

American Academy
of Pediatrics



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Statement of
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On behalf of the
American Academy of Pediatrics

Before the
Food and Drug Administration
Tobacco Products Scientific Advisory Committee

My name is Dr. Jonathan Winickoff. I am a practicing pediatrician and an associate professor at Harvard Medical School. My research focuses on tobacco control in child healthcare settings and child second-hand smoke exposure.

I am here today in an official capacity representing the American Academy of Pediatrics (AAP) as a member and past chair of the AAP Tobacco Consortium and as a principal with the AAP Julius B. Richmond Center of Excellence. The AAP is a non-profit professional organization of more than 62,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.

The AAP welcomes this opportunity to address the Tobacco Products Scientific Advisory Committee. The Food and Drug Administration (FDA) has a vitally important role to play in protecting children and adolescents from the harms of tobacco, and this committee's guidance will be essential to this effort.

The Julius B. Richmond Center of Excellence

The AAP recognizes the substantial dangers of tobacco use and second-hand smoke exposure to children's health. Tobacco control was named a strategic priority by the AAP in 2005, and the Julius B. Richmond Center of Excellence, dedicated to the elimination of children's exposure to tobacco, was established in 2006 to foster tobacco-control research and initiatives at the AAP. The Richmond Center has allowed the Academy to pursue numerous research projects, one of which we will share with you today.

The mission of the Richmond Center is accomplished by changing the clinical practice of pediatrics through the development and dissemination of practice tools, research, health care systems change, and improvement of community health. Our vision is that all child healthcare clinicians will be active participants in the elimination of tobacco and second-hand smoke exposure of children. Pediatric clinicians are well positioned to counsel parents about reducing secondhand smoke exposure in a repeated and consistent manner, and can provide critical support for community policy changes that help protect children.

The Richmond Center works to create a healthy environment for children, adolescents, and families through public education and the promotion of public health policies to eliminate tobacco. The center helps provide child health clinicians with the education, training, and tools needed to effectively intervene to protect children from the harmful effects of tobacco and secondhand smoke.

Public Attitudes on Prohibiting Menthol Cigarettes

Today we would like to share with the committee new data available on public attitudes toward the regulation of menthol cigarettes. Menthol is particularly troubling to the public health community, and Congress did not explicitly ban its use along with the prohibition on other cigarette flavors. The role of menthol in facilitating smoking initiation is greatly concerning.^{1,2,3} Our nation's youth smoke menthol cigarettes at higher rates than older smokers.⁴ While a child's first cigarette is usually an unpleasant experience,⁵ menthol can make it less so, partially by anesthetizing the throat against the harshness of tobacco smoke.^{2,6,7} As Carol McGruder, co-chair of the African American Tobacco Control Leadership Council, explained: "Menthol is not just a flavorant; it makes it easier for our youth to start smoking; it keeps people smoking; and it inhibits them from quitting. Menthol makes the poison go down easier."⁸

Our new data comes from the Social Climate Survey of Tobacco Control (SCS-TC), an annual cross-sectional survey on attitudes regarding tobacco and tobacco regulation. Support for the survey was provided by the Flight Attendant Medical Research Institute and American Legacy Foundation. While this research will be submitted for publication, we felt it important to share this data with the committee before it completes its work addressing menthol cigarettes.

With the 2009 Social Climate Survey results, we now for the first time have scientific data on public attitudes towards banning cigarettes with menthol and other flavors, both among the general population and specifically in the African-American community. Since 82.6% of African Americans smoke menthol cigarettes,⁴ it was important to gauge the attitudes of this particular population.

¹ Giovino GA, Sidney S, Gfroerer JC, et al. Epidemiology of menthol cigarette use. *Nicotine & Tobacco Research*. 2004;6:S67-S81.

² Kreslake JM, Wayne GF, Alpert HR, Koh HK, Connolly GN. Tobacco Industry Control of Menthol in Cigarettes and Targeting of Adolescents and Young Adults. *Am J Public Health*. September 1, 2008 2008;98(9):1685-1692.

³ Collins CC, Moolchan ET. Shorter time to first cigarette of the day in menthol adolescent cigarette smokers. *Addictive Behaviors*. 2006;31(8):1460-1464.

⁴ Office of Applied Studies. *Results from the 2008 National Survey on Drug Use and Health: National findings*. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2009.

⁵ Pomerleau OF, Pomerleau CS, Namenek RJ. Early experiences with tobacco among women smokers, ex-smokers, and never smokers. *Addiction*. 1998;93:595-599.

⁶ Ahijevych K, Garrett BE. Menthol pharmacology and its potential impact on cigarette smoking behavior. *Nicotine Tob Res*. Feb 2004;6 Suppl 1:S17-28.

⁷ Garten S, Falkner RV. Role of mentholated cigarettes in increased nicotine dependence and greater risk of tobacco-attributable disease. *Prev Med*. Jun 2004;38(6):793-798.

⁸ Healy, M. (2010, October 18) Much heated puffing among minority groups over menthol cigarette ban. *Los Angeles Times*. Retrieved at: <http://www.latimes.com>.

This national survey was conducted using rigorous random digit dial survey methodology and polled 1,514 people in the initial sample. An additional sample of 303 African Americans was later obtained to allow us to make stronger statistical inferences about this population.

We asked respondents whether they strongly agreed, agreed, disagreed, or strongly disagreed with two statements: (1) "Cigarettes with added flavorings like cherry, chocolate, lime, and mint should be prohibited," and (2) "Menthol cigarettes should be prohibited just like other flavored cigarettes." We also asked respondents a series of questions to determine whether they were current smokers, former smokers, or never smokers.

Overall support for banning flavors was 70.2% and support for banning menthol specifically was 56.1%. Among African Americans in the additional sample, there was 78.8% support for banning flavors and 75.8% support for banning menthol specifically.

Even current smokers were not universally opposed to banning flavors. Overall, 43.1% of current smokers supported banning flavors generally and 28.4% supported a specific ban on menthol. Among African American smokers in the additional sample, 57.4% supported banning flavors and 52.8% favored banning menthol.

Data on smokers who themselves smoked menthol cigarettes were even more surprising. Of the 97 menthol smokers in the main sample, a full one-fifth, or 20.6% wanted menthol cigarettes, their product of choice, banned. Of the 44 menthol smokers in the additional sample of African Americans, roughly half, or 47% wanted menthol banned.

In sum, the results clearly show that the American public strongly favors a ban on menthol cigarettes. This result is consistent among both whites and African Americans.

The tobacco industry has argued that the continued availability of menthol cigarettes protects the user preferences of a specific demographic group. This argument is completely undercut by these data which show that not only do an overwhelming number of African Americans favor a menthol ban, but even a majority of current African-American smokers support removing menthol from cigarettes. Moreover, almost half of African-American menthol smokers want their own preferred product banned. This may reflect an acknowledgment of the particular disease burden experienced by this community as a result of menthol cigarettes and may also reflect a desire among current menthol smokers to quit. We would also expect that as efforts continue to educate the public about the impact of menthol cigarettes, particularly on youth, the numbers of those who favor a menthol ban will only rise.

We ask both this committee and the FDA to be cognizant of these data when considering policy responses to the problem of menthol cigarettes.

Pediatricians Oppose Flavored Tobacco Products

At this committee's first meeting in March, the AAP applauded FDA for removing flavored cigarettes other than menthol from the market. We further stated our opposition to all flavored tobacco products, including mentholated products, due to their attractiveness to children and adolescents and their impact on smoking initiation. Today we reiterate our call for FDA to swiftly remove from the market all flavored tobacco, including menthol cigarettes and flavored cigars, cigarillos, and smokeless tobacco products. The sole exception to this prohibition should be nicotine replacement therapies approved by the FDA.

Because children are a vulnerable population, it has always been the position of the AAP that when it comes to protecting them from dangerous products, the burden of proof must always favor the health and well-being of children. In our view, there is more than sufficient evidence of menthol's harm to justify its removal from the market, and the American public agrees.

Thank you for the opportunity to speak to you today.