



Oncology Nursing Society

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December 5, 2023

Hon. Shalanda Young
Director
Office of Management and Budget
1650 Pennsylvania Ave. NW
Washington, D.C. 20502

Hon. Richard L. Revesz
Administrator
Office of Information and Regulatory Affairs
Office of Management and Budget
262 Old Executive Office Building
Washington, D.C. 20503

Re: Pending EO 12866 Regulatory Review, Tobacco Product Standard for Menthol in Cigarettes, RIN 0910-A160

Dear Director Young and Administrator Revesz:

Oncology nurses are privileged to support people with cancer through the entire cancer experience, from diagnosis and treatment into survivorship or as they face their end-of-life journey. As such, they have seen first-hand the devastating impact of smoking-related cancers and the need to address the disparities in these deaths across racial groups.

We urge the Office of Information and Regulatory Affairs (OIRA) to complete its review of the Tobacco Product Standard for Menthol in Cigarettes (menthol cigarette rule) and to allow it to be issued in final form without delay. The proposed product standard prohibiting menthol as a characterizing flavor in cigarettes will reduce youth smoking, reduce cancer rates, save lives, and advance health equity. The proposed rule will have an enormous public health impact both in the short and long term. It is imperative that the rule be finalized without delay.

Prohibiting menthol cigarettes will reduce youth smoking. Menthol cools and numbs the throat, reduces the harshness of tobacco smoke, and makes cigarettes more appealing to new smokers, particularly young people. As is well-documented in the proposed rule, menthol facilitates experimentation, progression to regular smoking of menthol cigarettes and contributes to greater nicotine dependence.ⁱ Half of youth who have ever tried smoking started with menthol cigarettesⁱⁱ and menthol cigarettes were responsible for 10.1 million additional new smokers between 1980 and 2018.ⁱⁱⁱ According to the Centers for Disease Control and Prevention (CDC), the more years an individual smokes, the greater their risk of developing cancer. Tobacco use has been linked to several types of cancers, including cancers of the mouth and throat, lungs, esophagus, kidney, stomach, pancreas, liver, bladder, cervix, colon, and rectum.

Prohibiting menthol cigarettes will increase smoking cessation and save lives. Smoking remains the leading cause of preventable disease and death in the United States.^{iv} Menthol cigarettes have proven

to be more addictive than non-menthol cigarettes. Prohibiting this type of tobacco will reduce the likelihood of individuals taking up smoking and make it easier for individuals to quit smoking.^v Research estimates that prohibiting menthol cigarettes would prevent 654,000 smoking-attributable deaths, including 255,000 deaths in the Black community, by the year 2060.^{vi} That means that for every year menthol cigarettes remain on the market, there will be approximately 16,000 more smoking-caused premature deaths, including over 6,500 more deaths in the Black community.

Prohibiting menthol cigarettes would decrease tobacco-related health disparities and advance health equity, especially among Black Americans. Menthol cigarettes have caused substantial harm to public health, particularly to Black Americans. For more than 60 years, the tobacco industry has targeted Black Americans with marketing and price promotions for menthol cigarettes,^{vii} and as a result, 85% of Black smokers smoke menthol cigarettes compared to 29% of White smokers.^{viii} Consequently, Black Americans are less likely to successfully quit smoking^{ix} and suffer disproportionately from tobacco-related disease and death.^x Despite accounting for 12% of the population, Black Americans represented 41% of premature deaths caused by menthol cigarettes between 1980 and 2018^{xi} with Black men at the highest risk of developing lung cancer.^{xii}

In addition to youth and Black smokers, preference for menthol is also disproportionately high among Hispanic and Asian smokers, lesbian, gay, and bisexual smokers, smokers with mental health problems, socioeconomically disadvantaged populations, and pregnant women.^{xiii} Importantly, the proposed product standard is expected to substantially decrease tobacco-related health disparities and to advance health equity across population groups. A recent analysis by researchers at the Council on Foreign Relations found that a ban on menthol cigarettes would eliminate the disparity in lung cancer death rates between Black Americans and other U.S. racial and ethnic groups within 5 years – 25 years sooner than it would otherwise happen.^{xiv}

On behalf of oncology nurses, and the patients they serve, we urge this lifesaving rule be issued in final form by the end of the year. For more information, please contact Jaimie Vickery, Director of Government Affairs and Advocacy at jvickery@ons.org.

Thank you,



Dayna Gardner, PhD, RN, NPD-BC, OCN®, CCRN-K
President, Oncology Nursing Society



Brenda Nevidjon, MSN, RN, FAAN
CEO, Oncology Nursing Society

About ONS The Oncology Nursing Society (ONS) is a professional organization of over 35,000 registered nurses and other healthcare providers dedicated to excellence in patient care,

education, research, and administration in oncology nursing. ONS members are a diverse group of professionals who represent a variety of professional roles, practice settings, and subspecialty practice areas. Oncology nurses are leaders in the healthcare arena, committed to continuous learning and leading the transformation of cancer care by advocating for high quality care for people with cancer.

ⁱ Tobacco Product Standard for Characterizing Flavors in Cigars, 87 Fed. Reg. 26396, 26463-26466 and 26469-26470 (proposed May 4, 2022) (to be codified at 21 C.F.R. pt. 1166)

ⁱⁱ Ambrose, BK, et al., “Flavored Tobacco Product Use Among US Youth Aged 12-17 Years, 2013-2014,” *Journal of the American Medical Association*, published online October 26, 2015.

ⁱⁱⁱ Le, TT, “An Estimation of the Harm of Menthol Cigarettes in the United States from 1980 to 2018,” *Tobacco Control*, published online on February 25, 2021.

^{iv} U.S. Department of Health and Human Services (HHS). The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General. Atlanta, GA: 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, 2014

^v Tobacco Product Standard for Characterizing Flavors in Cigars, 87 Fed. Reg. 26396, 26466-26468 and 26473-26477 (proposed May 4, 2022) (to be codified at 21 C.F.R. pt. 1166).

^{vi} Levy, D.T., R. Meza, Z. Yuan, et al. “Public Health Impact of a US Ban on Menthol in Cigarettes and Cigars: A Simulation Study.” *Tobacco Control*, 2021. Available at <https://doi.org/10.1136/tobaccocontrol-2021-056604>. Issabakhsh, M, et al., “Public health impact of a US menthol cigarette ban on the non-Hispanic black population: a simulation study,” *Tobacco Control*, published online June 14, 2022.

^{vii} Gardiner, PS, “The African Americanization of menthol cigarette use in the United States,” *Nicotine & Tobacco Research*, 6(S1): S55-S65, 2004. Yerger, VB, et al., “Racialized geography, corporate activity, and health disparities: Tobacco industry targeting of inner cities,” *Journal of Health Care for the Poor and Underserved*, 18: 10-38, 2007. Hafez, N. & Ling, P.M. “Finding the Kool Mixx: how Brown & Williamson used music marketing to sell cigarettes,” *Tobacco Control* 15: 359-366, 2006.

^{viii} Delnevo, CD, et al., “Banning Menthol Cigarettes: A Social Justice Issue Long Overdue,” *Nicotine & Tobacco Research*, 22(10): 1673-1675, 2020.

^{ix} CDC, “Current Cigarette Smoking Among Adults—United States, 2005-2015,” *Morbidity & Mortality Weekly Report*, 65(44): 1205-1211, November 11, 2016, http://www.cdc.gov/mmwr/volumes/65/wr/mm6544a2.htm?s_cid=mm6544a2_w.

^x CDC, “Vital Signs: Disparities in Tobacco-Related Cancer Incidence and Mortality—United States, 2004-2013,” *Morbidity & Mortality Weekly Report*, 65(44): 1212-1218, <http://www.cdc.gov/mmwr/volumes/65/wr/mm6544a3.htm>.; See also American Cancer Society. Cancer Facts & Figures for African American/Black People 2022-2024. Atlanta: American Cancer Society, 2022. HHS, “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

^{xi} Mendez, D and Le, TT, “Consequences of a match made in hell: the harm caused by menthol smoking to the African American population over 1980-2018,” *Tobacco Control*, published online September 16, 2021.

^{xii} Centers for Disease Control and Prevention. (2020). *USCS data visualizations - CDC*. Centers for Disease Control and Prevention. <https://gis.cdc.gov/Cancer/USCS/#/AtAGlance/>

^{xiii} Delnevo, CD, et al., “Banning Menthol Cigarettes: A Social Justice Issue Long Overdue,” *Nicotine & Tobacco Research*, 22(10): 1673-1675, 2020.

^{xiv} Angelino, O, et al., “How New Tobacco Control Laws Could Help Close the Racial Gap on U.S. Cancer,” Council on Foreign Relations, February 1, 2023, <https://www.cfr.org/article/how-new-tobacco-control-laws-could-help-close-racial-gap-us-cancer>.