

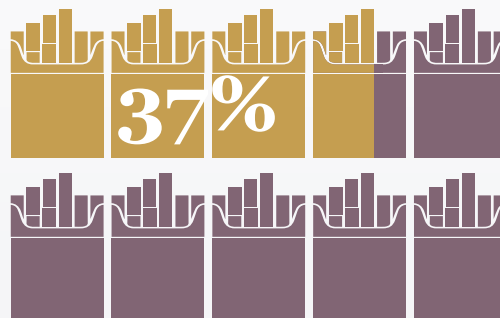
Flavor Attracts; Nicotine Addicts: Menthol Products in the Marketplace



In 2009, Congress passed the Family Smoking Prevention and Tobacco Control Act prohibiting the sale of flavored tobacco products across the country. This was a positive step in decreasing overall smoking rates but failed to include mentholated products which have long been prominent among African American smokers, youth, and young adults. Youth remain the age group most likely to use menthol cigarettes.¹

Now the Food and Drug Administration (FDA) has proposed a ban on menthol flavored products. First added to cigarettes in the 1920s, menthol became widespread in the 1950s and 1960s, and although traditional cigarette smoking rates have decreased over the years, the prevalence of menthol products has basically remained stagnant.² (For more on the FDA's actions on menthol, visit <https://www.fda.gov>)

Menthol makes up a **large portion (37% in 2020)** of the cigarette market in the U.S.



Source | Truth Initiative

In 2019, an estimated 18.5 million people in the U.S. aged 12 and older smoked menthol cigarettes, a disproportionate number of whom were youth, young adults, and African Americans.

Source | National Cancer Institute



From 2005-2015, the decline in cigarette consumption was greater for non-menthol cigarettes than menthol cigarettes.

Source | Truth Initiative



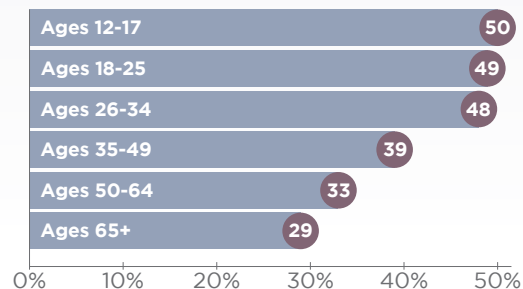
Menthol interacts with nicotine in the brain to enhance addictiveness, making it harder for people to quit.

Source | Public Health Law Center

39% of middle and high school students who used cigarettes in 2021 reported using menthol. Source | National Youth Tobacco Survey

Menthol cigarette preference among cigarette smokers in the U.S. by age, 2018

Source | Truth Initiative



How to Prevent Use of Menthol and Aid in Quitting

Source | Centers for Disease Prevention and Control

For States and Communities

- Curb the advertising and marketing of menthol and other tobacco products to young people
- Ensure that all people who use tobacco products have access to evidence-based quitting resources, including counseling and medication.
- Develop educational initiatives that describe targeted tobacco industry marketing tactics.

For Parents and Teachers

- Learn about menthol and its relationship to tobacco product use and nicotine dependence among young people.
- Be aware of how menthol products are disproportionately marketed to specific groups of people.
- Take advantage of quitting resources in your community such as the local Mississippi Tobacco Free Coalitions (MTFCs).
- Develop and equitably implement and enforce tobacco-free school policies that address all types of tobacco products and that incorporate non-punitive penalties.
- Implement school prevention programs that are free from tobacco industry influence.

For Health Professionals

- Learn specifically about menthol and its relationship to tobacco use and nicotine dependence.
- Ask about use of all types of tobacco products when screening patients for the use of tobacco products.
- Provide information to patients about evidence-based quitting resources.

For free help to quit tobacco use, call 1-800-QUIT-NOW (1-800-784-8669) or visit <https://www.quitnow.net/MS>.



“If I was doing any better, I wouldn’t know how to act.” Dannell Walden’s journey

The word “hope” adorns his baseball cap and reminds him of a brighter future. These days Dannell Walden is filled with hope in his journey to being smoke-free. The 62-year-old lives with his wife in Jackson where he worked as an assembler for a foodservice manufacturing company prior to suffering a stroke on Valentine’s Day in 2021.

Like many African Americans, Dannell’s smoking addiction involved menthol flavored cigarettes. At 16, he started rolling his own cigarettes using a paper bag and a little tobacco. Neither of his parents smoked, so he spent much of his time hiding his addiction from them. At age 19, he was introduced to menthol flavored products and smoked Kool, Salem, and finally Newport brands. He feels the attraction to menthol is the strong taste. “I always heard people say, ‘well if you want to die with this, you want to smoke the stronger cigarette,’” he jokes. Additionally, there were always incentives with coupons and samples arriving in the mail via big tobacco companies. “I used to get them in the mail, and it wasn’t just one or two coupons. Also, stores would sell Newports at half-price or knock off \$3.00 per pack,” adds Dannell.

At the time of his stroke, Dannell was smoking a pack a day. He had the desire to quit, but he didn’t have the tools to make it happen. His wife and 7-year-old grandson tried to encourage him. “He said, ‘Papa, smoking ain’t good for you. I thought to myself, Lord have mercy. This little fellow is trying to tell me something, and even he knows it’s wrong.’” It took his doctor’s strong urging and his family’s support to start him on his quit journey. That’s where the UMMC ACT Center for Tobacco, Treatment and Research became a part of the picture.

publication team

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“Well for me, it’s fun,” says Dannell. “When I come down here, they treat me so nice. It’s like a family member, and I just feel comfortable and encouraged.” Using a proven evidence-based approach, the ACT Center provides treatment care and medicine with little or no expense to its patients. It begins with an initial session, followed by six treatment sessions, and then follow-up visits as needed for a year. “Our patients can be doctor referred, but they don’t have to be. All they have to do is want to quit,” says Sharon Bell, a Tobacco and Treatment Specialist at the ACT Center. Sessions can be done via telehealth or video sessions, phone, or face-to-face.

The road to quitting can involve relapses. Like Dannell’s relapse, stress is usually at the core. “Everybody’s journey is different, but you know, honestly relapse is very common,” says Ms. Bell. “When stress appears, many smokers will return to their old habits instead of learning other coping skills. When this happens, we say ‘it’s okay; it’s common. Let’s just get back on the wagon and move forward.’” Dannell took all the encouragement from the specialists and equipped himself with various coping techniques to become smoke-free.

These days, Dannell tells everyone he feels like a new person. “I feel good; I’ve got more energy. I can do what I want to do. When I go to the gas station to fill up my truck, I don’t have to go in to buy a cigarette. I don’t even want one.”

“Ms. Sharon told me that smoking cigarettes ain’t nothing but a monster. You smoke one of them, and the monster wakes up, and there you go. The ACT Center is a really good place to get help.”

Dannell Walden

UMMC ACT Center

- Founded in 1999
- Supported by the Mississippi State Legislature, the University of Mississippi Medical Center, and the Mississippi State Department of Health Office of Tobacco Control
- Serves as a treatment, educational, and research resource to benefit all Mississippians
- Located at the Jackson Medical Mall
- ACT Center direct: 601-815-1180
- UMMC toll-free appointment line: 1-888-815-2005
- <http://www.act2quit.org>

Resources

1. Centers for Disease Control and Prevention. (2022). *Menthol Smoking and Related Health Disparities: An Ongoing Problem*. <https://www.cdc.gov/tobacco/index.htm>.

2. Truth Initiative. (2022). *Menthol: Facts, stats and regulations*. <https://truthinitiative.org/research-resources/traditional-tobacco-products/menthol-facts-stats-and-regulations>

The Exhale series is funded by the Mississippi State Department of Health Office of Tobacco Control