



2022

INDEPENDENT EVALUATION REPORT HIGHLIGHTS

NEW YORK TOBACCO CONTROL PROGRAM

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Department of Health

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Executive Summary

The New York State Department of Health administers the New York Tobacco Control Program (NY TCP or Program) to reduce tobacco use initiation, increase cessation from tobacco use, eliminate secondhand smoke exposure, and reduce tobacco-related disparities. New York has implemented a range of evidence-based tobacco control policies to raise the price of tobacco products, decrease secondhand smoke exposure, reduce accessibility and promotion of tobacco products, restrict sales of tobacco products particularly appealing to youth, change social norms, and advance health equity. The Program's comprehensive approach complements these policies with interventions including antitobacco media campaigns, cessation-focused health systems change, and state and community interventions. This report provides highlights from the NY TCP independent evaluation.

Twelve percent of New York adults reported current cigarette smoking in 2021, similar to the national estimate of 11.5% and approaching the 2024 Prevention Agenda target level of 11.0%. However, smoking prevalence rates are not evenly distributed across the population, with cigarette smoking being more common among New York adults with frequent mental distress, with household income below \$25,000, with less than a high school formal education, and living with a disability.

In 2021, 7.2% of New York adults reported current cigar use and 6.7% reported current vaping product use, similar to national estimates of use of these products. However, New York young adults aged 18-24 more commonly reported vaping (19.2%) than did adults aged 25 and older (5.0%).

The prevalence of youth cigarette smoking remained at historically low levels in 2020, at only 2.4% of high school students and 1.0% of middle school students. Nationally, middle and high school smoking prevalence is also less than 5%. Overall, 25.6% of New York youth reported use of any tobacco product, with vaping being overwhelmingly more common than other types of tobacco product use. Although the prevalence of cigar use remains low among middle and high school students, 15.5% among New York high school students reported use of blunts (cigars with cannabis) in 2020.

Although reductions in cigarette smoking prevalence among youth and adults in New York have lessened the state's financial and public health burdens, there is yet more work to be done. The prevalence of cigarette smoking remains inequitably distributed across population groups in New York. The NY TCP is also addressing high rates of youth vaping product use and ongoing changes in the tobacco product landscape.

The New York Tobacco Control Program

Background

Addressing tobacco use in New York remains a public health priority. Tobacco-related illnesses are responsible for more than 22,000 premature deaths in New York every year, and the health, social, and economic effects of tobacco use are far-reaching. Reductions in the prevalence of cigarette use have decreased the public health and financial burden in New York, although tobacco-related mortality and morbidity remain high. The New York Tobacco Control Program (NY TCP) works to improve New Yorkers' health by addressing tobacco use among youth and adults. This report provides highlights from the independent evaluation of the NY TCP, focusing on the Program's activities and progress for the calendar year 2021.



New York Tobacco Control Program

NY TCP implements evidence-based efforts “to reduce illness, disability and death related to tobacco use and secondhand smoke exposure, and to alleviate the social and economic burdens caused by tobacco use” (NYSDOH, 2018). NY TCP (or the Program) uses a multi-component approach to:

- prevent the initiation of tobacco use by youth and young adults,
- promote cessation from tobacco use,
- eliminate secondhand smoke exposure, and
- reduce smoking-related disparities.

The Program works towards these goals with a comprehensive approach based on the Centers for Disease Control and Prevention (CDC) recommendations (CDC, 2014). The main programmatic areas are health communications, cessation-focused health systems change, and state and community interventions. Key outcome indicators to assess NY TCP progress are incorporated into the state's health improvement plan, the 2019-2024 New York State Department of Health (NYSDOH) Prevention Agenda (NYSDOH, 2019) (Appendix A). The

independent evaluation of NY TCP includes an annual reflection on the context, funding, approach, and progress of the NY TCP, and this report presents highlights from the independent evaluation including key tobacco-related outcomes for New York and the United States.^a

Policy Context

New York State has implemented many evidence-based tobacco control policies shown to reduce tobacco use. These include passing the Clean Indoor Air Act, imposing high cigarette excise taxes, and funding the NY TCP. Additional state and local tobacco control policies restrict tobacco product access and availability to reduce youth initiation and encourage tobacco users to quit.

New York Policy Highlights

 <p>New York's cigarette excise tax is \$4.35, which is more than two times the U.S. average.</p>	 <p>100% of New York residents are covered by a comprehensive indoor smoke-free air law, which prohibits use of cigarettes, cigars, vaping products, and combustible cannabis products in smoke-free areas.</p>	 <p>Pharmacies may not sell tobacco products, including vaping products.</p>
 <p>All tobacco and vaping product retailers must register with the state. Registration can be suspended or revoked for tobacco-related policy violations.</p>	 <p>New York prohibits the sale of all flavored vaping products.</p>	 <p>New York prohibits coupon redemption and multi-pack discounts for tobacco products including vaping products.</p>

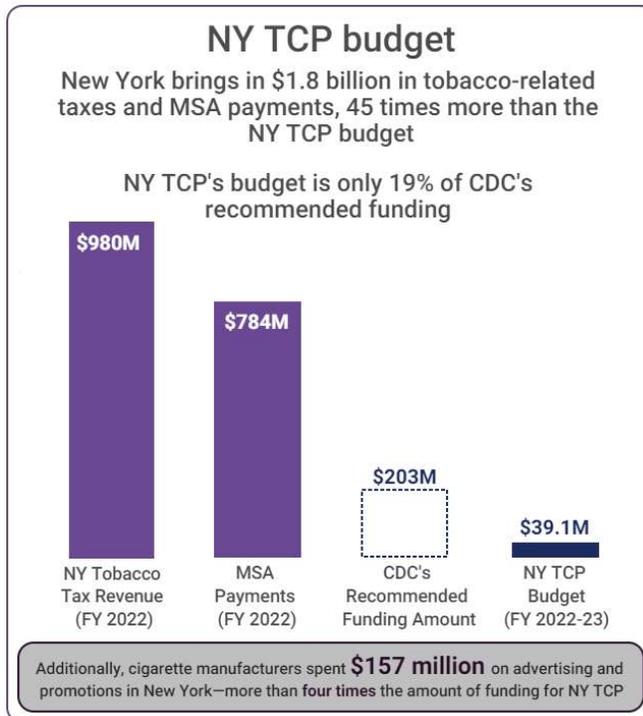
Policies as of September 2022.

NY TCP Funding

The CDC has published recommendations for comprehensive state tobacco control programs, including the level of funds required to implement each state's program (CDC, 2014). CDC recommended funding New York's comprehensive program at \$203 million annually. The state appropriated \$39.1 million for NY

^a Prior Independent Evaluation Reports can be found at https://www.health.ny.gov/prevention/tobacco_control/reports.htm.

TCP during 2022 for the 2022-2023 fiscal year. New York’s tobacco control funding represents only 19% of CDC’s recommended funding level for the state (\$203 million). Further, if the 2014 CDC recommendation for New York (\$203 million) was adjusted for inflation, the recommended funding for NY TCP would be \$243 million in 2022. The low funding level available to NY TCP constrains the Program’s capacity and reach, and thereby its effectiveness.



Return on investment:
For every \$1 spent by NY TCP, smoking-attributable healthcare expenditures decreased by \$12.

A study of NY TCP’s return on investment found that Program spending was associated with significant savings in smoking-attributable healthcare expenditures. This analysis concluded that for every \$1 of expenditure by NY TCP, smoking-attributable healthcare expenditures decreased by approximately \$12. The average annual savings in smoking-attributable health care expenditures in New York from 2001 through 2019 was nearly \$694 million, with cumulative savings of approximately \$13.2 billion. Investment in NY TCP provides significant health and financial benefits for all New Yorkers.

The Program allocates its funding to CDC-recommended comprehensive program components: health communications activities, health systems change-related efforts to promote

cessation, and state and community interventions. In the next section, we provide brief descriptions of NY TCP’s approach to these components.

Programmatic Approach

NY TCP based its programmatic approach on CDC Best Practices, evidence in the field of tobacco control, and surveillance and evaluation data regarding tobacco use in the state. The Program works to change social norms by promoting an environment across New York in which tobacco is less acceptable, less desirable, and less accessible (CDC, 2014; Frieden, 2010; NCI, 1991; USDHHS, 2000). NY TCP set tobacco-related objectives as part of the NYSDOH 2019–2024 Prevention Agenda, a plan developed by the state to improve the health and well-being among all New Yorkers (NYSDOH, 2019). These tobacco-related objectives focus on decreasing youth and adult tobacco use statewide, with targeted reductions among populations disproportionately affected by tobacco use, as well as increasing use of evidence-based cessation treatments and reduced exposure to secondhand smoke (overview in Table 1, and a full list of tobacco objectives and measurable targets in Appendix A).

Table 1. 2019–2024 NYSDOH Prevention Agenda Tobacco Objective Areas

Tobacco-Related Objectives' Areas of Focus	
	Tobacco use prevalence among high school students
	Tobacco use prevalence among young adults
	Cigarette smoking prevalence among adults, overall, and for populations with historically higher smoking rates
	Use of evidence-based treatments, including health care provider assistance and utilization of Medicaid cessation benefits
	Secondhand smoke exposure among adults and youth
	Policies restricting tobacco products at the point of sale and prohibiting smoking in multi-unit housing

NY TCP’s **health communications** efforts during 2021 included ongoing media campaigns encouraging people who smoke to quit; a newly-launched ATFC grantee-led media campaign to inform people about the issue of tobacco industry targeting of Black communities with menthol cigarettes and motivate people to take action; and ongoing formative research to inform the selection and placement of campaign messaging. NY TCP aired antismoking ads that depict the negative health consequences of smoking through emotionally evocative and graphic content. However, the Program’s limited funding meant that the campaigns were only on the air for half of the year. NY TCP-funded grantees addressed the disproportionate targeting of tobacco product marketing in racially and culturally diverse communities during 2021 by launching a focused media campaign. In May 2021, the *It’s Not Just* media campaign raised awareness about and motivated action around the issue of tobacco product targeting in Black communities.

Health Communications

New York's Programmatic Approach

NY TCP ads encourage tobacco users to:



Quit using tobacco



Use Medicaid for cessation medication



Talk with their doctor



Call the Quitline

64%

of New York smokers surveyed in 2021 were aware of NY TCP ads

54%

of New York smokers reported awareness of NY TCP's campaign tagline

More than 100

unique ads have been tested to ensure that ads resonate with New Yorkers





CDC recommends
 "strategic, culturally appropriate, and high-impact messages through sustained and adequately funded campaigns that are integrated into a comprehensive state tobacco control program" (CDC, 2014).





93% OF BLACK SMOKERS STARTED BY USING MENTHOL CIGARETTES



To promote cessation, NY TCP’s **health systems interventions** focus on increasing the provision of evidence-based treatments for tobacco dependence throughout the state. These treatments include brief counseling by health care providers, use of FDA-approved cessation products such as nicotine replacement therapy (NRT) and prescription medications, and counseling via the state Quitline. The health systems initiative strives to improve systems-, provider-, and patient-level cessation-related outcomes through:

- grantee facilitation of improvements to medical and behavioral health care systems’ policies, protocols, and workflows that institutionalize provision of evidence-based tobacco dependence treatment;
- coordination with external initiatives to support tobacco-related systems change;
- provision of telephone-, web-, and text-based smoking cessation support; and
- promoting reduced-cost tobacco dependence treatments.

These efforts aim to create a barrier-free environment for access to evidence-based tobacco dependence treatment. The New York State Medicaid program offers benefits for tobacco use cessation including counseling and pharmacotherapy.

Health Systems Interventions

New York's Programmatic Approach

New York's health systems approach comprises an integrated set of components:

 Center for Health Systems Improvement

 Regional Grantees

 Reduced-Cost Cessation Treatment

 Smokers' Quitline

The New York State Medicaid Program covers all FDA-approved cessation medications and counseling. 

 The Quitline offers coaching and NRT.



CDC Recommendation

CDC recommendations include that "Health systems change involves institutionalizing cessation interventions in health care systems and seamlessly integrating these interventions into routine clinical care" (CDC, 2014).

HSTFNY grantees work with health care organizations on 3 systems strategies cited in the PHS Guideline:

- **Systems Strategy 1**
Screening systems, including systems or policies for conducting and documenting Ask, Advise, Assess, Assist, Arrange, and Refer
- **Systems Strategy 2**
Health care provider training, on-site cessation resources and provider feedback
- **Systems Strategy 3**
Dedicated tobacco treatment staff

Local policies in 2021 included 3 restrictions on tobacco retailer proximity to schools, 36 communities adopting tobacco-free outdoors policies, and smoke-free multi-unit housing policies that resulted in more than 5,000 living units becoming smoke-free.

NY TCP implements a coordinated **statewide community-based intervention** strategy focused on local-level policies with the goal of promoting a tobacco-free norm in New York. As part of these efforts, NY TCP funds 21 Advancing Tobacco-Free Communities (ATFC) grantees to conduct local tobacco control activities throughout all 62 counties in the state. The Program directs the grantees to concentrate on evidence-based policy initiatives and strategies that are recommended by CDC (CDC, 2014) and considered essential to continued declines in tobacco use (IOM, 2007). ATFC grantees focus their efforts on four initiatives: retail environment (reducing exposure to tobacco marketing and products), tobacco-free outdoors, smoke-free multi-unit housing, and smoke-free movies. NY TCP ATFC grantees promote these initiatives by building public, organizational, and political support through a coordinated set of strategies: community education, community mobilization, government policy maker education, and advocacy with organizational decision makers.



Key Tobacco-related Outcomes

This section includes highlights from key tobacco-related outcomes that NY TCP monitors to understand trends in tobacco use among adults and youth. The full Independent Evaluation Report provides additional outcome measures and detail, and additional technical information regarding each figure is included in Appendix B.

Adult Tobacco Use

Adult cigarette use. Current cigarette smoking prevalence was 12.0% among New York adults in 2021, down from 18.1% in 2011 (Figure 1). The downward trend in New York adults who smoke is similar to the decrease in the United States overall.

Figure 1. Percentage of Adults Who Currently Smoke Cigarettes in New York (Behavioral Risk Factor Surveillance System) and Nationally (National Health Interview Survey), 2011-2021.

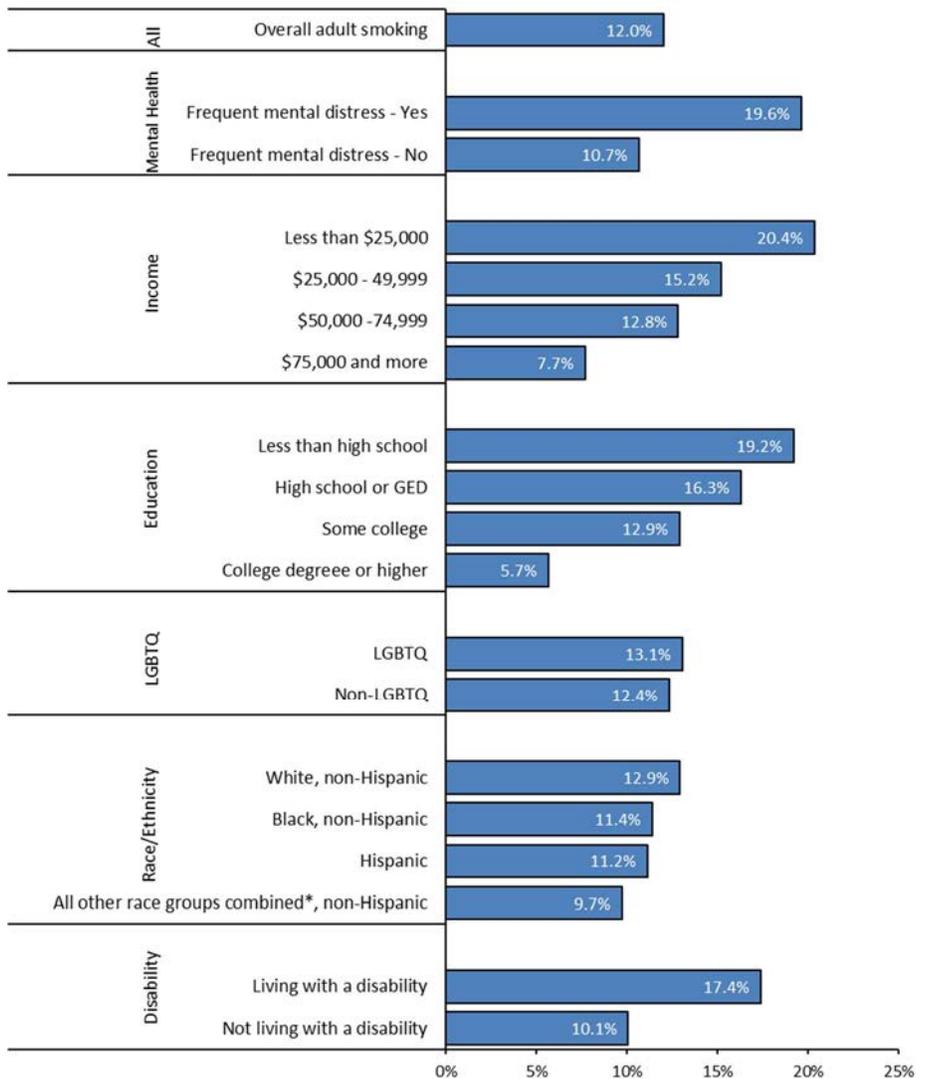


Adult smoking prevalence is trending downward in New York and in the United States.

Disparities in adult cigarette use. Although the overall prevalence of cigarette smoking has decreased to 12.0%, there are populations with disproportionately high cigarette smoking prevalence, such as adults who report experiencing frequent mental distress, those who have an annual household income below \$25,000 and/or less than a high school formal education and those living with disability (Figure 2).

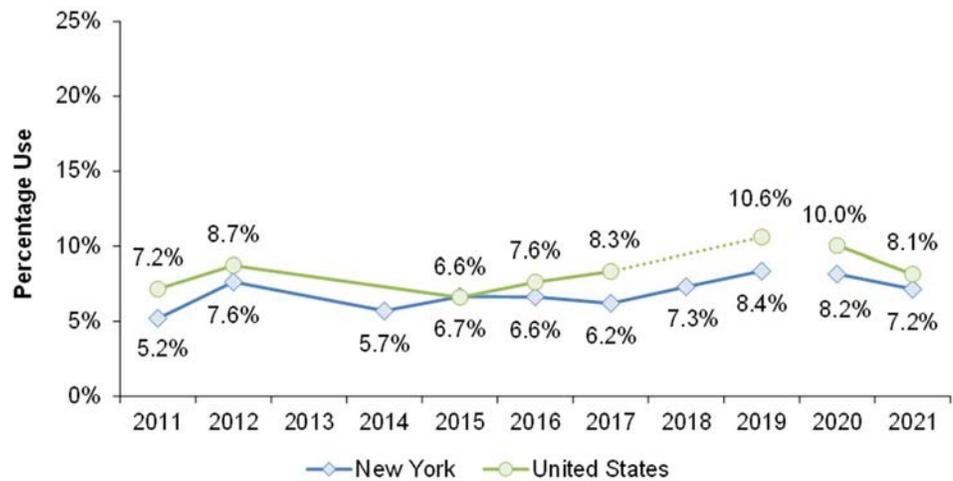
Figure 2. Percentage of Adults Who Currently Smoke Cigarettes in New York, by Key Demographic Characteristics, Behavioral Risk Factor Surveillance System, 2021

New York adult smoking prevalence was 12.0% in 2021, but smoking was more common among certain populations.



Adult cigar use. In 2021, 7.2% of New York adults reported current use of cigars, an increase from 2011 (Figure 3). National cigar use prevalence in 2021 was 8.1%. Males reported cigar use more often than females, with 10.9% of males and 3.5% of females reporting current cigar use in 2021 in New York (data not shown). New York adults more commonly reported past-month use of traditional cigars (5.7%) than cigarillos or little cigars (3.5%) in 2021 (data not shown).

Figure 3. Percentage of Adults Who Currently Smoke Cigars, New York Adult Tobacco Survey, 2011–2021, and National Adult Tobacco Survey, 2011–2021.

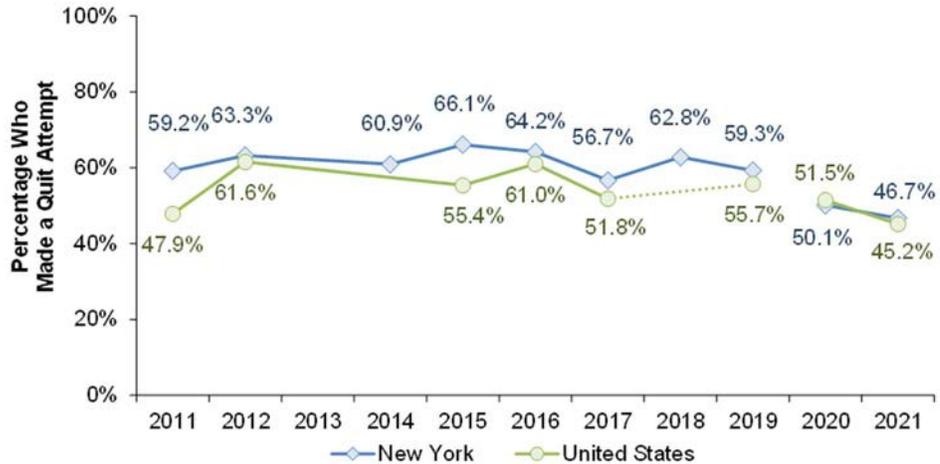


Adult cigar use has trended upward in New York from 2011 to 2021.

Adult smokeless tobacco use. Current smokeless tobacco use prevalence among New York adults is very low (0.9% in 2021) and remained stable from 2011 to 2021 (data not shown). Adult smokeless tobacco use prevalence is lower in New York than nationally, as the prevalence rate for US adults was 3.2% in 2021.

Quit attempts. Nearly half of New York adults who smoke cigarettes (46.7%) reported having made a past-year quit attempt in 2021 (Figure 4). The prevalence of past-year quit attempts in the United States was 45.2% in 2021.

Figure 4. Percentage of Adults Who Smoke Cigarettes Who Made a Quit Attempt in the Past 12 Months, New York Adult Tobacco Survey, 2011–2021, and National Adult Tobacco Survey, 2011–2021

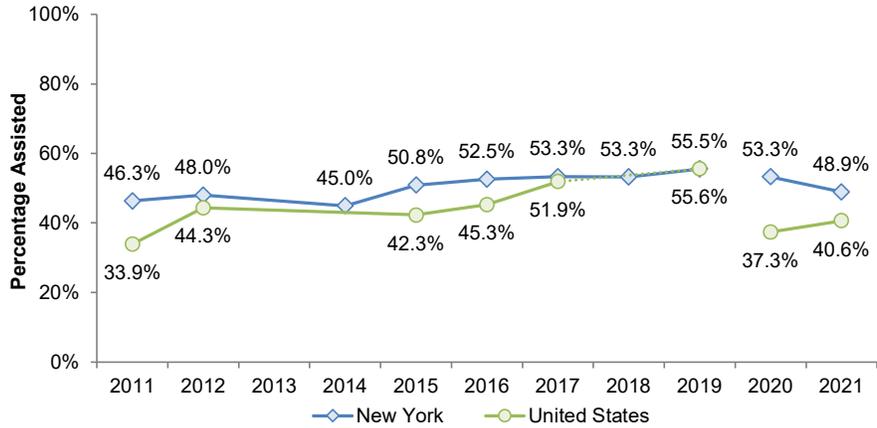


In 2021, less than half of New York adults who smoke reported that they made a quit attempt in the last 12 months, similar to quit attempt prevalence for US adults who smoke.

Provider assistance with quitting. Health care provider interventions with patients who use tobacco are associated with increased patient quit success. Approximately half (48.9%) of New York adults who smoke cigarettes who saw a provider in the past 12 months reported they received provider assistance with quitting smoking in 2021 (Figure 5)—statistically similar to the national prevalence of 40.6%. However, New York adults who smoke cigarettes in groups disproportionately affected by tobacco use appear to be receiving provider assistance with a quit attempt at least as often or more than the general population, including adults living in households with income less than \$26,000, less than a high school education, living with frequent mental distress or living with a disability, or who identify as LGBTQ^b (data not shown).

^b The acronym LGBTQ includes those who identify as lesbian, gay, transgender, bisexual, and/or queer.

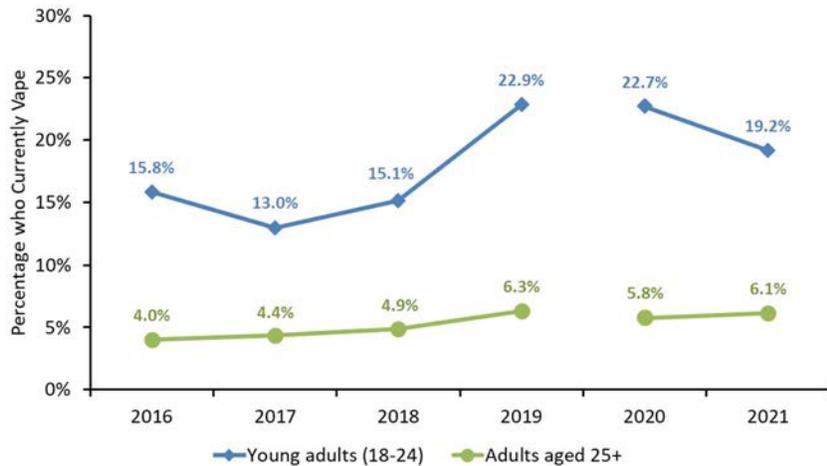
Figure 5. Percentage of Adults Who Smoke Who Report Their Health Care Provider Assisted Them with Smoking Cessation in the Past 12 Months, New York Adult Tobacco Survey, 2011–2021, and National Adult Tobacco Survey, 2011–2021



Almost half of **New York** adults who smoke who saw a health care provider in the past 12 months said they received provider assistance with quitting smoking.

Adult vaping product use. Use of nicotine vaping products in 2021 was 6.7% among New York adults and 7.3% nationally (data not shown). Vaping is more common among New York young adults (18 to 24) than among adults aged 25 and older (Figure 6). Young adult vaping prevalence in 2021 was 19.2%, more than three times as high as among older adults (6.1%).

Figure 6. Percentage of Young Adults (18-24) and Adults (aged 25+) Who Currently Vape, New York Adult Tobacco Survey, 2016–2021



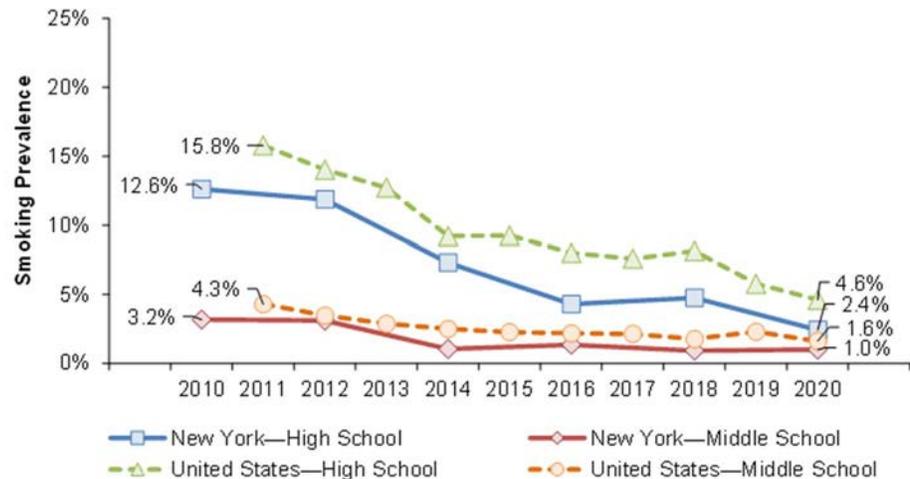
Fewer than 10% of New York adults reported vaping nicotine, but vaping was much higher among **young** adults than among **adults** aged 25 or older.

Youth Tobacco Use

We report youth tobacco use estimates from the 2020 New York Youth Tobacco Survey. Findings from surveys administered in 2022 will be available in the 2023 Independent Evaluation Report.

Youth cigarette use. Cigarette smoking rates among New York high school students have declined 81% over the past 10 years, and only 2.4% of New York high school students reported past 30-day use of cigarettes in 2020 (Figure 7). National high school student cigarette smoking prevalence was 4.6% in 2020. In 2021 cigarette smoking among middle school students was 1.0% in New York and 1.6% nationally.

Figure 7. Percentage of Middle and High School Students Who Currently Smoke Cigarettes in New York and Nationally, New York Youth Tobacco Survey, 2010–2020, and National Youth Tobacco Survey, 2011–2020

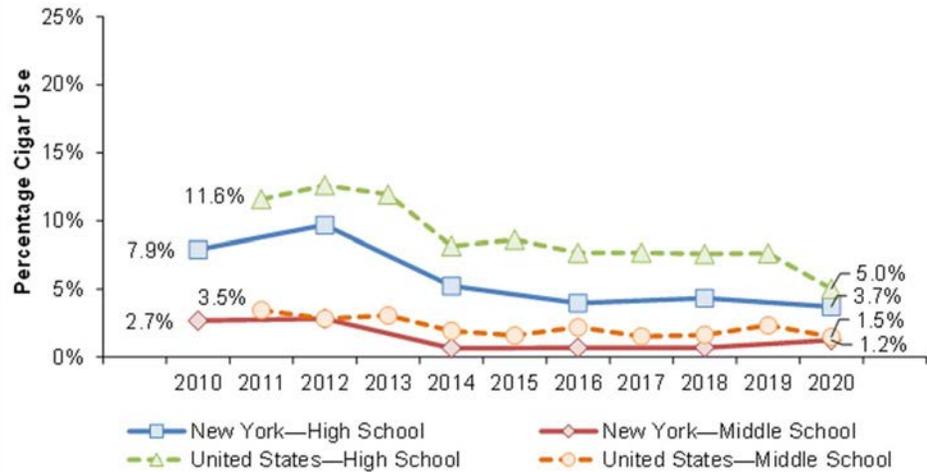


In New York, 1.0% of middle school students and 2.4% of high school students smoked cigarettes in the past 30 days in 2020.

Youth cigar use. The prevalence of cigar use among middle and high school students has declined over the past 10 years in New York and nationally (Figure 8). In 2020, 3.7% of high school students in New York reported current cigar use, close to the national rate of 5.0%. Among New York middle school students, only 1.2% reported current cigar use.

Figure 8. Percentage of Middle and High School Students Who Currently Smoke Cigars in New York and Nationally, New York Youth Tobacco Survey, 2010–2020, and National Youth Tobacco Survey, 2011–2020

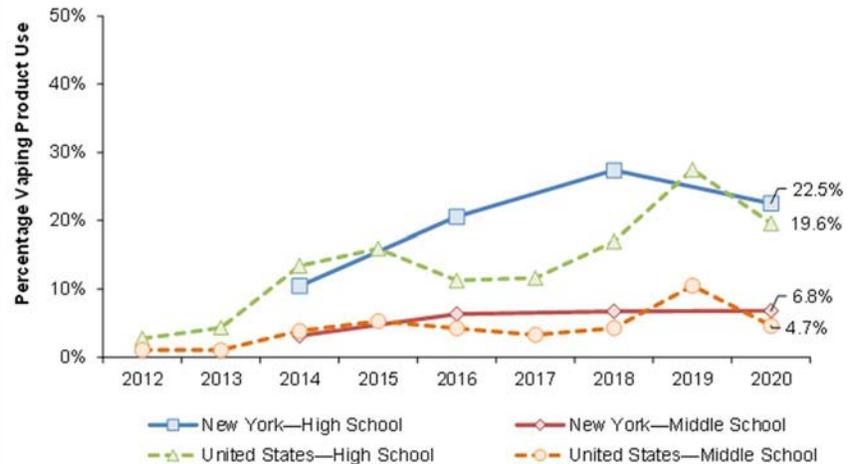
New York middle and high school students' cigar use has declined since 2010. Less than 4% of high school students and 1.2% of middle school students reported using cigars in the past 30 days in 2020.



Youth vaping product use. In contrast to low rates of cigarette smoking, youth use of vaping products has remained high in New York. Although overall vaping product use among high schoolers in New York and across the United States decreased from 2018 to 2020, a significant portion--22.5%-- of New York high school students reported current use of vaping products in 2020 (Figure 9). Among New York middle school students, 6.8% reported use of vaping products in 2020. Nationally, 19.6% of high school students and 4.7% of middle school students reported use of vaping products in 2020 (Figure 9).

Figure 9. Percentage of Middle Students and High School Students Who Currently Vape in New York and Nationally, New York Youth Tobacco Survey, 2014–2020, and National Youth Tobacco Survey, 2012–2020

In 2020, almost **one in four** New York high school students reported vaping in the past 30 days, as did **one in 15** middle school students.

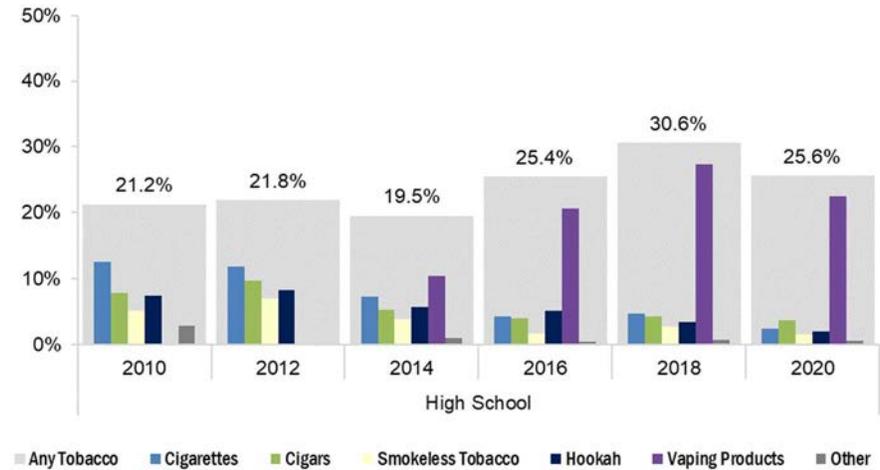


Youth smokeless tobacco use. Youth use of smokeless tobacco is low, both in New York and in the United States as a whole. In 2020, only 1.6% of New York high school students reported current use of smokeless tobacco, and high school smokeless tobacco use nationally has declined, with a relatively steep decrease over the past 2 years, reaching a new low of 3.1% (data not shown). New York middle school student smokeless tobacco use prevalence was 0.6% in 2018, and the national middle school student rate was 1.2%.

Youth use of any tobacco product. The 2019–2024 NYSDOH Prevention Agenda includes an objective of decreasing high school student prevalence of any tobacco product use to 19.7% by the end of 2024. Youth use of tobacco products in 2020 was 25.6%, with use of vaping products overwhelmingly more common than other types of tobacco products (Figure 10). Youth tobacco product use decreased 16% from 2018 due to declines in use of multiple tobacco product types.

Overall use of tobacco products has increased among NY high school students. This increase is driven by the use of vaping products.

Figure 10. Percentage of New York High School Students Reporting Current Use of Any Tobacco Product, New York Youth Tobacco Survey, 2010–2020



Other Tobacco-related Measures

Secondhand smoke exposure. Secondhand smoke – the combination of smoke from a burning cigarette and the smoke exhaled by a smoker – is associated with health harms for youth and adults, and there is no safe level of exposure. NY TCP’s efforts to reduce secondhand smoke exposure among nonsmoking New York adults center on promoting tobacco-free housing policies in multi-unit housing settings. From 2011 to 2021, secondhand smoke exposure among nonsmokers living in multi-unit housing has decreased from 47.7% to 37.4% (data not shown). Youth reports of past-week secondhand smoke exposure decreased from 39.5% in 2010 to 24.0% in 2020 (data not shown).

Tobacco control policy support. A majority of New York adults surveyed during 2021 support key retail environment tobacco control policies, and this support is higher than support among adults in the United States (Table 2). More than half of New York adults reported support for potential new policies that would ban the sale of flavored and menthol tobacco products, as well as policies that would limit the number of tobacco retailers.

More than half of New York adults **support policies** that prohibit the sale of flavored tobacco products and limit the number of tobacco retailers.

Table 2. Support Among Adults for Tobacco Control Policies, New York Adult Tobacco Survey, 2021, and National Adult Tobacco Survey, 2021

Type of Policy	Adults in Support of Policy, %	
	New York	United States
Limiting the number of tobacco retailers	57.3%	49.1%
Banning the sale of flavored tobacco products other than menthol	55.7%	46.3%
Banning the sale of menthol cigarettes	54.1%	46.2%

Flavored Tobacco Product Use

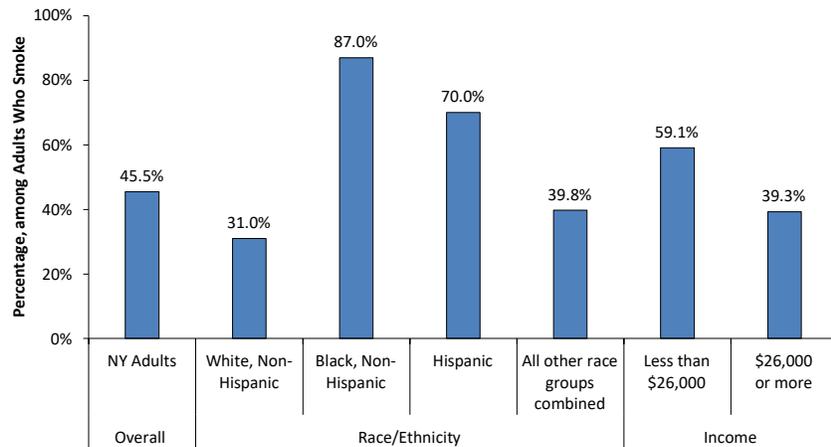
Flavored tobacco products are associated with youth appeal and use, and menthol-flavored cigarettes have been disproportionately marketed to historically marginalized populations, including Black and LGBTQ communities. Policies to restrict or prohibit the sale of flavored tobacco products have been passed in many state and local jurisdictions, including New York State’s 2020 statewide sales restriction on flavored vaping products (including mint, menthol, fruit, sweet, and non-tobacco flavors). NY TCP grantees educate decision makers throughout the state about the opportunity to reduce the appeal of tobacco products to youth and limit tobacco industry menthol cigarette targeting of youth and Black and/or LGBTQ New Yorkers by restricting the sale of all flavored tobacco products. Although the U.S. Food and Drug Administration has proposed product standards to prohibit menthol cigarettes and flavored cigars in the future (U.S. Food and Drug Administration, 2022), the timeline for federal implementation of these product standards is not certain and tobacco industry lawsuits will likely bring delays. Understanding current use of flavored tobacco products can inform policy decisions about these products.

Menthol cigarette use. Although nearly half of New York youth who smoke reported that their first cigarette was menthol-flavored, we are not able to report a stable estimate of youth who smoke menthol cigarettes due to low youth cigarette smoking prevalence in the state. Nearly half of New York adults who smoke cigarettes reported usually smoking menthol cigarettes in 2020-2021 (Figure 11). However, usual use of menthol cigarettes varies by race/ethnicity and income. Menthol cigarette use in 2020-2021

was higher among New York adults who smoke who are Black or Hispanic than among those who are White or identify as another race (see Figure 11). New York adults who smoke with household income less than \$26,000 more often reported smoking menthol cigarettes than those with incomes at or above \$26,000.

Figure 11. Percentage of New York Adults Who Usually Smoke Menthol Cigarettes, Among Adults Who Currently Smoke Cigarettes, by Race/ethnicity and Income, New York Adult Tobacco Survey, pooled 2020-2021

Use of menthol cigarettes among New York adults who smoke varies by race/ethnicity and by income.



Note: Because the denominator size for Black non-Hispanic adults who smoke is fewer than 100 respondents (n=91), we encourage caution in interpreting the estimate. The confidence interval is 74.3% to 94.0%. Although the size of the group of Black non-Hispanic New Yorkers who smoke in our sample is small, our finding that menthol use is much higher among Black non-Hispanic people who smoke than White non-Hispanic people who smoke in New York is consistent with national studies (e.g., Delnevo et al., 2020; Mendez & Le, 2022). * All other race groups combined includes American Indian and Alaska Native, Asian, Pacific Islander, and any other groups not listed.

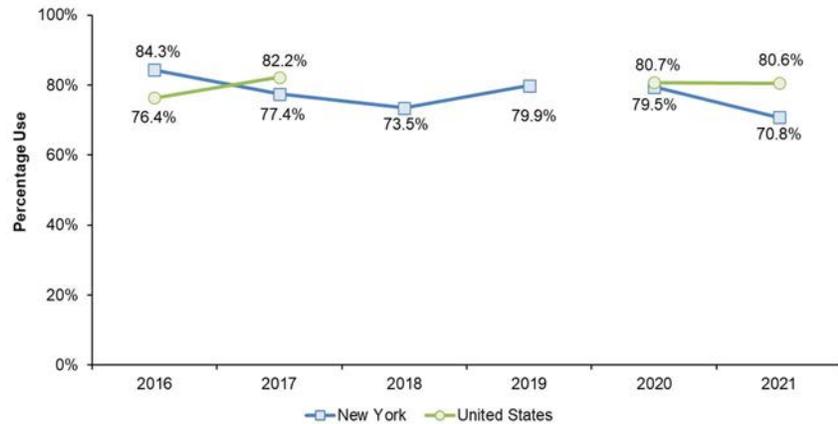
Flavored cigar use. In 2020, less than 4% of New York youth reported use of cigars (3.7% of high school students and 1.2% of middle school students) (data not shown). Among youth who reported past-month cigar use, half indicated that they smoked flavored cigars (50.6%) in 2020. Among adults in New York, 7.2% reported using cigars. Among adults who smoke cigars in New York, 38.5% reported using flavored cigars, similar to the national estimate (40.1%).

Flavored vaping product use. Nearly all New York high school and middle school students who reported vaping in 2020 indicated that they use flavored vaping products (95.8%) (data not shown). These youth data were collected in 2020 prior to pandemic-related school closures and before the flavored vaping product sales restriction went into place. Data for 2022 were not available

at the time this report was written. Among New York adults who vape, 70.8% reported vaping flavored products in 2021, which was the year after the flavored vaping product restriction was implemented (Figure 12). The percentage of adult vapers who used flavored vaping products in 2021 is not statistically different from the 2020 estimate of 79.5%.

Figure 12. Percentage of Adults who Vape Nicotine in New York and the United States Who Used Flavored Vaping products, New York Adult Tobacco Survey and New York National Adult Tobacco Survey, 2016-2021

The majority of New York adults who vape report using flavored vapes.



Adult flavored vaping product use prevalence did not decrease significantly in 2021, despite the statewide flavored vaping product sales restriction. Analyses of retail sales of vaping products indicate that sales of restricted/flavored vaping products decreased after New York’s policy and sales of tobacco-flavored vaping products increased, although flavored vaping product sales did not drop to zero (see panel on following page). It is possible that pandemic-related factors limited policy enforcement, and further study will provide additional insights into policy effects.

Studying the flavored vaping product sales restriction

New York prohibited the sale of flavored vaping products starting May 18, 2020. The policy only allows tobacco-flavored and unflavored vaping products to be sold.

Methods

To understand how vaping product sales changed over time, we analyzed data on retail sales of vaping products comparing New York (which implemented a flavored vaping product policy) to California (which had no statewide flavored vaping product policy).

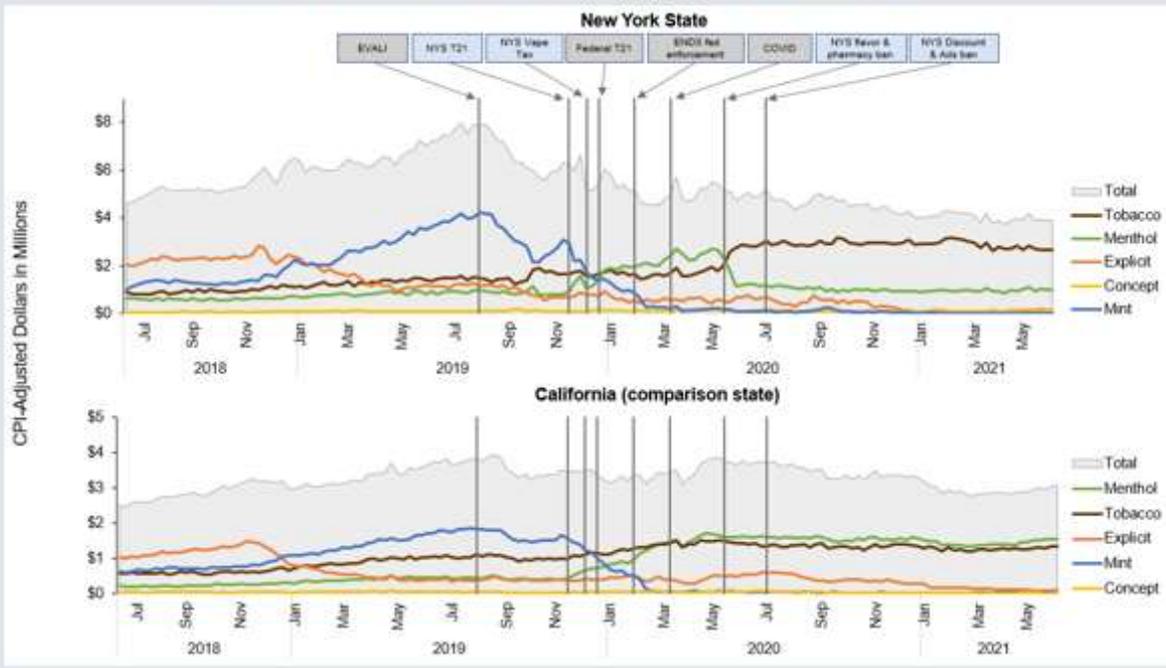
Key takeaway

New York's statewide policy restricting the sale of flavored vaping products appears to have been associated with a shift in vaping product flavors sold in the state, with the most common flavor sold changing from menthol to tobacco flavor.

Findings

After New York's flavored vaping product restriction, menthol vaping product dollar sales in New York dropped and tobacco-flavored vaping products became the most common. This trend appears distinct from California, where menthol continued to be more common than tobacco-flavored vaping products, which suggests that this change may be linked to New York's policy. There continued to be some sales of flavored vaping products (including menthol and explicit flavors such as fruit) after New York's policy went into place. This may be partially related to enforcement challenges due to the COVID-19 pandemic. Reducing the availability of flavored vaping products is expected to decrease the appeal of these products to youth and to lead to reduced youth vaping.

Weekly Dollar Sales of Vaping Products by Flavor Category in New York and California, June 10, 2018 – June 5, 2021, NielsenIQ Scanner Sales Data



Note: EVALI=E-cigarette or Vaping Product Associated Lung Injury; T21=Tobacco 21 (minimum tobacco product sales age); ENDS federal enforcement=FDA prioritized enforcement of flavored cartridge-based electronic nicotine delivery systems (ENDS). Pre-policy changes may be linked to changes in the vaping product landscape, as JUUL made voluntary changes about flavors sold.

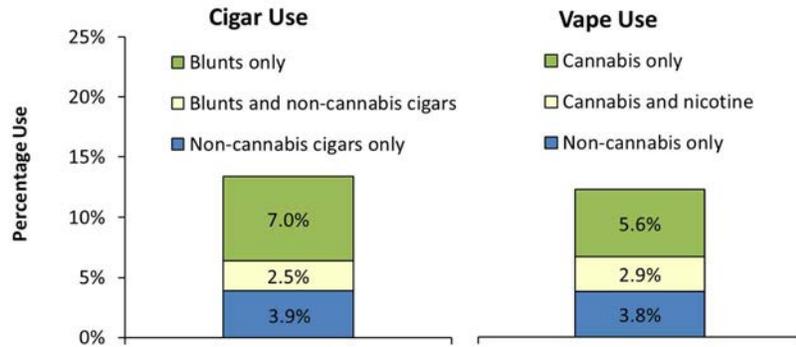
Tobacco and Cannabis Co-use

The state of New York passed the Marijuana Regulation and Taxation Act in March 2021, which legalized cannabis use and possession for adults aged 21 years and older. Cannabis use in the United States has increased among people who use tobacco in recent years. Tobacco and cannabis co-use includes using both tobacco products and cannabis products separately or using products that contain both tobacco and cannabis. For example, an individual may smoke cigarettes and vape cannabis. In addition, someone may use blunts, which are cigars or cigar wrappers that contain cannabis; blunt use constitutes co-use because they contain tobacco and cannabis. NY TCP collaborates with the Office of Cannabis Management (which oversees cannabis regulation in New York) to discuss priorities and share relevant information and resources. It is important to assess youth and adult co-use of tobacco and cannabis products to understand use patterns and establish a baseline against which to compare future prevalence estimates.

Adult tobacco and cannabis co-use (via cigars and vapes). In 2021, 13.4% of New York adults reported current use of cigars and/or blunts, with more adults using these products with cannabis than without cannabis (Figure 13). Specifically, 7.0% of New York adults reported current use of blunts but not cigars and 2.5% used both cigars and blunts; by comparison, 3.9% smoked only tobacco-filled cigars (see Figure 13). Similarly, more adults vaped cannabis (5.6% vaped only cannabis and 2.9% vaped both cannabis and nicotine) than vaped only nicotine (3.8%)

Figure 13. Percentage of New York Adults Who Use Cigars, Blunts, or Both and Who Vape Cannabis, Nicotine, or Both, New York Adult Tobacco Survey, 2021

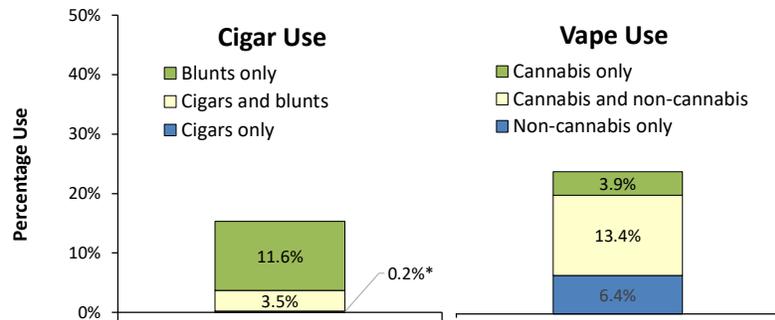
More New York adults use cigars and vapes with cannabis than without cannabis.



Youth tobacco and cannabis co-use (via cigars and vapes). More New York high school students reported using only blunts (11.6%) than using only cigars (0.2%) or using both blunts and cigars (3.5%) in 2020 (although the cigar-only estimate may be unreliable due to the rarity of cigar-only use among high school students who responded to the NY YTS) (Figure 14). More New York high school students reported vaping both cannabis and non-cannabis vaping products (13.4%) than vaping only cannabis (3.9%) or vaping only non-cannabis (6.4%) (see Figure 14).

Figure 14. Percentage of New York High School Students Who Vape Cannabis, Non-cannabis, or Both and Who use Cigars, Blunts, or Both, New York Youth Tobacco Survey, 2020

More New York youth use cigars and vapes with cannabis than without cannabis.



* This estimate may be unreliable due to the rarity of cigar-only use among survey respondents.

Discussion

Adult cigarette smoking prevalence has decreased by 33% in New York over the past decade, which is expected to lead to decreased smoking-related illness, fewer smoking-related health care costs, and fewer smoking-related deaths. However, smoking rates are still disproportionately high among some population groups including New Yorkers with lower educational attainment and lower income levels. Some of the NY TCP targets set in the NYSDOH 2019-2024 Prevention Agenda have been achieved early, including reductions in cigarette smoking among adults with frequent mental distress and those identifying as LGBTQ. Although smoking rates are similar across race/ethnicity groups, adult use of menthol cigarettes is much higher among Black and Hispanic adults than among White adults, which reflects the industry's targeted marketing of menthol cigarettes to populations that have historically been marginalized (Lee & Glantz, 2011; Richardson et al., 2015). The Program has taken steps to focus on health equity through exploring existing disparities in key outcomes, partnering with agencies and groups who work with population groups disproportionately affected by tobacco use, engaging with community members, and focusing media on equity issues and on reaching those adults with high rates of smoking. Continued strategic planning, engagement with stakeholders and communities, and monitoring of relevant short-term and long-term behavioral outcomes will help the Program advance health equity in their objectives and approaches.

Youth tobacco use continues to be driven by vaping, in New York and nationally. Young adult tobacco use looks more similar to youth tobacco use, with vaping being the most common and cigarette use prevalence below 5%. The statewide sales restriction on flavored vaping products is intended to reduce their availability and youth appeal, with an anticipated reduction in vaping product use among youth and young adults. In addition, recent laws that increased the minimum age to purchase tobacco products and prohibited tobacco product discounts and price promotions have the potential to contribute to decreases in youth initiation of

tobacco products that could result in long-term changes in tobacco use prevalence. Continued policy enforcement and ongoing assessment of behaviors will shed light of the effect of these policies on their intended outcomes over time.

New York levels of cigarette smoking and quit attempts are similar to national estimates. Although it is promising to find decreasing cigarette smoking and sustained reports of quit attempts in New York and the country overall, New York would be able to make stronger progress in changing tobacco-related outcomes if NY TCP received funding more aligned with Best Practices (CDC, 2014). The Program's funding level is less than 20% of the CDC's recommended level, and NY TCP would have greater potential to change these tobacco use outcomes with additional funding for health communications, statewide and community interventions, and cessation-focused efforts.

The tobacco regulatory landscape has shifted in recent years, including the FDA's proposed product standards released in 2022, which would prohibit menthol cigarettes and flavored cigars (U.S. Food and Drug Administration, 2022). However, the effective date of the federal product standards is unknown and is likely to be delayed by tobacco industry lawsuits (Schroth et al., 2019). New York has the potential to implement state and local sales restrictions aligned with the federal product standards, which could expand existing statewide policies and facilitate public health improvements in advance of federal action.

Programmatic Recommendations

Overall recommendations

- Increase funding to at least 50% of CDC's recommended funding level for the state (which would result in Program funding of \$101.5 million), to give the Program a greater opportunity to succeed at achieving its 2019-2024 NYSDOH Prevention Agenda objectives would:
 - Allow media campaigns to reach more New Yorkers
 - Increase Program and grantee capacity

- Facilitate addressing youth vaping with messaging and policy efforts
 - Bolster surveillance and evaluation efforts
- Continue to refine the program’s approach to advance health equity and reach communities that exhibit disproportionately high rates of smoking, including adults with a lower income, those who have lower education, those experience frequent mental distress, and those living with a disability.
- Develop a strategic plan for addressing tobacco and cannabis co-use, in collaboration with the New York Office of Cannabis Management.

Health communications recommendations

- Continue to focus the Program’s limited funds available for paid media campaign efforts on high-impact television advertisements.
- Review ad placement strategies to maximize the reach and potential effectiveness of campaigns among populations disproportionately affected by tobacco use.

Health systems recommendations

- Work with the NY TCP-funded Center for Health Systems Improvement to leverage opportunities to create changes in the state-level context for health systems change that support the institutionalization of tobacco dependence treatment.
- Collaborate with the New York State Medicaid program to conduct additional educational efforts targeting enrollees and providers to promote awareness and use of Medicaid smoking cessation benefits.

Statewide and community intervention recommendations

- Build on the recent flavored vaping product restriction by encouraging restrictions on the sale of all flavored tobacco products, including menthol cigarettes and flavored cigarillos.
- Continue to integrate a health equity approach in grantees’ work that recognizes the root causes that contribute to health disparities.

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Appendix A: 2019–2024 NYSDOH Prevention Agenda Tobacco Objectives

Goals and Objectives	Data Source	Baseline Estimate (year)	Current Estimate (2021)	Target Estimate (2024)
3.1 Prevent Initiation of Tobacco Use				
3.1.1 Decrease the prevalence of any tobacco use by high school students	NYS YTS	25.4% (2016)	25.6% (2020)	19.7%
3.1.2 Decrease the prevalence of combustible cigarette use by high school students	NYS YTS	4.3% (2016)	2.4% (2020)	3.3%
3.1.3 Decrease the prevalence of vaping product use by high school students	NYS YTS	20.6% (2016)	22.5% (2020)	15.9%
3.1.4 Decrease the prevalence of combustible cigarette use by young adults age 18–24 years	BRFSS	11.7% (2016)	5.5% (2020)	9.1%
3.1.5 Decrease the prevalence of vaping product use by young adults age 18–24 years	BRFSS	9.1% (2016)	15.1% (BRFSS)	7.0%
3.1.6 Increase the number of municipalities that adopt retail environment policies, including those that restrict the density of tobacco retailers, keep the price of tobacco products high, and prohibit the sale of flavored tobacco products	CAT	15 (2018)	27	30
3.2 Promote Tobacco Use Cessation				
3.2.1 Increase the percentage of smokers who received assistance from their health care provider to quit smoking by 13.1% from 53.1% (2017) to 60.1%.	NYS ATS	53.1% (2017)	48.9%	60.1%
3.2.2 Decrease the prevalence of cigarette smoking by adults ages 18 years and older (among all adults)	BRFSS	14.2% (2016)	12.0%	11.0%
3.2.3 Decrease the prevalence of cigarette smoking by adults ages 18 years and older (among adults with income less than \$25,000)	BRFSS	19.8% (2016)	20.4%	15.3%
3.2.4 Decrease the prevalence of cigarette smoking by adults ages 18 years and older (among adults with less than a high school education)	BRFSS	19.2% (2016)	19.2%	14.9%

Goals and Objectives	Data Source	Baseline Estimate (year)	Current Estimate (2021)	Target Estimate (2024)
3.2.5 Decrease the prevalence of cigarette smoking by adults ages 18 years and older (among adults reporting frequent mental distress)	BRFSS	26.0% (2016)	19.6%	20.1%
3.2.6 Decrease the prevalence of cigarette smoking by adults ages 18 years and older (among adults who self-identify as LGBT)	BRFSS	19.3% (2016)*	13.1%	14.9%
3.2.7 Decrease the prevalence of cigarette smoking by adults ages 18 years and older (among adults who are living with any disability)	BRFSS	20.1% (2016)	17.4%	15.6%
3.2.8 Increase the utilization of smoking cessation benefits (counseling and/or medications) among smokers who are enrolled in any Medicaid* program	Medicaid Program	20.5% (2016)	19.9% (2020)	26.2%
3.3 Eliminate Exposure to Secondhand Smoke				
3.3.1 Decrease the percentage of adults (non-smokers) living in multi-unit housing who were exposed to secondhand smoke in their homes	NYS ATS	35.2% (2017)	37.4%	27.2%
3.3.2 Decrease the percentage of youth (middle and high school students) who were in a room where someone was smoking on at least 1 day in the past 7 days	NYS YTS	23.1% (2016)	24.0% (2020)	17.9%
3.3.3 Increase the number of multi-unit housing units (focus should be on housing with higher number of units) that adopt a smoke-free policy by 5000 units each year	CAT	N/A	5,055	[5,000 per year]

BRFSS=Behavioral Risk Factor Surveillance System; CAT=Community Activity Tracking; NYS ATS=New York State Adult Tobacco Survey; NYS YTS=New York State Youth Tobacco Survey; LGBT=Lesbian, Gay, Bisexual, and Transgender

* Pooled data from 2014–2016

Appendix B: Technical Details

This appendix provides some additional technical information regarding the figures used in this report. In some graphs, we indicate changes in methodology that limit the comparability of estimates from year to year from 2019 to 2020, although indications of statistically significant trends have accounted for methodological changes.

Additional Technical Details for Report Figures

Figure (Thumbnail Image)	Figure Title and Technical Details
	<p>Figure 1. Percentage of Adults Who Currently Smoke Cigarettes in New York (Behavioral Risk Factor Surveillance System) and Nationally (National Health Interview Survey), 2011-2021.</p> <ul style="list-style-type: none"> There is a statistically significant downward trend in smoking prevalence from 2011 to 2021 among adults in New York State and in the United States.

Figure (Thumbnail Image)

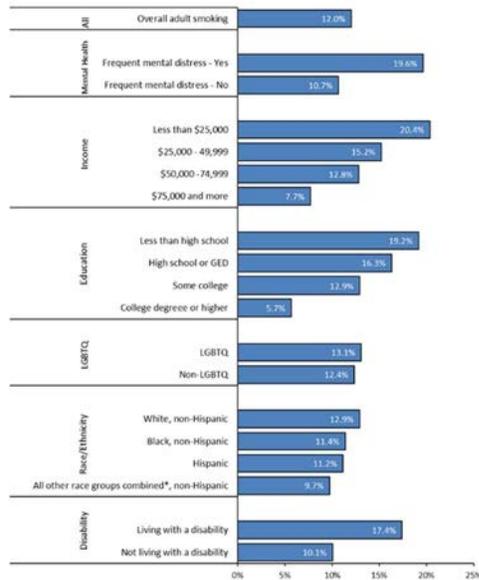


Figure Title and Technical Details

Figure 2. Percentage of Adults Who Currently Smoke Cigarettes in New York, by Key Demographic Characteristics, Behavioral Risk Factor Surveillance System, 2021.

- All other race groups combined includes American Indian or Alaska Native, Asian, Pacific Islander, and any other groups not listed.
- Prevalence of smoking differs significantly by disability status, income, education, and mental health.
- Those not living with a disability have a lower smoking prevalence than those living with a disability.
- Those earning \$75,000 or more have lower smoking prevalence than those earning less than \$75,000. Those earning \$25,000-\$49,999 and \$50,000-\$74,999 also have lower smoking prevalence than those earning less than \$25,000.
- Those with a college degree or higher have lower smoking prevalence than those with less than a high school education, those with a high school diploma or GED, and those with some college experience. Those with some college experience also have a lower smoking prevalence than those with less than a high school education and those with a high school diploma or GED.
- Those not experiencing frequent mental distress have a lower smoking prevalence than those who experience frequent mental distress.
- LGBTQ status was undetermined for 9.0% of 2021 NY BRFSS respondents

Figure (Thumbnail Image)



Figure Title and Technical Details

Figure 3. Percentage of Adults Who Currently Smoke Cigars, New York Adult Tobacco Survey, 2011–2021, and National Adult Tobacco Survey, 2011–2021.

- There is a statistically significant upward trend in current cigar use among adults in New York and the United States. Since Quarter 4, 2011, data include “rarely” as an additional response option for current cigar use in addition to “Every day,” “Some days,” and “Not at all.” Beginning in 2019, cigar use is defined using two questions: “Do you now use traditional cigars, every day, some days, rarely, or not at all?,” and “Do you now use cigarillos or little filtered cigars, every day, some days, rarely, or not at all?”
- Due to methodological changes in NY ATS (in 2020) and New York’s National Adult Tobacco Survey (in 2019 and in 2020) data collection to improve precision and accuracy of estimates, we show breaks in the trends in the figures for NY ATS and NY NATS. Although estimates from 2020 may not be directly comparable to estimates from previous years, trend analyses account for these methodological changes.

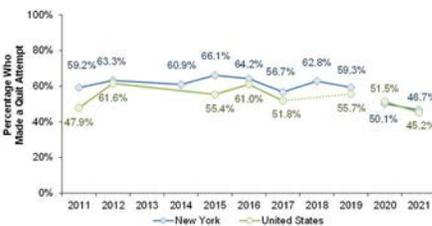


Figure 4. Percentage of Adults Who Smoke Cigarettes Who Made a Quit Attempt in the Past 12 Months, New York Adult Tobacco Survey, 2011–2021, and National Adult Tobacco Survey, 2011–2021.

- Due to methodological changes in NY ATS (in 2020) and New York’s National Adult Tobacco Survey (in 2019 and in 2020) data collection to improve precision and accuracy of estimates, we show breaks in the trends in the figures for NY ATS and NY NATS. Although estimates from 2020 may not be directly comparable to estimates from previous years, trend analyses account for these methodological changes.

Figure (Thumbnail Image)



Figure Title and Technical Details

Figure 5. Percentage of Adults Who Smoke Who Report That Their Health Care Provider Assisted Them with Smoking Cessation in the Past 12 Months, New York Adult Tobacco Survey, 2011–2021, and National Adult Tobacco Survey, 2011–2021.

- There is a statistically significant upward trend in the percentage of people who smoke who reported that their health care provider assisted them with smoking cessation in the past 12 months in New York State and the United States from 2011 to 2021.
- Due to methodological changes in NY ATS (in 2020) and New York’s National Adult Tobacco Survey (in 2019 and in 2020) data collection to improve precision and accuracy of estimates, we show breaks in the trends in the figures for NY ATS and NY NATS. Although estimates from 2020 may not be directly comparable to estimates from previous years, trend analyses account for these methodological changes.

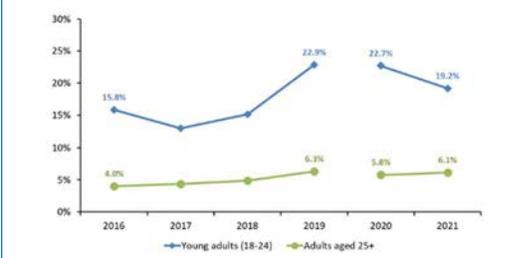


Figure 6. Percentage of Young Adults (18-24) and Adults (aged 25+) Who Currently Vape, New York Adult Tobacco Survey, 2016–2021

- There is a statistically significant difference in current vaping in 2021 between young adults (18-24) and adults aged 25+ in New York.
- Due to methodological changes in NY ATS (in 2020) and New York’s National Adult Tobacco Survey (in 2019 and in 2020) data collection to improve precision and accuracy of estimates, we show breaks in the trends in the figures for NY ATS and NY NATS. Although estimates from 2020 may not be directly comparable to estimates from previous years, trend analyses account for these methodological changes.

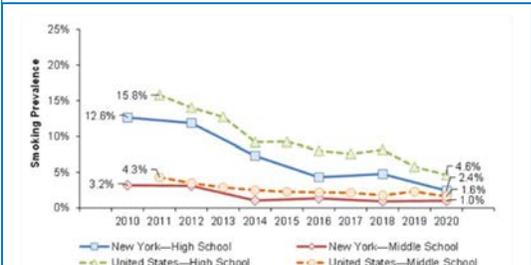


Figure 7. Percentage of Middle and High School Students Who Currently Smoke Cigarettes in New York and Nationally, New York Youth Tobacco Survey, 2010–2020, and National Youth Tobacco Survey, 2011–2020.

- There is a statistically significant downward trend among middle and high school students in New York and in the United States.

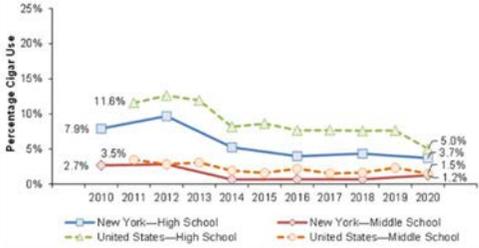
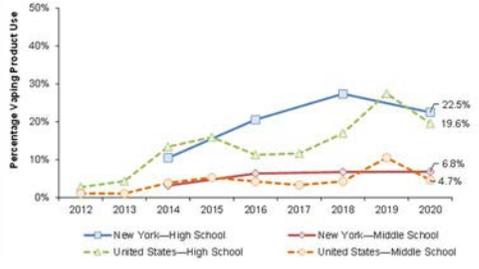
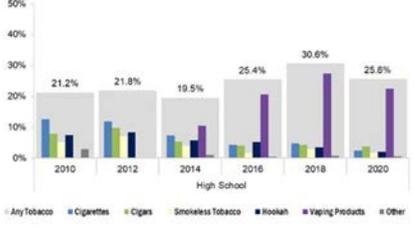
Figure (Thumbnail Image)	Figure Title and Technical Details
 <p>A line graph showing the percentage of middle and high school students who currently smoke cigars. The y-axis is labeled 'Percentage Cigar Use' and ranges from 0% to 25%. The x-axis shows years from 2010 to 2020. There are four data series: New York—High School (blue squares), New York—Middle School (red circles), United States—High School (green triangles), and United States—Middle School (orange diamonds). Data points for 2020 are: New York—High School (5.0%), New York—Middle School (3.7%), United States—High School (3.7%), and United States—Middle School (1.2%).</p>	<p>Figure 8. Percentage of Middle and High School Students Who Currently Smoke Cigars in New York and Nationally, New York Youth Tobacco Survey, 2010–2020, and National Youth Tobacco Survey, 2011–2020.</p> <ul style="list-style-type: none"> • There is a statistically significant downward trend among middle and high school students in New York and in the United States. Starting in 2014 for New York and 2011 for the United States, questions about other tobacco product use were combined into one current use question with separate response options for each product type.
 <p>A line graph showing the percentage of middle school students and high school students who currently vape. The y-axis is labeled 'Percentage Vaping Product Use' and ranges from 0% to 50%. The x-axis shows years from 2012 to 2020. There are four data series: New York—High School (blue squares), New York—Middle School (red circles), United States—High School (green triangles), and United States—Middle School (orange diamonds). Data points for 2020 are: New York—High School (22.5%), New York—Middle School (6.8%), United States—High School (19.6%), and United States—Middle School (4.7%).</p>	<p>Figure 9. Percentage of Middle Students and High School Students Who Currently Vape in New York and Nationally, New York Youth Tobacco Survey, 2014–2020, and National Youth Tobacco Survey, 2012–2020.</p> <ul style="list-style-type: none"> • Current use is defined as self-reported vaping within the past 30 days, which includes youth who vape regularly and youth who vape less frequently but did vape recently, which puts them at risk of regular use. • There is a statistically significant upward trend among middle school students in the United States and high school students in New York and in the United States.
 <p>A bar chart showing the percentage of New York high school students reporting current use of any tobacco product. The y-axis is labeled 'Percentage Vaping Product Use' and ranges from 0% to 50%. The x-axis is labeled 'High School' and shows years from 2010 to 2020. The legend includes: Any Tobacco (light blue), Cigarettes (dark blue), Cigars (green), Smokeless Tobacco (purple), Hookah (red), Vaping Products (orange), and Other (grey). Total percentages for each year are: 2010 (21.2%), 2012 (21.8%), 2014 (19.5%), 2016 (25.4%), 2018 (30.6%), and 2020 (25.6%).</p>	<p>Figure 10. Percentage of New York High School Students Reporting Current Use of Any Tobacco Product, New York Youth Tobacco Survey, 2010–2020</p> <ul style="list-style-type: none"> • There is a statistically significant upward trend in current use of any tobacco product among New York high school students. Current tobacco use is defined by indicating use of cigarettes, cigars (large cigars, cigarillos, or little cigars), smokeless tobacco (chew, snuff, dip, snus, or dissolvable), hookah (or waterpipe), vaping products, or other tobacco products (pipe, bidi, or kretek) on 1 or more days in the past 30 days. Survey questions addressing various tobacco products have varied over time; specifically, data regarding vaping product use were first available in 2014, hookah use data were first available in 2008, bidi and kretek use data were available from 2000 to 2010, pipe use data were available for all years except 2010 and 2012, snus use data were available in 2012, and dissolvable use data were first available in 2014.

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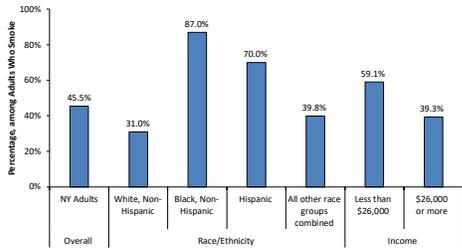


Figure Title and Technical Details

Figure 11. Percentage of New York Adults Who Usually Smoke Menthol Cigarettes, Among Adults Who Currently Smoke Cigarettes, by Race/ethnicity and Income, New York Adult Tobacco Survey, pooled 2020-2021

- Because the denominator size for Black non-Hispanic adults who smoke is fewer than 100 respondents (n=91), we encourage caution in interpreting the estimate. The confidence interval is 74.3% to 94.0%. Although the size of the group of Black non-Hispanic New Yorkers who smoke in our sample is small, our finding that menthol use is much higher among Black non-Hispanic people who smoke than White non-Hispanic people who smoke in New York is consistent with national studies (e.g., Delnevo et al., 2020; Mendez & Le, 2022).
- All other race groups combined include American Indian and Alaska Native, Asian, Pacific Islander, and any other groups not listed.

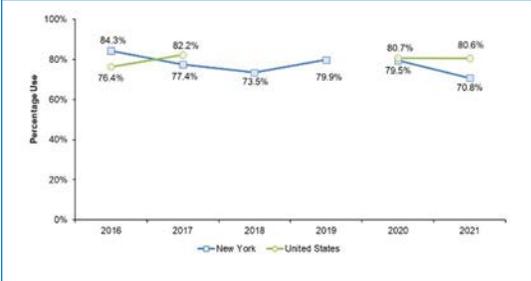


Figure 12. Percentage of Adult Vapers in New York and the United States Who Used Flavored Vaping Products, New York Adult Tobacco Survey and New York National Adult Tobacco Survey, 2016-2021

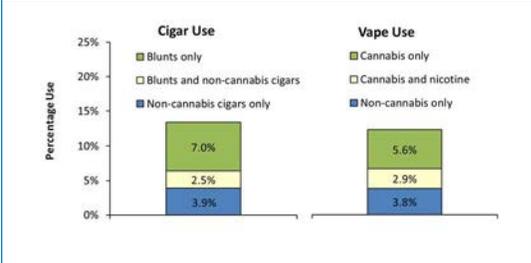


Figure 13. Percentage of New York Adults Who Use Cigars, Blunts, or Both and Who Vape Cannabis, Nicotine, or Both, New York Adult Tobacco Survey, 2021

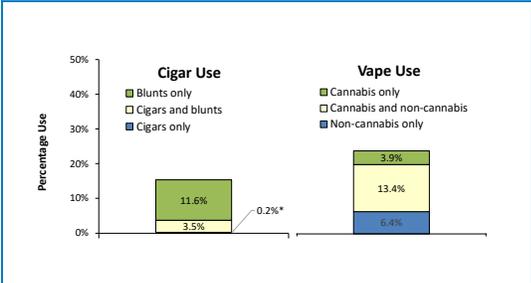


Figure 14. Percentage of New York High School Students Who Vape Cannabis, Non-cannabis, or Both and Who use Cigars, Blunts, or Both, New York Youth Tobacco Survey, 2020

- The cigar-only estimate may be unreliable due to the rarity of cigar-only use among survey respondents.



**Department
of Health**

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