

Priority: Tobacco/E-Cigarette Use

Goal: Eliminate the harms caused by commercial tobacco product use and exposure.

What is Tobacco/E-Cigarette Use and Why is it Important?

Commercial tobacco use remains a leading preventable cause of death in NYS, responsible for over 30,000 deaths annually, resulting in \$9.7 billion in health care costs. Tobacco use is associated with numerous health issues, including cancer, heart disease, stroke, chronic obstructive pulmonary disease, and complications during pregnancy. Secondhand smoke exposure further contributes to preventable illnesses and deaths.

Despite significant progress in reducing cigarette use, approximately 1.6 million NYS adults (11.3%) currently smoke. Smoking rates are highest among adults with an annual income less than \$25,000 (18.4%) and adults reporting frequent mental distress (18.4%).²¹⁴ Youth and young adult use of tobacco products consists primarily of e-cigarette use. While use of e-cigarettes/vaping among NYS youth has decreased since 2018, youth tobacco use in any form is a concern, and 1 in 5 high school students in NYS report currently using any tobacco products including cigarettes, e-cigarettes, cigar products, nicotine pouches, and other tobacco products (including chewing tobacco, snuff, snus, dip, dissolvables, waterpipe/hookah, pipe tobacco, and heated tobacco products).²¹⁵

Structural inequities, such as directed marketing by the tobacco industry, greater tobacco retailer density in low-income communities, and limited access to cessation resources, drive disparities in tobacco use. Groups disproportionately impacted by commercial tobacco industry marketing include racial and ethnic minorities, members of the LGBTQIA+ community, individuals living with mental illness or substance use disorders, and those in lower-income communities. These practices have led to significant inequities in marketing exposure, tobacco use, and health outcomes. For example, menthol cigarettes, aggressively marketed to Black and Hispanic populations, worsen these disparities by increasing addiction and hindering cessation efforts. Tobacco industry marketing efforts particularly focus on youth, with strategies such as flavored products, social media campaigns, and advertising near schools and in digital spaces designed to appeal to younger audiences. These tactics not only encourage initiation but also increase the likelihood of long-term addiction




To advance health equity, every community should benefit from policies and strategies that prevent and reduce tobacco use and its associated harms. While NYS has made significant progress in tobacco control, ongoing efforts are essential to ensure that all communities, especially those disproportionately affected, are protected from the harms of tobacco. Comprehensive, evidence-based approaches include raising the price of tobacco products, implementing, and enforcing strong smoke-free air laws, restricting the sale of flavored tobacco products, adopting retailer policies to reduce the availability and promotion of tobacco products, and increasing access to tobacco use treatment and support. By promoting opportunities focused on these proven strategies, NYS can help reduce tobacco use, protect youth from initiation, and mitigate disparities.












SMART(IE) Objective:




14.0 Reduce the percentage of adults who use tobacco products from 9.3% to 7.9%.

14.1 Reduce the percentage of high school students who use tobacco products from 17.0% to 14.5%.

Desired Outcome	Indicator	Data Source	Population	Baseline	Target
Decrease tobacco use	Prevalence of cigarette smoking among adults aged 18 years and older	BRFSS	Adults aged 18 years and older	9.3% (2023)	7.9% (2030)
	Subpopulation Indicator	Data Source	Subpopulation of Focus	Baseline	Target
	Prevalence of any tobacco use among high school students	Youth Tobacco Survey (YTS)	High school students	17.0% (2024)	14.5% (2030)

Interventions	Population of Focus	Age Range	Intermediate Measures
 <p>Featured Intervention: Promote the integration of cessation support that is both age-appropriate and culturally sensitive in all tobacco prevention initiatives.²¹⁶</p> <p>LHD H O</p>	All populations; priority focus on communities disproportionately impacted by tobacco industry marketing practices	Youth and adults	Utilization by organizations that provide cessation support, number of people served with age- and culturally appropriate services
 <p>Featured Intervention: Provide access to tobacco cessation treatments, including individual, group, telephone counseling, and Food and Drug Administration-approved cessation medications.²¹⁶</p> <p>LHD H O</p>	Adults in all populations; priority focus on communities disproportionately impacted by tobacco industry marketing practices	Ages 18+	Number of referrals made to cessation treatments; number of people served by cessation treatments
 <p>Implement policies to reduce the impact of tobacco marketing, particularly in communities disproportionately targeted by the industry, including lower-income areas, racial and ethnic minority neighborhoods, and urban and rural communities.²¹⁷⁻²¹⁹ For example, limiting promotion, placement,</p>	All populations; priority focus on communities disproportionately impacted by tobacco industry marketing practices	All ages	Prevalence and visibility of tobacco marketing (number of physical ads, number of locations for purchase of tobacco, etc.)

Interventions	Population of Focus	Age Range	Intermediate Measures
flavoring, or pricing of tobacco products. 			
 Advocate for decreased availability of flavored tobacco products, including menthol flavors used in combustible and noncombustible tobacco products, flavored liquids, and electronic vapor products. ²²⁰ 	All populations; priority focus on communities disproportionately impacted by tobacco industry marketing practices	All ages	Reach of chosen advocacy methods (number of outreach events held and attendance, number of retailers/advertisers spoken to, number of website visits, number of petition signatures), number of purchase locations available
 Educate residents on the harms of tobacco and the benefits of tobacco-free treatment. ²²¹ 	All populations; priority focus on communities disproportionately impacted by tobacco industry marketing practices	All ages	Reach relevant to chosen outreach and education strategies (e.g., number of outreach events and attendance, number of flyers distributed, number of QR code scans and website visits)
 Use media and health communication campaigns to highlight the harms and health risks of commercial tobacco, promote effective tobacco control policies, and reshape social norms. ^{221, 222} 	All populations; priority focus on communities disproportionately impacted by tobacco industry marketing practices	All ages	Reach relevant to chosen outreach and education strategies (e.g., number of outreach events and attendance, number of flyers distributed, number of QR code scans and website visits)
 Promote smoke-free and aerosol-free (from electronic vapor products) policies in multi-unit housing, including apartment complexes, condominiums, and co-ops, especially those that house residents with lower socioeconomic status. ²²³ 	All populations; priority focus on communities disproportionately impacted by tobacco industry marketing practices	All ages	Number of multi-housing units with smoke-free policies, number of people living in units with smoke-free policies
 Connect patients with referral services. ²²⁴ 	All populations; priority focus on communities disproportionately impacted by tobacco industry marketing practices	Youth and adults	Number of people served by intervention; number of successful referrals made

Interventions	Population of Focus	Age Range	Intermediate Measures
 <p>Implement screening for tobacco use and navigate to appropriate services (i.e., ask, advise, assist) in all health care practice settings.²²⁴</p> <p>LHD H O</p>	<p>All populations; priority focus on communities disproportionately impacted by tobacco industry marketing practices</p>	<p>Youth and adults</p>	<p>Participation among organizations of focus, number of people screened; number of successful referrals made</p>
 <p>Promote evidence-based training programs such as Tobacco Treatment Specialist training for health care providers to treat tobacco use disorder.²²⁵</p> <p>LHD H O</p>	<p>Health care providers</p>	<p>N/A</p>	<p>Number of health care providers trained, capacity of providers to treat tobacco use disorder, number of people treated by trained providers</p>
 <p>Advance community-wide support for restricting minors' access to tobacco products. Examples include:</p> <ul style="list-style-type: none"> • Promotion of community-wide education on tobacco issues • Education to retailers about restricting the sale of tobacco to minors • Support for policy changes that encourage tobacco sale enforcement and tobacco-free environments²²⁶ <p>LHD O</p>	<p>Youth in all populations; priority focus on communities disproportionately impacted by tobacco industry marketing practices</p>	<p>Youth</p>	<p>Participation rates among CBOs, schools, retailers, and other organizations of focus, degree of accessibility of tobacco products (number of purchase locations, number of visible advertisements, especially near congregation sites for youth)</p>

Lead Partner Agencies and Organizations

[NYS Homes and Community Renewal](#)

American Lung Association, American Heart Association, American Cancer Society

Implementation Resources

[Department of Health Tobacco Control Program](#)

[NYS Quitline](#)

[Tobacco Free New York](#)

[Health Systems for a Tobacco-free New York](#)

[Talk to Your Patients – Reference Guide for Clinicians](#)

Tobacco/E-Cigarette Use Citations

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