

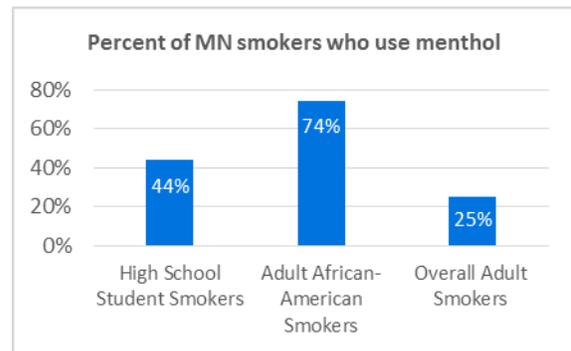
Menthol Flavored Tobacco Products

Menthol is a flavor additive commonly used in cigarettes and other tobacco products. Federal law currently prohibits the manufacture and sale of flavored cigarettes, with the exception of menthol.¹

Menthol cigarette use is high among youth and African-Americans.

Nearly half of Minnesota high school smokers use menthol;² overall 25 percent of adult smokers use menthol.³

From 2004 to 2014, as the use of non-menthol cigarettes by youth and young adults declined, the use of menthol cigarettes among these groups increased or remained constant.⁴ This disparate progress in reducing youth smoking rates is likely perpetuated by the sale and marketing of menthol cigarettes.⁵



Additionally, almost one in four Minnesota African-Americans are current smokers (compared to 14.4 percent of adults statewide), with the vast majority using menthol.⁶ While menthol use is high in many communities, use by African-Americans is particularly concerning as they are 30-36 percent more likely to die of lung cancer than non-Latino whites;⁷ they are also 53 percent more likely to die of heart disease.⁸

What are the health risks of menthol flavored tobacco?

Menthol makes smoking easier and more attractive for youth.



Menthol makes experimentation easier because it can mask irritation from smoking. It has a minty taste and smell and produces cooling and numbing sensations that reduce the harshness of cigarette smoke.^{9,10,11,12,13,14,15,16} This may encourage youth to keep smoking when they would otherwise stop.⁹

The use of characterizing flavors began in the 1970s to make it easier for new smokers to start, and to become regular smokers more easily.^{17,18,19}

Menthol intensifies addiction, especially for young smokers.

Youth who smoke menthol cigarettes are more dependent on cigarettes and show stronger addiction to nicotine than those who smoke non-menthol cigarettes.^{9,10,15,20,21,22} Additionally, youth who start smoking with menthol cigarettes are more likely to transition to regular smoking than those who start with non-menthol cigarettes.^{9,22}

Menthol makes it harder for smokers to quit for good.

A large number of studies show that menthol users have a higher nicotine dependence and smoking urge.¹⁴ Thus, menthol users have a harder time quitting than non-menthol users.^{23,24} This finding is stronger among African-American and other minority populations than among white smokers,^{25,26,27} despite African-American menthol users expressing greater confidence in their ability to quit than non-menthol users.²⁸



Women who smoke menthol cigarettes before a pregnancy are also more likely to start smoking again after the pregnancy than those who smoke non-menthol cigarettes.²⁹

Industry marketing practices target specific populations.

Menthol cigarette marketing practices are targeted more toward younger people and African-Americans than older adults and other racial or ethnic groups.^{9,10,30,31,32} Menthol cigarette marketing has consistently targeted minority and low-income communities.^{33,34,35,36} This strategy results in higher smoking rates among these groups.^{9,10,37}

Advertising is a strong driver of brand preference, especially among youth, and it is likely that price discounts, promotions, product placement, and geographic location have been used to drive menthol cigarette preference among youth and young adults as well as the African-American community.^{9,10}

How can communities reduce menthol tobacco use?

Proven tobacco control policies and evidenced-based strategies are necessary to prevent all forms of tobacco use, including flavored tobacco products.³⁸ Effective strategies include price increases as well as restricting youth access to tobacco products and exposure to tobacco product marketing.³⁹ The Tobacco Products Scientific Advisory Committee of the Food and Drug Administration states that “removal of menthol cigarettes from the marketplace would benefit public health in the United States.”⁹

Minnesota Department of Health
Tobacco Prevention and Control
PO Box 64882, St. Paul, MN 55164
651-201-3535
tobacco@state.mn.us
www.health.state.mn.us/menthol

1/20/16

To obtain this information
in a different format, call:
651-201-3535

Full citations are available at
www.health.state.mn.us/menthol.

¹ (Federal Trade Commission 2015)

² (Minnesota Department of Health 2014)

³ (ClearWay Minnesota and Minnesota Department of Health 2015)

⁴ (U.S. Department of Health and Human Services 2014)

⁵ (Giovino, Villanti, et al. 2013)

⁶ (ClearWay Minnesota and Minnesota Department of Health 2015, Unpublished Data)

⁷ (American Cancer Society, Inc. 2010)

⁸ (Center for Disease Control and Prevention 2010)

⁹ (TPSAC 2011)

¹⁰ (FDA 2013)

¹¹ (Kuhn, Khun and Luckhoff 2009)

¹² (Henningfield, et al. 2003)

¹³ (Giovino, Sidney, et al. 2004)

¹⁴ (Ahijevych and Garrett 2010)

¹⁵ (Hersey, Nonnemaker and Homsy 2010)

¹⁶ (Klausner 2011)

¹⁷ (R.J. Reynolds Tobacco Company 1974)

¹⁸ (Kreslake, Wayne and Alpert, et al. 2008)

¹⁹ (Kreslake, Wayne and Connolly 2008)

²⁰ (Hersey, Ng, et al. 2006)

²¹ (Collins and Moolchan 2006)

²² (Nonnemaker, et al. 2013)

²³ (Delnevo, et al. 2011)

²⁴ (Rojewski, Toll and O'Malley 2014)

²⁵ (Levy, et al. 2011)

²⁶ (Gunderson, Delnevo and Wackowski 2009)

²⁷ (Okuyemi, et al. 2007)

²⁸ (Reitzel, Etzel, et al. 2013)

²⁹ (Reitzel, Nguyen, et al. 2011)

³⁰ (Anderson 2011)

³¹ (Yerger, Przewoznik and Malone 2007)

³² (Cruz, Wright and Crawford 2010)

³³ (Hyland, et al. 2003)

³⁴ (Yu, et al. 2010)

³⁵ (Schneider, et al. 2005)

³⁶ (Novak, et al. 2006)

³⁷ (Dauphinee, et al. 2013)

³⁸ (Neff, et al. 2015)

³⁹ (Centers for Disease Control and Prevention 2014)