

## Introduction

# Menthol Cigarettes: Moving Toward a Broader Definition of Harm

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Received July 1, 2010; accepted September 24, 2010

## Abstract

**Rationale:** The current practice of the tobacco industry of primarily focusing on the extent that menthol cigarettes contribute or do not contribute to excess morbidity and mortality in various diseases does not, in and of itself, fully illuminate the harm caused by these products. In fact, this practice actually masks and obscures the public health harm associated with menthol cigarettes. Given this, this commentary develops and presents a broader definition of harm in which to view menthol cigarettes and as the necessary and underlying rationale of why this candy-flavored ingredient should be removed from all tobacco products.

**Methods:** This paper relies on the scientific presentations of the 2nd Conference on Menthol Cigarettes, and the peer-reviewed literature on menthol cigarettes.

**Outcomes:** A broader definition of harm from menthol cigarettes must be analyzed from a broad public health perspective and take into account youth uptake and initiation, menthol's ability to augment addiction through unique sensory properties, spurious health messages associated with these products, menthol's role in cessation inhibition and relapse promotion, and the blatant predatory marketing of these products to the most vulnerable sectors of society.

**Conclusions:** The Food and Drug Administration (FDA) should apply the same logic that outlawed other candy flavorings and apply it to menthol cigarettes; in the end, all candy flavorings, including menthol, only serve to make the poisons inherent in tobacco smoke go down easier. Additionally, the mobilization of communities most affected by the menthol cigarettes, the FDA, and candy flavorings and the tobacco industry's machinations will be discussed.

## Introduction

It has become increasingly clear that mainly focusing on the chemical and/or molecular nature of menthol will not give the

scientific community, the tobacco control movement, nor the American public a true picture of the harm associated with menthol cigarettes. While there were no "official" findings of the Second Conference on Menthol Cigarettes, a consensus emerged that went far beyond looking narrowly at the impact of menthol on heart disease and cancer rates. What materialized was a broader definition of the harm associated with menthol cigarettes (Gardiner & Clark, 2009).

The Second Conference on Menthol Cigarettes was held on October 19 and 20, 2009, in Washington, DC, with 143 tobacco control scientists and frontline tobacco control practitioners in attendance. The purpose of the gathering was to discuss the state of the science regarding menthol cigarettes and take the initial steps in setting a prevention agenda. Drs. PIC and PG served as chairs of the conference (for a detailed report on the conference, including a list of planning committee members, attendees, conference agenda, and materials, please see Summary of the Second Conference on Menthol Cigarettes *Menthol in Cigarettes: It helps the poison go down easier*. A Report to the Food and Drug Administration [FDA]; Gardiner & Clark, 2009).

The timing of the conference was fortuitous, coming just four months following President Barack Obama's signing of the historic Family Smoking Prevention and Tobacco Control Act on June 22, 2009. Among the key elements of the act is the prohibition of candy, fruit, and spice-characterizing flavors in cigarettes that took effect in October of 2009, the same month the conference was held. Menthol was specifically exempt from the ban. However, it was the national debate around FDA oversight of tobacco products generally and the exclusion of menthol cigarettes from the banned substances list particularly that served to galvanize a broader public health view of menthol. Why was it that menthol was excluded from the banned list while licorice, vanilla, and strawberry, etc. were included?

Thanks to the efforts of tobacco control frontline professionals, representatives from the Congressional Black Caucus, and an incisive letter addressed to both the Senate and the House, penned by the Honorable Joseph Califano, Louis Sullivan, and five other past Health and Human Services Secretaries, in

doi: 10.1093/ntr/ntq176

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June of 2008, led to amending the FDA legislation. The Health and Human Services Secretaries' letter minced no words and put the social justice questions squarely before Congress, in part it read:

"[B]y failing to ban menthol, the bill caves to the financial interests of tobacco companies and discriminates against Blacks—the segment of our population at greatest risk for the killing and crippling smoking-related diseases. It sends a message that Black youngsters are valued less than White youngsters. To make the pending tobacco legislation truly effective, menthol cigarettes should be treated the same as other flavored cigarettes. Menthol should be banned so that it no longer serves as a product the tobacco companies can use to lure Black children. We do everything we can to protect our children in America, especially our White children. It is time to do the same for all children" (Califano et al., 2008).

The resulting amendment that was spearheaded by Congressional Black Caucus member, Donna Christensen (D-VI), required that "immediately upon the establishment of the Tobacco Products Scientific Advisory Committee, the Secretary shall refer to the Committee for report and recommendation, under section 917(c) (4), the issue of the impact of the use of menthol in cigarettes on the public health, including such use among Blacks, Hispanics, and other racial and ethnic minorities" (for a detailed history and account of the amending of the FDA legislation, see *Menthol Moves Center Stage*; Gardiner, 2008).

Below, we make the case against menthol cigarettes. First, we assert a broader definition of harm. Following that we review the FDA's logic in prohibiting candy flavorings and how that reasoning should be applied to menthol cigarettes, the ultimate candy-flavored product. Following this, we examine the critical role of community organizing in the fight against menthol cigarettes. We will also look at the role of the tobacco industry's fight to maintain menthol in cigarettes. Lastly, we will identify some thorny questions surrounding the banning of menthol in cigarettes, including potential unintended consequences and the road forward for tobacco control in this arena.

### Toward a Broader Definition of Harm

The harm and detriment to the public's health from mentholated cigarettes cannot be measured mainly by mortality rates associated with using these products. Given that cigarettes, when used as directed, kill 50% of the people who smoke them, tying menthol cigarette use to increased risk of tobacco-related diseases has been difficult. Generally, epidemiological studies are used to try to make that connection (Brooks, Palmer, Strom, & Rosenberg, 2003; Carpenter, Jarvik, Morgenstern, McCarthy, & London, 1999; Friedman, Sadler, Tekawa, & Sidney, 1998; Hebert & Kabat, 1988, 1989; Kabat & Hebert, 1991, 1994; Murray, Connett, Skeans, & Tashkin, 2007; Pletcher et al., 2006; Sidney, Tekawa, Friedman, Sadler, & Tashkin, 1995; Stellman et al., 2003). The problems with this approach are (a) these tools may be just too blunt to detect a difference in harm in the presence of the overwhelming harm associated with smoking any tobacco product and (b) it is difficult to identify "menthol cigarette users" without error, particularly since most of the reported studies were not originally designed to address menthol cigarettes.

Only one epidemiological study to date has found an association between menthol cigarette use and an increased risk of lung cancer mortality compared with nonmenthol smokers (Sidney et al., 1995). And the effects found in that study were limited to men only. On the other hand, there have been at least four studies that found no association between menthol cigarette use and lung cancer mortality (Brooks et al., 2003; Carpenter et al., 1999; Kabat & Hebert, 1994; Stellman et al., 2003).

Correspondingly, laboratory-based studies have been hampered by the inability to get established menthol or nonmenthol smokers to use the opposite cigarette type for the extended periods necessary to compare classic measures of toxicity (Clark, Babu, & Sharma, 2008). Even laboratory-based exposure studies have had mixed results. For instance, when comparing biomarkers of exposure (e.g., cotinine and CO) between menthol smoking and nonmenthol smoking, some studies showed decreased values, some increased, and some no difference (Ahijevych, Gillespie, Demirci, & Jagadeesh, 1996; Ahijevych & Parsley, 1999; Benowitz, Herrera, & Jacob, 2004; Clark, Gautam, & Gerson, 1996; Jarvik, Tashkin, Caskey, McCarthy, & Rosenblatt, 1994; Miller et al., 1994; Sellers, 1998; Williams et al., 2007). These varying findings and values may be explained by the type of cigarettes that were tested. Each cigarette manufacturer produces their own menthol cigarette, a unique cocktail of chemicals and carcinogens, leading to different chemical footprints (Hoffmann & Hoffmann, 1997). Since cigarettes are so highly engineered, there are likely many differences between menthol and nonmenthol cigarettes other than menthol levels. Additionally, it is important to keep in mind that all commercial tobacco products have some menthol in them—only a small percentage of cigarettes have enough to be considered "characterized" as menthol cigarettes (Hopp, 1993). When taken together, comparisons between brands and types of cigarettes become problematic at best.

Initially, like most other people in the field, we had a narrower definition of harm, thus following the epidemiological paradigm to a dead end. In articles in the latter part of 1990s and earlier this decade, both Drs. PG and PIC suggest that there may be some chemical property associated with menthol that is leading to so many Black lung cancer deaths (Clark et al., 1996; Gardiner, 2004). But it has become clear after a careful review of the evidence that we, along with many in the field, were asking the wrong questions and looking for answers in all the wrong places.

Harm from menthol cigarettes must be viewed through a public health lens. This lens when properly focused shows that harm is not solely or mainly an individual consideration; rather, it is a group, community-wide societal concern that must be examined at a population level. Moreover, harm from menthol cigarettes is a social justice issue and must be located in its historic context. The long-standing and ongoing deliberate injurious assault and undermining of the public's health, especially directed toward the most vulnerable sectors of our society, by way of distortions and falsifications has led to the disproportionate concentration of tobacco-related diseases among the Black population (Gardiner, 2004; U.S. Department of Health and Human Services, 1998).

Using a population level focus and a social justice prism, we will describe five areas from which harm emanates from menthol cigarettes: initiation and youth uptake, menthol's unique

reinforcing properties and its relationship to nicotine, spurious health messaging, inhibition of cessation and the promotion of relapse, and predatory marketing to the most vulnerable sectors of society.

### Initiation and Youth Uptake

A note before proceeding: We use the term “starter product” in the broadest sense of the word. The narrow reductionalist “first cigarette ever tried” definition misses the point. It is not a question of “cigarette number one,” rather it is a question that after a few weeks or months of experimentation that a new smoker decides on a particular brand; this is the definition of a starter product. With this in mind, the scientific evidence is very strong that youth start with and prefer menthol cigarettes. The Hersey et al. (2006) seminal study using data from the Nation Youth Tobacco Survey showed that menthol cigarette use was significantly more common among newer and younger smokers. They reported that youth in middle school who had been smoking less than a year were significantly more likely to smoke menthol cigarettes compared with youth smokers who had been smoking more than a year (58.9% vs. 51.1%). Similarly, they demonstrated that menthol cigarettes are the cigarettes most commonly smoked in middle school (Hersey et al., 2006). In a recent paper by Substance Abuse and Mental Health Services Administration (SAMSHA), the authors confirm the Hersey’s findings cited above. This new scholarship asserts that adolescents who recently starting smoking cigarettes were more likely to start with menthol cigarettes as opposed to non menthol cigarettes (SAMSHA, 2009; available at: <http://www.oas.samhsa.gov/2k9/134/134MentholCigarettes.htm>). Additionally, Klein et al. in a 2007 study found that 22.8% of 17-year-old smokers reported using flavored cigarettes in the past month compared with 6.7% of smokers who were 25 years or older (Klein et al., 2007).

The tobacco industry has known for decades that menthol cigarettes were a starter product for youth. Advisors to one tobacco company developed concepts for a “youth cigarette” stating, “It’s a well-known fact that teenagers like sweet products” (Memo to Brown & Williamson, September 1972). Additionally, the FDA Flavored Cigarettes Fact Sheet identifies other industry documents that show their conscious targeting of youth with candy-flavored products (<http://www.fda.gov/TobaccoProducts/ProtectingKidsfromTobacco/FlavoredTobacco/ucm183198.htm>). Recent scholarship by Kreslake, Wayne, and Connolly (2008) demonstrates that the tobacco industry manipulated menthol levels in cigarettes to ensure the uptake by young smokers. The trend is pretty clear; since menthol can mask the harshness of tobacco smoke and has a minty candy-like flavor, menthol cigarettes have emerged as the ideal starter product for youth. When viewed from a societal level, as opposed to an individual level, we see that American youth, as a group, are at risk for becoming lifetime smokers because of menthol cigarettes.

### Augments Addiction Through Unique Reinforcing Properties

Virtually all cigarettes contain menthol, though most at subliminal levels. Use of menthol in manufacturing mentholated cigarettes varies from a relatively weak level of 0.1%–0.2% to a strong application level of 0.2%–0.45% by tobacco weight (Hopp, 1993). The use of menthol is generally higher in low

nicotine cigarette brands compared with higher nicotine brands. Menthol serves to reduce tobacco smoke’s harshness and with its ability to stimulate cold receptors, it gives the smoker the sensation of deeper and cooler inhalation (Ferris & Connolly, 2004). Moreover, menthol’s local analgesic effects serve to smooth the smoking experience. Interestingly, menthol also stimulates taste buds on the tongue, similar to the properties of capsaicin in hot sauce (Simons, Carstens, & Carstens, 2003).

We also know that menthol desensitizes nicotinic receptors, much like nicotine does, and recovery from desensitization is very slow (Anand & Lin, 2002). Moreover, research has established that menthol acts centrally to affect nicotine effects on body temperature, leading some to suggest that menthol as an additive in cigarettes must affect how smokers’ respond to nicotine in the central nervous system (Ruskin, Anand, & LaHoste, 2007, 2008). Further investigations by neuroscientists may establish that people addicted to menthol cigarettes are not only addicted to the nicotine in cigarettes but also to the menthol sensation that accompanies it.

Menthol is a classic reinforcer; the minty taste, the excitation of taste buds, the coolness, and the sense of deep inhalation, in and of themselves, are triggers for smoking. In this regard, menthol serves as the ultimate candy flavoring. It not only masks the harshness of cigarette smoke, which even the tobacco industry admits kills 50% of its users, but also delivers a minty taste along with other unique sensory stimulations, over and above the nicotine, thus giving the smoker additionally reasons to light up.

### Spurious Health Messages

From their inception, the tobacco industry has promoted menthol cigarettes as a safer and healthier alternative to regular cigarettes. Those health messages for soothing sore throats were even outlawed in 1942 but in one form or another have persisted to this day (Gardiner, 2004). Whether marketed as cool and refreshing, alive with pleasure, or mild and invigorating, unfortunately, these types of messages have had their intended impact, especially among vulnerable sectors of our society. As far back as 1968 and continuing even today, Black smokers and other menthol smokers have reported that they felt menthol cigarettes were less harsh, tasted better, and were healthier (Tibor Koeves Associates, 1968; Hymowitz, 1995; Richter, 2008). Research published as late as 2010 is showing that menthol cigarette smokers believe that their cigarettes have medicinal properties and are less harmful than nonmenthol cigarettes (Unger, Allen, Leonard, Wenten, & Cruz, 2010). Newport, the menthol industry leader once promoted their cigarettes as “*Newport: Alive with Pleasure*” is a case in point. Here, one of the most deadly products in the world is being promoted as alive with pleasure, what a contradiction in terms. Even Lorillard must have taken note of this blatant inconsistency since they subsequently amended that slogan to *Newport Pleasure*.

### Cessation Inhibitor and Relapse Promoter

While not all studies show menthol inhibiting cessation (Fu et al., 2008; Hyland, Garten, Giovino, & Cummings, 2002; Murray et al., 2007), there are, on the other hand, a number of studies that show that menthol retards and undermines cessation efforts.

Research has found that Black menthol smokers are less successful with cessation regimens (Okuyemi, Ebersole-Robinson, Nazir, & Ahluwalia, 2004; Okuyemi, Faseru, Sanderson, Bronars, & Ahluwalia, 2007). Moreover, menthol has been shown to attenuate the effect of bupropion among Black menthol smokers (Okuyemi et al., 2003). In another study, both Latinos and Black menthol smokers had lower quit rates than their regular cigarette smoking counterparts (Gandhi, Foulds, Steinberg, Lu, & Williams, 2009). Pletcher et al. (2006) found that while menthol and nonmentholated cigarettes seem to be equally harmful per cigarette smoked in terms of atherosclerosis and pulmonary function decline, they also found that menthol cigarettes may be harder to quit. This later study was the first to find significant increase in relapse associated with menthol cigarette smoking. It seems that menthol cigarette smokers not only have to get over the rewards associated with nicotine but also must get over the rewards associated with menthol (candy mint taste, sensory excitations, and cooling).

### Predatory Marketing

Probably the hallmark of the history of menthol cigarettes is the relentless and unabashed marketing to Blacks, one of the most vulnerable sectors of the U.S. population. The blanketing of menthol messages to this community has covered literally every aspect of life, from Black-owned publications and jazz concerts through civil rights groups, to massive billboards throughout the Black community. Numerous authors have commented on this phenomenon (Gardiner, 2004; Sutton & Robinson, 2004; Yerger & Malone, 2002; Yerger, Przewoznik, & Malone, 2007). The inundation of the Black community with menthol messages and products has been characterized by one author, the African Americanization of menthol cigarettes (Gardiner, 2004).

The tobacco industry's tactics to promote menthol products, especially in the Black community, are strictly up to date and resonate with the current trends in hip-hop culture. The tobacco industry knows that hip-hop is much broader than just Rap music and that hip-hop culture appeals to both urban and suburban youth. Elaborating on this theme at the Second Conference on Menthol cigarettes, George Crawford, health consultant and advocate, demonstrated with slide after slide that elements of hip-hop culture identified and targeted by the tobacco industry include not only rap music but also dance, graffiti, language, cars (particularly rims), clothes, jewelry (ice and bling) alcohol, drugs, and of course tobacco (Gardiner & Clark, 2009).

Mr. Crawford went on to show that using the pictures and images of well-known rap artists to promote tobacco products has become standard fare. Rap artists dressed in hip-hop attire, including do-rags, cocked baseball hats, diamond ear studs, gold and silver chains (the bling-bling), sports t-shirts, tennis shoes, and baggy pants, are all decked out to sell not only menthol cigarettes but also blunt wrappers (i.e., a tobacco sheet used to role marijuana joints). More often than not these blunt wraps, as they are called, are candy and fruit flavored and some are mentholated (Gardiner & Clark, 2009).

La Tanisha Wright, National States Director of the National African American Tobacco Prevention Network, drew on her prior experience of working in the tobacco industry to verify the predatory nature of their marketing. Ms. Wright pointed out that R.J. Reynolds used the term "focus" communities and/or stores to designate areas

with urban characteristics, high menthol sales, and low-income clientele, predominately minority and most often Black or Latino communities. Correspondingly "nonfocus" areas were suburban, low-menthol sales, and for the most part, White communities. The tobacco industry places the highest quantities of mentholated products in "focus" retail stores (Gardiner & Clark, 2009).

Ms. Wright added that retail stores in "focus" areas receive higher discount rates on mentholated cigarettes compared with other brands. In "nonfocus" communities, menthol products were discounted \$0.50 a pack; on the other hand in "focus" communities, mentholated cigarettes are discounted between \$1.00 and \$1.50 per pack. Other promotions were more attractive in "focus" stores compared with "nonfocus" stores. In "focus stores," *buy 1 get 1 free* promotions predominated, while in "nonfocus" stores, *buy 2 get 1 free* was the general rule (Gardiner & Clark, 2009).

The tobacco industry places a higher quantity of interior and exterior signs at "focus" retail stores compared with "nonfocus" retail stores. On average during the earlier part of this decade, R.J. Reynolds placed four to eight exterior signs in "nonfocus" retail stores. Conversely, in "focus" retail stores, upward of 20 exterior signs was the normal practice. Similarly, tobacco advertisements have a higher profile in "focus" retail outlets compared with "nonfocus" retail outlets (Gardiner & Clark, 2009). Ms. Wright's personal experiences have been borne out by recent research; Seidenberg, Caughey, Rees, and Connolly (2010) in comparing advertisement sign size, menthol and price between a minority community and a nonminority community, found that in low-income/minority communities, there were larger tobacco advertisements, proportionately more menthol ads and products advertised at a lower price.

This type of predatory marketing of a deadly product that has been sweetened with menthol just on face value is an outrage and clearly a social justice issue. Kwesi Harris, one of the leaders against the Kool Mixx Campaign of 2004, speaking at the Second Conference on Menthol Cigarettes said, "... that the marketing of menthol to the African American community was not only targeted marketing, but also it was a question of environmental racism. These products were marketed to the least informed about the health effects of smoking, had the fewest resources with which to fight back, had the lowest amount of social support and had the least access to cessation services—this is indeed, a social justice issue." (Gardiner & Clark, 2009)

Hence, youth uptake and initiation, spurious health messages, cessation inhibition and relapse promotion, augmenting addiction through unique sensory properties, and the blatant predatory marketing to the most vulnerable sectors of society—all are societal level phenomena, and all must be considered in the calculation of harm of menthol cigarettes.

### The FDA and Candy Flavoring: Why Not Menthol?

In the Family Smoking Prevention and Tobacco Control Act, 13 specific flavorings are identified to be banned by the FDA: strawberry, grape, orange, clove, cinnamon, pineapple, vanilla, coconut, licorice, cocoa, chocolate, cherry, or coffee (Family Smoking Prevention and Tobacco Control Act, 2009). In fact,

on September 22, 2009, the ban went into effect. In an open letter to the tobacco control community, the FDA stated categorically: "Smoking is the leading cause of preventable death in the United States. An important way to reduce the death and disease caused by smoking is to prevent children and adolescents from starting to smoke. Scientists have found that kids think flavored tobacco products are safer and less addictive than regular tobacco products." Additionally, the FDA Flavored Tobacco Fact Sheet cites numerous articles that confirm the fact that flavored cigarettes are "starter" products for youth (<http://www.fda.gov/TobaccoProducts/ProtectingKidsfromTobacco/FlavoredTobacco/ucm183198.htm>) (Food and Drug Administration, 2010).

The FDA needs to apply the same logic to menthol in cigarettes that it applied to the 13 flavoring ingredients cited above. As we pointed out above, there is ample research showing that menthol is a starter product for youth; it is the ultimate candy flavoring, with its own reinforcing properties. There was not endless research and discussion at the FDA about those 13 banned flavorings. There were not teams of scientists trying to find out if vanilla cigarettes are more dangerous than nonvanilla cigarettes. There were not calls for five more years of research to determine if cinnamon or pineapple cigarettes increase the likelihood that one might develop lung cancer compared with regular cigarettes. All the 13 identified products were prohibited because it was believed that they would serve as starter products for youth and using this same logic, menthol, the ultimate candy flavoring, should be prohibited too. In the end, all candy flavorings including menthol only serve to make the poisons in cigarettes go down easier.

It is important to note that FDA Commissioner, Margaret Hamburg, M.D., in talking about banning candy flavorings in cigarettes stated that "Almost 90 percent of adult smokers start smoking as teenagers. These flavored cigarettes are a gateway for many children and young adults to become regular smokers. The FDA will utilize regulatory authority to reduce the burden of illness and death caused by tobacco products to enhance our Nation's public health." We are buoyed by Dr. Hamburg's statements since menthol cigarettes with their candy flavor have been shown to be a precarious gateway for youth to smoking and a life of disease and addiction; Menthol, like the 13 other candy flavorings, should be eliminated from tobacco products altogether.

## Organizing Affected Communities: Blocking Menthol Is Not Solely the Responsibility of the FDA

The mobilization of communities most affected by menthol cigarettes is critical in stemming the tide and blunting the impact of these products on the most vulnerable communities. Previous community-wide mobilizations have been shown to be effective and successful in thwarting the tobacco industry's promotion of menthol cigarettes and the predatory marketing of these products. Case in point was the campaign to block "Uptown Cigarettes," previously described by Robinson and Sutton (1994) (Robinson et al., 1992). R.J. Reynolds' failed attempt to introduce

a specifically "Black" cigarette into the Philadelphia Black community was brought about by a coalition of community forces that forcefully argued that community members, and only community members, had the right to determine what products could and should enter their community. The coalition against Uptown Cigarettes also pointed out how the Reynolds campaign impacted smokers as well as not smokers (Robinson & Sutton, 1994; Robinson et al., 1992). This empowering message along with general antitobacco and standard health messages galvanized a movement and generated a sentiment, which caught the local and national media's attention. The clamor created at the community level resulted in Dr. Louis Sullivan, then Secretary of Health Human Services, traveling to Philadelphia to denounce the Reynolds campaign. Indeed the day following Dr. Sullivan's condemnation, Reynolds dropped its bid to market this "black cigarette brand" altogether (Gardiner & Clark, 2009).

Similarly, Brown & Williamson's Kool Mixx marketing campaign of 2004 went up in smoke when a community-based coalition exposed the industry's real motives of using hip culture and music to attract Black youth to Kool cigarettes (Gardiner & Clark, 2009). During this campaign, the tobacco industry used hip-hop vernacular, images, DJs, and rappers and sought to host a series of events around the country to popularize their cigarette brand, culminating with a major event/party in Chicago. Community activists' messages and their own counter-marketing campaign began to resonate within the community and coupled with the suing of Brown & Williamson for violation of the 1998 Master Settlement Agreement: The Kool Mixx campaign was terminated, never culminating in the rap contest cum tobacco orgy as initially envisioned.

These community-based movements highlight some key lessons in taking up the fight against menthol cigarettes, which were elaborated by Kwesi Harris at the Second Conference on Menthol Cigarettes (Gardiner & Clark, 2009). Mr. Harris pointed out that organizing the community requires bringing all segments together to fight the tobacco industry, including the faith community, street organizations (gangs), health volunteers, legal representatives, elected officials, tobacco control activists, and regular community folks. Establishing a common denominator that all can rally around proved to be key in Philadelphia and Chicago. In the case of the Kool Mixx campaign in Chicago, that common denominator was health and the health of our community. Similarly, in the campaign against Uptown cigarettes in Philadelphia, the common denominator was that the community should decide what comes into their community. Additionally, both campaigns used cultural images and messages that were appropriate and were understood by the community.

Each campaign used grassroots organizing to pull together disparate parts of the Black community and at the same time countered the tobacco industry's media blitz with a media advocacy campaign of their own. In the Uptown campaign, a series of local and national articles exposing Reynolds's assault was critical in Louis Sullivan becoming aware of the campaign. For the Kool Mixx counter-media campaign, activists planned and developed their own culturally appropriate materials ranging from radio spots and fliers to a dedicated anti-Kool Mixx Web site (Gardiner & Clark, 2009).

Underscoring the many rich lessons from these campaigns is the fact that these were community efforts. In the regulatory

fight to get the Tobacco Products Scientific Advisory Committee to recommend that the FDA ban menthol cigarettes, we cannot lose sight of the requirement to mobilize the most affected communities in this regard. Alongside of submission of scientific and technical reports, there should be an energized community pushing for change itself. And in doing this, we must not lose sight of a still very aggressive tobacco industry.

We should note that much attention has been paid to the impact of menthol cigarettes on the Black community, and given the tobacco industry’s tawdry history toward this community, was and is to be expected. However, menthol cigarettes negatively impact other vulnerable sectors of our society. Women, youth, and other communities of color have not been spared the attention of the predatory marketing by the tobacco industry (Sutton & Robinson, 2004). While we cannot address all the issues and concerns faced by a multiplicity of communities, we feel that it is important to document at least one other community the growing use of menthol cigarettes. Native Hawaiians are case in point. Hawaiian youth have overwhelmingly adopted menthol cigarettes as their smokes of choice. In an ongoing survey conducted by the Hawaiian State Department of Health, they found that Hawaiian youth menthol cigarettes uses were above 60% in middle school and increased to more than 75% while in high school (Hawai’i State Department of Health, 2009; see Table 1).

While our presentation has focused mainly on Blacks, as Table 1 shows, other communities are being impacted by menthol cigarettes, and as they do, we are hopeful that their fight back will grow correspondingly.

## The Tobacco Industry Circles the Wagons Around Menthol Cigarettes

Since the publication of the special research supplement: Menthol Cigarettes: Setting the Research Agenda, which encapsulated the findings of the first Conference on Menthol Cigarettes, nearly 100 peer-reviewed articles have been published on the topic of menthol cigarettes (Gardiner & Clark, 2009). In this regard, two papers written by tobacco company scientists are noteworthy. Werley, Coggins, and Lee (2007) reviewed the existing published literature on menthol cigarette harm. Similarly, in 2010, Heck of Lorillard Tobacco Company also reviewed the published literature. Both concluded that menthol in cigarettes produced no additional harm. While their conclusions were to be expected, it should be borne in mind that what the industry really wants to do is maintain the discussion and debate about

**Table 1. Hawaii Youth Tobacco Survey, 2000, 2003, and 2009, Hawaii State Department of Health, 2009**

	Middle school			High school		
	2000	2003	2009	2000	2003	2009
Prevalence	38.4	21.1	17.2	63.3	47.8	36.9
Menthol	61.5	61.4	70.0	76.1	75.8	78.4
Kools		56.1	27.1		61.1	57.6

harm associated with menthol cigarettes at the narrow biochemical and molecular level. As we pointed out earlier, at this level of abstraction, it is nearly impossible to show that menthol cigarettes pose a greater risk, over and above regular deadly cigarette products. However, on the other hand, when one steps back and surveys the broad public health implications of menthol cigarettes, the picture is strikingly clear. Menthol cigarettes have been shown to increase youth uptake, reinforce nicotine addiction, retard cessation, and promote relapse, while all the time, the tobacco industry falsely proclaims their “refreshing” benefits as they market these deadly products to the most vulnerable sectors of our society.

The industry’s strategy to narrow the debate around the harm associated with menthol cigarettes was demonstrated clearly on the second day of the first meeting of FDA’s Tobacco Product Scientific Advisory Committee (March 30 and 31, 2010; available at [www.fda.gov/tobacco](http://www.fda.gov/tobacco)). As public speaker sought to broaden the definition of harm associated with menthol cigarettes, representatives of Lorillard and R.J. Reynolds attempted to turn the conversation back to the narrow definition of harm, that is, the question of increasing toxicity. In their public testimony, they pointed out that menthol is not carcinogenic, not mutagenic, and generally recognized as safe and approved by the FDA; no differences in smoke chemistry or cigarette smoke condensate between menthol and nonmenthol cigarettes (Ogden, 2010). Quoting FDA nonvoting member Daniel Heck of Lorillard: “The published literature provides a substantial basis for a conclusion that the risks of cancers and other diseases associated with the smoking of menthol cigarettes are no different, qualitatively or quantitatively, than those associated with nonmentholated cigarette smoking” (Heck, 2010). The industry’s narrow definition of harm must be jettisoned; only by looking outside of the microscope can we truly appreciate all the harm, the public health harm, associated with menthol cigarettes.

## Discussion

The FDA has been charged by Congress with regulating tobacco products, an historic step forward in and of itself. In the words of Dr. Lawrence Deyton, Director of FDA’s Center for Tobacco Products, at the first meeting of the Tobacco Products Scientific Advisory Committee, “The bottom line is that when Congress passed, and President Obama signed the Tobacco Control Act into law, it was with the understanding that the traditional approach to product regulation wasn’t relevant in the case of tobacco. In this instance, FDA’s traditional standards of safety and effectiveness won’t work; but a public health population health standard does, and that is what the Tobacco Control Act requires us to use.”

To fulfill the promise of a public health and population health standard, a broader definition of harm associated with menthol cigarettes must be adopted. From our review of the literature, it is clear that the addition of menthol to cigarettes solely serves the purpose of helping the many poisons in cigarettes go down easier. This was thought to be true of the 13 banned ingredients; we suggest that it is true for menthol also. The FDA should not be in the business of allowing products that kill people to be as palatable as possible. It is therefore a suitable public health standard that the FDA requires that tobacco companies desist from adding menthol to cigarettes, at any level, characterizing or not.

The outright banning of menthol in cigarettes will require the tobacco control community as a whole to face up to potential consequences, such as a black market for menthol cigarettes, do-it-yourself mentholation products, and/or tobacco industry deceptions (e.g., use of menthol analogues). Particularly, the communities most affected by such a ban (e.g., Blacks) must be actively mobilized and engaged in the deliberations. The talented organizing that was demonstrated in the Uptown and Kool Mixx campaigns will need to be invigorated again; getting the message out that with menthol out of cigarettes, it will help in the fight for healthier communities.

If the FDA were to actually outlaw menthol in cigarettes, attention must be paid to the increased cessation demands that would result from such a policy. The tobacco control community generally, and the FDA's Center for Tobacco Products in particular, will have to dedicate more money, time, and programs and focus to those communities most impacted, where menthol cigarette use is epidemic. Indeed, this is an historic moment in tobacco control, and while outlawing menthol in cigarettes will not in and of itself end the scourge of tobacco, still it has the potential of going a long way toward lifting the burden of nicotine cum menthol addiction, especially among the most vulnerable sectors of our society. Let us heed the words of the past Secretaries of Health and Human Services and protect all of America's children. All parties must take advantage of this historic moment and stand up and do the right thing.

## Funding

Dr. PG was supported by the University of California Office of the President Tobacco Related Disease Research Program. Dr. PIC was supported by the University of Maryland, College Park.

## Declaration of Interests

None declared.

## Acknowledgments

This commentary was made possible by the all participants of the Second Conference on Menthol Cigarettes. As co-chairs of the conference, we would like to extend special thanks to the members of the Planning Committee: Cathy Backinger, National Cancer Institute; Amber Thornton Bullock, American Legacy Foundation; Mirjana Djordjevic, National Cancer Institute; Stephanie Foster, American Legacy Foundation; Martha Davila-Garcia, Howard University; Bridgette Garrett, Centers for Disease Control and Prevention; Allison Hoffman, National Institute on Drug Abuse; Susan Marsiglia, Substance Abuse and Mental Health; Danny McGoldrick, Campaign for Tobacco-Free Kids; Makani Themba-Nixon; The Praxis Project; Ines Alex Parks, American Legacy Foundation; Robert Robinson, National African American Tobacco Prevention Network; William Robinson, National African American Tobacco Prevention Network; Allison Rose, National Cancer Institute; Eve Sharma, University of Maryland College Park; Patricia Sosa, Campaign for Tobacco-Free Kids; and Mitch Zeller, Pinney Associates.

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