

Community Voices: A Qualitative Study Exploring Perceptions of Menthol Cigarette Sales Restrictions in Los Angeles County Among Black Adults Who Smoke Menthol Cigarettes

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Abstract

Introduction: The commercial tobacco industry has long targeted Black communities by making menthol cigarettes not only appealing but affordable through marketing, advertising, and pricing strategies, particularly in the retail environment. Policies that focus on restricting the sale of menthol cigarettes have the potential to significantly reduce the death toll from smoking while also mitigating health inequities and advancing racial equity. However, limited qualitative research exists on the perceptions of menthol cigarette sales restrictions, including local policies, among Black adults who smoke menthol cigarettes.

Aims and Methods: In-depth semi-structured interviews were conducted between January and September 2021 with self-identified non-Hispanic Black adults who reported current menthol cigarette use ($n = 26$). Participants were asked open-ended questions about awareness and perceptions of the Los Angeles County law banning the retail sale of menthol cigarettes in unincorporated communities, including how it influences their smoking and purchasing behaviors.

Results: We used three thematic categories to structure the results: (1) Are People Aware of Local Menthol Cigarette Sales Restrictions? Levels of Awareness and Strategies to Increase Awareness, (2) Why Ban Menthol? Concerns About Equity and Fairness, and (3) Will Menthol Cigarette Bans Decrease Smoking? Mixed Perceptions About Potential Impact. Most participants (88.5%) had heard about the menthol ban in their communities. Participants described ambivalence towards the ban and identified several factors that hinder support, participation, and well-being, including uncertainty regarding the rationale for banning menthol cigarettes; perceptions that the ban specifically targets Black communities; and concerns regarding government overreach and constraining individual choice. Participants had differing views on whether the ban would likely help them and others who smoke menthol cigarettes reduce or quit smoking. Participants also described situations in which they would purchase menthol cigarettes in another state, country, online, or in the illicit market. Furthermore, participants often viewed the ban as perpetuating criminalization and over-policing of Black communities—arguments used by the commercial tobacco industry to oppose menthol bans.

Conclusions: Our community-based sample of Black adults who smoke menthol cigarettes face challenges and concerns about local menthol bans. Community-centered interventions, messages, and materials about racial equity in menthol bans, access to free cessation services, and countering commercial tobacco industry interference, in addition to measurable steps toward rectifying injustice from the commercial tobacco industry and repeated exemptions of menthol cigarettes from federal legislation through tangible reparations, would be helpful to this community.

Implications: We sought to add to the literature on flavored nicotine and commercial tobacco policies in the United States by centering the voices of Black adults who smoke menthol cigarettes regarding their awareness, perceptions, and opinions of local laws restricting menthol cigarette retail sales and how such policies influence their smoking and purchasing behaviors. Our findings suggest that Black adults who smoke menthol cigarettes are aware of local laws restricting menthol cigarette retail sales and are ambivalent about the rationale. Our findings have implications for the development and delivery of equity-focused strategies and resources to increase awareness of and rationale for the ban; counter commercial tobacco industry interference; and facilitate smoking cessation among Black adults who experience more combustible tobacco-related morbidity and mortality than their racial/ethnic counterparts. By understanding this relevance, we can also recognize how individual awareness and perceptions are moored within and contextualized by broader social structures and systemic inequities that warrant policy considerations.

Introduction

The physical and social harms of menthol cigarette use on Black Americans who smoke and in Black communities are well documented.^{1–3} Black Americans comprise around 12% of the population but accounted for approximately 40% of excess deaths due to menthol cigarette smoking in the United

States between 1980 and 2018.¹ An estimated 85% of non-Hispanic Black Americans who smoke cigarettes prefer menthol cigarettes, compared with 30% of their non-Hispanic White American counterparts.² The underlying reasons for this racial inequity are rooted in structural racism in U.S. systems (eg, public health, healthcare, housing, criminal justice)^{4,5}

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and perpetuated by unjust policies and practices that harm Black Americans, including predatory marketing for menthol cigarettes in Black communities,^{3,6,7} and exemption of menthol cigarettes from the 2009 Family Smoking Prevention and Tobacco Control Act.⁸ Projections from a 2011 report⁹ issued by the Tobacco Products Scientific Advisory Committee to the U.S. Food and Drug Administration (FDA) estimated that a federal menthol cigarette ban could have, by 2020, stopped approximately 4700 premature deaths among Black Americans. This history of willful neglect has reverberated through generations and affects the perception of governance and institutions for many Black Americans.¹⁰⁻¹²

Eliminating the sale of menthol cigarettes has the potential to save more than 600 000 thousand lives over time—more than 250 000 of them Black Americans¹³; and would lead to decreased cigarette smoking, increased quit attempts, and increased switching from menthol cigarettes to less harmful products.¹⁴ Efforts to ban menthol cigarettes herald the beginning of the end of predatory marketing for menthol cigarettes targeting Black communities. On April 28, 2022, the FDA announced a proposed product standard to restrict menthol in cigarettes and all flavors in cigars, stating that “for far too long, certain populations, including African Americans, have been targeted, and disproportionately impacted by tobacco use.”¹³ Although the FDA’s proposed ban has not yet been enacted, at least 120 local laws in California restrict sales of menthol cigarettes,¹⁵ and on November 8, 2022, California voters passed a ballot measure to uphold a 2020 law to end the sale of menthol cigarettes and most flavored non-cigarette products (ie, e-cigarettes, small cigars).¹⁶ The State law will not override laws passed by local jurisdictions that have enacted comprehensive flavor restrictions (including mint, menthol, and wintergreen flavors) with no retailer or product exemptions.¹⁶

A Los Angeles Times article¹⁷ reported that commercial tobacco companies like Reynolds American (maker of Newport menthol cigarettes) have hired lobbyists, consultants, protestors, and sponsored civil rights organizations (eg, National Action Network) to spread fear that eliminating menthol cigarettes will put Black Americans who smoke at risk of “racially discriminatory government action while leaving all others who smoke cigarettes to enjoy the product of their choice.”¹⁸ While the enforcement of menthol cigarettes and other flavor bans will be implemented in the retail environment and not against individual consumer possession or use, the commercial tobacco industry and its allies talk of increased illegal sales and criminalization of Black Americans who smoke menthol cigarettes and Black communities. An understanding of reactions to menthol bans among Black Americans who smoke could help federal, state, and local policymakers maximize community health interventions to redress persistent tobacco-related health inequities and minimize tobacco industry interference.

On September 24, 2019, the Los Angeles County Board of Supervisors passed a comprehensive ordinance restricting the sale of menthol cigarettes and other flavored nicotine and commercial tobacco products (ie, flavored vapes, flavored little cigars, flavored hookah) in unincorporated communities of the County¹⁶ (unincorporated communities are governed by the Los Angeles County Board of Supervisors). The ordinance went into effect on May 1, 2020. To minimize unintended consequences (ie, low uptake of smoking cessation treatments and services, distrust of local government) and maximize the health of Black Angelenos, understanding why they support

or oppose the local ordinance is critical to inform current and future policy around menthol cigarettes, including the new statewide law. Thus, we sought to give voice to the awareness, perceptions, and opinions of the local ordinance in Los Angeles County unincorporated communities among Black Americans who smoke menthol cigarettes, including how it influences their smoking and purchasing behaviors.

Methods

We conducted 26 in-depth, semi-structured, one-on-one interviews with a convenience sample of self-identified non-Hispanic Black adults (≥ 21 years) who currently smoke (defined as those who indicate that they have ever smoked 100 cigarettes and now smoke every day or some days) and usually smoke mentholated brands. Participants were recruited in Los Angeles County unincorporated communities (eg, View-Park Windsor Hills, Westmont) from January to September 2021 in partnership with community-based organizations (eg, California Black Women’s Health Project, faith-based organizations) via events (eg, health fairs), physical flyers, online postings (ie, Facebook, Craigslist), and email listservs. Participants completed a brief survey before the interview about their demographics and smoking history. During the interview, participants were asked open-ended questions from a semi-structured interview guide about their awareness of, attitudes, and perceptions regarding the local ordinance. Follow-up probes and questions were used to clarify participants’ responses and/or get more depth and detail regarding their responses. After the interview, participants were given a \$50 gift card for their time. Interviews lasted approximately 60 minutes each and were conducted via telephone. Assurances of confidentiality and anonymity in the reporting of findings were given and permission for the interview to be recorded was obtained from each participant in advance. Institutional Review Board approval was obtained from the University of Southern California (UP-20-00975).

Interviews were transcribed verbatim and analyzed using the “Rigorous and Accelerated Data Reduction” (RADaR) technique¹⁹ to identify key themes characterizing participants’ awareness and perceptions of the local ordinance and how it influences their smoking and purchasing behaviors. RADaR is a deductive, structured rapid qualitative data analysis approach²⁰ that involves the use of multiple rounds of data tables to reduce, synthesize, and summarize raw textual data and identify cross-cutting thematic patterns in the data. Rapid analytic approaches are particularly beneficial within the context of community-engaged, tobacco regulatory science to ensure that findings can be quickly disseminated for the purpose of informing real-time intervention and policy development, implementation, and evaluation.^{21,22} Prior research finds that rapid qualitative data analysis approaches produce equally valid findings with fewer resources relative to more traditional qualitative analysis processes.²³⁻²⁵ The RADaR analytic approach was particularly useful for the present study given the semi-structured interview guide and the overarching goal of expeditiously analyzing the data to ensure timely dissemination of results to key stakeholders (eg, Black Los Angelenos who smoke menthol cigarettes, community-based organizations; policymakers) via peer-reviewed scientific channels (manuscripts, conference presentations) and lay/public channels (community engagement reports, infographics, and feedback sessions).

Our RADaR analysis process began with “data immersion” in which the first author and a second trained researcher read and re-read the transcripts across a 2-month period, leading to the identification of preliminary codes germane to the overarching study aims, including “right to smoke,” “personal choice,” “government involvement,” “paternalism,” and “harassment from law enforcement.” Both authors then organized verbatim text segments from the interviews into a series of tables structured by interview questions and topics and applied codes to segments as relevant. The authors engaged in regular dialogue to resolve any discrepancies between these data reduction and coding approaches. This process resulted in a series of tables progressively more reduced and concise than the prior, until the data were sufficiently reduced to only the key ideas and phrases from the interview. For the findings described herein, the authors reviewed and narratively summarized the reduced, coded segments (ie, “code summaries”) for selected interview questions, topics, and codes, and then engaged in multiple rounds of dialogue to identify key thematic patterns across the data with attention to generating meaningful insights within equity-focused research.²⁶

Results

Participant characteristics are found in Table 1. Of the 26 participants interviewed, 14 (53.9%) were women and 12 were men, with an average age of 44.3 (SD = 10.0). Most (69.2%) had an annual income of less than \$25 000. More than half (73.8%) had at least 1 year of college education. Participants’ mean age at cigarette initiation was 15.6 years old (SD = 5.3). Nearly all participants (96.2%) reported that they wanted to quit smoking menthol cigarettes. Below we organize our findings by the following thematic categories, with sub-themes as-relevant: (1) Are People Aware of Local Menthol Cigarette Sales Restrictions? Levels of Awareness and Strategies to Increase Awareness; (2) Why Ban Menthols? Concerns About Equity and Fairness; and (3) Will Menthol

Table 1. Participant (N = 26) Demographics, Smoking Behaviors, and Awareness of Los Angeles County Ordinance Restricting Retail Sales of Menthol Cigarettes Unincorporated Communities

Characteristics	N (%), Mean (SD)
Gender	
Female	14 (53.9%)
Male	12 (46.1%)
Age range	31–61
Average age	44.3 (10.0)
Education level	
High school graduate or GED	23 (88.5%)
Some college education or higher	19 (73.8%)
Annual Income <\$25 000	18 (69.2%)
Average age first tried cigarette	15.6 (5.3)
Want to quit smoking menthol cigarettes	25 (96.2%)
Awareness of ordinance restricting menthol cigarette retail sales in Los Angeles County unincorporated communities	23 (88.5%)

Cigarette Bans Decrease Smoking? Mixed Emotions About Potential Impact.

Are People Aware of Local Menthol Cigarette Sales Restrictions? Levels of Awareness and Strategies to Increase Awareness

Most participants (n = 23, 88.5%) reported being aware of the ordinance banning menthol cigarette retail sales in Los Angeles County unincorporated communities. Some explained that people are aware of the ban because retailers have begun to tell customers that they will soon discontinue sales of menthol cigarettes at their stores, and because people who smoke are discussing the ban with one another:

So, you know, going to a hair salon or something and talking to people, everybody is talking about the fact that they can't get their favorite cigarettes anymore. It's very annoying. (female, age 43)

Despite the perception that many people are aware of the ban, participants suggested more needed to be done to ensure information about it was effectively disseminated to people who smoke menthol cigarettes. One participant explained that more needed to be done to inform Black residents about the ban, especially given that tobacco companies will want to circumvent it so as to continue selling menthol cigarettes:

I don't think that the education was adequate enough, being Black you see it for a little while then it was gone. And so, out of sight out of mind. And while they're doing that, the store is pumping the cigarettes [out to people]. The big bully tobacco companies are advertising and they're making it so accessible and easy to get, you know. So, the little man has a fight with the big one-eyed giant. And the one-eyed giant sees one thing – dollars. (male, age 47)

Several participants suggested that efforts to increase awareness should leverage social media (eg, Twitter, Facebook) and general media including TV news as communication channels, and distribute information in stores:

Put it on billboards, make a few commercials about it or you know put it in the stores, which I doubt they would do. (female, age 34)

These recommendations by participants suggest that while the majority of participants are aware of the ban, they believed many people were not familiar with the ban and as such, more efforts are needed to increase awareness.

Why Ban Menthols? Concerns About Equity and Fairness

Participants expressed a variety of reactions to the menthol ban and perceptions of the motivations behind it. Some perceived the ban as motivated by politics and money, as opposed to community health promotion. For example, participants suggested that if the ban was related to health, then the sale of other harmful products would be similarly banned:

If you want to do things on health, okay, then we need to do it with alcohol. [Alcohol] shouldn't be legal, cigarettes shouldn't be legal either. Get rid of both. (female, age 53)

I think it's probably more political than it is out of concern for people's health. I'm sure money is involved. (female, age 31)

Similarly, several participants questioned why the ban targeted menthol cigarettes rather than all cigarettes:

I don't see why you're picking on menthol. It's all the same to me. (male, age 40)

I think it's kind of hypocritical. A cigarette is a cigarette. They're all equal in harm. (male, age 35)

Within this broad theme are two nuanced sub-themes related to government restrictions affecting freedom of choice regarding cigarette purchases, and menthol cigarette bans as structural racism. These two sub-themes are described below.

Constrained "Choice" as a Function of Government Overreach

Participants' general concern about banning menthol cigarettes reflected opposition to government overreach and limits on personal choice. For example, they felt the government should not limit smoking or the types of cigarettes available, decisions they felt lay outside the government's purview:

I think people smoking menthols is none of their business, and I think the government is getting way too involved in people's choice to smoke. Everybody has a choice, and it's basically really kind of like a big brother telling people what they want people to do. (female, age 47)

Even when participants acknowledged that the ban promotes health, they expressed frustration that the government would have the ability to constrain or prevent individual choice, particularly if it does not fund individuals' basic needs. For example, one participant stated emphatically:

I understand it's for my health. If I choose to quit smoking, isn't that my choice? How are you going to make a choice for me? You're not my mom, my dad, and you don't take care of me. You don't pay my rent, you don't buy my food, so how dare you sit up and tell me what I can and cannot do regardless of whether it's good for my health or not. (female, age 53)

Some participants expressed frustration with the ban in the context of a perception of limited access to or governmental support for affordable access to cessation for those who want to quit or reduce smoking:

I really think that Americans should have the choice to choose. I think that's really important that we're able to choose whether or not we want to have menthol or regular cigarettes, or if we want to smoke, period. But, for people that realize that it is harmful to our health, and we really do want to quit, there should be a way to do it for an affordable price. (female, age 43)

Overall, participants expressed frustration that the government could regulate their smoking behavior and felt it was an overreach of the government to restrict access to menthol cigarettes.

Bans as Structural Discrimination/Racism Against Black Americans

Many participants across interviews expressed that the menthol ban "regulates" Black people and is specifically discriminatory against their racial group relative to others. For example, one participant discussed how substances that are disproportionately used by White people are not banned, such as alcohol:

I mean we already get – we're driving while Black, walking while Black, it doesn't make a difference. We're already under siege. To me, it's just more regulating Black people. We're really under a lot of regulation. Are White people under the same regulations, are they scrutinized? No. You know, smoking while White, no. Drinking while White, no. (female, age 53)

It was evident across interviews that the ban was perceived by participants as targeting Black people while their racial/ethnic counterparts' smoking behaviors and choices were not being regulated.

Connected to the overarching perception of menthol cigarette bans as discriminatory were several participants' concerns that bans would lead to forms of racialized violence propagated by structural racism: Over-policing and criminalization of Black people. For example, one participant suggested that the ban would allow law enforcement to weaponize the ban as a reason to enact physical violence against people who attempt to circumvent the restrictions by purchasing menthol cigarettes in another state:

They're going to get them illegally if they have to go to Nevada, whatever they have to do to go get them. So, when you bring them back here, you're breaking the law. If you're caught with it, you're breaking the law and that gives law enforcement another reason to crack you over the head or kill you. (female, age 39)

Other participants lamented the potential for bans to lead to even more criminalization than is already wielded by police against Black people. For example, one participant explained that if people purchase menthol cigarettes in anticipation of a ban, police will be on the lookout for those who may be in possession of multiple packs of cigarettes:

If they use that law to target Black people in a criminal way, you know, tell you that at a certain date that menthol cigarettes are illegal, so people might go out and buy up all the menthol cigarettes they can get. And so, knowing how the police department works in Black neighborhoods, you know, riding down on people because they think you got five packs of menthol cigarettes in your house. You just don't know how they're going to use these laws, especially if these laws are targeted towards Black people. (male, age 35)

Another participant explained that menthol cigarette bans could enflame existing tensions between law enforcement and residents in Black communities:

I think the police in LA are way too busy to be worrying about whether you're smoking. Although, I did have a police officer come up to me because I threw a cigarette butt down. I think it could result in increased harassment by

police and there's already tension in the community. (female, age 47)

Finally, some participants suggested the ban would create a “black market” for menthol cigarettes or contribute to an existing black market for illegal goods:

People have the power of choice and will, and so you create a black market for things when a ban happens. Then you have illegal crime, you know, illegal things happening as a result of the ban on menthol cigarettes. (female, age 31)

I already have a black market, so if I really wanted to smoke menthols, I just wouldn't be able to smoke Newport, maybe. There are hundreds and hundreds of people out there selling cigarettes all day long. There are black market brands. So that's really what I would do, just smoke the black market brands. (female, age 53)

Overall, many participants shared concerns about the potential harms of menthol bans on Black people: “You just don't know how they're going to use these laws especially if these laws are targeted towards Black people” (male, age 35).

Will Menthol Cigarette Bans Help Decrease Smoking? Mixed Perceptions About Potential Impact

Participants shared mixed perceptions of the potential for the menthol ban to help them to quit smoking or reduce their menthol cigarette use. For example, some participants explained that while they felt the ban had the potential to benefit the health of Black people who smoke menthol cigarettes (even decreasing smoking for a substantive proportion of people), they did not agree with the ban overall:

I think the ban would help just because of the number of African Americans that do smoke menthol is quite high. I do think that it might reduce it to maybe another 20% lower or something like that. But, for me, I don't agree with it. (female, age 43)

Other participants felt that by taking away a “stress reliever,” the menthol ban might do more harm than good for some people who smoke menthol cigarettes. One participant suggested that the potential unintended consequences of restricting access to menthol cigarettes may vary across individuals depending on their reasons for smoking:

It really depends on people's reason behind smoking. Is it addiction, is it because they're stressed out and it helps them get over stress? (male, age 35)

Relatedly, some participants stated that the menthol ban could lead to an increase in other substance use, including alcohol:

The ban would hurt, I think. It would drive people to more alcohol use, too. (female, age 34)

Some participants indicated that they did not think the menthol ban would lead to increases in other substance use; however, they also did not think that the ban would facilitate smoking cessation or reduce menthol cigarette use (suggesting a null impact). For this reason, some participants expressed ambivalence about

supporting the menthol ban due to the belief that people would continue to smoke menthol cigarettes, regardless of policy-level interventions. For example, one participant shared:

I wouldn't support the ban, but I wouldn't be against it, but I feel people that are going to smoke if they are going to smoke. The people that want to smoke crack they're going to smoke crack. (female, age 53)

In addition, some participants noted that they would purchase menthol cigarettes in another country, state, or online, given the menthol ban in their community, suggesting that while the ban would be a nuisance, it would not have a significant impact on their individual smoking behavior. For example, one participant noted:

I feel like I have an opportunity to buy them either online or get my family to send them to me. I could also think of driving to another state like going over to Vegas and picking up some. So, I could see myself saying I'm taking a road trip or, you know, when the next time I'm out of state, I'm stocking up and bringing some back. (female, age 43)

Another participant explained that because Los Angeles, California is close to the Mexico border, she would simply purchase cigarettes there if they are not available for purchase in her community:

I will go across the border, Mexico, and get it. (female, age 55)

In contrast to those who expressed a concern that the ban would have a negative or null impact, several participants did believe the menthol ban would have a positive impact on their individual smoking behavior because they would stop smoking or reduce menthol cigarette use. Among those who felt the ban would have a positive impact were participants who thought the ban would facilitate their switching to vaping electronic nicotine delivery systems (ENDS) or smoking non-menthol cigarettes and perhaps even quitting cigarette use completely. For example, two participants explained:

I've tried vaping as opposed to actual cigarettes. That will probably help me to stop even more. (female, age 31)

I probably will try to switch to non-menthol cigarettes and see if I can deal with them. In fact, it would help me quit. (male, age 40)

For others, switching to other nicotine and commercial tobacco products was either unappealing or not worth the hassle and thus, would lead to them outright quitting, which some indicated they would like to do:

I'll quit. Yeah, just quit. May as well quit. (female, age 61)

I do want to quit. The ban would be the catalyst to help me quit. (male, age 31)

Taken together, these views highlight the divergent perspectives of participants regarding the potential for a menthol ban to facilitate health and address commercial tobacco-related harms among Black Americans.

Discussion

This qualitative study provides contextual understanding of Black adults who smoke menthol cigarettes' awareness and perceptions of a Los Angeles County ordinance banning menthol cigarette retail sales in their communities. We found that participants, while aware of the ban, had mixed opinions about its purpose and potential benefits, identifying several barriers and challenges to ensuring that it achieves equitable outcomes for Black Los Angelenos who smoke menthol cigarettes. Participants described several reasons that may impact well-being, including uncertainty regarding the County's rationale for banning menthol cigarettes; concerns regarding government overreach; and discomfort with the lack of policy support for accessing smoking cessation. Participants had differing views on whether the ban would likely help them quit smoking menthol cigarettes. Participants also described situations in which they would purchase menthol cigarettes in another state, country, online, or the illicit market. Furthermore, participants often viewed the ban as constraining individual choice and criminalizing Black communities—arguments used by the commercial tobacco industry to challenge menthol bans. Future research is needed to explore how tobacco industry rhetoric has permeated some of our participants' comments. Our findings contribute to the emerging body of knowledge²⁷⁻²⁹ in this area.

From these findings, we extrapolated and highlighted specific opportunities for advancing racial equity within policies restricting the sale of flavored nicotine and commercial tobacco products. First, although most participants had heard about the menthol ban, they suggested more needed to be done to raise awareness. This can be addressed by the development and dissemination of community-engaging health communication campaigns, educational materials, and consistent messages that use multiple channels, including mass media (ie, billboards, radio, and television) and social media (eg, LA County Board of Supervisors' Twitter Account). Second, participants described uncertainty about the rationale for the ban on menthol cigarettes, which could be ameliorated by local and state policymakers more effectively communicating that the law prohibits retailers from selling or possessing with the intent to sell menthol cigarettes and other flavored nicotine and commercial tobacco products, along with dissemination of current scientific evidence regarding potential benefits (ie, preventing combustible tobacco-related morbidity and mortality, reducing menthol cigarette smoking prevalence, increasing smoking cessation), and harm of menthol cigarettes, including addictiveness and industry targeting Black communities. In addition, increasing the visibility of trusted stakeholders (eg, Black-owned media outlets, citizen activists, scientists, and clinicians) to deliver community-centered messages and educational materials is important to restore participants' trust in government. Third, promoting and ensuring equitable access to free smoking cessation for communities that have restricted the sale of menthol cigarettes is necessary, along with funding to support and sustain community-based organization cessation services. Fourth, local and state policymakers can engage residents, retailers, and community leaders in communication strategies aimed at protecting Black communities from commercial tobacco companies that are attempting to undermine menthol bans. Finally, after decades-long commercial tobacco industry targeting of Black communities with

menthol cigarettes, in addition to repeated exemptions of menthol cigarettes from federal legislation, a fundamental question remains: why are reparative justice measures not at the center of policies restricting the sale of menthol cigarettes? We argue for a process towards truth, reconciliation, and tangible reparations that rectify the injustice inflicted on Black communities by the commercial tobacco industry and U.S. government, and that increase awareness of sociostructural drivers of menthol cigarette-related harms among Black Americans and systemic racism in nicotine/commercial tobacco. This could mean investing commercial tobacco tax revenue into Black communities, institutions, and organizations.

An important strength of this study is its methodological rigor. This study meets the main trustworthiness criteria: Credibility, dependability, transferability, and confirmability.³⁰ Data analysis complies with the criteria of comprehensiveness, relevancy, and objectivity, and were guided by an established, pragmatic approach. In terms of limitations, while our small sample may limit the findings' transferability beyond the scope of this study, the sample size was adequate to identify themes among a relatively homogenous group.³¹ Studies in other localities could assess the extent to which the themes observed in this study are transferable and applicable to other contexts.

Conclusion

Our community-based sample of Black adults who smoke menthol cigarettes faces challenges and concerns with local menthol sales restrictions. By understanding this logic, we can also recognize how individual awareness and perceptions are moored within and contextualized by broader social structures and system inequities that warrant public health research, practice, and policy considerations. Community-centered interventions, messages, and materials about racial equity in menthol bans, smoking cessation, and commercial tobacco industry interference, in addition to measurable steps toward rectifying physical and social harms from the commercial tobacco industry and repeated exemptions of menthol cigarettes from federal legislation through tangible reparations, would be helpful to this community.

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Declaration of Interests

None declared.

Author Contributions

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Data Availability

Data not publicly available.

References

- Mendez D, Le TTT. Consequences of a match made in hell: the harm caused by menthol smoking to the African American population over 1980–2018. *Tob Control*. 2022;31(4):569–571.
- Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. *Substance Abuse & Mental Health Data Archive*. Rockville, Maryland: National Survey on Drug Use and Health, 2019. Accessed December 18, 2022.
- Gardiner PS. The African Americanization of menthol cigarettes in the United States. *Nicotine Tob Res*. 2004;6(suppl 1):S55–S65.
- Braveman PA, Arkin E, Proctor D, Kauh T, Holm N. Systemic and structural racism: definitions, examples, health damages, and approaches to dismantling. *Health Aff*. 2022;41(2):171–178.
- Bailey ZD, Feldman JM, Bassett MT. How Structural racism works – racist policies as a root cause of U.S. racial health inequities. *NEJM*. 2021;384(8):768–773.
- Smiley SL, Cho J, Blackman K, et al. Retail marketing of menthol cigarettes in Los Angeles, California: a challenge to health equity. *Prev Chronic Dis*. 2021;18(February 11):E11.
- Anderson SJ. Marketing of menthol cigarettes and consumer perceptions: a review of tobacco industry documents. *Tob Control*. 2011;20(Suppl 2):ii20–ii28.
- Waxman HA. *Family Smoking Prevention and Tobacco Control Act*; 2009. <https://www.govinfo.gov/content/pkg/PLAW-111publ31/html/PLAW-111publ31.html>. Accessed July 27, 2022.
- TPSAC, FDA, Menthol Cigarettes and Public Health: Review of the Scientific Evidence and Recommendations. 2011, chrome-extension://efaidnbmnnnibpajpcglclefindmkaj/http://www.njgasp.org/wp-content/uploads/2014/05/FDA_TPSAC_report_menthol_March_2011.pdf (TPSAC Menthol Report).
- Best AL, Fletcher FE, Kadono M, Warren RC. Institutional distrust among african americans and building trustworthiness in the COVID-19 response: implications for ethical public health practice. *J Health Care Poor Underserved*. 2021;32(1):90–98.
- Smiley SL, Blackman KCA, Bluthenthal RN, et al. “Who’s really regulating? who’s benefiting?” exploring black stakeholders’ awareness and trust in the Food and Drug Administration’s role as a tobacco regulator. *Tob Regul Sci*. 2018;4(4):41–49.
- Nunnally SC. *Trust in Black America: Race, Discrimination, and Politics*. 2012 online edition. New York, New York: NYU Press Scholarship Online; 2016. <https://doi.org/10.18574/nyu/9780814758656.001.0001>
- U.S. Food and Drug Administration. FDA Commits to Evidence-Based Actions Aimed at Saving Lives and Preventing Future Generation of Smokers. 2022. <https://www.fda.gov/news-events/press-announcements/fda-commits-evidence-based-actions-aimed-saving-lives-and-preventing-future-generations-smokers>. Accessed December 5, 2022.
- Cadham CJ, Sanchez-Romero LM, Fleischer NL, et al. The actual and anticipated effects of a menthol cigarette ban: a scoping review. *BMC Public Health*. 2020;20(1):1055.
- State & Localities That Have Restricted the Sale of Flavored Tobacco Products. Campaign for Tobacco-Free Kids; 2021. <chrome-extension://efaidnbmnnnibpajpcglclefindmkaj/https://assets.tobaccofreekids.org/factsheets/0398.pdf>. Accessed December 10, 2022.
- Tobacco Retail License. Tobacco Control and Prevention Program. *County of Los Angeles Public Health*. 2020. <http://publichealth.lacounty.gov/tob/tobaccoretail.htm>. Accessed December 5, 2022.
- Baumgaertner E, Stockton B, Lindsay R. Big Tobacco stokes fear of menthol ban in Black communities. *Los Angeles Times*. 2022. <https://www.latimes.com/world-nation/story/2022-04-25/inside-big-tobaccos-strategy-to-stoke-fear-among-black-smokers-facing-menthol-bans>. Accessed December 6, 2022.
- Woodson AJ. National action network pushes back against westchester menthol ban. *BW News*. 2022. <https://blackwestchester.com/nan-pushes-back-against-westchester-menthol-ban>. Accessed December 6, 2022.
- Watkins DC. Rapid and rigorous qualitative data analysis: the “radar” technique for applied research. *Int J Qual Methods*. 2017;16(1):160940691771213.
- Vindrola-Padros C, Johnson GA. Rapid techniques in qualitative research: a critical review of the literature. *Qual Health Res*. 2020;30(10):1596–1604.
- Lewinski AA, Crowley MJ, Miller C, et al. Applied rapid qualitative analysis to develop a contextually appropriate intervention and increase the likelihood of uptake. *Med Care*. 2021;59(suppl 3):S242–S251.
- Thompson D, Deatrck JA, Knafl KA, Swallow VM, Wu YP. A pragmatic guide to qualitative analysis for pediatric researchers. *J Pediatr Psychol*. 2022;47(9):1019–1030.
- Gale RC, Wu J, Erhardt T, et al. Comparison of rapid vs in-depth qualitative analytic methods from a process evaluation of academic detailing in the Veterans Health Administration. *Implement Sci*. 2019;14(1):11.
- Nevedal AL, Reardon CM, Opra Widerquist MA, et al. Rapid versus traditional qualitative analysis using the Consolidated Framework for Implementation Research (CFIR). *Implement Sci*. 2021;16(1):67.
- Taylor B, Henshall C, Kenyon S, Litchfield I, Greenfield S. Can rapid approaches to qualitative analysis deliver timely, valid findings to clinical leaders? A mixed methods study comparing rapid and thematic analysis. *BMJ Open*. 2018;8(10):e019993.
- Felner JK, Henderson V. Practical strategies to enhance analytic rigor and generate meaningful insights from qualitative data for health equity researchers. *Prev Chronic Dis*. 2022;19(E69):220134.
- Allem JP, Donaldson SI, Vogel EA, Pang RD, Unger JB. An analysis of Twitter posts about the U.S. FDA’s menthol ban [published online ahead of print, 2022 Dec 19]. *Nicotine Tob Res*. 2022;25(5):962–966.
- D’Silva J, O’Gara E, Fryer CS, Boyle RG. “Because there’s just something about that menthol”: exploring african american smokers’ perspectives on menthol smoking and local menthol sales restrictions. *Nicotine Tob Res*. 2021;23(2):357–363.
- Wackowski OA, Evans KR, Harrell MB, et al. In their own words: young adults’ menthol cigarette initiation, perceptions, experiences and regulation perspectives. *Nicotine Tob Res*. 2018;20(9):1076–1084.
- Lincoln YS, Guba EG. *Naturalistic Inquiry*. Beverly Hills, CA: SAGE Publications, 1985; 117.
- Guest G, Bruce A, Johnson L. How many interviews are enough? An experiment with data saturation and variability. *Field Methods*. 2006;18(1):59–82.