

Commercial Tobacco Landscape and Pathways to Advancing Health Equity

Eliminate Tobacco Use Summit—April 20, 2022

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Office on Smoking and Health





*We can only know where we're going if we know
where we've been.*

-Maya Angelou



1

Inequities and Their Relationship to Current Tobacco Product Related Health Disparities

2

Commercial Tobacco Landscape

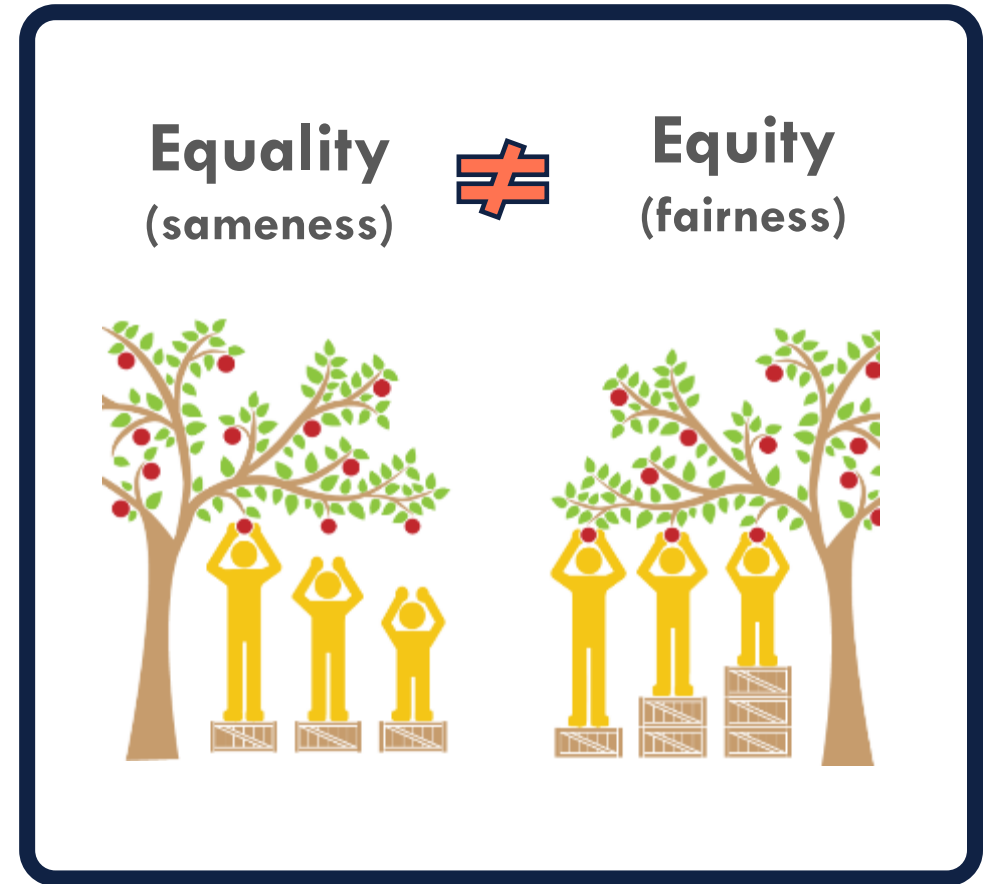
3

Evidence Based Strategies

4

CDC Efforts to Advance Health Equity

Terms, Definitions, & Concepts



Arriving at Health Equity

DESTINATION: Health Equity

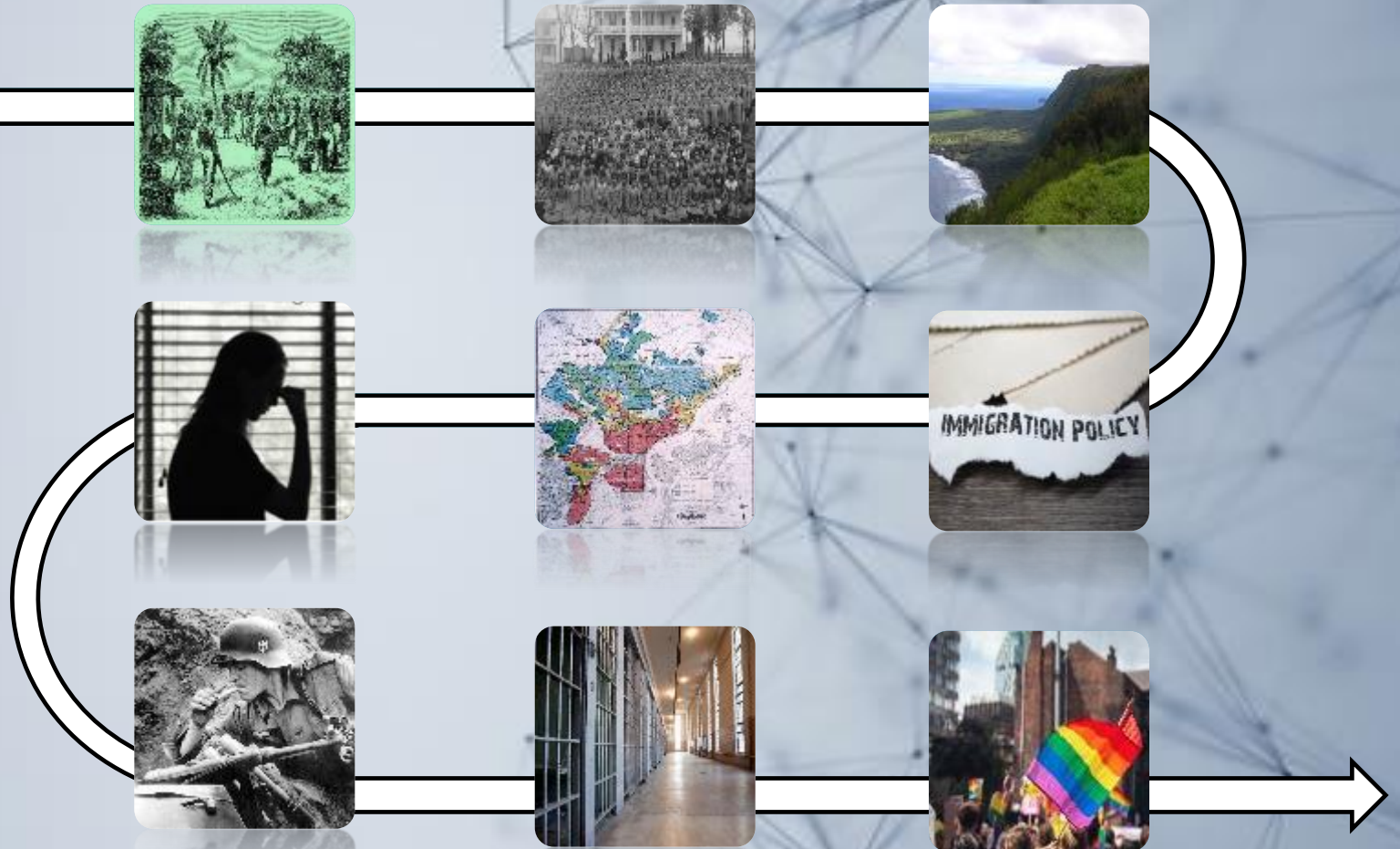


PATHWAY=
Structural/ Social
Determinants of Health

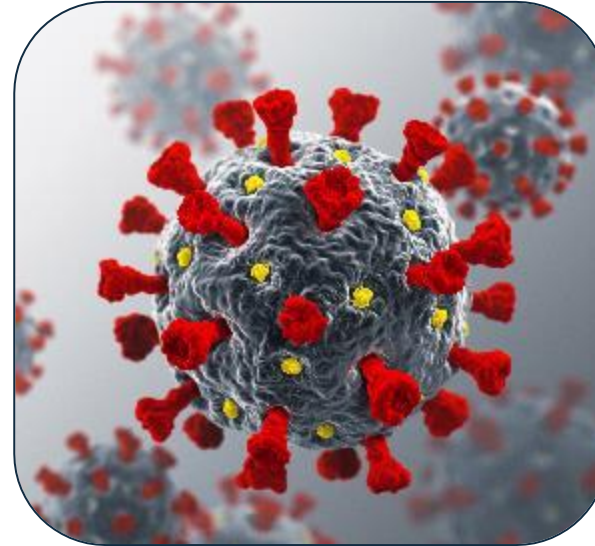
PROBLEMS=
Health Inequities/
Disparities



Social and Structural Inequities Affect Tobacco Product Related Health and Health Outcomes



Our Current Context



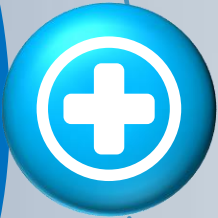
Commercial Tobacco Related Disparities



Marketing, Advertising & Promotions



Secondhand Smoke Exposure & Uneven Policy Coverage



Healthcare and Treatment



Flavored Tobacco



Social Determinants



Commercial Tobacco Related Disparities



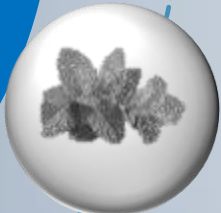
Marketing, Advertising & Promotions



Secondhand Smoke Exposure & Uneven Policy Coverage



Healthcare and Treatment



Flavored Tobacco



Social Determinants

*Use of brand names is for identification and informational purposes only. It does not imply an endorsement by CDC and/or Health and Human Services of any product, service, or enterprise.

Source: Tobacco Disparities Framing Project Justice In The Air, 2. www.trinketsandtrash.org, 3. Rutgers School of Public Health Center for Tobacco Studies. <http://www.trinketsandtrash.org>. Accessed October 20,2021.

TARGETED COMMERCIAL TOBACCO MARKETING

FOCUS COMMUNITIES

Inner city, racial and ethnic minority groups, lower income



Less expensive, more desirable promotions



Buy 1, Get X Free



Summer/Holiday promotions



Menthol cigarettes: cheaper
\$1 to \$1.50 off/pack
\$10 to \$15 off/carton



NON-FOCUS COMMUNITIES

Suburban areas, white, higher income



More expensive, less desirable promotions



Buy 2, Get X Free
Buy 3, Get X Free



No special seasonal promotions



Menthol cigarettes:
50 cents off/pack
\$5 off/carton



Most U.S. Youth are Exposed to E-Cigarette Advertising (2021)

TOBACCO PRODUCT ADVERTISING

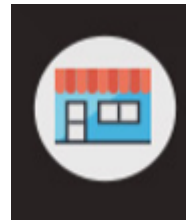
REACHES

3 in 4

US MIDDLE AND HIGH SCHOOL STUDENTS
(75.7%, 19.21 MILLION)

E-CIGARETTE ADVERTISING:

70.3% OF MIDDLE AND HIGH SCHOOL STUDENTS



RETAIL STORES

58.7%

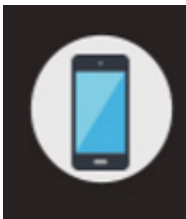
14.37 MILLION



TELEVISION, STREAMING SERVICES, OR MOVIES

21.7%

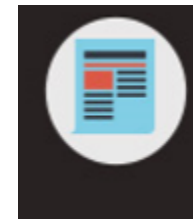
5.24 MILLION



INTERNET

36.0%

8.97 MILLION



NEWSPAPER OR MAGAZINES

28.7%

3.50 MILLION

Commercial Tobacco Related Disparities



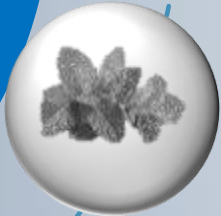
Marketing, Advertising & Promotions



Secondhand Smoke Exposure & Uneven Policy Coverage



Healthcare and Treatment

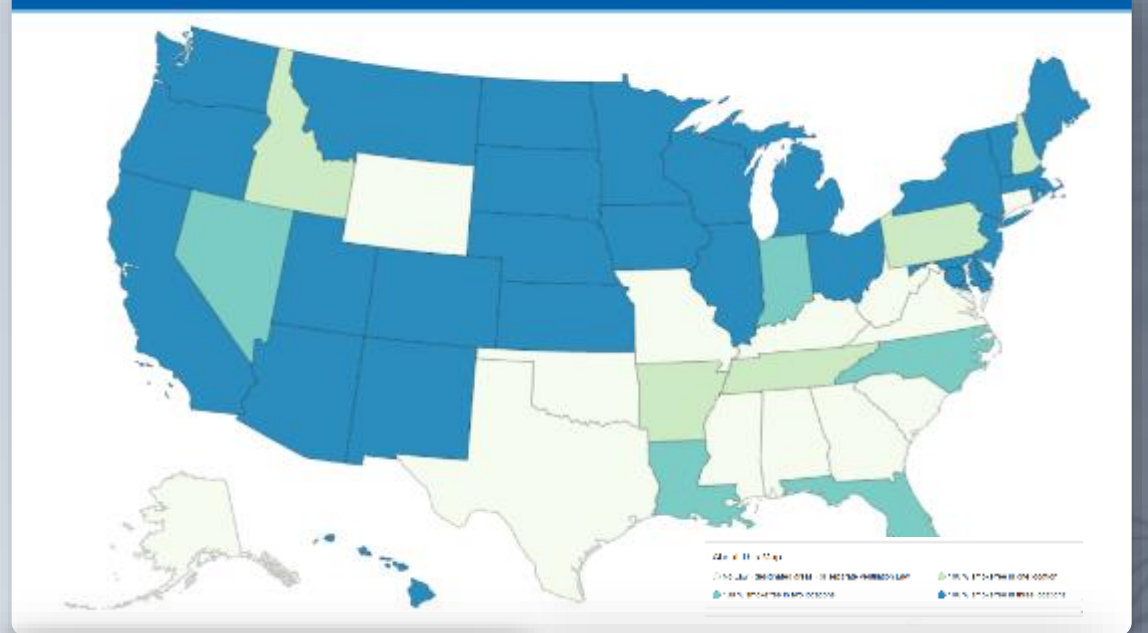


Flavored Tobacco



Social Determinants

States with 100% Smokefree Indoor Air Laws for Bars, Restaurants, and Worksites (In effect as of June 30, 2021 (n=58))



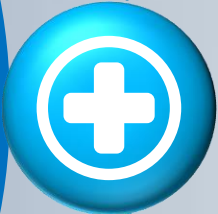
Commercial Tobacco Related Disparities



Marketing, Advertising & Promotions



Secondhand Smoke Exposure & Uneven Policy Coverage



Healthcare and Treatment



Flavored Tobacco



Social Determinants



Commercial Tobacco Related Disparities



Marketing, Advertising & Promotions



Secondhand Smoke Exposure & Uneven Policy Coverage



Healthcare and Treatment



Flavored Tobacco



Social Determinants





Menthol



Tobacco companies add menthol to make cigarettes seem less harsh and more appealing to people who are new to smoking and young people.



Some studies show that people who smoke menthol cigarettes have a harder time quitting smoking than those who smoke non-menthol cigarettes.



Tobacco companies target menthol cigarette marketing to people who are new to smoking, mostly young people. There is also heavy marketing in African American neighborhoods, magazines that are popular with African Americans, and at music and lifestyle events aimed at African Americans.

Commercial Tobacco Related Disparities



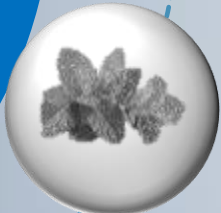
Marketing, Advertising & Promotions



Secondhand Smoke Exposure & Uneven Policy Coverage



Healthcare and Treatment

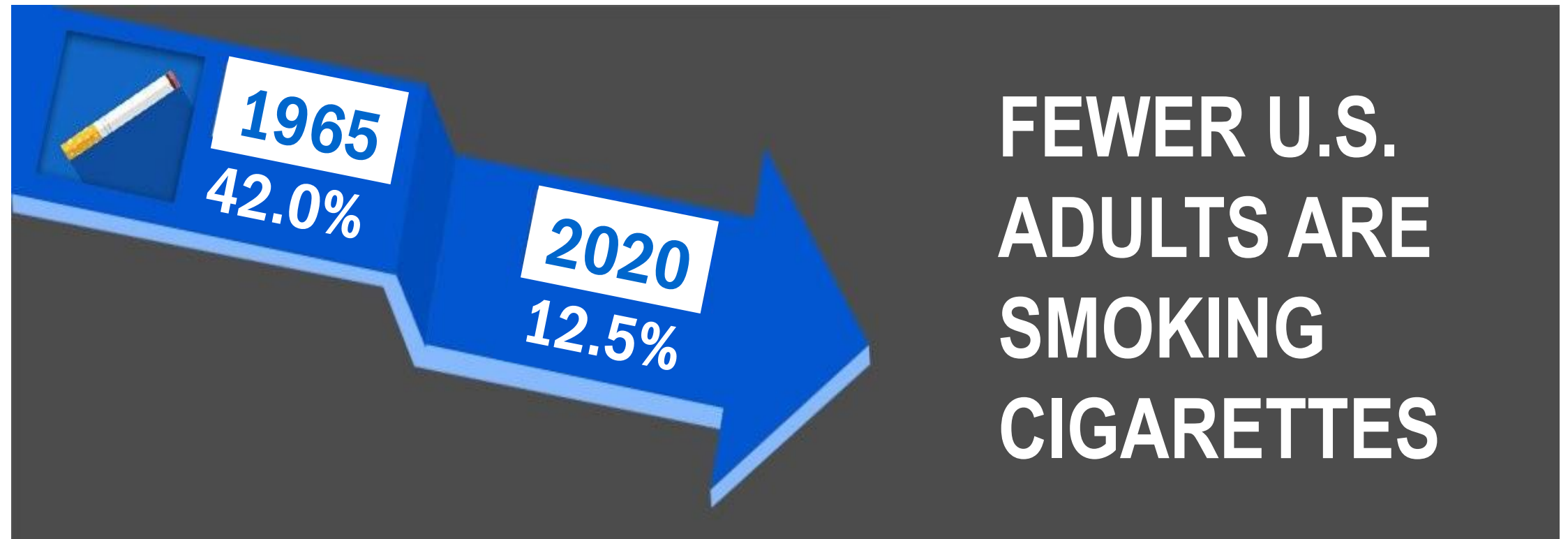


Flavored Tobacco



Social Determinants





But in 2020, more than **47 million (1 in 5)** U.S. adults still use some form of commercial tobacco products. Of these adults, nearly **31 million** smoke cigarettes.



Tobacco Product Use Is the Leading Cause of Preventable Disease, Disability, and Death



480,000

Cigarette smoking and secondhand smoke exposure kill about **480,000** people in the U.S. each year.²



16M

For every one smoking-related death, at least 30 people – **16 million** Americans – live with a serious smoking-related illness.²



\$300B

Each year, cigarette smoking costs in the United States exceed **\$300 billion**, including \$226.7 billion in smoking-attributable healthcare spending.^{2,3}



All Organs

Smoking impacts **nearly every organ system** in the body and causes **disease and death**.

Sources:

1. Cornelius ME, Loretan CG, Wang TW, Jamal A, Homa DM. Tobacco Product Use Among Adults — United States, 2020. MMWR Morb Mortal Wkly Rep 2022;71:397–405.
2. U.S. Department of Health and Human Services. The Health Consequences of Smoking — 50 Years of Progress: A Report of the Surgeon General. Atlanta, 2014.
3. Xu X, Shrestha SS, Trivers KF, et al. U.S. healthcare spending attributable to cigarette smoking in 2014. Prev Med March 2021.

Disparities in Cigarette Smoking Among United States Adults, NHIS, 2020



Race/Ethnicity

27.1% American Indian/Alaska Native
13.3% White



Education Level

32.0% GED
3.5% Graduate degree



Annual Household Income

20.2% <\$35,000
6.2% ≥\$100,000



Health Insurance Coverage

21.2% Uninsured
22.7% Medicaid
9.2% Private
10.2% Medicare



Disability

19.8% Yes
11.8% No



Sexual Orientation

16.1% Lesbian/Gay/Bisexual
12.3% Heterosexual



Regularly Had Feelings of Anxiety

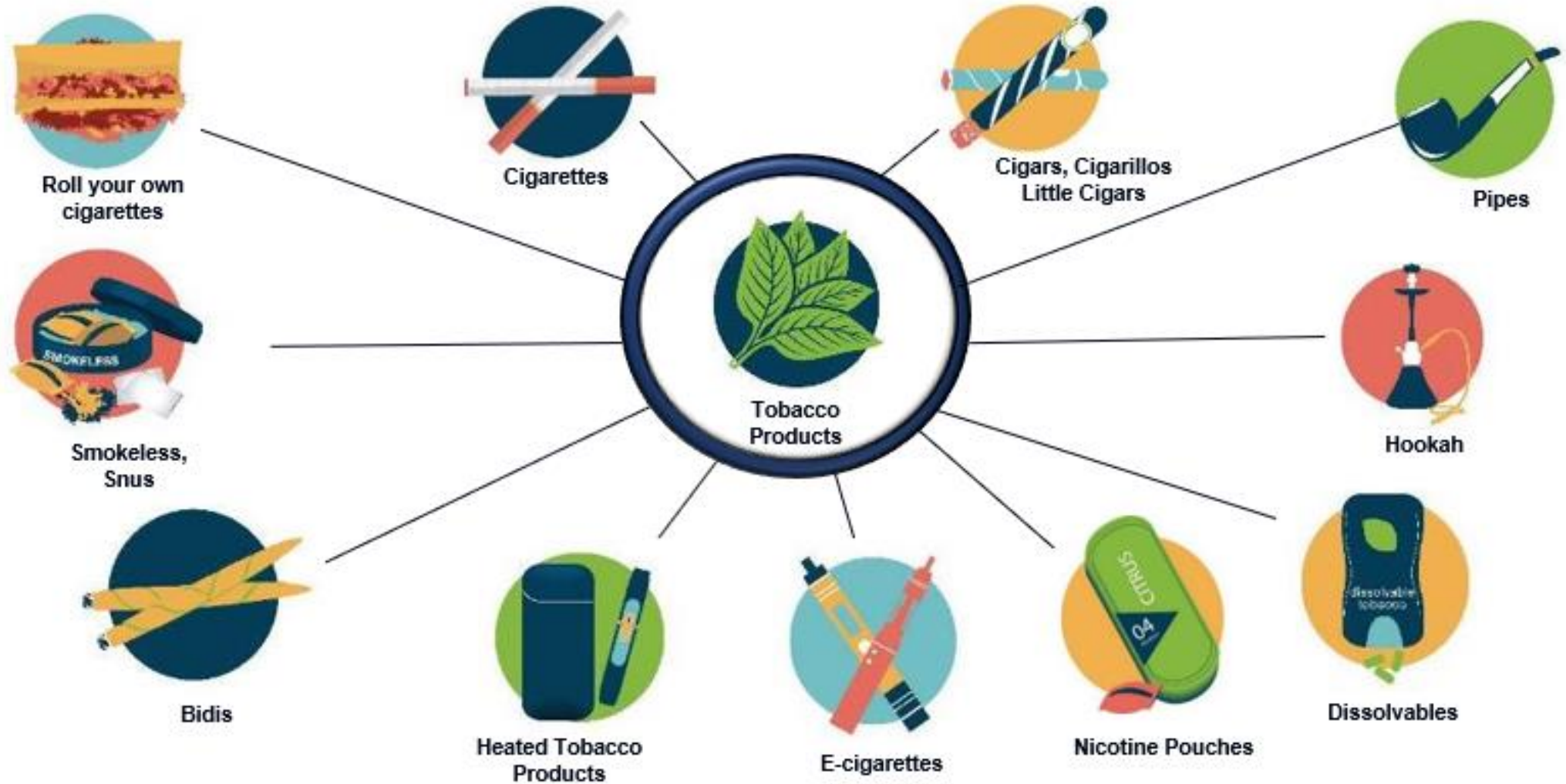
21.4% Yes
11.3% No



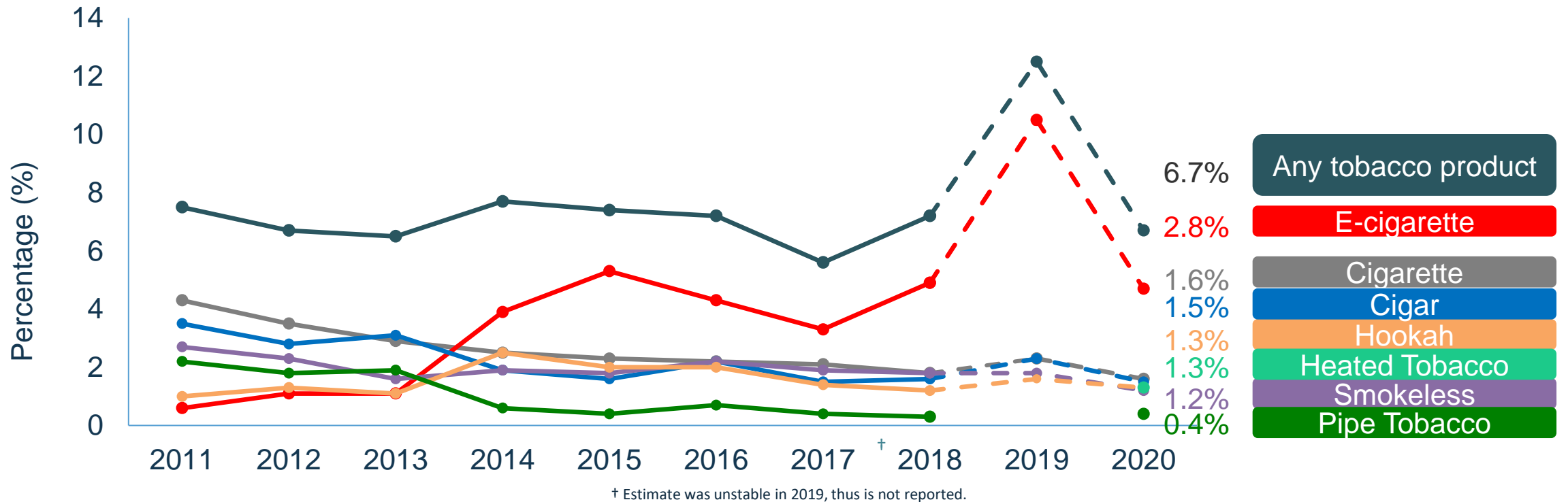
Rural/Urban

19.0% Rural
11.4% Urban

The Tobacco Product Landscape is Evolving



Current (Past 30-day) Tobacco Product Use Among U.S. Middle School Students — NYTS, 2011–2020

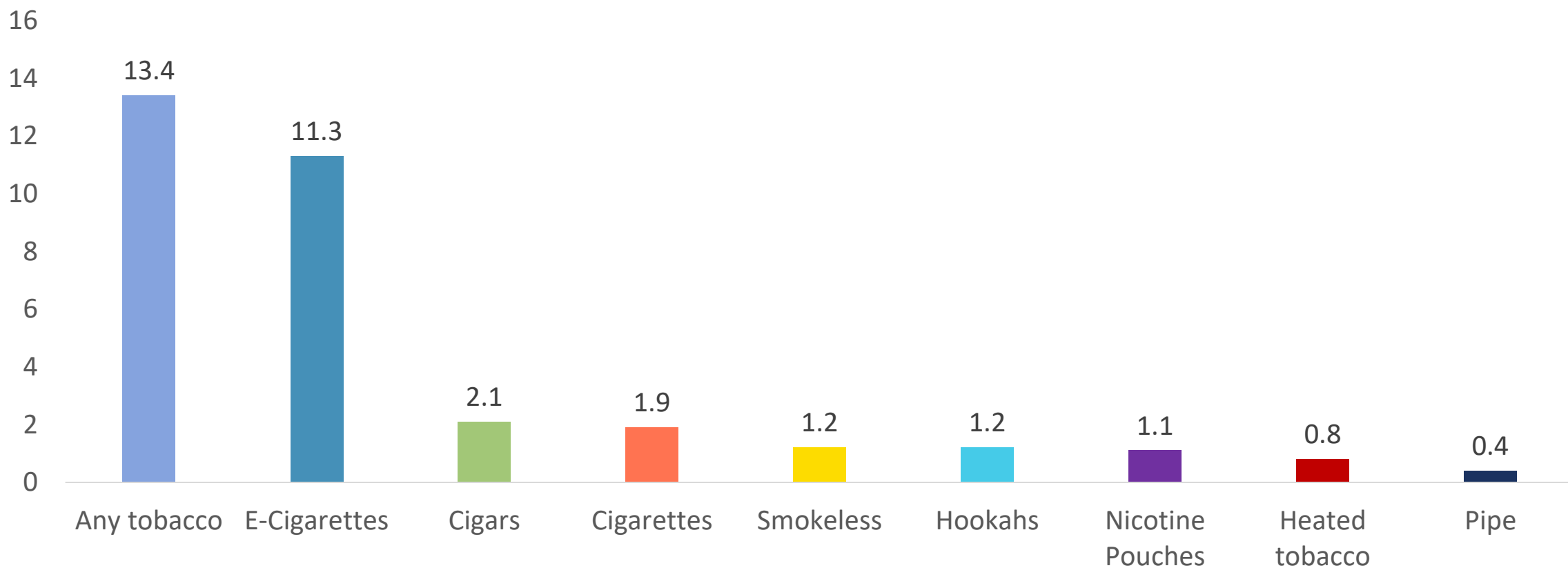


Note: Dashed lines represent change in the mode of survey administration. Trends from 2011-2020 are not conducted.

Dotted line indicates that 2020 survey fielding time was truncated (January 16 – March 16) due to COVID-19.

Definition of any tobacco product use included current use of heated tobacco products (HTPs) in 2020 – this is the first time HTPs are included in this definition.

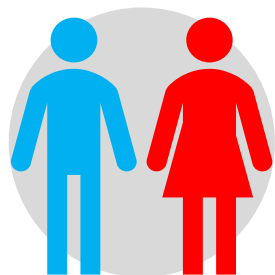
Current (Past 30-day) Tobacco Product Use Among U.S. High School Students—NYTS, 2021*



Note: Due to COVID-19 protocols, the 2021 NYTS was administered online to allow participation at home, school, or some other place, and therefore, these results cannot be compared with previous NYTS surveys that were primarily conducted on school campuses. Any tobacco product use was defined as use of any tobacco product (e-cigarettes, cigarettes, cigars [cigars, cigarillos, or little cigars], smokeless tobacco [chewing tobacco, snuff, or dip, snus, or dissolvable tobacco products], hookahs, pipe tobacco, heated tobacco products, nicotine pouches, or bidis [small brown cigarettes wrapped in a leaf]) on ≥ 1 day during the past 30 days.

Source: Gentzke AS, Wang TW, Cornelius M, et al. Tobacco Product Use and Associated Factors Among Middle and High School Students — National Youth Tobacco Survey, United States, 2021. MMWR Surveill Summ 2021;71(No. SS-5):1–19.

Estimates of Current (Past 30-day) Use of Any Tobacco Product Among U.S. Middle and High School Students - NYTS, 2021



SEX

Middle School

Female: **4.4%**

Male: **3.6%**

High School

Female: **13.8%**

Male: **13.0%**



SEXUAL ORIENTATION

Middle School

Lesbian/Gay/Bisexual: **9.5%**

Heterosexual: **3.0%**

High School

Lesbian/Gay/Bisexual: **17.4%**

Heterosexual: **11.4%**



RACE/ETHNICITY

Middle School

Hispanic: **5.3%**

Black, non-Hispanic: **4.5%**

White, non-Hispanic: **3.4%**

High School

White, non-Hispanic: **16.2%**

Black, non-Hispanic: **11.0%**

Hispanic: **9.1%**

Drivers of Youth E-cigarette Use

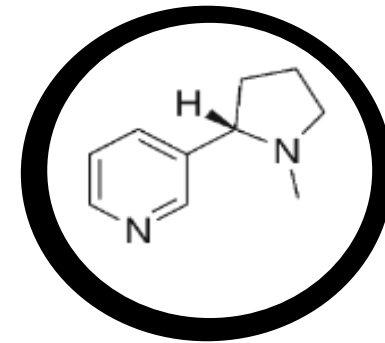
Advertising



Flavors



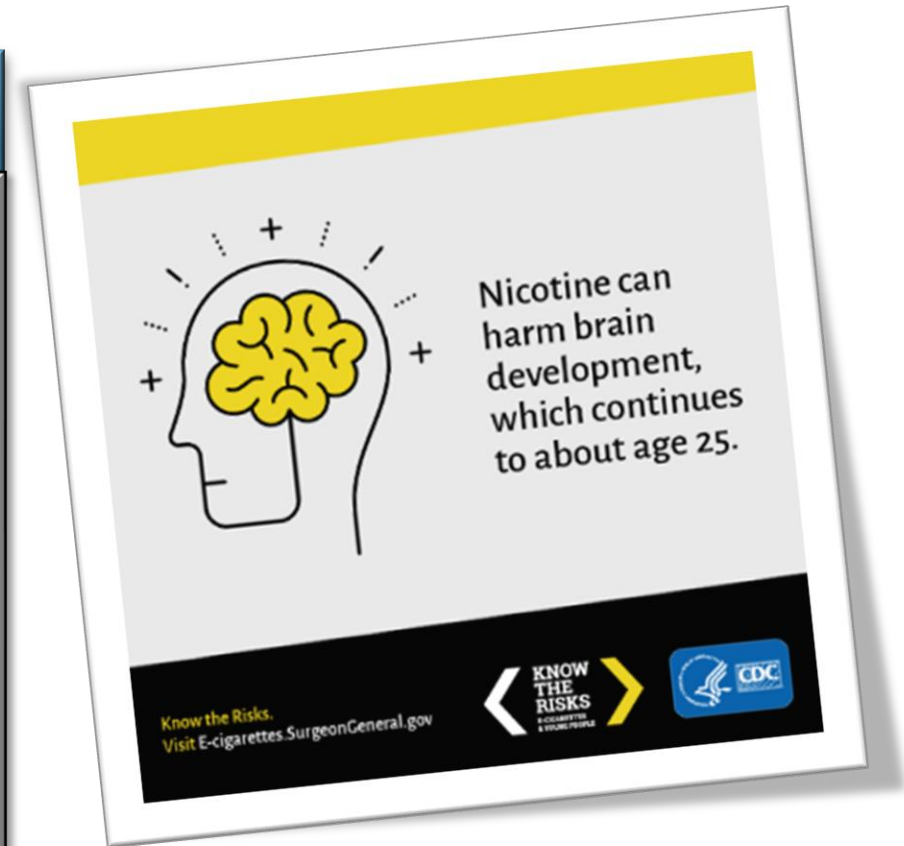
Nicotine



Messages About Nicotine

NICOTINE

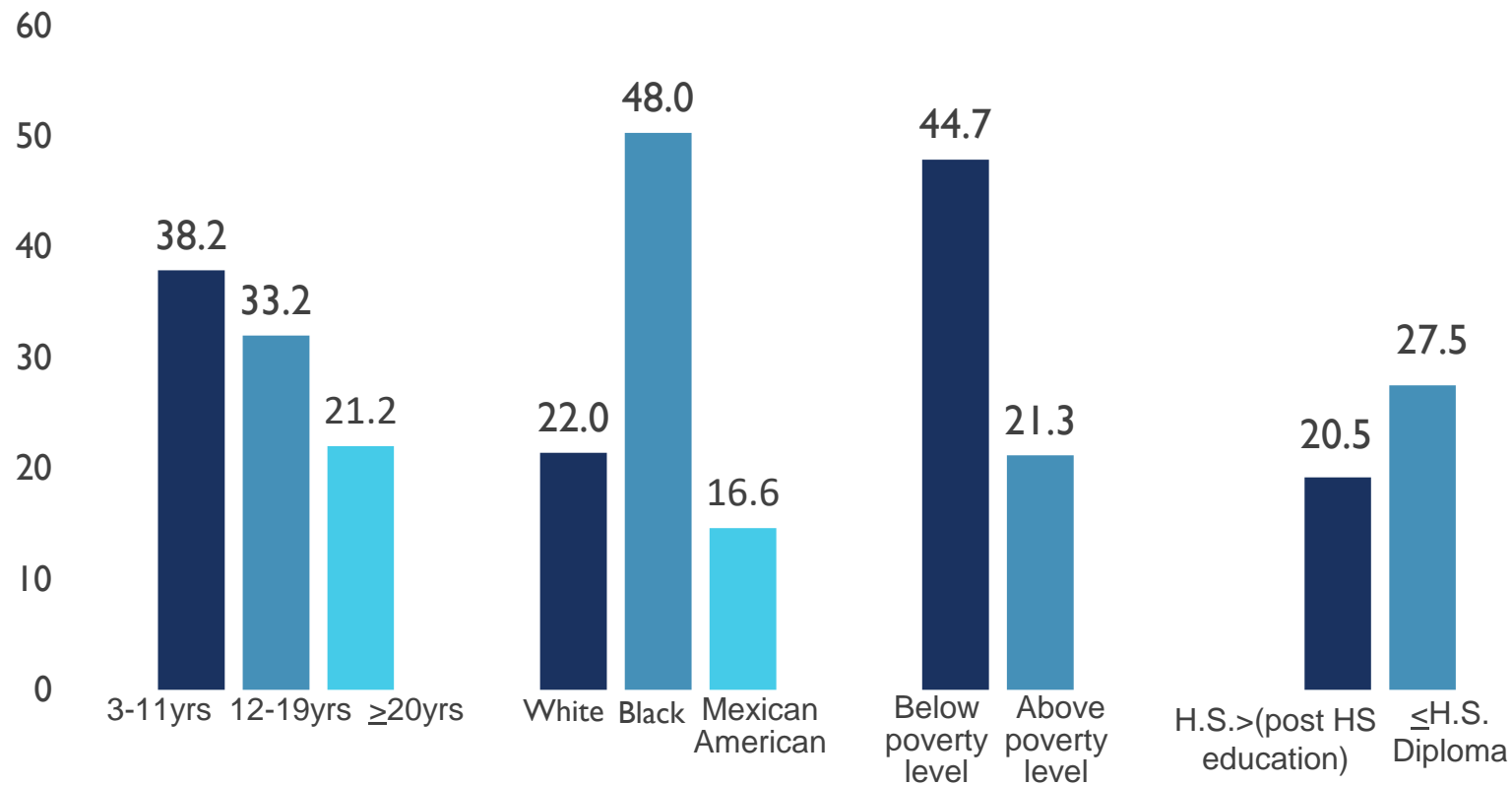
- Nicotine is the drug found in tobacco products that makes them addictive
- Most e-cigarettes contain nicotine
- Nicotine can harm the developing brain, which continues to develop until about age 25
 - Nicotine can harm the parts of the brain that control attention, learning, mood, and impulse control
 - Nicotine can prime the brain for addiction to other tobacco products and other drugs



www.CDC.gov/e-cigarettes

Disparities in Secondhand Smoke (SHS) Exposure

Percentage of nonsmoking population (age 3+ years) exposed to secondhand smoke, by selected demographic characteristics — National Health and Nutrition Examination Survey, U.S., 2017-18



SHS EXPOSURE

Children
Black Persons
Persons in Poverty
Education



A collection of ten stylized human icons representing diverse individuals in terms of race, age, and gender, arranged in two rows of five.

Source: Surendra S Shastri, Rajesh Talluri. Disparities in Secondhand Smoke Exposure in the United States, 2011-2018. National Health and Nutrition Examination Survey <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2772934>

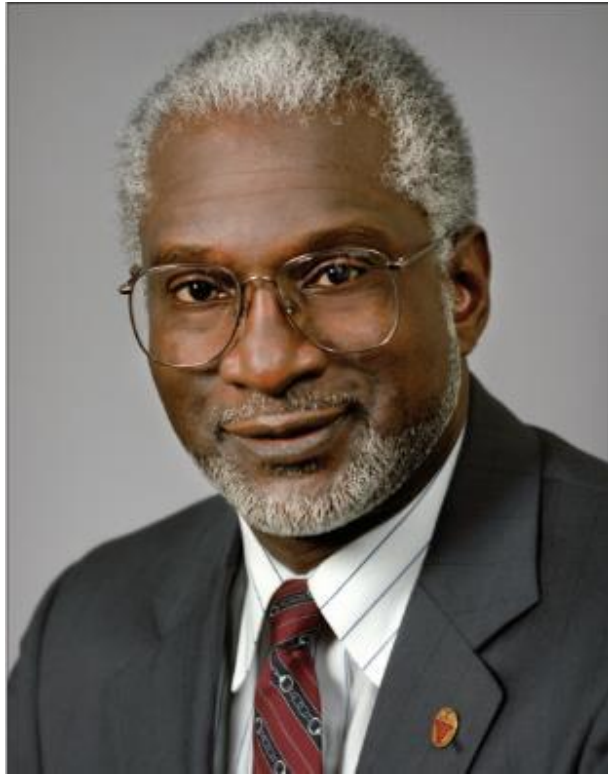
NOTE: 1. Data come from measuring cotinine, which is a marker of secondhand smoke exposure found in the blood; 2. Only the three racial and ethnic groups presented in the graphic were compared.

Disparities in Smoking Cessation Among Adults

NSDUH, 2015

QUIT ATTEMPT		USE OF EVIDENCE-BASED TREATMENT		CLINICAL ADVICE	
69.4%	nH, Asian	34.3%	nH, White	60.2%	nH, White
63.4%	nH, Black	28.9%	nH, Black	55.7%	nH, Black
56.2%	Hispanic	20.5%	nH, Asian	42.2%	Hispanic
53.3%	nH, White	19.2%	Hispanic	38.1%	nH, American Indian/Alaska Native
52.1%	nH, American Indian/ Alaska Native	31.7%	Straight	34.2%	nH, Asian
QUIT SUCCESS		14.5%	LGB	56.8%	Private insurance
9.4%	Private insurance	32.1%	Private insurance	44.1%	Uninsured
5.9%	Medicaid	21.4%	Uninsured		
5.2%	Uninsured				



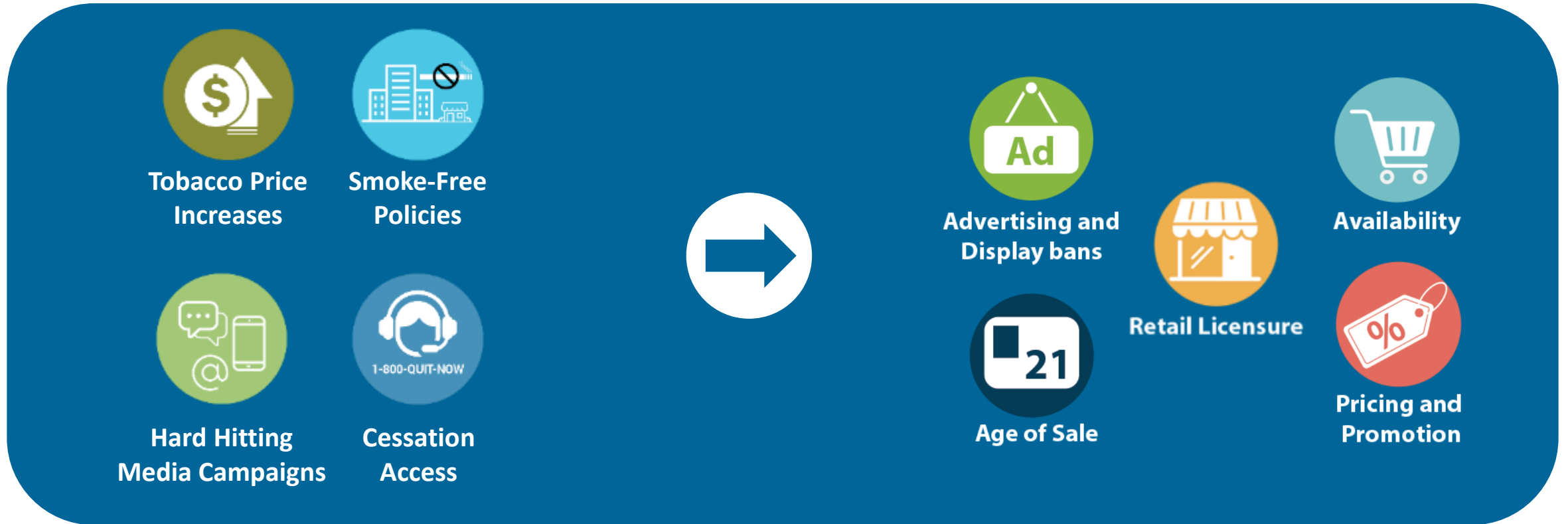


“Our lack of greater progress in tobacco control is more the result of failure to implement proven strategies than it is the lack of knowledge about what to do.”

David Satcher, MD, PhD

16th Surgeon General (1998-2001)

Evidence Based Strategies to Prevent Tobacco Related Disease and Death



Sources: 1) King BA, Graffunder C. The Tobacco Control Vaccine: a population-based framework for preventing tobacco-related disease and death. *Tobacco Control* 2018;27:123-124. 2) Kong AY, King BA. Boosting the Tobacco Control Vaccine: recognizing the role of the retail environment in addressing tobacco use and disparities. *Tobacco Control* 2020.

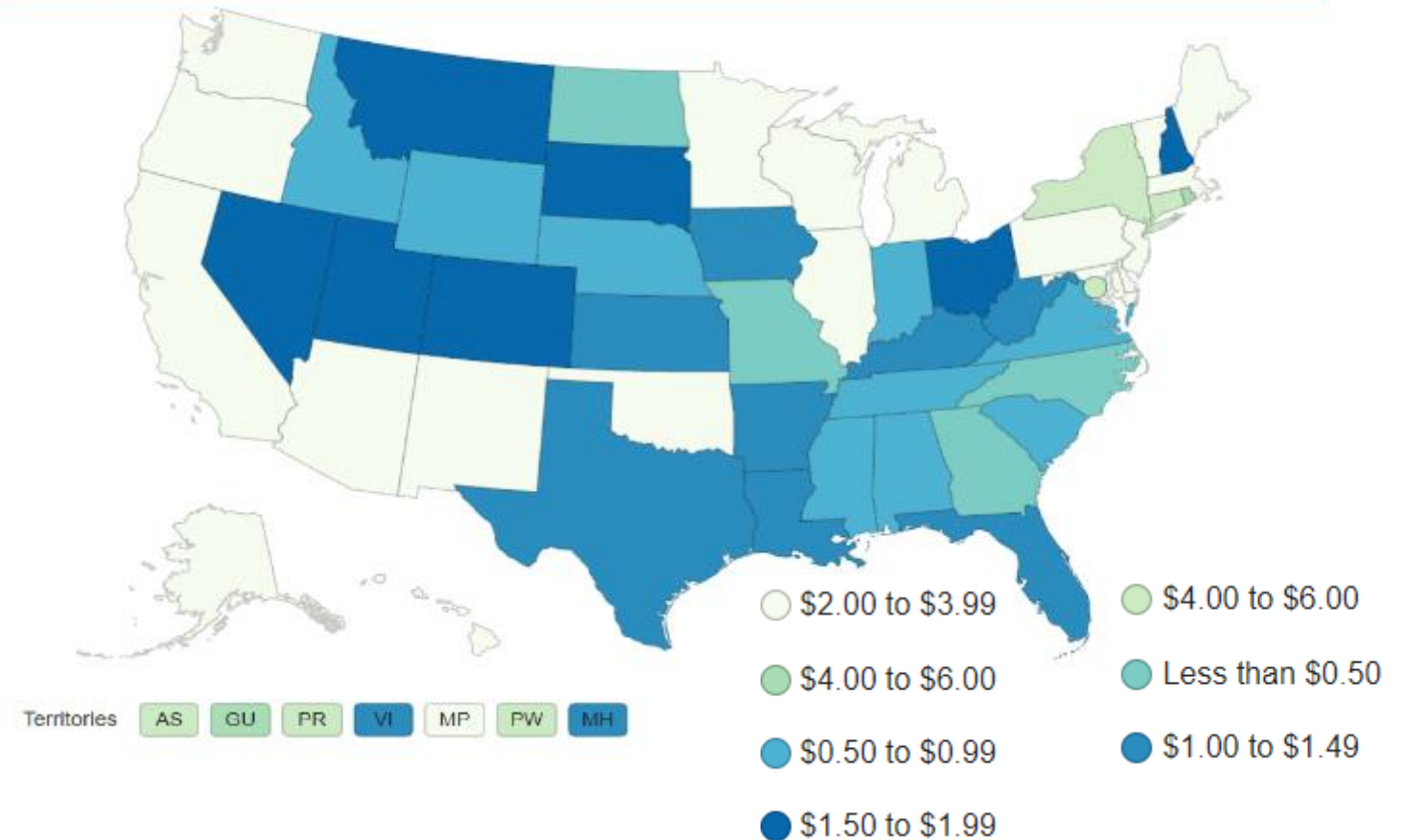
Tobacco Price Increases



A 10%
PRICE INCREASE
CAN LOWER THE
AMOUNT THAT
PEOPLE SMOKE
BY UP TO
5%

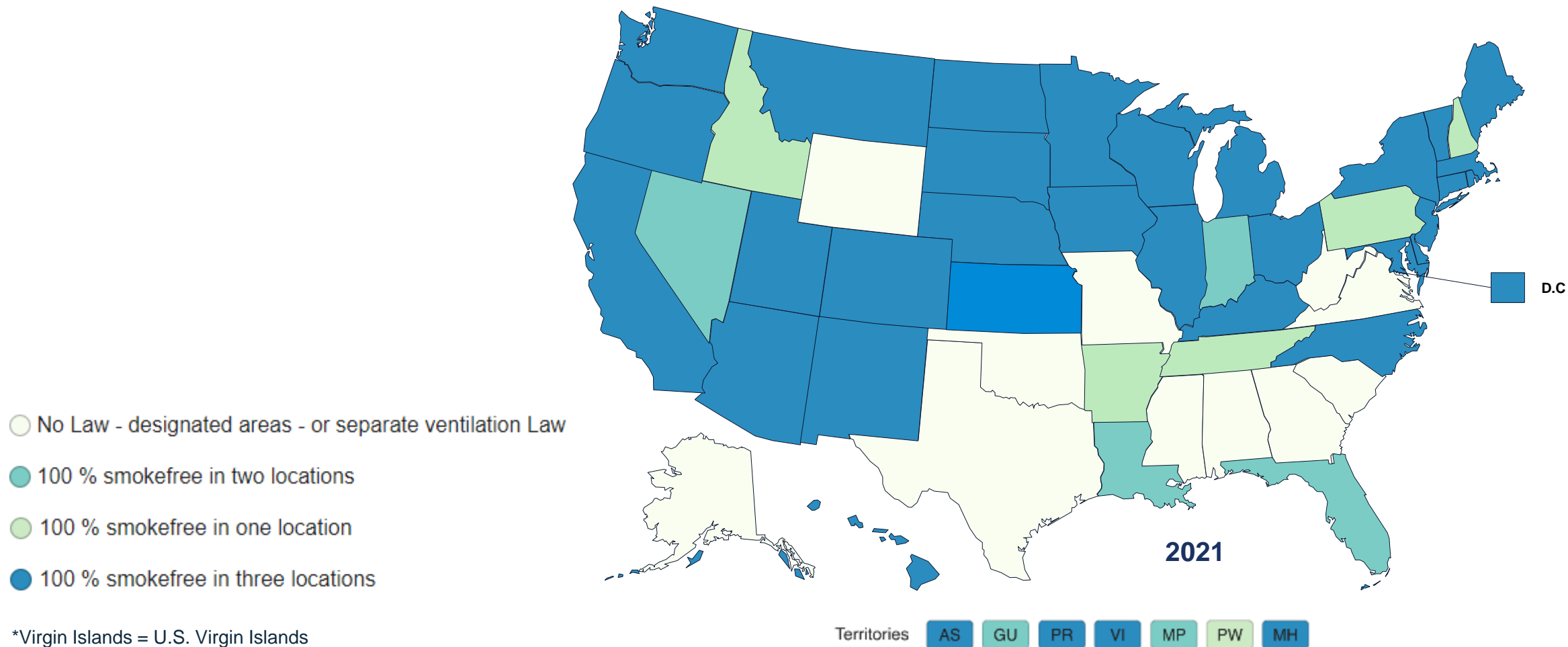
The graphic features a blue background with a large upward-pointing arrow on the left and a large downward-pointing arrow on the right. In the top right corner, there is an icon of a stack of green dollar bills. The text is centered and reads: 'A 10% PRICE INCREASE CAN LOWER THE AMOUNT THAT PEOPLE SMOKE BY UP TO 5%'.

Excise Tax Rates on Packs of Cigarettes by State (In effect as of June 30, 2021 (n=58))



Smokefree Indoor Air – Bars, Private Worksites, and Restaurants

States with 100% Smokefree Indoor Air Laws for Bars, Restaurants, and Worksites —in effect as of September 30, 2021



Benefits of Tobacco-Free Policies

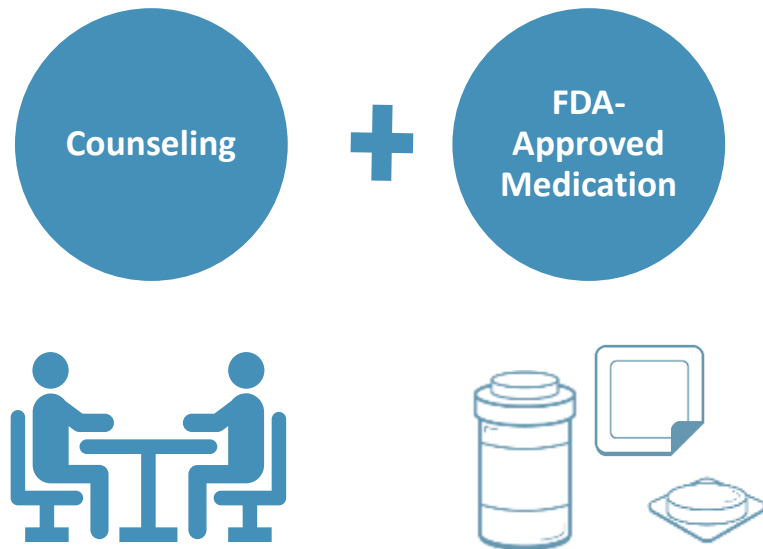
Tobacco-free campus policies can promote the health and wellbeing of students (as well as faculty, staff, and guests) by

- Reducing the social acceptability of commercial tobacco use
- Reducing exposure to tobacco product promotions and advertisements
- Protecting people who don't smoke from secondhand smoke exposure and e-cigarette aerosol
- Helping prevent youth and young adult initiation of tobacco products
- Supporting cessation, especially through promoting tobacco cessation resources when tobacco-free campus policies are adopted.



Evidence-based Treatment for Adult Smoking Cessation

I'm Ready to QUIT!



Advice to quit from a health care professional



Counseling: individual, group, telephone, web, text



Health systems changes to integrate treatment into routine care

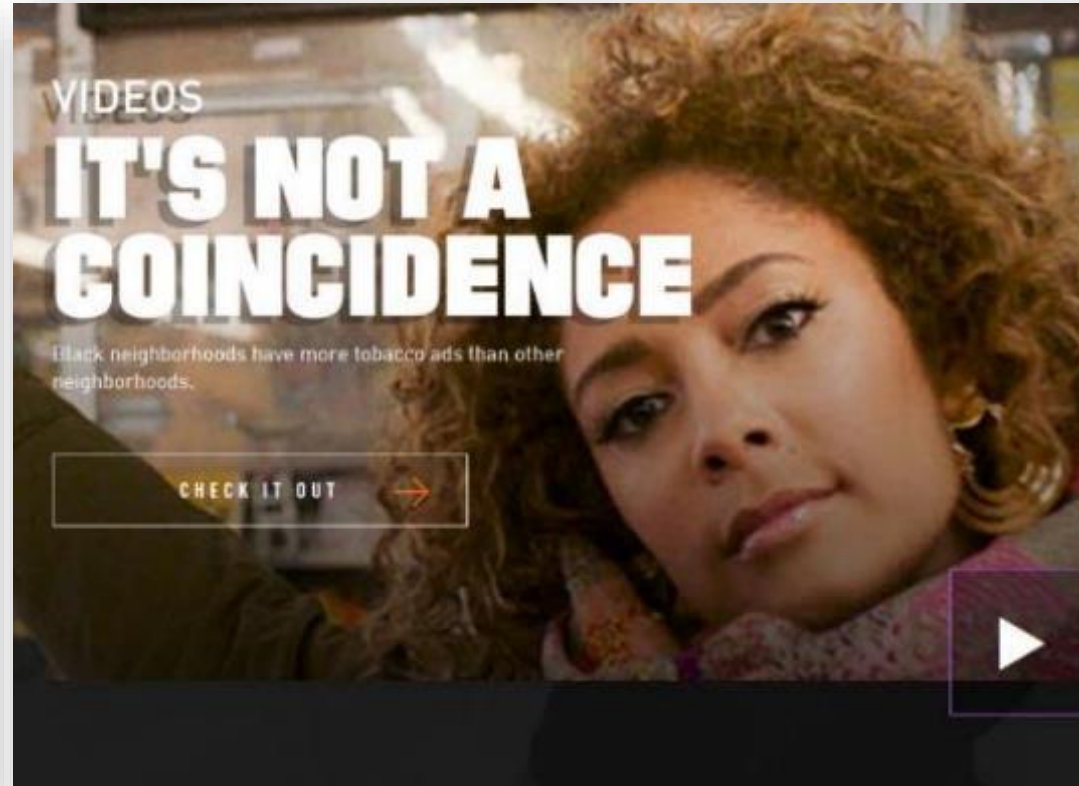


Barrier-free insurance coverage of evidence-based treatment



7 FDA-approved medications

“Golden Age” of Tobacco Education Campaigns





**Advertising and
Display bans**



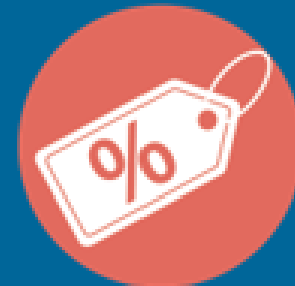
Availability



Retail Licensure



Age of Sale



**Pricing and
Promotion**

POINT OF SALE STRATEGIES



MENTHOL AND FEDERAL REGULATION

The image displays a computer monitor showing a news release from the U.S. Food & Drug Administration (FDA) and a search interface on the website regulations.gov. The news release is titled "FDA Commits to Evidence-Based Actions Aimed at Saving Lives and Preventing Future Generations of Smokers" and discusses efforts to ban menthol cigarettes and ban flavored cigars. The search interface on regulations.gov shows a search for "cigars" and "cigars and cigarettes". A red box highlights the search bar and the "Search" button. Below the search bar, there is a list of search results, including "Revised Definition of Waters of the United States..." and "National Emission Standards and CH-Peak Electric Utility...". A white callout box at the bottom right of the screen displays the URL "www.regulations.gov" with a globe icon and a mouse cursor pointing to it.

U.S. FOOD & DRUG ADMINISTRATION

FDA NEWS RELEASE

FDA Commits to Evidence-Based Actions Aimed at Saving Lives and Preventing Future Generations of Smokers

Efforts to ban menthol cigarettes, ban flavored cigars build on previous flavor ban and mark significant steps to reduce addiction and youth experimentation, improve

regulations.gov

SEARCH for: Rules, Comments, Adjudications or Supporting Documents:

cigars

cigars and cigarettes

www.regulations.gov

Advancing Health Equity

by identifying and eliminating commercial tobacco product-related inequities and disparities

Interventions

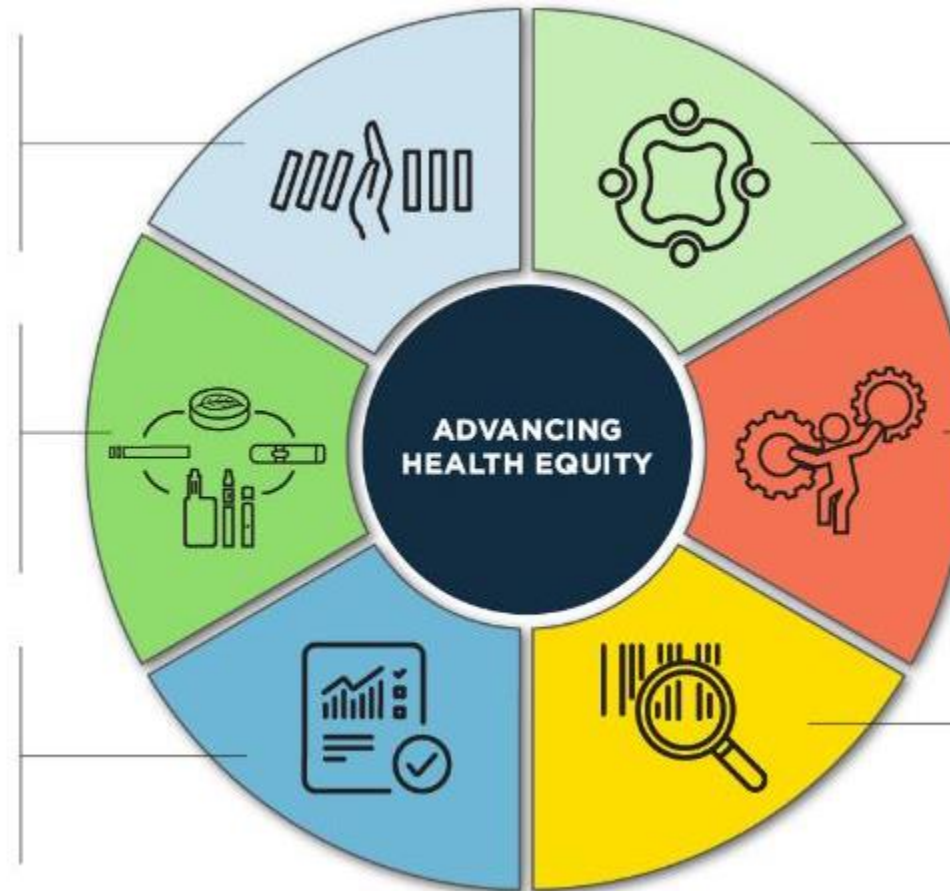
Advance health equity in commercial tobacco prevention and control interventions and strategies.

Full Spectrum of Tobacco Products

Use an equitable approach to address the full spectrum of commercial tobacco products, including emerging products and trends.

Science

Integrate a health equity approach into commercial tobacco products-related surveillance, research, and evaluation efforts.



Partnerships

Advance health equity in commercial tobacco prevention and control through inclusive multi-level, multi-sector, and non-traditional partnerships.

Capacity & Infrastructure

Enhance capacity and organizational cultures to advance health equity.

Identification & Understanding

Improve identification and understanding of commercial tobacco-related health disparities and inequities.

CDC's National and State Tobacco Control Program



1. STATEWIDE DISPARITIES

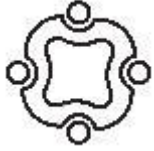
Address populations with behavioral health conditions or low socioeconomic status (SES).

2. COMMUNITY-BASED DISPARITIES

Fund a local lead agency to implement tobacco control strategies in a community facing tobacco-related disparities or health inequities.

3. PREVENT INITIATION OF E-CIGARETTES

Collaborate with partners to support youth and young adults in making behavior choices consistent with tobacco-free norms.



Partnerships

Advance health equity in commercial tobacco prevention and control through inclusive multi-level, multi-sector, and non-traditional partnerships.



ASPIRE Network
Population: Asian,
American Native,
Hawaiian, Pacific Islander



Population: Geographically defined



National African American Tobacco
Prevention Network
Population: African American



Population: Lesbian, Gay, Bisexual,
and Transgender (LGBT)



Population: American Indian and
Alaska Native



Population: Hispanic



Population: Mental and/or
substance use disorders



Population: Low Socioeconomic

TIPS® FROM
FORMER
SMOKERS
CAMPAIGN



A TIP FROM A
FORMER
SMOKER

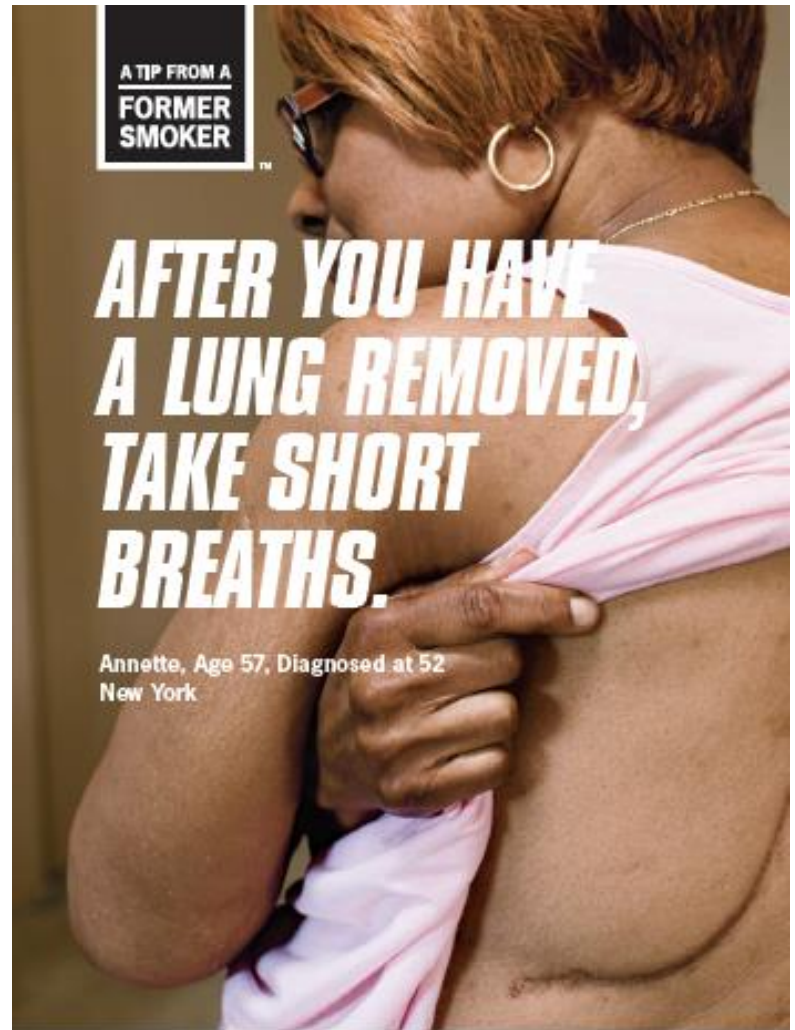
I smoked menthol
cigarettes. Now I have
COPD from smoking.

Gerl, age 58, Michigan



A TIP FROM A
FORMER
SMOKER

DON'T WAIT FOR
OPEN HEART SURGERY
TO STOP SMOKING.



A TIP FROM A
FORMER
SMOKER

AFTER YOU HAVE
A LUNG REMOVED,
TAKE SHORT
BREATHS.

Annette, Age 57, Diagnosed at 52
New York

Smoking causes immediate damage to your body.
For Annette, it caused lung cancer. You can quit.
For free help, call 1-800-QUIT-NOW



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention
CDC.gov

A TIP FROM A

FORMER
SMOKER'S SON™

Asaad and Leah: *Okay*

MEDIA CAMPAIGN RESOURCE CENTER

<https://nccd.cdc.gov/mcrc>



[There Are Many Reasons to Quit](#)



[State & Community Health Media Ctr](#)



[Continue the Good - Behavioral Health Patient Posters](#)



[CDC Tobacco Free: 2020 Spanish Social Media](#)



[Text v3, Lung Illness](#)



[2020 Surgeon General's Report](#)



[Tonya M.'s Tip: Plugged In](#)



[Denise H. and Brian H.'s Time Together Tip](#)



[Tips from Former Smokers®](#)




Identification & Understanding

Improve identification and understanding of commercial tobacco-related health disparities and inequities.

Communications and Framing: Website Content

[Tobacco Disparities Messaging Project](#)

[Tobacco Disparities Webpages: Reframing through a Health Equity Lens](#)




ChangeLab Solutions

JUSTICE IN THE AIR

Framing Tobacco-Related Health Disparities

A FrameWorks Strategic Brief
February 2020

We ask that you please refrain from sharing this research on forums, social media, or other public facing platforms. This report is intended for public distribution. It is designed for the benefit of stakeholders in the health equity and tobacco control movements. If you have any questions about sharing this research, please feel free to reach out to Diana Marks, Director of Policy@frameworksinstitute.org



Pointing Out Inequity
Curated talking points on tobacco-related health disparities

NOVEMBER 2019
A resource from the Tobacco Disparities Messaging Project

TALKING ABOUT TOBACCO-RELATED HEALTH DISPARITIES

A Guide for Children and Youth Advocates

Strong tobacco protections improve children's health. Yet, even well-intended policies and programs may end up widening health disparities if they don't benefit those communities who are more deeply affected by tobacco-related health issues. This guide



Smoking & Tobacco Use

Home

- Office on Smoking and Health (OSH)
- Quit Smoking
- Basic Information
- Tobacco-Related Disparities
 - African Americans and Tobacco Use
 - American Indians/Alaska Natives and Tobacco Use
 - Asian Americans, Native Hawaiians, or Pacific Islanders and Tobacco Use
 - Hispanics/Latinos and Tobacco Use
 - Lesbian, Gay, Bisexual, and Transgender People and Tobacco Use

Tobacco-Related Disparities



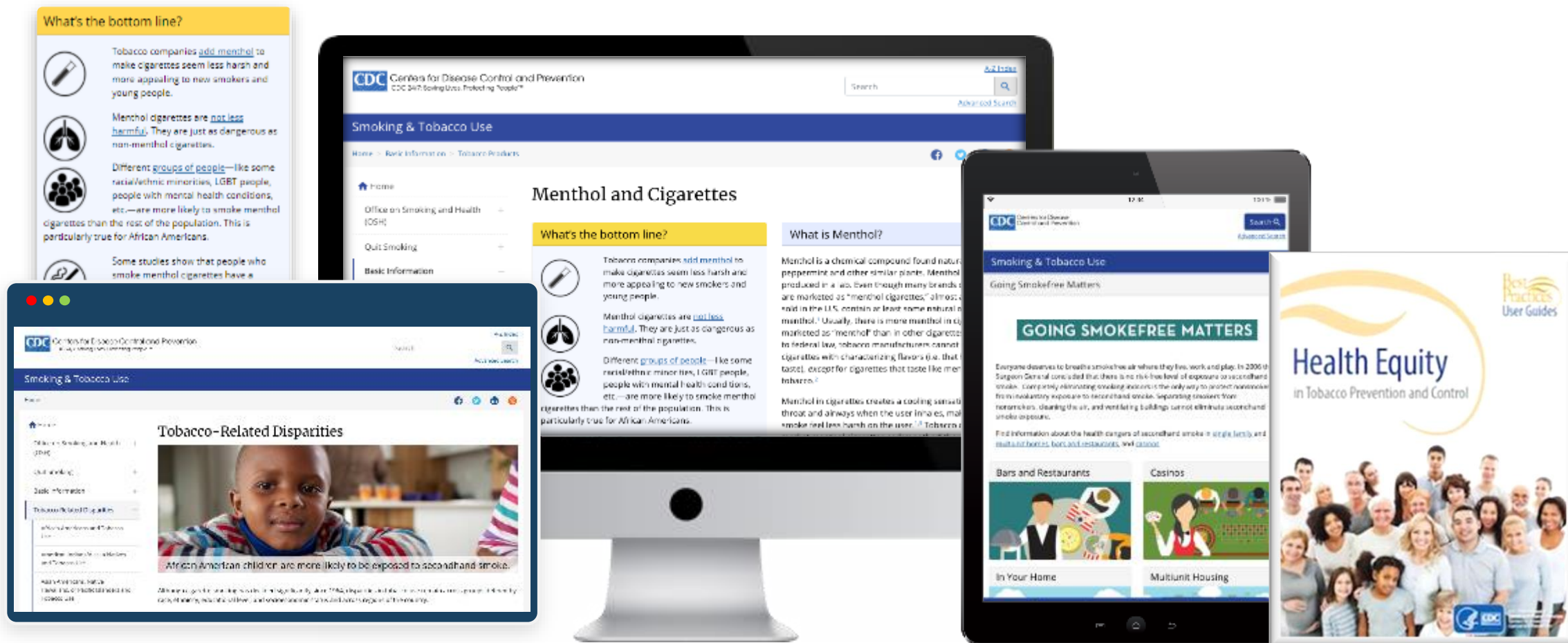
African American children are more likely to be exposed to secondhand smoke.

Although cigarette smoking has declined significantly since 1964, disparities in tobacco use remain across groups defined by race, ethnicity, educational level, and socioeconomic status and across regions of the country.

African Americans and Tobacco Use

American Indians/Alaska Natives and Tobacco Use

Select CDC Resources



www.cdc.gov/tobacco



Colleges and Universities

- Tobacco Free Campus Policies
- Tobacco Screening
- Promote Quitting and Cessation Treatment
- Provide Comprehensive Health Care Coverage for Cessation Treatment for Employees





NAVIGATING PATHWAYS TO HEALTH EQUITY TODAY TO ACHIEVE THE PROMISE OF HEALTH EQUITY TOMORROW

- Collaborate and coordinate
- Leverage skills and competencies
- Broaden knowledge
- Improve networks
- Expand and maximize resources
- Meaningfully engage communities most impacted by commercial tobacco health inequities and disparities
- Assess the impact of your work



**“Perpetual Optimism is a
Force Multiplier”**

**Colin L. Powell
1937-2021**

Thank You

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion

Office on Smoking and Health

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

