8403 Colesville Rd. Suite 820
Silver Spring, MD 20910
(202) 347-1895
www.NMAnet.org

NATIONAL MEDICAL ASSOCIATION
ANNUAL MEETING OF THE HOUSE OF DELEGATES

Number: 17-102

RESOLUTION

SUBJECT: Flavored Tobacco Products

INTRODUCED BY: Council on Medical Legislation

ADOPTED: August 3, 2017

WHEREAS, tobacco products impose an enormous health and economic burden on Americans, including 480,000 deaths per year from cigarette smoking alone (accounting for one out of every five deaths in the United States), more than 16 million people living with smoking-related diseases (cancer, heart disease, stroke, lung disease, diabetes, and COPD), and more than $300 billion in direct medical care costs and lost productivity from premature death and secondhand smoke exposure; [i,ii]

WHEREAS, 45,000 African Americans die each year from smoking-related diseases (more than from any other cause of death), 85% of whom smoked mentholated cigarettes; [iii,iv]

WHEREAS, a 2013 U.S. Food and Drug Administration ("FDA") report found that, when compared to non-mentholated cigarette use, mentholated cigarette use increases smoking initiation and the likelihood of becoming addicted among children and adults and decreases success in quitting smoking due to its "cooling and anesthetic properties";[v]

WHEREAS, the tobacco industry has for years aggressively promoted mentholated and other flavored tobacco products in African-American communities, and today billboards in African-American neighborhoods are significantly more likely to advertise menthol brands than in white American neighborhoods; cigarettes advertised in *Ebony* are ten times more likely to be mentholated than in *People*; and tobacco advertisements are significantly more likely to appear near children's products if a neighborhood is majority African-American;[vi,vii]

WHEREAS, approximately 90% of smokers first started smoking by age 18, and the majority of youth aged 12-17 report that the first tobacco products they tried were flavored and that flavoring is a "leading reason" for their tobacco use;[viii,ix]

WHEREAS, researchers analyzed flavored tobacco products and determined that they frequently contain the same chemical flavoring agents found in candy and sweetened drinks (e.g., Jolly Ranchers and Kool-Aid), noting that the "same, familiar, chemical-specific flavor sensory cues that are associated with fruit flavors in popular candy and drink products are being exploited in the engineered designs of flavored tobacco products[,]" resulting in "candy-flavored tobacco";[x]

WHEREAS, the U.S. Centers for Disease Control and Prevention determined that, given the popularity among youth of flavored tobacco products, "it is important that comprehensive tobacco prevention and control strategies for youths address all forms of flavored tobacco products and not just cigarettes";[xi]

WHEREAS, 67.9% of African-American children aged 3-11 years are regularly exposed to secondhand smoke, compared to 37.2% of white American children and 29.9% of Mexican-American children aged 3-11 years;[xii]

WHEREAS, African Americans have the highest surveyed rate of desire to quit smoking (74.1%), but are less successful in quit attempts than white and Hispanic-American smokers, which is due in part to the anesthetic effects of menthol in mentholated cigarettes and the high rate of mentholated cigarette use among African Americans;[xiii,xiv]

THEREFORE, BE IT

RESOLVED, that the National Medical Association supports prohibiting the sale of flavored tobacco products, including mentholated cigarettes.

Fiscal Impact: None.

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[i] U.S. Department of Health and Human Services. (2014). The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta: 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, https://www.surgeongeneral.gov/library/reports/50-years-of-progress/full-report.pdf.

[ii] Xu X, Bishop EE, Kennedy SM, Simpson SA, Pechacek TF. (2014). Annual Healthcare Spending Attributable to Cigarette Smoking: An Update, *American Journal of Preventive Medicine*, 2014;48(3):326–33.

[iii] U.S. Department of Health and Human Services. (1998). Tobacco Use Among US Racial/Ethnic Minority Groups—African Americans, American Indians and Alaskan Natives, Asian Americans and Pacific Islanders, and Hispanics: A Report of the Surgeon General, 1998, http://www.cdc.gov/tobacco/data_statistics/sgr/1998/complete_report/pdfs/complete_report.pdf.

[iv] Villanti, AC, et al. (2016). Changes in the prevalence and correlates of menthol cigarette use in the USA, 2004-2014, *Tobacco Control*, published online October 20, 2016, http://tobaccocontrol.bmj.com/content/early/2016/10/20/tobaccocontrol-2016-053329.

[v] U.S. Food and Drug Administration. (2013). Preliminary Scientific Evaluation of the Possible Public Health Effects of Menthol Versus Nonmenthol Cigarettes, http://www.fda.gov/downloads/ScienceResearch/SpecialTopics/PeerReviewofScientificInformationandAssessments/UCM361598.pdf.

[vi] Rising J, Alexander L. (2011). Marketing of Menthol Cigarettes and Consumer Perceptions. *Tob Induc Dis.* 2011; 9(Suppl 1): S2.

[vii] Hillier A, Chilton M, Zhao Q, Szymkowiak D, Coffman R, Mallya G. (2015). Concentration of Tobacco Advertisements at SNAP and WIC Stores, Philadelphia, Pennsylvania, 2012, *Prev Chronic Dis* 2015;12:140133.

[viii] U.S. Department of Health and Human Services. (1994). Preventing Tobacco Use Among Young People: 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, 1994, https://www.cdc.gov/mmwr/pdf/rr/rr4304.pdf.

[ix] Ambrose, B. K., et al. (2015). Flavored tobacco product use among US youth aged 12-17 years, 2013-2014, *Journal of the American Medical Association* 2015;314(17):1871-1873..

[x] Brown, J.E., et al. (2014). Candy Flavorings in Tobacco, *N Engl J Med* 2014; 370:2250-2252.

[xi] U.S. Centers for Disease Control and Prevention. Flavored Tobacco Product Use Among Middle and High School Students—United States, 2014, *Morbidity and Mortality Weekly Report* 2015;64(38):1066–70, https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6438a2.htm.

[xii] U.S. Centers for Disease Control and Prevention. (2015). Vital Signs: Disparities in Nonsmokers' Exposure to Secondhand Smoke—United States 1999–2012, *Morbidity and Mortality Weekly Report* 2015;64(Early Release):1–7, https://www.cdc.gov/mmwr/pdf/wk/mm64e0203a1.pdf.

[xiii] U.S. Department of Health and Human Services. (2014). The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta: 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, https://www.surgeongeneral.gov/library/reports/50-years-of-progress/full-report.pdf.

[xiv] U.S. Centers for Disease Control and Prevention. (2011). Quitting Smoking Among Adults—United States, 2001–2010, *Morbidity and Mortality Weekly Report*, 2011;60(44):1513–9, https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6044a2.htm.