

## Post Webinar Q and A

### **Far From Over: The Horrific Legacy of Menthol Cigarette Marketing to Black Communities, co-hosted by the National Medical Association**

8/8/23

#### Speakers:

- Carol McGruder
- Joy D. Calloway, MBA, MHSA
- James F.

#### Questions and Answers

1. How do we appeal to legislators who continue to take tobacco money?

This a difficult complex question and there is no "one way" to do it. It depends on many things...the climate in your location...your need for that legislator for other things...are you in an official role (city/state health department) the "outside" support you have-people who can challenge the legislator independent of you. And then at some point you have to go for it and RISK. Also calling out the practice without naming names in environments that are more hostile and unforgiving.

2. How is vaping related to the African American community now?

Carol's opinion...Vaping came slow to AA community but it is Definitely here now. I see it in our young adults...I feel that data that really reflects what is happening in the Black community is hard to come by. JUUL aggressively went after Black smokers when they began to have more scrutiny and regulatory problems. They hired lots of Black consultants, gave 7.5 million to Meharry Medical School, and tried to position menthol JUUL as harm reduction for Blacks. This donation pitts Black public health and advocates against our own people and institution...drawing/deflecting heat away from them. The nicotine content of US JUUL's was twice as high as products sold in European Union and Israel.

3. Question for Carol McGruder: To what culturally-sensitive smoking cessation resources can we direct African American families in San Diego?

[www.Amplify.love](http://www.Amplify.love) is a statewide resource...I don't know of any specific resources in San Diego but we are expanding our reach all the time.

4. What services are available through tobacco taxes?

There should be much more considering all the taxes paid by smokers. (State and Federal). In California our robust tobacco program is paid for with tobacco taxes. I am not sure how Quitlines are funded in other states. Free on demand/easy access cessation that includes

NRT/meds should be available to all smokers.

5. For Carol McGruder: Please talk more about what a criminal bar is in regards to evidence based practices. Thanks.

What I meant is that "Evidence based research" is a luxury that most poor and marginalized communities are locked out of. Many of the researchers that "study and research" us don't have enough context of our lives and culture. Our communities are not included in meaningful ways in the design of the "research question" let alone the actual research. Our communities are not allowed "to fail" the way non-community researchers are. The bar is set high and innovative community ideas/research/methods have little opportunity to develop. This is criminal. I was the Community PI on a Community-Academic partnership at UCSF and the IRB process was so far removed from the reality of my community. The arrogance and ignorance of some of the committee members was palpable.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1751809/>

"It's Like Tuskegee in Reverse": A Case Study of Ethical Tensions in Institutional Review Board Review of Community-Based Participatory Research

6. How do we put more public pressure on so-called community leaders who have been compromised by big tobacco (calling out Al Sharpton here)? How do we educate more folks about these relationships on a local level?

We are really working to get community members and our young people to question these relationships. I do feel like we are having an impact. Asking people to ask them for full disclosure. As things heat up we are feeling the industry pushback but I do feel the broader community is more educated. We have to keep hitting back. Through press, interviews, Op-Eds and community engagement.

7. For Carol - Does menthol affect AA differently as does nicotine? Not sure if menthol affects AA's differently but we know nicotine does.

<https://pubmed.ncbi.nlm.nih.gov/19268687/>

Nicotine's affinity for melanin-containing tissues may result from its precursor function in melanin synthesis or the irreversible binding of melanin and nicotine. The objective of this study was to investigate a hypothesized association of tobacco use, dependence, and nicotine exposure with melanin pigmentation among African American smokers. A criterion-based sample was employed to collect data from a study of 147 adult African American current smokers. Carbon monoxide, saliva cotinine samples, and skin reflectance measures were obtained from each participant. Questionnaire data on demographic, sociological and behavioral questions related to smoking and skin color were gathered. The three dependent measures were the average number of cigarettes per day (CPD), Fagerström Test of Nicotine Dependence (FTND) score, and cotinine concentration. Analysis of variance, Pearson Correlations, and Multiple Linear Regression were conducted to analyze findings. The mean constitutive melanin reading was 56.3 and 66.5 for facultative melanin. Respondents on average smoked 19 CPD, had

a mean FTND of 5.6, and a cotinine concentration of 435 ng/ml. Facultative melanin level was correlated with CPD and cotinine concentration in the bivariate analysis. The multiple linear regression results revealed that facultative melanin was significantly and positively related to CPD, the FTND, and cotinine. The results of this analysis support the hypothesis of a positive association between melanin levels and tobacco use, dependence, and exposure among African American smokers. This analysis may have important implications for research and interventions on tobacco dependence and disease outcomes. Further research on melanin and nicotine among African Americans as well as other population groups is warranted.

<https://pubmed.ncbi.nlm.nih.gov/16920646/>

The role of melanin in nicotine uptake and metabolism has received little attention. Because nicotine has been shown to accumulate in tissues containing melanin, exploring links between melanin and nicotine may provide additional clues to understanding smoking behavior and disease effects. To examine the scientific literature on the relationship between melanin and nicotine, we conducted a PubMed search. We also searched online archives of internal tobacco industry documents. We retrieved and reviewed 82 published research papers related to melanin and nicotine or melanin and metabolism of other drugs, and 150 relevant internal tobacco industry documents. The published literature suggests that nicotine may accumulate in human tissues containing melanin and this retention may increase melanin synthesis. Existing research on the relationship between melanin and nicotine lacks an adequate consideration of this relationship's potential impact, if any, on nicotine metabolism, level of nicotine dependence, and ability to quit smoking. Differential accumulation of nicotine in melanin-containing tissues could have implications for individuals with high levels of melanin.

8. For Carol- Can AAP-CEI be replicated or do you all provide lessons to community organizations looking to implement this type of intervention? Also, have you all done work focusing on black LGBTQ+ members specifically?

We are looking to get AAP-CEI out there. We are have a retreat in September on the best way to do it. We have not specifically focused on Black LGBTQ+ but our DC Consultant is conducting focus groups. We feel like AAP-CEI could me tailored to the LGBTQ+ community, to women, to youth.

9. The FDA is not comprised of the very people they should be protecting from tobacco harm. How do we get the FDA to care?

Sue them!

10. Will the press conference be aired live?

It was not!

11. What is your advice in how we can recognize the tobacco industry tactics without disempowering the audience we aim to empower?

We have to keep telling it....people get angry and we need to have a productive outlet for the anger.

12. When looking for new and emerging tobacco products, what is a good way to educate the public to keep an eye out for them?

We need the EndGame so we can stop being the mouse in Cat and Mouse.

<https://www.publichealthlawcenter.org/webinar/eliminating-commercial-tobacco-endgame-approach>