Menthol Cigarettes and Smoking Initiation

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Introduction

- Kids should not smoke any cigarettes, menthol or non-menthol
- While underage cigarette use continues to decline, ongoing efforts to prevent its use remain a priority
- Based on our review of the limited available literature and data, menthol cigarettes do not appear to play a unique role in smoking initiation
- PM USA and others have an important role to play in preventing underage smoking

For additional information, refer to the ALCS submission to TPSAC dated June 30, 2010
Studies and Data Related to Menthol Cigarettes and Initiation

- Underage smoking trends
- Age of initiation
- Reactions to first smoking experience
- Recency of initiation
Current View of Underage Smoking

Any past 30-day use of cigarettes

12th Graders
10th Graders
8th Graders

Percent

Monitoring the Future

Estimated numbers and percentages of past 30-day cigarette smokers by age category

12-17 yr olds (2.3 MM, 3.8%)
18-25 yr olds (11.8 MM, 19.7%)
26 or older (45.8 MM, 76.5%)

NSDUH (2008)
Relevant Trend Data

- The rate of reported menthol cigarette use appears higher among underage smokers than smokers in older age categories (e.g., SAMHSA, 2009)
  - Between 2004 and 2008, the estimated number of underage smokers reporting menthol use declined from 1.2 to 1 million
  - Underage cigarette smoking declined over this period, from 11.9% to 9.1%
- Underage African-Americans report smoking at about half the rate of their White counterparts (5.0% vs. 10.6%)
- African-American smokers report starting smoking later than White smokers (e.g., Finkenauer, et al., 2009)
Age of Initiation and Reactions to Initial Smoking Experience

- **Studies suggest no difference in age of initiation between menthol and non-menthol smokers**

- **Reactions to initial smoking experiences do not differ between menthol and non-menthol smokers**
  (DiFranza, *et al*., 2004)
### Reactions to Initial Smoking Experience

**Comparison of symptoms in reaction to first inhaled cigarette according to mentholation**

<table>
<thead>
<tr>
<th>Reported Symptom</th>
<th>( n^a )</th>
<th>All subjects (%)</th>
<th>( n )</th>
<th>Menthol (%)</th>
<th>Non-Menthol (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irritation</td>
<td>190</td>
<td>75</td>
<td>115</td>
<td>77</td>
<td>71</td>
</tr>
<tr>
<td>Nausea</td>
<td>193</td>
<td>18</td>
<td>118</td>
<td>22</td>
<td>20</td>
</tr>
<tr>
<td>Dizziness</td>
<td>191</td>
<td>50</td>
<td>118</td>
<td>59</td>
<td>52</td>
</tr>
<tr>
<td>Relaxation</td>
<td>188</td>
<td>22</td>
<td>114</td>
<td>26</td>
<td>28</td>
</tr>
<tr>
<td>Felt good, or good and bad</td>
<td>169</td>
<td>14</td>
<td>120</td>
<td>8</td>
<td>19</td>
</tr>
<tr>
<td>Want to smoke again: Yes or maybe</td>
<td>189</td>
<td>28</td>
<td>116</td>
<td>35</td>
<td>35</td>
</tr>
</tbody>
</table>

Adapted from DiFranza, et al., (2004). None of the differences are statistically significant.

\(^a^{Due to difficulty in recall, the number of subjects responding to questions about their first reactions varied.}
Recency of Initiation

- Two studies have suggested that menthol cigarette smoking is more likely among recent smoking initiates
  (Hersey, *et al.*, 2006; SAMHSA, 2009)
Menthol Use by 12 to 17 Year Old Current vs. Prior Initiates

During the past 30 days, did you smoke menthol or regular cigarettes most often?
- Menthol
- Regular
- Don’t Know/Refused/Blank

Were the cigarettes you smoked during the past 30 days menthol?
- Yes
- No
- Don’t Know/Refused/Blank

NHSDA (2000-2001); NSDUH (2002-2008) 6,7

During the past 30 days, did you smoke menthol or regular cigarettes most often?
- Menthol
- Regular
- Don’t Know/Refused/Blank

Were the cigarettes you smoked during the past 30 days menthol?
- Yes
- No
- Don’t Know/Refused/Blank

0 10 20 30 40 50 60
Percent

NHSDA (2000-2001); NSDUH (2002-2008) 6,7

Current Initiates
Prior Initiates
= 15.7 ppt. shift
Sources of Underage Access to Cigarettes

- **Increased reliance on social sources may impact use of menthol**

Percent of current underage high school students who reported each usual source of past 30-day access to cigarettes

<table>
<thead>
<tr>
<th>Source</th>
<th>1995</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchased in a store or gas station</td>
<td>38.7</td>
<td>14.0</td>
</tr>
<tr>
<td>Borrowed them</td>
<td>32.9</td>
<td>28.1</td>
</tr>
<tr>
<td>Gave someone else money to buy</td>
<td>15.8</td>
<td>13.6</td>
</tr>
<tr>
<td>Took from store or family member</td>
<td>8.4</td>
<td>5.5</td>
</tr>
<tr>
<td>Other</td>
<td>4.2</td>
<td>10.6</td>
</tr>
</tbody>
</table>

Youth Risk Behavior Survey.8 “Other” includes vending machine and other. *Added in 2001
Risk Factors for Underage Smoking

- “Sociodemographic, environmental, behavioral, and personal factors can encourage the onset of tobacco use among adolescents” (Surgeon General's Report, 1994, p. 7)
Positive Youth Development

PYD theory says that emphasizing protective factors in kids’ lives, like positive relationships and activities, can enhance their personal strengths and self confidence. Reducing risk factors minimizes kids’ exposure to negative peer pressure and risky products. Altogether, this enables kids to make healthy decisions and resist a broad range of risky behaviors, like using tobacco. (e.g., Catalano, et al., 2004)
Summary

- Underage smoking rates have declined since peak levels in the late 1990s

- Based on our review of the limited available literature and data, menthol cigarettes do not appear to play a unique role in smoking initiation

- Underage use of any cigarettes, menthol or non-menthol, continues to be a concern, and ongoing prevention remains a priority

- PM USA and others have an important role to play in preventing underage smoking
LifeSkills® Training

- Middle school-based youth development and risk prevention program
- Reduces substance use and other risky behaviors (violence, delinquency)
  - Reduces tobacco, alcohol and other drug use by 50%-75% (CSPV, 2002)
  - Decreases weekly smoking by up to 87% among students receiving all three years of the program (Botvin, et al., 1983)
- Effective for a broad range of students
- Long-term effects
- Highly cost-effective (Jones, et al., 2008)

Follow-up Results from 5 Published Studies

Source:
**LifeSkills® Training**

- **Endorsed by numerous organizations** (CSPV, 2009)
  - U.S. Department of Education
  - American Medical Association
  - Substance Abuse and Mental Health Services Administration National Registry
  - Center for Substance Abuse Prevention
  - Centers for Disease Control and Prevention
  - Center for the Study and Prevention of Violence (Blueprints for Violence Prevention)
  - Office of Juvenile Justice and Delinquency Prevention
  - White House Office of National Drug Control Policy
  - National Institute on Drug Abuse
### Table, Figure and Data Notes

3. Based on ALCS CA Research analysis of NSDUH data available though: [http://www.icpsr.umich.edu/coconut/SAMHDA/SERIES/00064.xml](http://www.icpsr.umich.edu/coconut/SAMHDA/SERIES/00064.xml)
8. Based on ALCS CA Research analysis of Youth Risk Behavior Survey data available through: 1995 – 2007: [http://www.cdc.gov/HealthyYouth/yrbs/data/history.htm](http://www.cdc.gov/HealthyYouth/yrbs/data/history.htm) 2009: [http://www.cdc.gov/HealthyYouth/yrbs/index.htm](http://www.cdc.gov/HealthyYouth/yrbs/index.htm) This analysis was performed by selecting respondents under the age of 18 (Q. 1) and then looking at those who report usual source of access (Q. 32). Results may vary slightly from those reported by CDC.
References


LifeSkills® Training website: http://www.lifeskillstraining.com/resource_facts.php accessed 7.08.10


