

Wisconsin Tobacco Facts: Menthol Cigarette Use Among Wisconsin Adults May 2022





ACKNOWLEDGEMENTS

This report was prepared by Karen A. Palmersheim, Ph.D. Dr. Palmersheim is an epidemiologist and associate scientist with the University of Wisconsin-Milwaukee, Center for Urban Population Health.

The Center for Urban Population Health is a partnership of Aurora Health Care/Aurora Research Institute, LLC, the University of Wisconsin-Milwaukee, and the University of Wisconsin School of Medicine and Public Health.

Support for this report was provided by the Wisconsin Department of Health Services, Division of Public Health, Bureau of Community Health Promotion, Tobacco Prevention and Control Program.

Suggested citation: Palmersheim KA. *Wisconsin Tobacco Facts: Menthol Cigarette Use Among Wisconsin Adults (May 2022)*. Milwaukee, WI: University of Wisconsin-Milwaukee, Center for Urban Population Health; 2022 (May).

May 2022

Table of Contents

Acknowledgementsi
Table of Contentsii
Prefaceiii
Key Findings1
Figure 1. Prevalence of Menthol Cigarette Use, by Smoking Status, Wisconsin Adults, 2017 and 2019 2
Figure 2. Prevalence of Menthol Cigarette Use Among Current Smokers, by Smoking Frequency, Wisconsin Adults, 2017 and 20192
Figure 3. Prevalence of Menthol Cigarette Use, by Age, Wisconsin Adults, 2017 and 20193
Figure 4. Prevalence of Menthol Cigarette Use, by Sex, Wisconsin Adults, 2017 and 20193
Figure 5. Prevalence of Menthol Cigarette Use, by Race/Ethnicity, Wisconsin Adults, 2017 and 2019 4
Figure 6. Prevalence of Menthol Cigarette Use, by Educational Attainment, Wisconsin Adults (aged 25 years or older), 2017 and 20194
Figure 7. Prevalence of Menthol Cigarette Use, by Annual Household Income, Wisconsin Adults, 2017 and 20195
Figure 8. Prevalence of Menthol Cigarette Use, by Urban/Rural Residence, Wisconsin Adults, 2019 5
Figure 9. Prevalence of Menthol Cigarette Use, by Sexual Orientation, Wisconsin Adults, 2017 and 20196
Figure 10. Prevalence of Menthol Cigarette Use, by Depression, Wisconsin Adults, 2017 and 2019 6
Figure 11. Prevalence of Menthol Cigarette Use, by Number of Poor Mental Health Days, Wisconsin Adults, 2017 and 20197
References8
Data Source

May 2022 ii

PREFACE

Menthol is a chemical compound found naturally in peppermint and other similar plants; it can also be produced in a lab. It has been used as a flavoring agent in cigarettes since the 1920's, and its popularity has grown steadily over the years. In 2019 and in 2020, sales of menthol-flavored cigarettes made up 37% of all cigarette sales in the U.S., an all-time high.^{2,3}

Given the overwhelming negative health outcomes associated with cigarette smoking and the prevalence of menthol cigarette use, menthol has been a key topic of tobacco research for many years. According to an overview and synopsis of menthol use and its effects, published online by the Centers for Disease Control and Prevention (CDC),⁴ there are numerous concerns associated with the utilization of menthol in tobacco products. Just to mention a few, menthol makes cigarettes less harsh and easier to smoke, thus making them more attractive to young people and first-time smokers. Menthol enhances the effects of nicotine on the brain, making tobacco products more addictive. Menthol in cigarettes can make it more difficult to quit smoking, as some studies have found that menthol cigarette smokers are less likely to quit long-term than non-menthol smokers. Some groups (e.g., young people, women, and racial and ethnic minority groups, particularly black people) are more likely to smoke menthol cigarettes compared to other population groups. This may be, in part, associated with targeted marketing by the tobacco industry. (For additional information on menthol use and its effects, the interested reader is referred to the above referenced CDC discussion, along its list of references.)

The purpose of this report is to examine the prevalence of menthol cigarette use among Wisconsin adults. It also investigates how several socio-demographic, mental health, and tobacco-related behavioral factors are associated with its use. Data are from the most recently available years of the Wisconsin Behavioral Risk Factor Survey (BRFS) that included a question on menthol cigarette use. Two years of data (2017 and 2019) were merged in order to enhance sample sizes, thereby improving the reliability of estimates.

The BRFS is a cross-sectional survey. Thus, the findings presented from its data represent a snapshot of the state's adult population each year it is conducted. Accordingly, the data cannot elucidate cause and effect, but rather reveal correlations between the factors examined. Though correlation does not imply causation, correlations reveal important characteristics and patterns that are crucial to understanding tobacco-related behavior.

The findings presented here are intended to provide a resource for state and local health departments, health professionals, educators, and local coalitions working to reduce tobacco consumption and its associated burden in Wisconsin. This report may also assist public health agencies in determining the focus of future programmatic efforts, particularly as it relates to menthol cigarette use.

Analysis were conducted using SPSS, v. 25. Data were weighted to be representative of the state population from which they were drawn.

May 2022 iii

KEY FINDINGS

Menthol Cigarette Use by Smoking Status

• The prevalence of menthol cigarette use among Wisconsin adults during 2017 and 2019 was 44% for ever smokers, 44% for former smokers, and 43% for current smokers.

Menthol Cigarette Use by Smoking Frequency

 Among current smokers in 2017 and 2019, 37% of those who smoked cigarettes on some days reported using menthol cigarettes, compared to 46% of those who smoked every day.

Menthol Cigarette Use by Age

• Adults aged 45-54 years and those aged 65 years or more were least likely to report ever smoking menthol cigarettes (38%). Those aged 18-24 years were most likely to have smoked menthol cigarettes (58%).

Menthol Cigarette Use by Sex

• Females were more likely to report ever smoking menthol cigarettes (50%) than males (37%).

Menthol Cigarette Use by Race/Ethnicity

 Of the racial/ethnic groups for which enough cases were available for reliable reporting, 32% of American Indian/Alaska Natives reported ever smoking menthol cigarettes, followed by Whites (41%), and Blacks (88%).

Menthol Cigarette Use by Educational Attainment

• Adults with less than a high school degree and those with some college were most likely to report ever smoking menthol cigarettes (45%), followed by those with a high school degree or GED (42%), and college graduates (41%).

Menthol Cigarette Use by Annual Household Income

 Adults in households making \$15,000-\$24,999 per year were most likely to report ever smoking menthol cigarettes (48%); those in households making \$75,000 or more were least likely (40%).

Menthol Cigarette Use by Urban/Rural Residence

• Adults living in urban areas were more likely to report ever smoking menthol cigarettes (46%) than those living in rural areas (40%).

Menthol Cigarette Use by Sexual Orientation

• Lesbian/gay/bisexual/other adults were more slightly likely to report ever smoking menthol cigarettes (46%) than heterosexual adults (44%).

Menthol Cigarette Use by Depression

 Adults who had ever been diagnosed with depression were more likely to report ever smoking menthol cigarettes (49%) than those who had never been diagnosed with depression (42%).

Menthol Cigarette Use by Number of Poor Mental Health Days

• Adults who experienced 14 or more poor mental health days were more likely to report ever smoking menthol cigarettes (51%) than those experiencing 1 to 13 (42%) or no poor mental health days (42%).

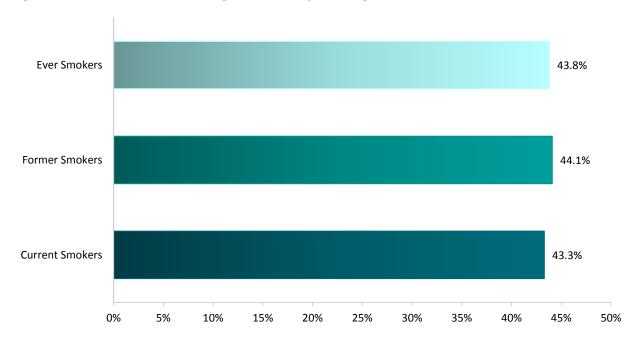


Figure 1. Prevalence of Menthol Cigarette Use, by Smoking Status, Wisconsin Adults, 2017 and 2019

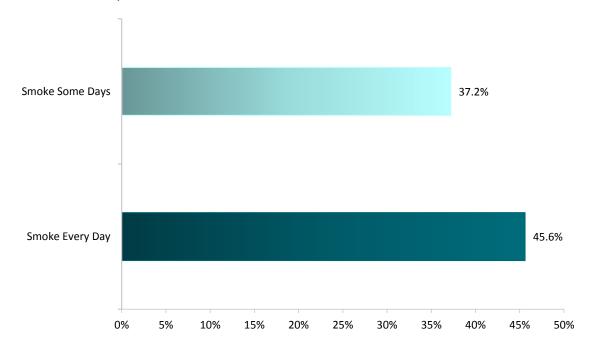


Figure 2. Prevalence of Menthol Cigarette Use Among Current Smokers, by Smoking Frequency, Wisconsin Adults, 2017 and 2019

^{*} All racial groups are non-Hispanic. Sample sizes for other racial/ethnic groups were too small to report. **Data:** Wisconsin Behavioral Risk Factor Survey, 2017, 2019

 65+
 37.7%

 55-64
 46.4%

 45-54
 38.2%

 35-44
 43.8%

 25-34
 54.1%

 18-24
 57.6%

Figure 3. Prevalence of Menthol Cigarette Use, by Age, Wisconsin Adults, 2017 and 2019

20%

10%

0%

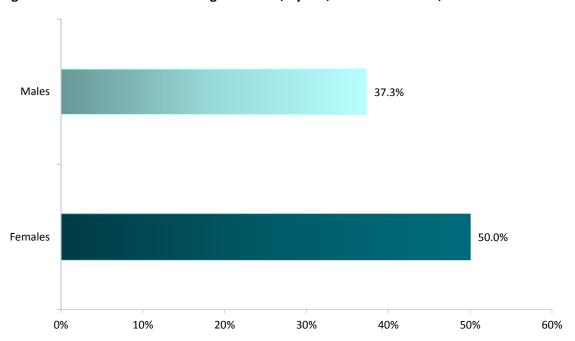


Figure 4. Prevalence of Menthol Cigarette Use, by Sex, Wisconsin Adults, 2017 and 2019

30%

40%

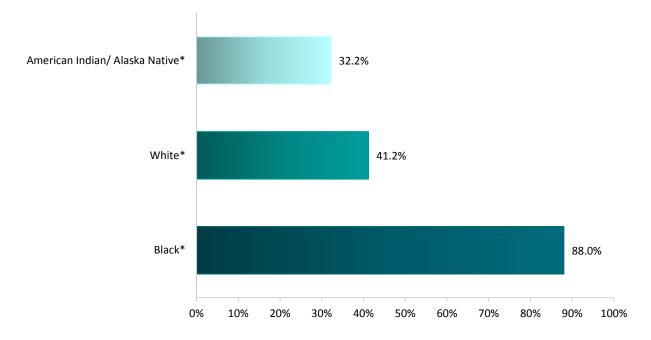
50%

60%

70%

Data: Wisconsin Behavioral Risk Factor Survey, 2017, 2019

Figure 5. Prevalence of Menthol Cigarette Use, by Race/Ethnicity, Wisconsin Adults, 2017 and 2019

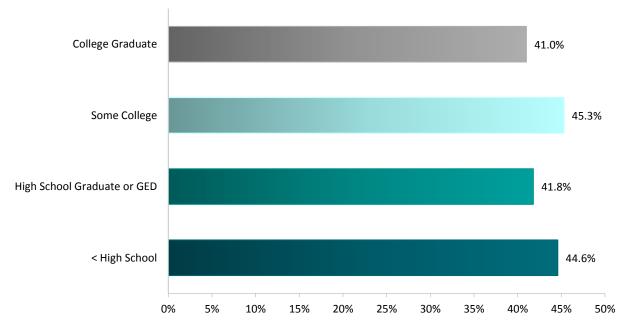


^{*} All racial groups are non-Hispanic.

Note: Sample sizes for other racial/ethnic groups were too small to report.

Data: Wisconsin Behavioral Risk Factor Survey, 2017, 2019

Figure 6. Prevalence of Menthol Cigarette Use, by Educational Attainment, Wisconsin Adults (aged 25 years or older), 2017 and 2019



Data: Wisconsin Behavioral Risk Factor Survey, 2017, 2019

Figure 7. Prevalence of Menthol Cigarette Use, by Annual Household Income, Wisconsin Adults, 2017 and 2019

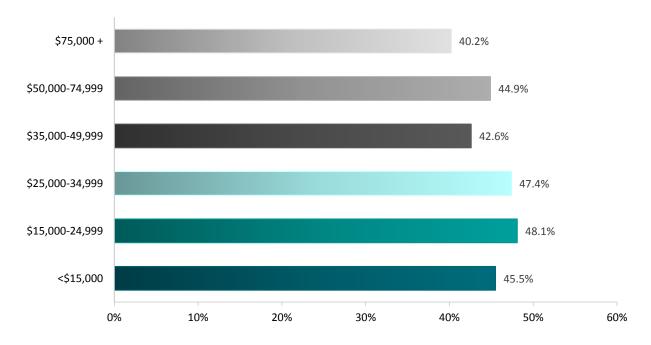
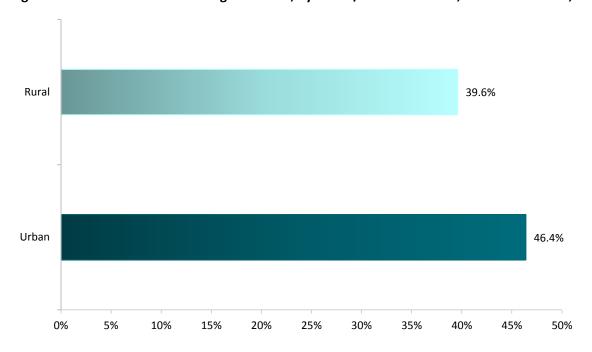


Figure 8. Prevalence of Menthol Cigarette Use, by Urban/Rural Residence, Wisconsin Adults, 2019



Data: Wisconsin Behavioral Risk Factor Survey, 2019 (Note: Comparable data were not available for 2017.)

Figure 9. Prevalence of Menthol Cigarette Use, by Sexual Orientation, Wisconsin Adults, 2017 and 2019

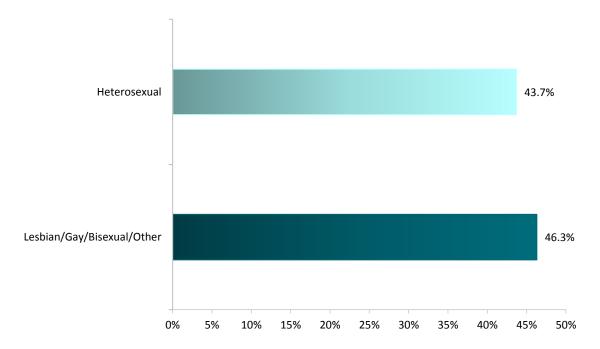
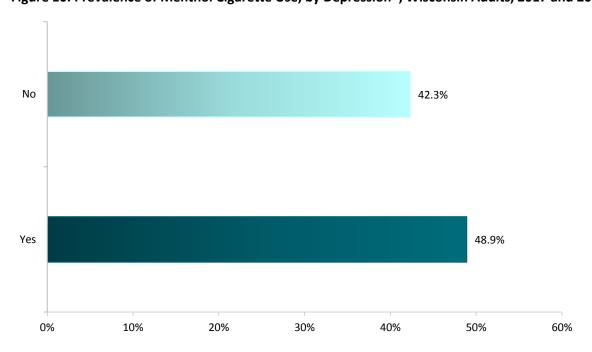
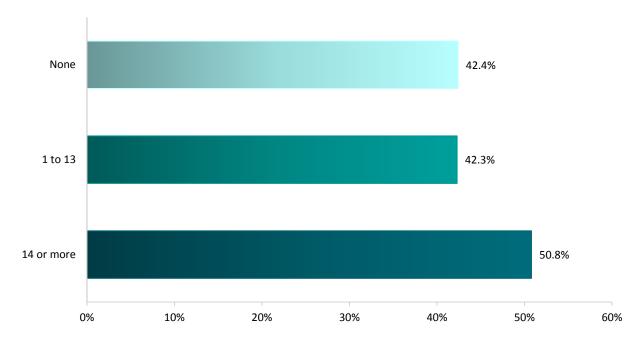


Figure 10. Prevalence of Menthol Cigarette Use, by Depression*, Wisconsin Adults, 2017 and 2019



^{*} Depression was assessed with the following question: Has a doctor, nurse, or other health professional ever told you that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression? **Data:** Wisconsin Behavioral Risk Factor Survey, 2017, 2019

Figure 11. Prevalence of Menthol Cigarette Use, by Number of Poor Mental Health Days*, Wisconsin Adults, 2017 and 2019



^{*} The number of poor mental health days was assessed with the following question: Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

REFERENCES

- 1. https://en.wikipedia.org/wiki/Menthol_cigarette#cite_note-Atlantic-2 [accessed May 23, 2022].
- 2. U.S. Federal Trade Commission. <u>U.S. Federal Trade Commission (FTC)</u>, <u>Cigarette Report for 2019</u>, <u>2020pdf iconexternal icon</u>. Washington: Federal Trade Commission, 2020 [accessed May 23, 2022].
- 3. U.S. Federal Trade Commission. <u>U.S. Federal Trade Commission (FTC)</u>, <u>Cigarette Report for 2020</u>, <u>2021pdf iconexternal icon</u>. Washington: Federal Trade Commission, 2021 [accessed May 23, 2022].
- 4. https://www.cdc.gov/tobacco/basic information/tobacco industry/menthol-cigarettes/index.html [accessed May 23, 2022].

DATA SOURCE

Wisconsin Behavioral Risk Factor Survey. All the data used in this report are from the Wisconsin Behavioral Risk Factor Survey (BRFS). The survey is conducted by the Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics. At the national level, the Behavioral Risk Factor Surveillance System is overseen by the Centers for Disease Control and Prevention. The corresponding survey is conducted in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam. It is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States. Wisconsin has participated in the survey since its inception in 1984.

May 2022