed to the rapid increase in use. The long-term risks of exclusive use of e-cigarettes are not fully known but evidence is accumulating that e-cigarette use has negative effects on the cardiovascular system and lungs. Without immediate measures to stop epidemic use of these products, the long-term adverse health effects will increase.

Guidance for Youth Who Currently Use E-cigarettes

The harms of e-cigarette use in young people include not only the deleterious effects of nicotine, but also exposure of the lungs and airways to potentially toxic solvents and flavoring chemicals. The rapidly rising rates of use in young people and the high rates of daily use strongly suggest that many are addicted to nicotine and will have difficulty in stopping use of all tobacco products.

While some young people may be able to quit e-cigarette use on their own, others, particularly daily users, are likely to find this to be very difficult. The ACS encourages adolescent users who find it difficult to quit to ask for help from health care professionals. Parents should learn all they can about e-cigarette use and be prepared to help their children get the assistance they need. For more information go to cancer.org/e-cigarettes.

The future pattern of tobacco product use by currently-addicted youth e-cigarette users is unknown, but the only pathway to eliminating the harms of e-cigarettes is to quit using them as soon as possible and to not start using any other tobacco products, such as cigarettes. Without urgent and effective public health action, e-cigarettes will lead to a new generation of nicotine-addicted individuals.

Guidance for Adults Who Currently Use E-cigarettes

Some individuals who smoke choose to try e-cigarettes to help them stop smoking. Since smoking kills fully half of all long-time users, successfully stopping smoking leads to well-documented health benefits. Nonetheless, adult smokers who switch to e-cigarette use expose themselves to potentially serious ongoing health risks. Thus, former smokers who are currently using e-cigarettes, whether alone or in combination with combustible tobacco products, should be encouraged and assisted to stop using all tobacco products, including e-cigarettes, as soon as possible both to eliminate their exposure to ongoing health risks and avoid perpetuating addiction. If they are unable to quit e-cigarettes on their own, they should seek help from a health care professional or quitline.

Individuals who are not yet able to stop using e-cigarettes should be strongly discouraged from simultaneous, or "dual," use of any combustible tobacco products, including cigarettes. Continuing to smoke exposes the individual to enormous harms, irrespective of whether the individual is using e-cigarettes part of the time. All individuals should also be strongly counseled to not revert to smoking.

While some e-cigarette users quit on their own, many have difficulty quitting and should seek help from their healthcare providers or other support services such as the state quitline (1-800-QUIT-NOW) or the American Cancer Society (1-800-ACS-2345).

Guidance for Adults Who Currently Smoke

All adults who smoke conventional cigarettes or other combustible (burned) tobacco products should be advised to quit smoking at the earliest opportunity, recognizing that quitting is hard and often takes repeated, dedicated efforts. Individuals who smoke are strongly encouraged to consult with their doctor, pharmacist or other medical professional to seek cessation support and, where deemed appropriate, to use FDA-approved medications including nicotine replacement therapies (NRT) and/or

recommended oral medications, preferably combined with individual or group behavioral counseling, which significantly increases the likelihood of success. Individuals can also seek cessation support by calling 1-800-QUIT-NOW or 1-800-ACS-2345.

Regulation of E-cigarettes

The ACS and the American Cancer Society Cancer Action Network (ACS CAN) support several critical policy approaches to reduce youth e-cigarette use without inadvertently incentivizing the use of the leading cause of preventable death – combustible tobacco products – as an alternative.

The FDA must effectively regulate all e-cigarettes as soon as possible, including: enforcing premarket reviews; restricting advertising and marketing to protect youth; preventing the dissemination of false and misleading messages and imagery; and requiring strict product standards. The FDA has the authority to regulate all substances in tobacco products, including, but not limited to, flavoring chemicals and nicotine. The FDA must also continue to demand testing of all substances used in e-cigarettes, as well as the relative safety of the devices themselves (for example, preventing exploding batteries).

The ACS and ACS CAN encourage prohibiting the use of all flavors, including mint and menthol, in all tobacco products, including e-cigarettes. Furthermore, the FDA should proceed aggressively with a proposal to reduce nicotine in all combustible tobacco products to non-addictive levels and also strictly limit the amount of nicotine permitted in e-cigarettes.

- ⁱ Campaign for Tobacco-Free Kids. The Toll of Tobacco in CT. Updated 2020. https://www.tobaccofreekids.org/facts_issues/toll_us/connecticut
- ⁱⁱ Campaign for Tobacco-Free Kids. The Toll of Tobacco in CT. Updated 2020. https://www.tobaccofreekids.org/facts_issues/toll_us/connecticut
- ⁱⁱⁱ Campaign for Tobacco-Free Kids. The Toll of Tobacco in CT. Updated 2020. https://www.tobaccofreekids.org/facts_issues/toll_us/connecticut
- ^{iv} FDA Guidance for Industry and FDA Staff, "General Questions and Answers on the Ban of Cigarettes that Contain Certain Characterizing Flavors (Edition 2)" ("FDA Guidance on Characterizing Flavors").
- ^v Delnevo, C, et al., "Preference for flavoured cigar brands among youth, young adults and adults in the USA," Tobacco Control, epub ahead of print, April 10, 2014. King, BA, et al., "Flavored-Little-Cigar and Flavored-Cigarette Use Among U.S. Middle and High School Students," Journal of Adolescent Health 54(1):40-6, January 2014.
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- ^{vii} Corey, CG, Ambrose BK, Apelberg BJ, King, BK. Flavored Tobacco Product Use Among Middle and High School Students – United States, 2014. MMWR, October 2, 2015; 64(38): 1066-1070.
- ^{viii} Zju, S-H, et al. Evolution of Electronic Cigarette Brands from 2013-2014 to 2016-2017: Analysis of Brand Websites. Journal of Medical Internet Research. 2018 Mar; 20(3) e80.
- ^{ix} FDA Draft Guidance for Industry, Modifications to Compliance Policy for Certain Deemed Tobacco Products. March 2019.
- ^x Cullen KA, Ambrose BK, Gentzke AS, Apelberg BJ, Jamal A, King BA. Notes from the Field: Use of Electronic Cigarettes and Any Tobacco Product Among Middle and High School Students — United States, 2011–2018. MMWR Morb Mortal Wkly Rep 2018;67:1276–1277.
- ^{xi} U.S. Department of Health and Human Services. E-Cigarette Use Among Youth and Young Adults. 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, 2016.
- ^{xii} U.S. Department of Health and Human Services. Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Office on Smoking and Health, 2012.
- ^{xiii} Centers for Disease Control and Prevention. Tobacco Use Among Middle and High School Students—United States, 2011–2018. Morbidity and Mortality Weekly Report, 2019;68(6):157–164.
- ^{xiv} Corey, CG, Ambrose BK, Apelberg BJ, King, BK. Flavored Tobacco Product Use Among Middle and High School Students – United States, 2014. MMWR, October 2, 2015; 64(38): 1066-1070.
- ^{xv} Ambrose et al. Flavored tobacco product use among U.S. youth aged 12-17 years, 2013-2014. JAMA, 2015; 314(17): 1871-3.
- ^{xvi} Ambrose et al. Flavored tobacco product use among U.S. youth aged 12-17 years, 2013-2014. JAMA, 2015; 314(17): 1871-3.
- ^{xvii} Ambrose et al. Flavored tobacco product use among U.S. youth aged 12-17 years, 2013-2014. JAMA, 2015; 314(17): 1871-3.
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- ^{xix} Ambrose et al. Flavored tobacco product use among U.S. youth aged 12-17 years, 2013-2014. JAMA, 2015; 314(17): 1871-3.
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- ^{xxii} FDA. Preliminary Scientific Evaluation of the Possible Public Health Effects of Menthol versus Nonmenthol Cigarettes. <https://www.fda.gov/media/86497/download> xxiv Corey, CG, Ambrose BK, Apelberg BJ, King, BK. Flavored Tobacco Product Use Among Middle and High School Students – United States, 2014. MMWR, October 2, 2015; 64(38): 1066-1070.
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Flavors in Tobacco Products

Attracting & Addicting Youth

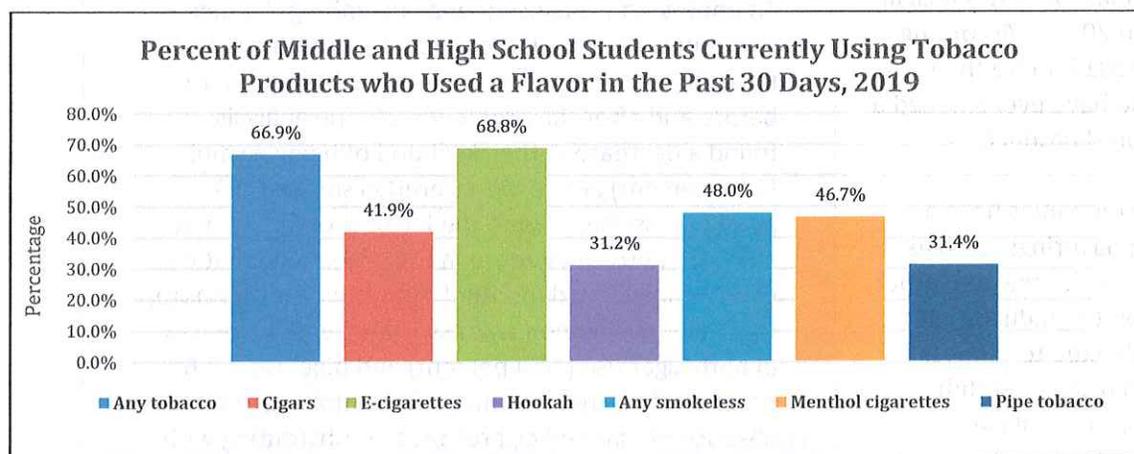


Flavors are a marketing weapon the tobacco manufacturers use to target youth and young people to a lifetime of addiction. Altering tobacco product ingredients and design, like adding flavors, can improve the ease of use of a product by masking harsh effects, facilitating nicotine uptake, and increasing a product's overall appeal.ⁱ Candy, fruit, mint and menthol flavorings in tobacco products are a promotional tool to lure new, young users, and are aggressively marketed with creative campaigns by tobacco companies.ⁱⁱ Products with flavors like cherry, grape, cotton candy, and gummy bear are clearly not aimed at established, adult tobacco users and years of tobacco industry documents confirm the intended use of flavors to target youth.ⁱⁱⁱ Furthermore, youth report flavors as a leading reason why they use tobacco products and perceive flavored products as less harmful.^{iv,v}

The use of any flavored tobacco product among youth is concerning because it exposes them to a lifetime of nicotine addiction, disease, and premature death.

Flavored Tobacco Products

Overall use of tobacco products by youth has soared to 23 percent of middle and high schoolers, driven by a substantial increase in e-cigarette use.^{vi} Furthermore, the use of flavored tobacco products by youth and young adults is high. In 2019, an estimated 4.3 million middle and high school students used a flavored product in the last 30 days, or approximately 70 percent of students who used tobacco used a flavored product. Another study found that more than 80 percent of teens who had ever used a tobacco product started with a flavored product.^{vii} Characterizing flavors, except for menthol and tobacco, are prohibited in cigarettes by federal law, but other tobacco products have benefited from not being covered by a similar regulatory restriction (see Spotlight on p.3).



Flavored e-cigarettes have proliferated on the market, with one study identifying more than 15,500 distinct flavors available to consumers, up from 7,700 unique e-cigarette flavors in 2014.^{viii} Flavors offered including fruit, candy, and menthol flavors, and were often paired with flashy marketing campaigns to appeal to youth. E-cigarettes are the most commonly used flavored tobacco product among high school students overall.

Data from the 2016-2017 PATH study, the largest national longitudinal study looking at tobacco use and its

flavored product in 2019.^{xviii} Additionally, 90 percent of those surveyed who had ever smoked hookah used a flavored product the first time in 2014.^{xix} What's troubling, is that the flavorings used in waterpipe tobacco, the sweet aromas and use of water make users misperceive this practice as safer than cigarette smoking.^{xx} In fact, hookah tobacco and smoke are as dangerous as cigarettes, and contain carcinogens and other substances that can cause cancer and other diseases.^{xxi} An hour-long waterpipe or hookah session typically involves 200 puffs of smoke, whereas smoking a single cigarette typically involves 20 puffs of smoke.

Menthol

Long before cigarette companies started adding fruit, candy, and alcohol flavorings to cigarettes, they were manipulating levels of menthol to addict new, young smokers. Menthol acts to mask the harsh taste of tobacco with a minty flavor and by reducing irritation at the back of the throat with a cooling sensation. Additionally, menthol may enhance the delivery of nicotine. Knowing that youth who experience less negative physiological effects of smoking are more likely to continue smoking regularly, the tobacco industry has spent decades manipulating its menthol brand-specific product line to appeal to youth and, in particular, African Americans. The FDA's preliminary scientific investigation on menthol cigarettes concluded that menthol cigarette smoking increases initiation and progression to smoking, increases dependency, and reduces cessation success, particularly among African American smokers.^{xxii}

Adding insult to injury, tobacco manufacturers have aggressively targeted certain communities with their menthol products, leading to an unequal burden of death and disease. The overwhelming majority of all African-American smokers (85.5 percent) report smoking menthol cigarettes compared to less than a third of white smokers (28.7 percent).^{xxiii} Almost half of youth who smoked cigarettes used menthol cigarettes (46.7 percent).^{xxiv} Internal tobacco industry documents show that the tobacco companies were intentionally targeting African-Americans and other minorities through advertising in magazines with high readership by these populations, including youth, and by targeting specific neighborhoods with higher Hispanic and African-American populations with more advertising and promotions.^{xxv}

ACS CAN's Position:

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. ACS CAN supports several strategies:

- ❖ **Federal Restrictions:** Congress or the FDA should prohibit the use of flavors, including menthol, in all tobacco products. A manufacturer should be required, through premarket review, to prove that the use of a flavor is appropriate for the protection of public health.
- ❖ **State and Local Sales Restrictions:** Many states and localities are moving forward and enacting restrictions on the sale of flavored tobacco products and winning legal challenges to its laws. The TCA does not permit a state or locality from requiring a product standard, such as the removal of a flavor, but the law does preserve the ability for states and localities to regulate the sales of tobacco products. States and localities should pursue policy options including restrictions or a complete prohibition of the sale of flavored tobacco products, including menthol cigarettes, while taking into consideration what is permitted in a specific jurisdiction.

ⁱ FDA Guidance for Industry and FDA Staff, "General Questions and Answers on the Ban of Cigarettes that Contain Certain Characterizing Flavors (Edition 2)" ("FDA Guidance on Characterizing Flavors").

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.

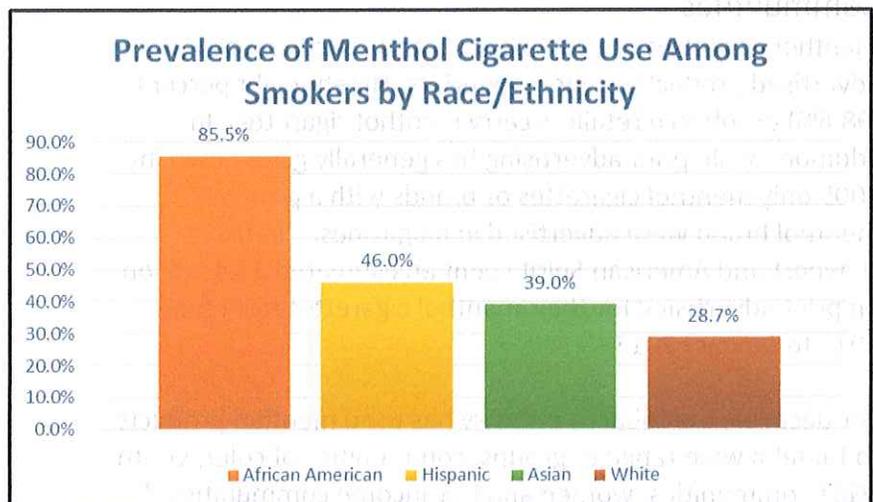
The 2011 Congressionally mandated report on menthol by the Food and Drug Administration’s Tobacco Products Scientific Advisory Committee estimated that more than 460,000 African Americans will have started smoking and 4,700 will die because of menthol cigarettes by 2020.¹ The report concluded that “the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

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