



Independent Evaluation Report

New York Tobacco Control Program

2023



Prepared for the New York State
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2023 Independent Evaluation Report of the New York Tobacco Control Program

Prepared for

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About this Report

This Independent Evaluation Report was prepared by RTI International as part of the independent evaluation of the New York Tobacco Control Program (or the Program). The report summarizes key measures related to commercial tobacco for New York State. We describe the Program's goals, funding, and context; highlight intervention activities; describe progress achieved; and identify remaining challenges and the ways in which tobacco-related outcomes are unevenly distributed across the population. In addition, we share highlights from specific studies and analyses conducted as part of the independent evaluation that address timely issues relevant to the New York Tobacco Control Program.

This report was prepared in spring 2023 and reflects funding levels appropriated for fiscal year (FY) 2023–2024 and describes activities and outcomes primarily from the 2022 calendar year.

The acronyms we use in this report include the following, related to Program efforts and data sources:

New York Tobacco Control Program and grantees

ATFC – Advancing Tobacco-Free Communities (grantees)

HSTFNY – Health Systems for a Tobacco-Free New York (grantees)

Data Sources

BRFSS – Behavioral Risk Factor Surveillance System

CAT – Community Activity Tracking (grantee reporting system)

NY ATS – New York Adult Tobacco Survey

NY NATS – New York's National Adult Tobacco Survey

NY YTS – New York Youth Tobacco Survey

NYTS – National Youth Tobacco Survey

Commercial Tobacco

In this report, the term **tobacco** is used in reference to the use of commercial tobacco and not the traditional and ceremonial use of tobacco by tribes and Indigenous communities.

When we refer to **tobacco products**, we include cigarettes, vaping products, cigars, smokeless tobacco, and other tobacco and nicotine products. New York State law refers to "vapor products, intended or reasonably expected to be used with or for the consumption of nicotine"; we generally use "**vaping products**" to describe these products, to reflect the New York Tobacco Control Program's use of the term in surveys and communications.

Want to learn more about tobacco control in New York?
www.health.ny.gov/prevention/tobacco_control

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Executive Summary

The use of tobacco remains the leading cause of premature death in New York. Nearly 28,000 New York adults die prematurely from smoking-related illness and disease annually. The New York State Department of Health (or the Department) administers the New York Tobacco Control Program (or the Program) to prevent tobacco use initiation, reduce tobacco use among adults, eliminate secondhand smoke exposure, and advance health equity.

New York has implemented a range of evidence-based tobacco control policies to reduce tobacco use initiation and establish tobacco-free norms, including raising the price of tobacco products, implementing a comprehensive smoke-free air policy, and restricting sales of flavored vaping products. The Program's comprehensive approach to tobacco control complements these policies with a range of interventions in the areas of health communication, cessation-focused health systems change, and statewide and community action. The Program has committed to promote health equity among populations disproportionately affected by tobacco industry marketing and tobacco product use.

Youth and adult cigarette smoking prevalence rates have dropped to the lowest levels on record in New York. However, there is yet more work to be done. Although the Program has met its goal of decreasing youth cigarette smoking dramatically, youth tobacco use remains stubbornly high due to youth use of vaping products. The Program is pursuing further decreases in youth and adult tobacco use, additional declines in secondhand smoke exposure, and the advancement of health equity among populations disproportionately impacted by tobacco marketing and use.

This independent evaluation report provides a review of the New York Tobacco Control Program's activities and progress for the 2022 calendar year. The report summarizes the Program's context, describes the programmatic approach, and assesses progress toward tobacco control health outcomes.

Key Points

- The New York Tobacco Control Program implements an evidence-based comprehensive approach to tobacco control. However, funding for the Program falls short of the Centers of Disease Control and Prevention's (CDC's) recommended level for the state. New York Tobacco Control Program funding for FY 2023–2024 is only 17% of the CDC recommendation.
- In 2022, 23.3% of New York adults reported use of any tobacco product, with cigarettes the most commonly reported, followed by cigars, nicotine vaping products, and hookah. Although cigarette use prevalence has decreased, the proportion of New York adults who report using any tobacco product did not change significantly from 2012 to 2022.
 - The prevalence of cigarette smoking among New York adults was 11.3% in 2022, very close to the state's target of reducing smoking prevalence to 11.0% by the end of 2024. Although New York and national smoking prevalence estimates are similar, CDC reports indicate that New York is one of only 11 U.S. states where smoking prevalence was 12.0% or lower in 2021.
 - Among New York adults, the prevalence of cigar use was 8.5% in 2022, compared to the national estimate of 10.4%.

- The prevalence of vaping nicotine among New York adults was 8.0% in 2022. The prevalence of flavored vaping product use with nicotine among adults who vaped nicotine was 80.0% in 2022, compared to the national estimate of 87.5%.
- In 2022, the prevalence of nicotine vaping product use was considerably higher among young adults aged 18–24 years (23.7%) than adults aged 25 years and older (6.0%) in New York.
- Smoking prevalence varied by demographic characteristics and mental health status.
 - Cigarette smoking prevalence was higher in 2022 among New York adults experiencing frequent mental distress (18.4%) than those not experiencing frequent mental distress (10.0%).
 - Adult smoking prevalence varied by income, with higher prevalence among adults reporting a household income of less than \$25,000 (18.4%) than those with income \$25,000 and above (which ranged from 7.5% to 12.8% for groups reporting income levels \$25,000 and above).
 - Smoking prevalence among New York adults with less than a high school formal education was 18.1% in 2022, higher than smoking prevalence among those with high school or GED-level education (15.2%), some college (12.8%), or college degree or higher (4.9%).
- Half of New York adults who smoke cigarettes reported having made a quit attempt in the past 12 months (51.0% in 2022), similar to the national estimate of past 12-month quit attempts (49.7%).
- In 2022, more than half of New York adults who smoke and who visited a health care provider in the past 12 months reported that their provider assisted them with a quit attempt (55.1%), compared with the national estimate of 42.5%.
 - Reports of provider cessation assistance among New York adults who smoke cigarettes were statistically similar across measures of frequent mental distress, income, education, and LGBTQ¹ identity. Provider assistance was higher among those living with a disability than those not living with a disability and was higher among those living in the most rural areas than those in moderately rural areas of the state. This indicates that providers are delivering evidence-based cessation interventions to New Yorkers who are members of groups disproportionately affected by tobacco marketing and use.
- In 2022, 21.1% of New York youth reported use of any tobacco product, with vaping more common than use of other tobacco products. Looking at trends of New York high school student tobacco use from 2012 to 2022, there is a statistically significant upward trend in current use of any tobacco product, though the types of products used has differed over time.
 - In 2022, 18.7% of New York high school students reported using vaping products in the past 30 days and 14.1% of U.S. high school students reported using vaping products in the past 30 days. The prevalence of vaping among middle school students was 5.6% in New York and 3.2% nationally in 2022.
 - Cigarette smoking continues to decline among youth. In 2022, only 2.1% of New York high school students reported current use of cigarettes, similar to the national high school

¹ The acronym LGBTQ includes those who identify as lesbian, gay, bisexual, transgender, and/or queer. The acronym LGBTQIA+ is an umbrella term that refers to individuals who identify as lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, aromantic, agender, and/or individuals who identify as another gender within the LGBTQIA+ community. In this report, we use the acronym LGBTQIA+ when referring to this population as a whole and we use the acronym LGBTQ when presenting survey results, to reflect the way we analyzed survey data regarding sexual orientation and gender identity.

cigarette use prevalence rate of 2.0%. Among New York middle school students, only 0.4% reported current use of cigarettes.

- In 2022, 1.1% of New York high school students reported current use of cigars and 2.8% of U.S. high school students reported current use of cigars. Among New York middle school students, only 0.4% reported current use of cigars, similar to middle school students nationally (0.6%).
- Shortly after the New York Tobacco Control Program aired a cessation-focused media campaign in late 2021 and early 2022, 66.3% of New York adults who smoke cigarettes reported awareness of the campaign. However, funding constraints meant that campaigns were on the air for only half of the year, which limited the ongoing impact of the media campaign.
 - In 2022, New York Tobacco Control Program-funded grantees continued running a media campaign focused on the tobacco industry’s targeted marketing of menthol cigarettes to Black communities and to youth. In 2022, 50.2% of respondents surveyed were aware of the “It’s Not Just (Menthol)” campaign.
- Among New York adults who are enrolled in Medicaid and who smoke, 21.3% were estimated to have used Medicaid benefits for smoking cessation in 2021.
- The volume of calls to the New York State Smokers’ Quitline increased from 2021 to 2022, and the number of web users per month in 2022 was four times as high as in 2021. Nearly 33,000 New York adults received cessation services from the Quitline during 2022.
- In 2022, New York Tobacco Control Program-funded community grantees reported that five local communities passed tobacco control policies focused on the retail environment, bringing the number of local communities with retail policies adopted in recent years to 30. This translates to 72% of the population of the state being covered by at least one local tobacco retail policy, in addition to statewide tobacco control policies.
- Co-use of tobacco and cannabis products, particularly among youth, raises public health concerns. Although New York youth cigar use was very low (less than 2% in 2022), youth use of blunts (cigar products with cannabis) was 9.6% among high school students and 1.2% among middle school students in 2022.

Overall Programmatic 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 objectives.
 - Funds from the vaping product sales tax could be directed to the New York Tobacco Control Program to support education, intervention, and evaluation. High rates of vaping among New York youth require the Program to use its limited resources for a broad range of tobacco control activities, as the tobacco product landscape continues to change.
 - With additional funding, the New York Tobacco Control Program could increase cessation messaging and youth vaping prevention campaigns, conduct additional education supporting approaches to reduce youth exposure and access to tobacco products, implement stronger compliance monitoring for retail environment policies, enhance opportunities to promote cessation with an emphasis on equitable access to cessation resources, and assess the effectiveness of interventions more comprehensively.

- Continue to refine the Program’s approach to eliminate inequities in tobacco product use. This includes ensuring that interventions reach and support New Yorkers in groups with disproportionately high rates of smoking, minimizing barriers to deliver cessation resources effectively, addressing social and commercial determinants of health including disrupting tobacco industry tactics to target historically marginalized communities, and further engaging with communities and organizations working to improve health outcomes.
- Continue efforts to reduce youth tobacco use, particularly use of vaping products. The Program can continue to promote policies to protect youth, test and run media campaigns targeting youth, and support education and enforcement regarding existing vaping-related policies.
- Develop a strategic plan for addressing tobacco and cannabis co-use, particularly among youth, in collaboration with the New York State Office of Cannabis Management.

Introduction and New York Tobacco Control Program Objectives

Morbidity and mortality related to commercial tobacco use remain high in New York, despite the reduction in smoking prevalence. In 2020, nearly 28,000 New York adults died prematurely from smoking-related illness and disease. The prevalence of cigarette smoking remains disproportionately high among communities that have been historically targeted by the tobacco industry, including adults who experience frequent mental distress, adults with an annual household income below \$25,000, adults with low educational attainment, and adults living with a disability. These and other disparities in smoking rates are associated with inequitable social and commercial determinants of health. Additional tobacco-related challenges facing New York include high rates of youth vaping, persistent struggles with nicotine addiction among adults who smoke and want to quit, and ongoing changes in the tobacco product landscape.

Tobacco Control Policies in New York

To address tobacco use and tobacco-related health outcomes, New York has implemented evidence-based tobacco control policies, including a smoke-free air law, tobacco product taxes, and restrictions on which products may be sold in which settings in the state. State-level policies (some of which are listed in the panel to the right) collectively address youth access, availability of youth-appealing products, secondhand smoke exposure, and tobacco-related social norms. New York’s comprehensive smoke-free air law that prohibits cigarette smoking and vaping product use in workplaces, restaurants, and bars has also been extended to combustible cannabis products. In 2022, the state’s cigarette excise tax was \$4.35 per pack, and was increased to \$5.35 per pack in 2023. New York City also adds a local excise tax for cigarettes and minimum prices for tobacco products. The state also put in place a 20% sales tax on the retail price of vaping products. New York has implemented tobacco control policies to make it more difficult to start using tobacco and easier to quit. Some of these policies are intended to make changes in the retail environment that help promote tobacco-free social norms and limit industry targeting of marketing, promotions, and sales to specific populations.

The New York Tobacco Control Program’s evidence-based approach to tobacco control involves health communication, cessation-focused health systems interventions, and statewide and community action to improve policies, systems, and environmental changes to reduce tobacco use across the state and improve health equity. The Program is making a conscious effort to center health equity in tobacco control interventions, and it is important to acknowledge the factors that contribute to tobacco-related inequities (see panel on next page).

NEW YORK STATE LAW	
	Prohibits the sale of flavored vapor products
	Prohibits cigarette smoking and vaping product use in workplaces, restaurants, and bars
	Requires child-resistant packaging for liquid nicotine
	Requires retailers to be registered to sell tobacco products (including vaping products)
	Restricts tobacco product multi-pack discounts and coupon redemption
	Prohibits pharmacies (and stores with pharmacies) from selling tobacco products
	Restricts the storefront display of tobacco products and advertisements near schools
	Restricts delivery of vaping products only to those registered to sell them
	Assesses taxes on tobacco products, including vaping products

A CLOSER LOOK: DISPARITIES IN THE HEALTH AND SOCIAL BURDENS OF TOBACCO

Tobacco product use remains the leading cause of premature death in New York and across the United States. Although smoking rates are on the decline nationally, long-term targeted demographic marketing by the tobacco industry has contributed to some populations experiencing slower declines in smoking than others.

Rates of tobacco use remain disproportionately high among some groups of people. These groups, as a result, experience higher rates of tobacco-related health, social, and economic burdens.



The unequal distribution of tobacco-related burdens across populations is due to a variety of factors including social and commercial determinants of health.



Social determinants of health are defined as, “conditions in the places where people live, learn, work, and play that affect health and quality of life” (CDC, 2022a). These determinants include economic stability, access to education and health care, the neighborhood and built environment, social and community context, and institutionalized racism.



Commercial determinants of health are defined as, “strategies and approaches used by the private sector to promote products and choices that are detrimental to health” (Kickbusch et al., 2016). These determinants include the ways in which products are marketed and where retailers are situated.

Disparities in U.S. tobacco-related health outcomes

People with lower income have higher incidence of high-cost tobacco-related diseases, such as lung cancer and cardiovascular disease (CVD) than people with higher levels of income (CDC, 2022b).



People with mental illness have higher cigarette smoking prevalence than people not experiencing mental illness. Further, people with mental illness who smoke report higher cigarette consumption, experience worse health outcomes, and have higher rates of mortality from tobacco-related diseases than adults without mental illness who smoke (Prochaska, Das, & Young-Wolff, 2017).

Lesbian, gay, and bisexual adults have more risk factors for CVD, and higher rates of smoking compound their risk of developing CVD (CDC, 2022c).



People living in rural areas have higher rates of poor health and tobacco-related health outcomes compared to people in urban areas, including higher rates of death from lung cancer (CDC, 2022d).

The NY TCP recognizes the inequities that impact the health of New Yorkers, and the Program works to center health equity in their tobacco control interventions. Throughout this report, we describe these interventions and related reach and impact.

The New York Tobacco Control Program

Addressing tobacco use and promoting health equity among populations disproportionately impacted by tobacco are public health priorities for the New York Tobacco Control Program. The Program works to prevent the initiation of tobacco use by youth and young adults, promote cessation from tobacco use, eliminate exposure to secondhand smoke, and advance health equity. The New York Tobacco Control Program’s comprehensive approach to tobacco control, aligned with the Centers for Disease Control and Prevention’s *Best Practices for Comprehensive Tobacco Control Programs* (CDC, 2014), utilizes a population-level approach that is evidence-based and policy-driven with a commitment to promoting health equity among populations disproportionately affected by tobacco marketing and use.

The New York Tobacco Control Program has 6 key priority areas:

- Prevent initiation of tobacco and e-cigarette use by youth and young adults
- Reduce tobacco use among adults
- Eliminate exposure to secondhand smoke
- Advance health equity among populations disproportionately affected by tobacco marketing and use
- Maintain, strengthen, and refine New York’s effective tobacco control infrastructure
- Contribute to the science of tobacco

The New York Tobacco Control Program works to achieve objectives in the New York State Department of Health 2019–2024 Prevention Agenda, a plan developed by the state to improve the health and wellbeing of all New Yorkers (New York State Department of Health, 2019). These objectives focus on decreasing tobacco use statewide with targeted reductions among populations disproportionately impacted by tobacco use, as well as increasing the use of evidence-based cessation treatments and reducing exposure to secondhand smoke. Table 1 provides an overview of these objective areas, and a full list of tobacco objectives, measurable targets, and updated estimates are provided in Appendix A. Throughout this report, we highlight RTI evaluation findings that link to the Department’s 2019—2024 Prevention Agenda objectives.

Table 1. 2019–2024 Prevention Agenda Tobacco Objective Areas

- Decreasing tobacco use prevalence among high school students
- Decreasing tobacco use prevalence among young adults
- Decreasing cigarette smoking prevalence among adults, overall and for populations with historically higher smoking rates
- Decreasing secondhand smoke exposure among adults and youth
- Increasing use of evidence-based treatments, including health care provider assistance and utilization of Medicaid cessation benefits
- Increasing policies restricting tobacco products in the retail environment and prohibiting smoking in multi-unit housing

Note: See Appendix A for a full list of objectives and targets.

In the following sections, we describe the Program’s funding and provide key highlights from programmatic efforts in the areas of health communications, cessation-related health systems change, and state and community interventions.

Program Funding

For fiscal year 2023–2024, the state appropriated \$46.7 million for the New York Tobacco Control Program. However, the Program had only \$35.1 million available, a difference of \$11.6 million. This

difference included a one-time appropriated increase of \$7.5 million (comprised of \$5 million from Juul settlement funds and \$2.5 million from a legislative addition) in the enacted budget was not available for the Program’s use in the 2023-2024 state fiscal year but may become available in future years. Additionally, the NYS Division of Budget communicated to the Department a limit that is an additional \$4.1 million less than the appropriated budget amount. This lower amount is a result of an administrative function set by the Division of Budget; the value can be changed by the Division of Budget in the course of a State fiscal year. The Program’s funding is significantly less than the \$203 million federal recommendation for tobacco control funding in New York (CDC, 2014). New York’s available tobacco control funding represents 17% of CDC’s recommended funding level for the state, and even the allocated funding of \$46.7 million is only 23% of the recommended level. The level of funding available to the New York Tobacco Control Program provides context for interpreting trends in key outcome measures. For example, media campaigns aimed at helping raise awareness of quit resources for smokers, such as the Quitline and cessation-related health plan benefits, are funded by these Program dollars. Lower levels of active media can translate into lower reach of media campaigns and fewer smokers engaging in quit behaviors than would otherwise be possible with greater funding.

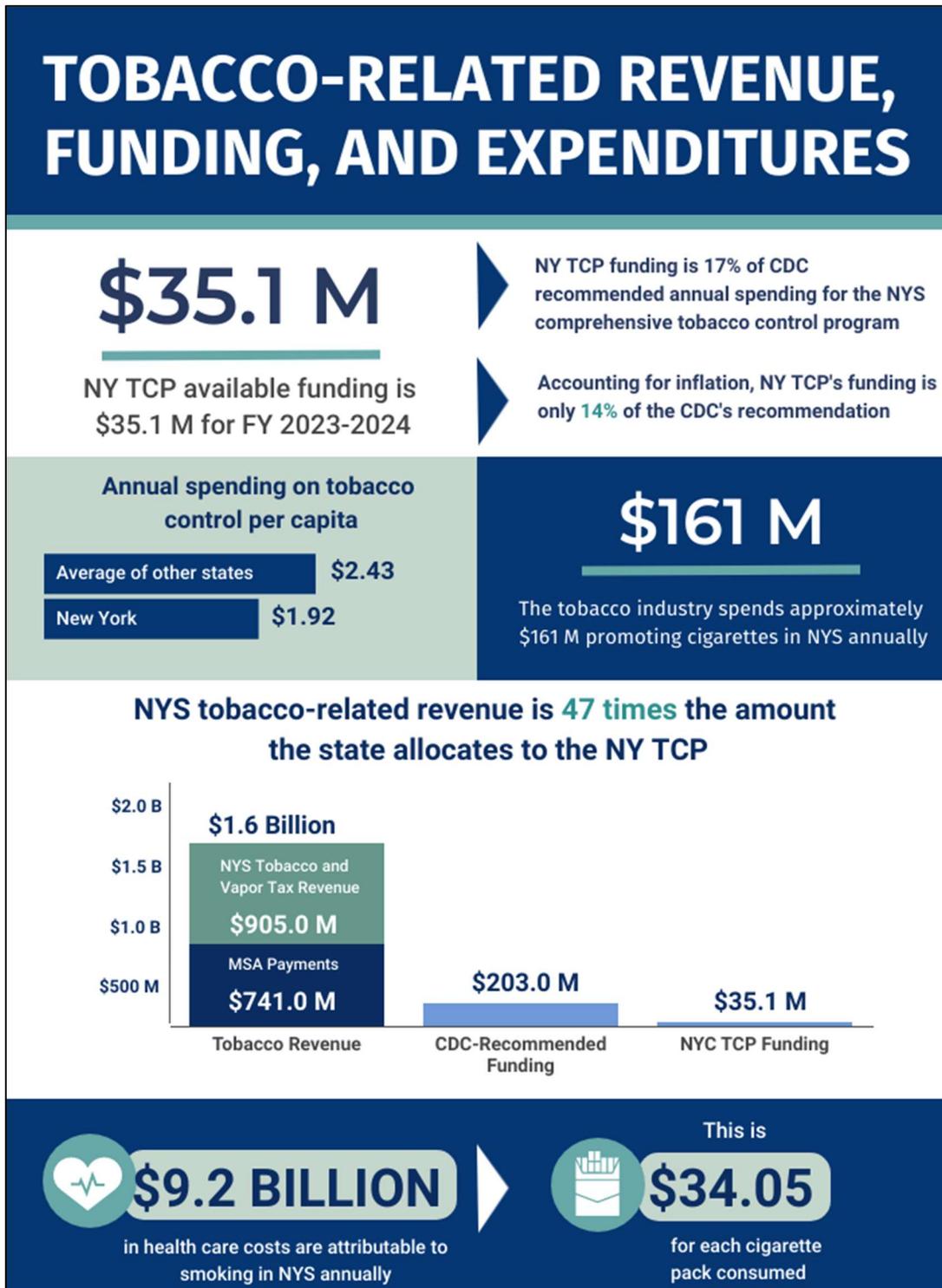
New York receives revenue from tobacco taxes, as well as from Master Settlement Agreement (MSA) payments from cigarette companies as part of a settlement due to the costs absorbed by the state of treating people with tobacco-related illnesses; however, state decision-makers do not necessarily allocate these funds for tobacco use prevention and cessation. The Program’s FY 2023–2024 funding represents only 3% of the combined revenue that the state receives annually from MSA payments (\$741 million in FY 2023) and tobacco-related taxes (\$881 million from tobacco excise taxes in FY 2023 and \$24 million from the vapor product sales tax in FY 2023). Some of the funds from the recent Juul settlement with New York and other states is intended to be used for tobacco control, although the funding was not available to the Program by fall 2023. Table 2 shows the expenditure plan by program component for the funds available in FY 2023–2024, as available by October 2023.

Table 2. New York Tobacco Control Program Expenditure Plan for Available Funding for FY 2023–2024, by Program Component

Program Component	2023–2024 Funding
Health Communication Interventions	
Media placement	\$5,224,127
Health Systems Interventions	\$7,701,487
Health Systems for a Tobacco-Free New York	\$3,275,000
New York State Smokers’ Quitline	\$3,926,487
Quitline - Nicotine replacement therapy	\$500,000
State and Community Interventions	\$10,583,781
Advancing Tobacco-Free Communities	\$9,275,000
Center for Public Health and Tobacco Policy	\$808,781
Training/Professional development	\$500,000
Enforcement	\$4,724,950
BTC funds for enforcement	\$2,475,350
CEH funds for enforcement	\$2,249,600
Administration	
Tobacco control and cancer services	\$3,628,000
Surveillance and Evaluation	\$3,259,255
Independent evaluation	\$3,186,582
BRFSS	\$72,673
Total	\$35,121,600

BTC = Bureau of Tobacco Control; CEH = Center for Environmental Health; BRFSS = Behavioral Risk Factor Surveillance System

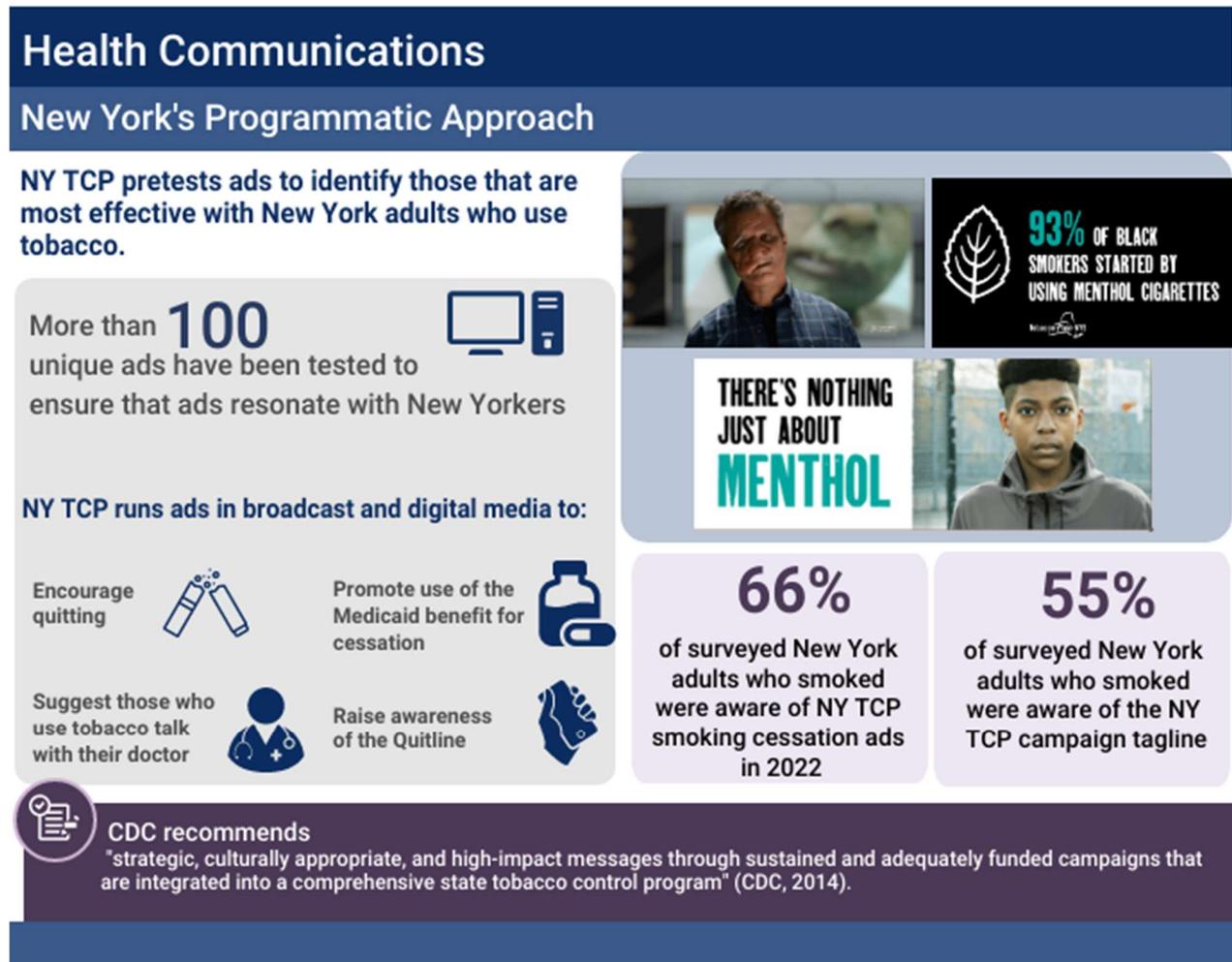
Exhibit 1. New York Tobacco Control Program Tobacco-Related Revenue, Funding, and Expenditures



Health Communication

The New York Tobacco Control Program’s health communication efforts during FY 2022 included ongoing media campaigns encouraging adults who smoke to quit; a media campaign to inform about and motivate people to take action around the issue of tobacco industry targeting of menthol cigarette marketing toward youth and Black communities; a newly-launched media campaign to educate parents and communities about the risks of youth vaping; a digital campaign to promote a text-based youth and young adult vaping cessation intervention; and a campaign to encourage behavioral health care providers to treat their patients and clients that smoke with effective tobacco dependence treatments. As a complement to these efforts, the Program also conducted ongoing formative research to inform the selection and placement of campaign messaging. These efforts (Exhibit 2) reflect the CDC’s recommendations for implementing effective state-sponsored health communication interventions by delivering strategic, culturally appropriate, and high-impact messages via mass-communication campaigns (CDC, 2014). In the sections that follow, we describe the New York Tobacco Control Program’s health communication efforts in 2022.

Exhibit 2. New York Tobacco Control Program Programmatic Highlight: Health Communications



Smoking Cessation Media Campaigns

The New York Tobacco Control Program’s smoking cessation media campaigns encourage New Yorkers who use tobacco to quit by talking with their health care provider and using evidence-based tobacco cessation methods. In 2022, the Program continued airing ads that depict the negative health consequences of smoking through emotionally evocative and graphic content. In January and February 2022, the Program aired one antismoking ad from CDC’s *Tips from Former Smokers* campaign—*Michael P.*—along with the New York Tobacco Control Program ad *Cigarettes Are Eating You*

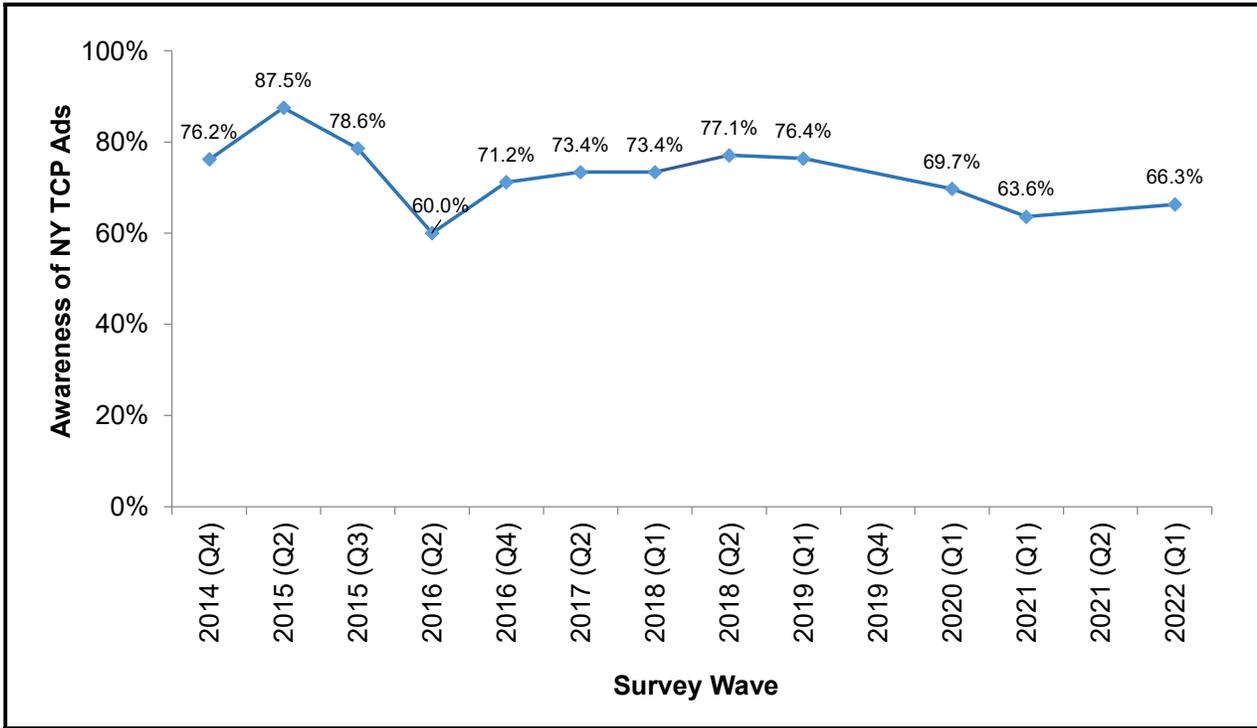
Alive, which aired in English and Spanish (Exhibit 3 shows an example ad from this campaign). In September 2022, the program began airing *Assad and Leah: Things I’ve Learned* from the *Tips from Former Smokers* campaign, along with two ads developed by the Utah Department of Health, *Anxiety* and *Darling*. Nearly all ads included the tagline, “Smoking is an addiction. Medicaid and your health care provider can help” along with the New York State Smokers’ Quitline telephone number—messaging that complements health systems efforts and offers people who smoke encouragement and a specific call to action.

The majority of smoking cessation media campaign expenditures in 2022 (92%; \$4,136,000) were for video ads aired on broadcast, cable, or “over the top” television (e.g., streaming television, like Hulu), with the remaining expenditures (8%; \$350,000) allocated to streaming video, social media, banner ads, and search placements. Television ads were broadcast across the state, while digital content was targeted toward people who smoke living in upstate New York and those residing in federally-subsidized housing. In a survey of 700 New York adults who smoke conducted in February 2022, 49% reported awareness—responding “yes” they had seen the ad in the last 3 months—of either the *Michael P.* or *Cigarettes Are Eating You Alive* ads that ran in January and February. Additionally, 66% were aware of any cigarette smoking cessation ads assessed on the survey; the survey included assessment of additional ads that aired in fall/winter 2021 (Exhibit 4).

Exhibit 3. Image from an Ad in the New York Tobacco Control Program’s 2022 Smoking Cessation Campaign



Exhibit 4. Awareness of New York Tobacco Control Program Ads Among New York Adults Who Smoke, 2014–2022, NY Media Tracking Survey



“It’s Not Just” Media Campaign

New York Tobacco Control Program-funded grantees launched the *It’s Not Just* media campaign to raise awareness about and motivate action around the issue of tobacco product targeting. This campaign launched in 2021 with messaging about industry targeting in Black communities, and in 2022 the campaign was expanded to include ads focusing on menthol tobacco product targeting toward youth.

Developed in consultation with The Center for Black Health & Equity, the campaign included digital video, print/display, and social media spots and leveraged partnership with iHeart Radio to include host-read spots with a well-known DJ (Exhibit 5 shows an example ad from this campaign). Audiences for this campaign included civically engaged adults, K–12 educators, health care providers, and active participants of religious services in New York.

Exhibit 5. Example Ad from New York’s *It’s Not Just* Media Campaign



In a survey conducted in July 2022, approximately 14 months after initial campaign launch, 50.2% of respondents were aware of the *It’s Not Just* campaign. Awareness of the campaign was strongly correlated with civic/social engagement, suggesting that the campaign is successfully reaching highly engaged adults who may be most likely to take action. Audiences were receptive to campaign messaging, with the majority of respondents agreeing that the video ad was clear, grabbed their attention, and was

powerful and informative. Most notably, campaign awareness was associated with several key outcomes targeted by the campaign, such as having visited the website NotJustMenthol.org, and taking actions to educate others and learn more about the targeting of tobacco products toward Black communities and youth.

Vaping Cessation and Prevention Campaign

To address high rates of nicotine vaping product use among young people in New York, the New York Tobacco Control Program implemented the *Drop the Vape* campaign to promote a text-based intervention to help youth and young adults quit vaping. Developed by Truth Initiative, this program provides encouragement, motivation, and self-efficacy building exercises and coping strategies through interactive daily text messages tailored by age group. The program also directs users to the New York State Quitline, which provides free quit coaching and nicotine replacement therapy for eligible New Yorkers who use vaping products to help them break their dependence on vaping. To promote the campaign, the Program ran digital ads on social media channels like Instagram, TikTok, and Snapchat with messaging targeted to youth and young adults.

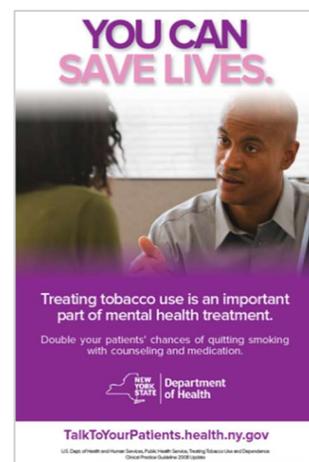
As a companion to the *Drop the Vape* campaign, in January and February 2022, the program aired a media campaign to educate parents and communities about the risk of nicotine and vaping among youth. Based around two video ads created by the California Department of Public Health and adapted by New York to target parents, campaign messaging emphasized the dangers and addictiveness of vaping nicotine by illustrating the negative effects including impaired cognitive function, heightened anxiety, and intense mood swings. Viewers were encouraged to learn how they can help teens quit vaping by visiting the New York State Smoker's Quitline. In a survey conducted in February 2022, 21% of parents aged 25–54 who have at least one child aged 8–17 were aware of either of the vaping prevention campaign ads. In a survey of youth conducted in 2022, 36.6% of middle and high school students were aware of these ads.

Exhibit 6. Image from Ad Aired During the New York Tobacco Control Program's 2022 Vaping Prevention Campaign



Behavioral Health Care Provider Campaign

As a complement to the New York Tobacco Control Program's smoking cessation health communication efforts, in 2022 the program re-launched a campaign targeting behavioral health care providers. The goal of the campaign was to increase adherence to clinical practice guidelines for evidence-based tobacco dependence treatment. The behavioral health care provider campaign featured ads that encourage behavioral health care providers to treat their clients who smoke with effective tobacco dependence treatments. Ads ran in behavioral health medical journals in print and digital versions, along with digital ads on



professional and social media websites. All ads directed providers to the talktoyourpatients.health.ny.gov website, providing resources and evidence-based treatments for nicotine addiction that include medications and smoking cessation counseling.

Health Communication Discussion

In 2022, the bulk of the New York Tobacco Control Program's health communications efforts focused on campaign messaging encouraging people who smoke cigarettes to quit, complemented with a behavioral health care provider-targeted campaign to encourage evidence-based tobacco use dependence treatment. These campaigns align with the purpose of the Program by encouraging youth to quit tobacco, raise awareness of menthol products, and reinforce tobacco-free social norms.

Awareness of cigarette smoking cessation ad campaigns among New York adults who smoke in 2022 was in line with previous years (awareness ranged from 60% to 80% between 2014 and 2022). While encouraging in terms of awareness when ads were recently aired, the 2022 awareness level reflects a snapshot of a brief period at the beginning of the year when campaign ads were on the air, at the end of the fall/winter campaign. Consistent with recent previous years, the New York Tobacco Control Program did not air smoking cessation messaging for over half of 2022 (March through September).

In its second year, the Program's *It's Not Just* campaign which aims to build awareness about menthol product targeting toward Black communities and youth resulted in promising levels of reach, with 50% of those in the target audience reporting awareness of campaign messaging. As the campaign continues, awareness will likely increase with campaign duration and would also likely increase if additional funds were available for the campaign. Most respondents reacted favorably to the campaign video ads, and positive associations between ad awareness and key beliefs and behaviors relevant to the campaign are promising. The *It's Not Just* campaign coincides with the U.S. Food and Drug Administration's (FDA's) recent proposed product standards to ban menthol cigarettes and flavored/menthol cigars (U.S. Food and Drug Administration, 2022). Findings from evaluation of the *It's Not Just* campaign suggest that media campaigns can build public support for local policies that may be implemented before local or federal product standards are in place.

CDC best practice guidance suggests that campaigns should aim to reach 75–80% of the target population each quarter (CDC, 2014). Although New York Tobacco Control Program's smoking cessation campaign was close to this goal in the first quarter of 2022, this campaign did not air for over half of the year. To increase the reach and effectiveness of its smoking cessation health communications efforts, the Program would likely need to implement sustained campaign activities that continue to leverage hard-hitting graphic or emotionally resonant ads perceived as highly effective by New Yorkers who smoke cigarettes. However, the Program's relatively low funding for media campaigns and other tobacco control programmatic activities limits the ability to air media at sufficient levels to achieve CDC's recommended campaign reach.

With vaping products being the most prevalent tobacco product used by New York youth, vaping prevention and cessation campaigns can play an important role in addressing the 2019–2024 Prevention Agenda goal to "prevent initiation of tobacco use, including combustible tobacco and electronic vaping products... by youth and young adults." Little evidence from the literature exists regarding effective

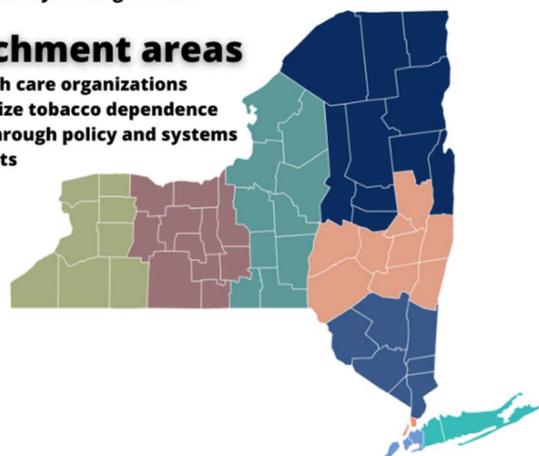
strategies for reducing youth vaping via campaigns targeted to parents, and the Program’s parent-targeted campaign in 2022 resulted in low reach among New York parents. However, research has demonstrated the success of vaping prevention messages aimed at youth such as the Real Cost campaign (Duke et al., 2024; MacMonegle et al., 2024; Noar et al. 2022) and Truth’s ‘It’s Messing with Our Heads’ campaign (Hair et al., 2024, 2025). Given the New York Tobacco Control Program’s health communication funding constraints, the Program could consider focusing its limited campaign resources on messaging to promote cessation of cigarette smoking, which remains the leading preventable cause of death and disability in New York—or focus vaping prevention efforts on youth audiences.

Cessation and Health Systems Interventions

To help New Yorkers who use tobacco quit, New York Tobacco Control Program’s health systems interventions focus on increasing the provision of evidence-based treatments for tobacco dependence including FDA-approved cessation medications, counseling, and Quitline services (Exhibit 7). The Program established cessation-related objectives focused largely on decreasing adult smoking prevalence and promoting health care provider screening and treatment for New Yorkers who use tobacco. The Program’s health systems approach includes:

- funding Health Systems for a Tobacco-Free New York (HSTFNY) grantees to facilitate adoption of policies, protocols, and workflows that institutionalize provision of evidence-based tobacco dependence treatment;
- coordinating with external initiatives and partnerships to link statewide health care reform changes with the New York Tobacco Control Program’s efforts to support tobacco-related systems change, especially in settings where smoking is highest;
- promoting reduced-cost tobacco dependence treatments; and
- providing telephone-, web-, and text-based smoking cessation support.

Regional health systems grantees work in **9 catchment areas** to help health care organizations institutionalize tobacco dependence treatment through policy and systems improvements



These efforts aim to promote changes in health care organizational systems, improve provider interventions, and create a barrier-free environment for New Yorkers who use tobacco products to receive low-cost evidence-based treatment.

The Program has taken steps to focus on health equity by identifying adult populations in New York who smoke at higher rates than the general adult population and who are disproportionately affected by tobacco marketing and use, including adults who experience frequent mental distress and live with low income or low education. The New York Tobacco Control Program promotes cessation and cessation resources among these communities by partnering with agencies and groups who serve communities disproportionately affected by tobacco marketing and use, engaging with community members, targeting

media campaigns that focus on adults with high rates of smoking, and highlighting the tobacco industry’s targeting of historically disadvantaged communities.

Exhibit 7. New York Tobacco Control Program Programmatic Highlight: Cessation Interventions

Cessation Interventions

New York's Programmatic Approach

New York's approach to promoting cessation comprises:



Center for Health Systems Improvement



HSTFNY 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.

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



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

Note: Systems strategy 1 involves health care providers Asking all patients about tobacco use, Advising all tobacco users to quit, Assessing readiness to quit, Assisting with a quit attempt, Arranging for follow-up, and Referring to the quitline or other resources.

Health Systems Grantee Interventions

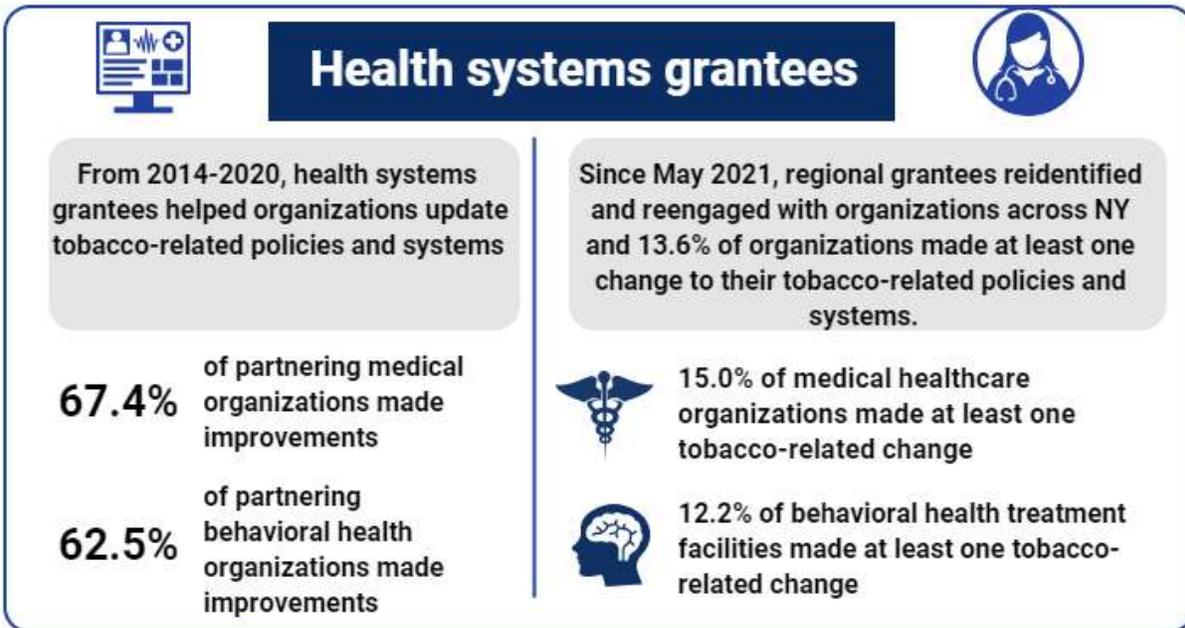
The New York Tobacco Control Program funds regional HSTFNY grantees in 9 catchment areas across the state and also funds a statewide grantee, the Center for Health Systems Improvement, to facilitate adoption of tobacco-related policies and systems by Federally Qualified Health Centers (FQHCs) and other community-based health centers, and mental health and behavioral health treatment facilities (see a list of grantees in Appendix C). Due to statewide contracting delays related to the COVID-19 pandemic, HSTFNY grantees were not funded from mid-2020 through April 2021; HSTFNY funding resumed in May 2021.

The main objective of the HSTFNY grantee work is that, between May 1, 2021, and April 30, 2026, at least 75% of health care organization administrators identified in each grantee’s catchment area will

establish policies and procedures that improve tobacco dependence treatment delivery as recognized by the Public Health Service Guideline’s System Strategy 1 (screening systems), System Strategy 2 (training, resources, and provider feedback), and System Strategy 3 (dedicated staff) (Fiore et al., 2008) (Exhibit 7). At the start of the 5-year contract cycle, HSTFNY grantees engaged with health care organizations in their catchment areas to reestablish partnerships with some organizations and foster new partnerships with others. Since May 1, 2021, 13.6% of organizations have made at least one change to their tobacco-related policies and systems (15.0% of medical health care organizations and 12.2% of behavioral health treatment facilities).

As of 2022, regional HSTFNY grantees identified 471 health care organizations across the state to engage with (233 medical and 238 behavioral health treatment facilities) (Exhibit 8). Since May 2021, grantees reported partnerships with 61.8% of medical organizations (144 of the 233 organizations identified) and 48.3% behavioral health treatment facilities (115 of the 238 identified).

Exhibit 8. Health Systems Grantee Reports of Systems Changes (2014–2020) and Partnering with Organizations (2021–2022)



Brief advice to quit smoking by a health care provider significantly increases the odds that a person who smokes will quit (Fiore et al., 2008; Nonnemaker et al., 2011) and approximately 80% of New Yorkers who smoke visit a health care provider annually. New York’s health systems efforts employ multiple strategies to promote provider identification of tobacco use and provision of tobacco interventions, including policies and reminder systems within organizations, media messages encouraging providers to intervene with patients, and media campaigns encouraging adults who use smoke to talk with their providers.

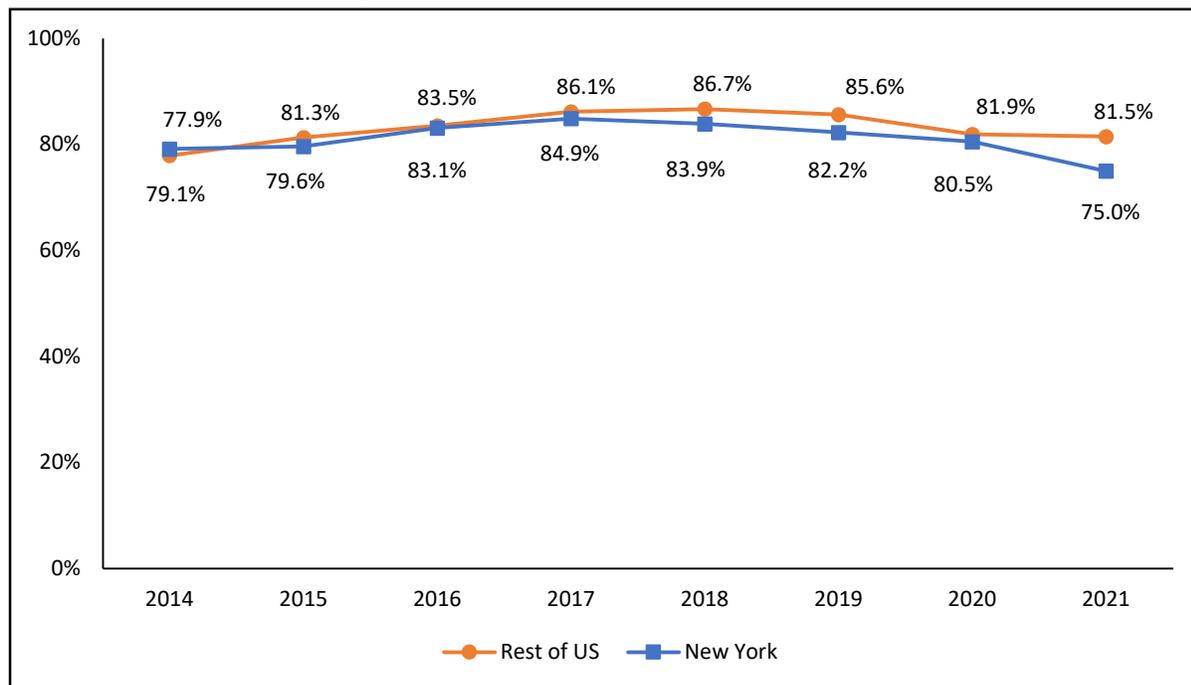
Grantees are instructed by the New York Tobacco Control Program to focus on supporting organizations that serve populations with higher rates of tobacco use, including community health centers and behavioral health treatment facilities. In particular, New York’s health systems efforts focus on

organizations that serve New Yorkers living with low income, such as FQHCs, and who experience frequent mental distress, such as behavioral health treatment facilities.

FQHCs are community-based health care organizations funded by the federal Health Resources & Services Association (HRSA) to provide comprehensive primary and preventive care to patients regardless of their ability to pay. These organizations provide access to pharmacies, oral health care, and mental health and substance use treatment services in areas where structural barriers limit access to affordable health care, which are often areas with higher rates of tobacco use (HRSA, 2022).

In 2021, the most recent year for which data were available, there were 63 funded FQHCs in New York serving 2,226,970 patients across hundreds of clinical sites across the state. In 2021, 75.0% of adult patients served by FQHCs in New York were asked if they used tobacco and, as applicable, received either tobacco use cessation counseling services or a prescription or recommendation to purchase a tobacco use cessation agent, compared with 81.5% in the rest of the country.

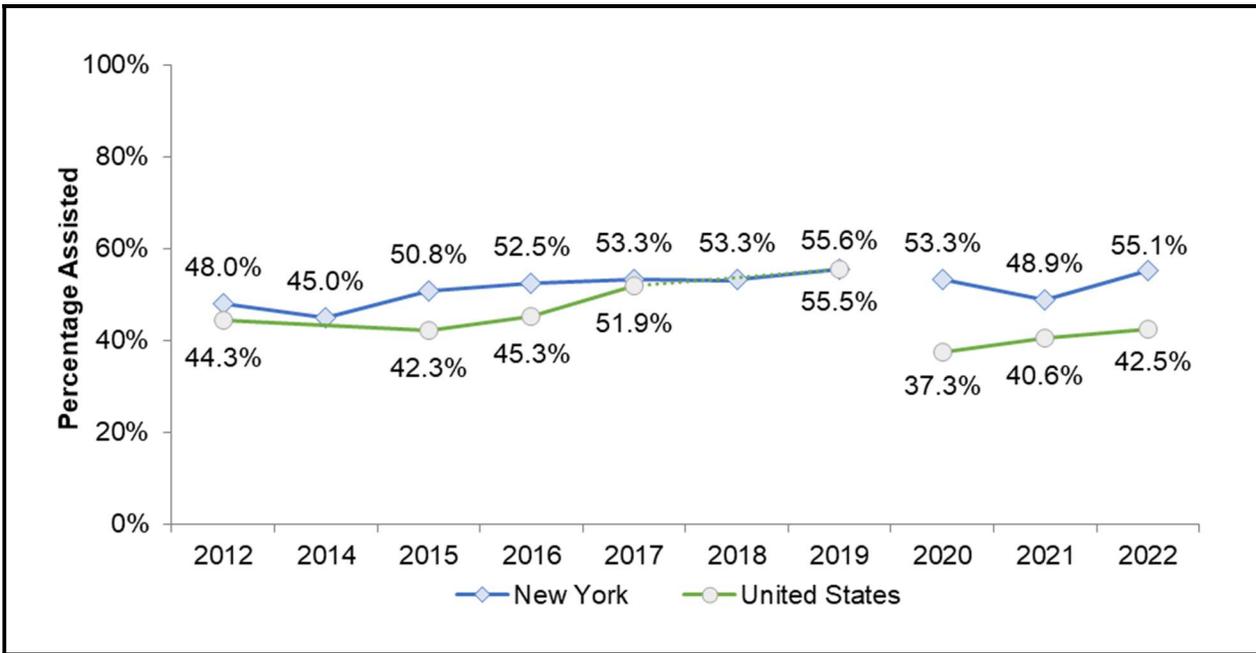
Exhibit 9. Rate of Tobacco Cessation Intervention at Federally Qualified Health Centers, HRSA Uniform Data System, 2014–2021



Note: The difference between NY and rest of U.S. in 2021 is significant ($p=0.016$).

The 2019–2024 Prevention Agenda set an objective of increasing provider assistance with quitting from 53.3% in 2017 to 60.1% by the end of 2024. Provider assistance with quitting is measured by reports from people who smoke that their provider suggested setting a quit date; provided quit-smoking materials; and/or discussed of cessation medications, Quitlines, or cessation classes. Assistance with a quit attempt has increased slightly over the past 10 years in New York (from 2012 to 2022). Approximately half (55.1%) of New York adults who smoke who saw a provider in the past 12 months reported that they received provider assistance with quitting smoking in 2022 (Exhibit 10), which is higher than the national prevalence of 42.5%.

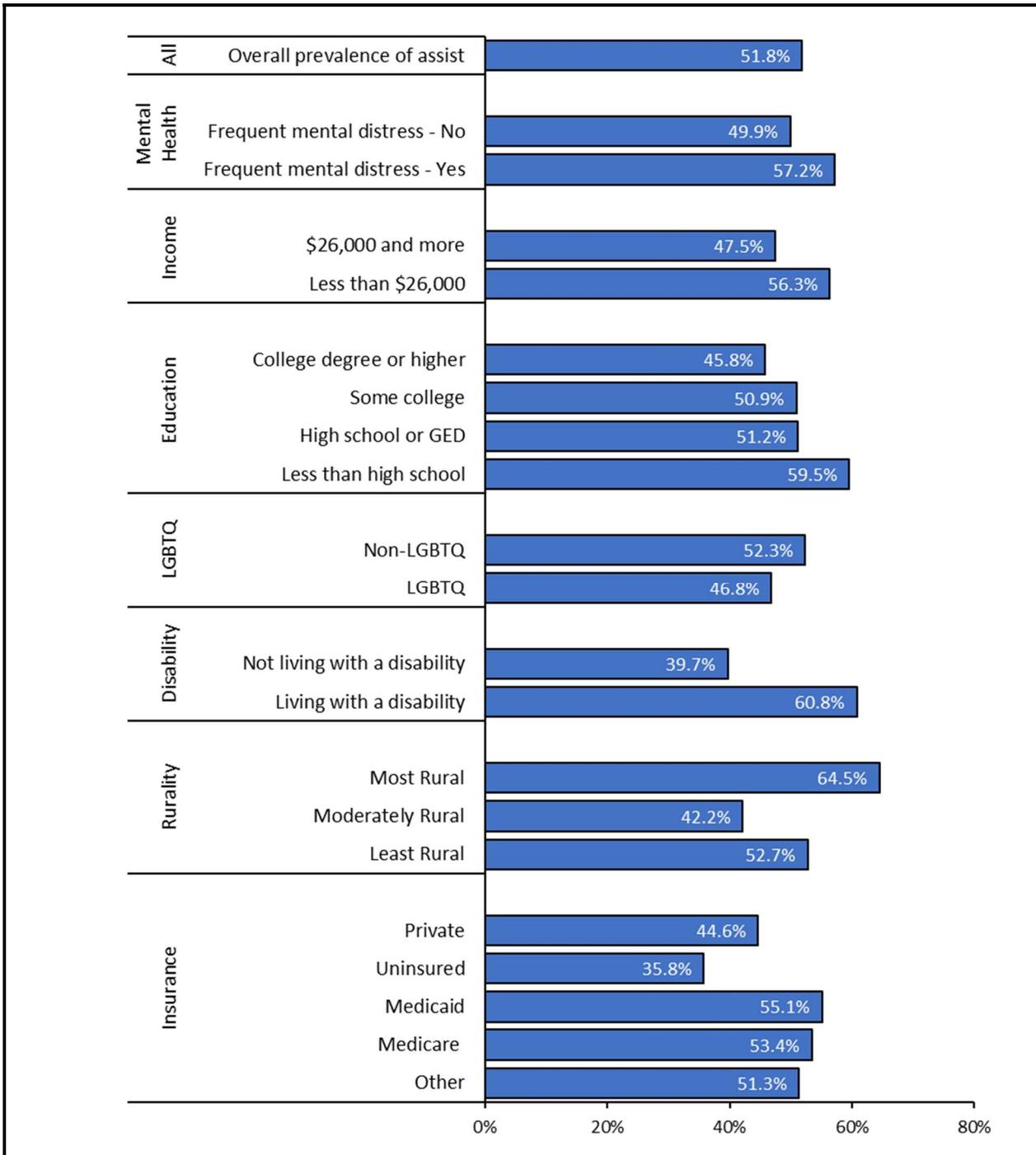
Exhibit 10. Percentage of Adults Who Smoke Who Report That Their Health Care Provider Assisted Them with Smoking Cessation in the Past 12 Months (Among Those Who Visited a Provider in the Past Year), New York Adult Tobacco Survey and National Adult Tobacco Survey, 2012–2022



Note: There is a statistically significant upward trend in the percentage of adults 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 2012 to 2022. In 2022, there is a statistically significant difference between NY and the U.S.

Objectives in the 2019–2024 Prevention Agenda articulate aims to decrease the prevalence of cigarette smoking within communities with higher rates of tobacco use, including adults living in households with income less than \$26,000, less than a high school education, living with frequent mental distress, living with a disability, or who self-identify as LGBTQ. New York adults in these priority communities report receiving provider assistance with a quit attempt at least as often or more than adults who smoke and are not in these groups (Exhibit 11).

Exhibit 11. Percentage of Adult New Yorkers Who Smoke Who Report That Their Health Care Provider Assisted Them with Smoking Cessation in the Past 12 Months (Among Those Who Visited a Provider in the Past Year), New York Adult Tobacco Survey, 2021–2022 Pooled



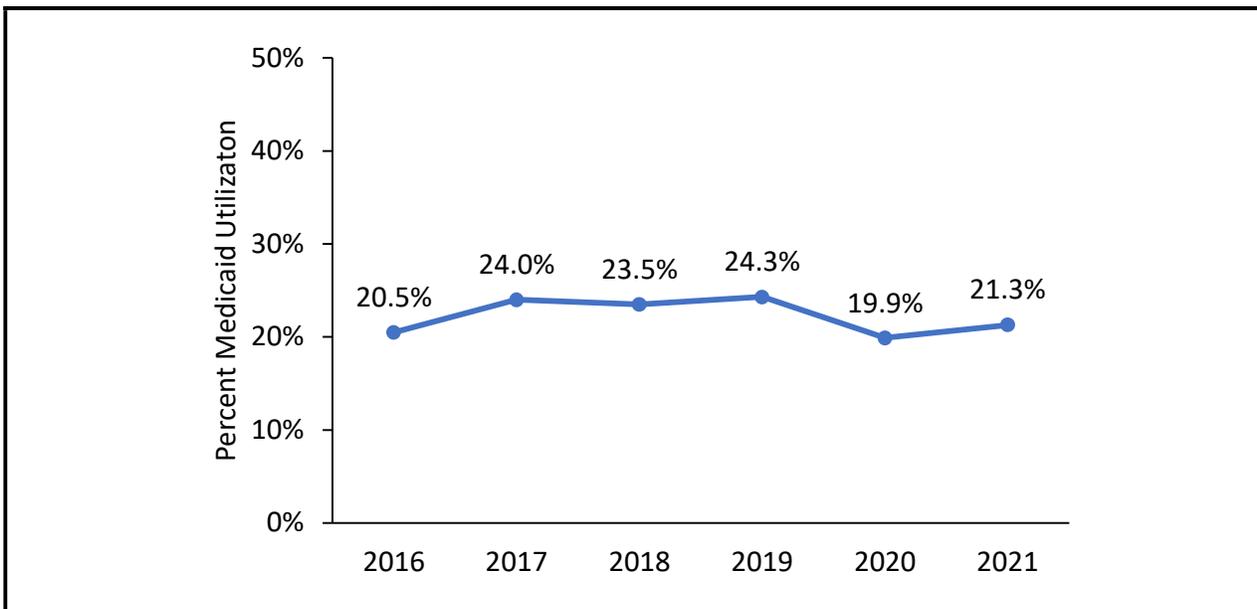
Note: Provider assistance significantly differs by disability (individuals living with a disability report higher rates of provider assistance than individuals not living with a disability), and rurality (individuals living in most rural areas of NY report higher rates of provider assistance than individuals living in moderately rural areas of NY).

Promotion of Low-Cost Evidence-Based Tobacco Dependence Treatments

To support individual and provider-assisted tobacco cessation, New York provides low-cost cessation treatment. New York has comprehensive Medicaid coverage of cessation treatments, which includes individual and group counseling, FDA-approved nicotine replacement therapy like the nicotine patch and nicotine gum, and stop-smoking medications (i.e., bupropion/Zyban and varenicline/Chantix) (CDC, 2022). New York Medicaid allows enrollees to use these benefits unlimited times and to use two medications at the same time, in recognition of the benefits of evidence-based quit support. As approximately 3,000,000 New York adults are enrolled in Medicaid, comprehensive coverage of cessation treatments can reduce cost barriers and help a significant proportion of adults who smoke in New York (Office of the New York State Comptroller, 2021).

The New York Tobacco Control Program promotes the use of Medicaid benefits for tobacco dependence counseling and medications, aiming to increase awareness of these benefits among Medicaid enrollees and health care providers. The 2019–2024 Prevention Agenda includes an objective focused on increasing use of smoking cessation benefits for Medicaid-enrolled adults who smoke from 20.5% in 2016 to 26.2% by 2024. The benefit utilization rate was approximately 24% for three years (2017–2019) and was 21.3% in 2021 (Exhibit 12). Smoking cessation benefit use in 2020 may have been affected by the COVID-19 pandemic.

Exhibit 12. Utilization of Smoking Cessation Benefits Among New York Adults Who Smoke Who Are Enrolled in Medicaid, 2016–2021



Data Source: New York State Department of Health, NYS Medicaid Program, data as of May 2023: [New York State Prevention Agenda Dashboard \(ny.gov\)](#)

New York State Smokers’ Quitline

The New York Tobacco Control Program offers additional support for New Yorkers who use tobacco by funding the New York State Smokers’ Quitline via a contract with Roswell Park Comprehensive Cancer Center, which provides evidence-based cessation support to individuals who use tobacco, including quit

coaching and free NRT for eligible New Yorkers (Exhibit 13). In 2022, the Quitline received 75,001 incoming calls, and the Quitsite website had an average of 53,942 web users per month (see Exhibit 13). The volume of Quitline calls increased 28% from 2021 and the number of web users per month in 2022 was four times as high as in 2021. The proportion of adults who smoke who received an evidence-based service from the Quitline each year, known as Quitline reach, has consistently been higher in New York than in other states (Mann et al., 2018). New York’s Quitline reach was 1.75% in 2022, which was an increase from 1.31% in 2021. The number of referrals to the Quitline from health care providers declined, dropping by 22% from 11,335 in 2021 to 8,812 in 2022.

To reach the largest number of adults who smoke and have the greatest population impact, the New York Tobacco Control Program aligns Quitline efforts with the health systems initiative. Quitline coaches encourage Quitline callers to talk with their health care providers about quitting and to take advantage of the cessation-related benefits available to them through their insurance. The Quitline also uses a text messaging program to encourage clients to talk with their doctor and access available cessation benefits through their health plans. The Quitline enhanced its approach to increase awareness of and access to cessation services for tobacco users in underserved communities by adding community-based services and resources, collaborating with working groups (e.g., Disability and Health Program), and providing enhanced training opportunities for health care professionals.

Exhibit 13. New York State Smokers’ Quitline Statistics for 2022



Cessation and Health Systems Discussion

The New York Tobacco Control Program's cessation and health systems interventions focus on increasing the provision of evidence-based treatments for tobacco dependence including FDA-approved cessation medications, counseling, and Quitline services. These interventions include funding HSTFNY grantees to facilitate adoption and implementation of tobacco-related policies and workflows in health care organizations; promoting reduced-cost tobacco dependence treatments; and providing telephone-, web-, and text-based smoking cessation support.

The Program made initial progress toward their 5-year goal for 75% of health care organizations establishing policies and procedures that improve tobacco dependence treatment delivery. Since May 1, 2021, 13.6% of organizations made at least one change to their tobacco-related policies and systems (15.0% of medical health care organizations and 12.2% of behavioral health treatment facilities). The Program's focus on systems change efforts in medical health and behavioral health care organizations serving New Yorkers living with low income and frequent mental distress is aligned with the evidence that smoking prevalence continues to be higher among these groups.

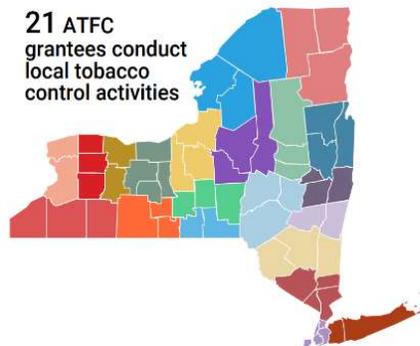
Recent reports from FQHCs in New York indicate that more than three-quarters of patients were asked if they used tobacco and were given advice and support for quitting (for those who used tobacco) (per HRSA Uniform Data System data, 2014–2021). Approximately half of New York adults who smoke cigarettes report that their provider assisted them with quitting by offering medication, or counseling, or other resources (per New York Adult Tobacco Survey data, 2012-2022). Provider cessation assistance with a quit attempt has been fairly stable over the past 10 years in New York and nationally, leaving room for improvement. However, provider assistance with quitting smoking was higher in New York than nationally and is trending slightly upward. Importantly, New York providers appear to be reaching priority populations, with reports of provider assistance among New York adults who smoke cigarettes statistically similar across measures of frequent mental distress, income, education, and LGBTQ identity. Provider assistance was also higher among those living with a disability than those not living with a disability and was higher among those living in the most rural areas than those in moderately rural areas of the state. These findings indicate that providers are delivering evidence-based cessation interventions to New Yorkers who are members of groups disproportionately affected by tobacco marketing and use. In addition, the increase in provision of Quitline services indicates that New Yorkers who are trying to quit are using evidence-based services available in their quit attempts.

The New York Tobacco Control Program made progress between 2017 and 2019 toward its 2024 goal to increase Medicaid cessation benefit utilization, but has not yet met its goal. The Program uses health systems change interventions, Quitline services, and media to promote use of the benefit and plans to continue to partner with the New York State Medicaid program to promote the cessation benefit to members and health care providers serving Medicaid-enrolled patients.

Statewide and Community Action

The Program promotes tobacco-free norms across the state through education and funding 21 Advancing Tobacco-Free Communities (ATFC) grantees (listed in Appendix D). These grantees conduct local tobacco control activities throughout all 62 New York counties. The Program directs ATFC grantees to pursue evidence-based initiatives and strategies recommended by CDC (CDC, 2014) and considered essential to continued declines in tobacco use (IOM, 2007). These grantees focus on four key initiatives (Exhibit 14):

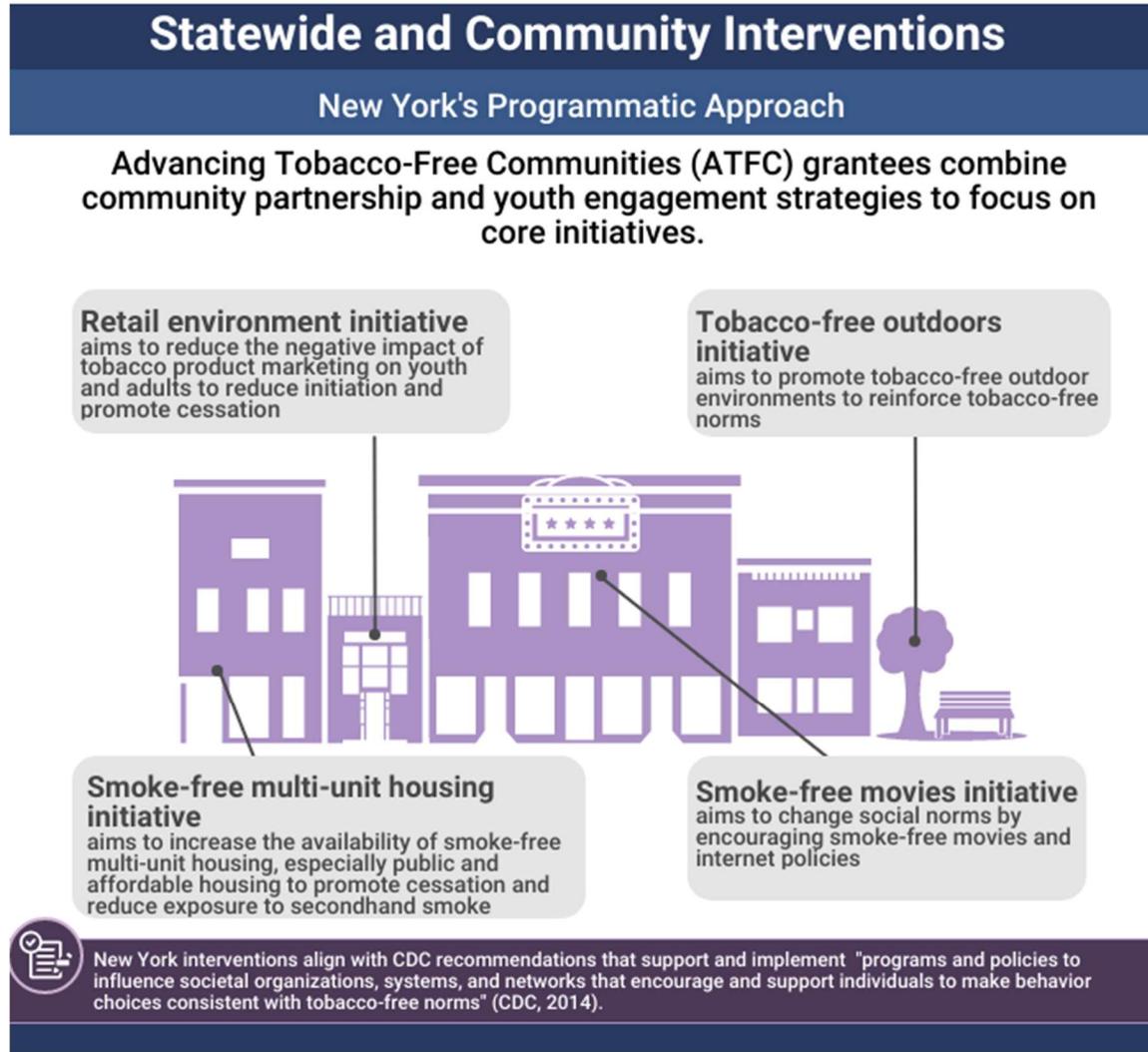
- retail environment (reducing exposure to tobacco marketing and products and restricting product access),
- tobacco-free outdoors,
- smoke-free multi-unit housing, and
- smoke-free movies.



The Program’s grantees promote these initiatives by building public, organizational, and political support for tobacco control through community education, community mobilization, government policymaker education, and advocacy with organizational decision-makers. Grantees use these strategies to promote tobacco-free norms and create environments that support policy change. Grantees engage New York youth in the Reality Check program to participate in local tobacco control activities in their communities.

The New York Tobacco Control Program’s statewide and community intervention efforts focus on the Program’s goal of advancing health equity among populations disproportionately affected by tobacco marketing and use. Grantees educate the public and local policymakers about the tobacco industry’s targeted marketing of menthol and other flavored tobacco products to youth, the Black community, and the LGBTQIA+ community. This includes grantee development and placement of the *It’s Not Just* media campaign (as noted in the health communication section of this report). Grantees partner with community organizations supporting groups disproportionately affected by tobacco marketing and use and collaborate with these groups and community members to create local environments conducive to policy change.

Exhibit 14. New York Tobacco Control Program Programmatic Highlight: Statewide and Community Interventions



Retail Environment Initiative

Throughout 2022, New York Tobacco Control Program grantees continued to educate decision-makers and the public about the harmful impact of retail tobacco product marketing. Grantees educate about the need for policies to address flavored tobacco products, due to their appeal to youth and how they contribute to tobacco-related health disparities. Grantees do this through community events, public hearings, earned media, and mobilization of youth and community members to raise awareness about these issues. They have also implemented a media campaign about the disproportionate marketing of menthol cigarettes to historically marginalized populations including Black and LGBTQIA+ communities. Most New York adults surveyed during 2022 support key retail environment tobacco control policies; support for these policies is higher in New York than among adults in the United States (Table 4).

Table 4. Support Among Adults for Tobacco Control Policies, New York Adult Tobacco Survey and National Adult Tobacco Survey, 2022

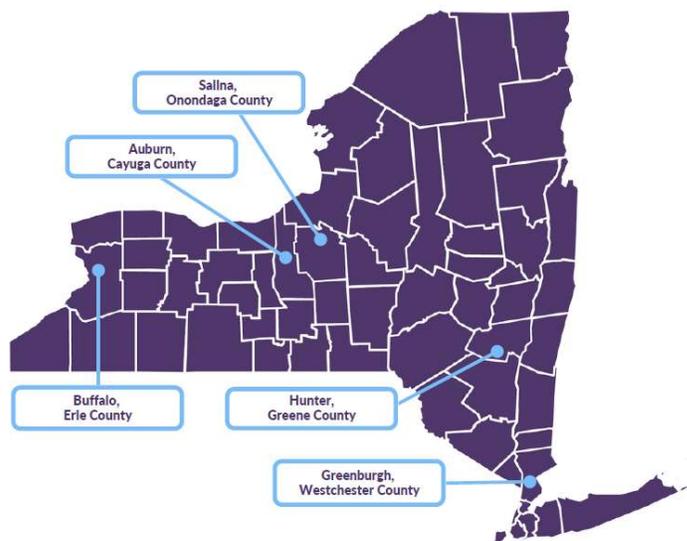
Type of Policy	Adults in Support of Policy, %	
	New York	United States
Limiting the number of tobacco retailers	55.6%	45.6%
Banning the sale of menthol cigarettes	52.7%	41.9%
Banning the sale of flavored tobacco products other than menthol cigarettes	51.7%	42.8%

Note: In 2022, New York adults were more likely than adults in the overall U.S. to support policies limiting the number of tobacco retailers, banning the sale of menthol cigarettes, and banning the sale of flavored tobacco products other than menthol cigarettes ($p < 0.001$).

In November 2022, Westchester County Board of Legislators (located just north of New York City, with a population of nearly 1 million people) passed a bill restricting the sale of all flavored tobacco products, including menthol cigarettes. Years of grantees' work with other organizations and partners to educate about the issue and potential policy solutions laid the groundwork for this law. However, the County Executive vetoed the bill in December 2022, and it did not go into effect.

Legislators in several other communities across the state passed retail environment policies in 2022. During 2022, five municipalities adopted retail environment policies to address tobacco density and marketing:

- The City of Buffalo (in Erie County) passed an ordinance restricting food stores within 500 feet of a school from displaying any tobacco products or paraphernalia in store windows or on interior/exterior store walls, and also strengthened language regarding sale of loose cigarettes and unlawful packaging.
- The Town of Greenburgh (in Westchester County) passed an ordinance restricting the sale of vaping products and smoking paraphernalia within 750 feet of a public park or school with students below the age of 21. Additionally, the policy prohibits the advertising or display of vaping products and smoking paraphernalia within 1,500 feet of any public park or school.
- The City of Auburn (in Cayuga County) passed a zoning addendum to limit the number of smoke/vape shops. Among other provisions, the addendum includes a minimum distance between a smoke/vape shop and other smoke/vape shops, schools, residences, and houses of worship – and specifies hours of operation.



- The Town of Salina (in Onondaga County) passed two policies that 1) established a new tobacco/vaping product retailer licensing law that controls the number of tobacco/vaping product retailers allowed to operate (maximum of 38 licenses allowed, with licenses being non-transferable) and includes enforcement of all current laws and penalties; and 2) amended their zoning ordinance to limit the concentration of tobacco and vape shops in their community by not allowing new tobacco/vape shops within 1,000 feet of a school, playground, childcare facility, or place of worship, or within 1,000 feet of an existing tobacco/vape retailer.
- The Village of Hunter (in Greene County) passed a local law prohibiting the sale of tobacco or vape products within 500 feet of the elementary school.

The 2019–2024 Prevention Agenda sets an objective that 30 municipalities will have adopted retail environment policies by the end of 2024. With the addition of communities with newly passed policies in 2022, the target number has been achieved in advance of the target timeline, with 30 local communities with local retail policies in place by the end of 2022. These 30 communities represent approximately 72% of the state’s population. Notably, New York City has implemented multiple retail tobacco control policies, covering 43% of the state population. In addition to these local policies, the entire statewide population is covered by a range of statewide policies that restrict flavored vaping product sales, prohibit the sale of tobacco products in pharmacies, restrict tobacco product discounts and promotions, prohibit storefront tobacco advertising near schools, and require that all tobacco and vaping product retailers be registered. Further, New York City has additional tobacco control policies that prohibit the sale of flavored tobacco products including cigars and smokeless tobacco (although it exempts menthol, mint, and wintergreen) and establishes minimum prices for tobacco products.

Tobacco-Free Outdoors Initiative

Tobacco-free outdoors policies aim to increase the availability of tobacco-free outdoor environments throughout the state and decrease the social acceptability of tobacco use. During 2022, grantees supported the adoption and implementation of tobacco-free outdoors policies in local jurisdictions and among New York businesses and organizations. These new policies include restrictions on tobacco use (including vaping) in outdoor public places such as beaches, parks, and playgrounds, and policies prohibiting tobacco use on grounds or near entrances of community colleges, museums, and other public spaces. In 2022, ATFC grantees reported that 33 local communities (one county and 32 municipalities) adopted new tobacco-free outdoors policies or updated existing policies to include vaping products. In addition to policies passed by local lawmaking bodies in 2022, 56 businesses and organizations voluntarily adopted a tobacco-free outdoors policy for their premises. Almost all of these voluntary policies also cover vaping products.

In July 2022, Governor Hochul signed legislation that prohibits smoking in outdoor areas across the state. Effective on October 13, 2022, this law prohibits smoking in public parks, which are defined to include “public parks, beaches, pools, boardwalks, marinas, playgrounds, recreation centers, and group camps” (NY S.B. S4142, 2022). The law applies not only to state-owned parks, but also those managed by local



governments. As a result, 100% of the state's population is covered by a policy that restricts smoking in outdoor public places.

The statewide law does not prohibit vaping in these outdoor areas, but local jurisdictions can adopt stronger restrictions to prohibit vaping in parks, beaches, and other public areas (PHLC, 2022). In fact, many communities across the state already have policies in place that include vaping in their tobacco-free outdoors restrictions. Based on grantee-reported data from 2019 to 2022, approximately 1.5 million New Yorkers live in jurisdictions with tobacco-free outdoors policy that prohibits vaping in parks, playgrounds, beaches, or other outdoor venues, representing nearly 8% of the state population. When adding the New York City (NYC) smoke-free policy that prohibits smoking and vaping in public parks, beaches, boardwalks, and other outdoor areas (NYCDPR, n.d.), an additional 8 million residents are covered by a tobacco-free outdoors policy that restricts vaping, bringing the total to 9.5 million New Yorkers (51% of the state population).



Smoke-free Multi-unit Housing Policies

New York Tobacco Control Program grantees aim to eliminate New Yorkers' exposure to secondhand smoke by working with multi-unit housing owners, managers, and landlords in public, affordable, and market-rate housing to increase the number of housing units where smoking is prohibited. Smoke-free homes protect children and adults who do not smoke from secondhand smoke and have the potential to increase quit attempts among adults who smoke (Office of the Surgeon General, 2006). In 2022, 69.9% of New York adults surveyed reported that they support policies that prohibit smoking in multi-unit housing. Support for these policies was higher among New York adults than nationally (65.1%). Grantees work to support adoption of policies that also restrict vaping in multi-unit housing.

The 2019–2024 Prevention Agenda includes an objective that ATFC grantees will increase the number of multi-unit housing units that are covered by a smoke-free policy by 5,000 units each year. During 2022, ATFC grantees reported that 2,587 living units were newly covered by a smoke-free policy that prohibits smoking in individual units. Of these units, 60% were units in affordable housing. Grantees promoted policies that prohibit smoking in living units as well as in indoor and outdoor common areas. Most of these recent policies also restricted use of vaping products in addition to combustible tobacco products.

A federal rule required all of the nearly 200,000 federally-funded public housing units in New York State to go smoke-free by mid-2018. At that time, the Program's grantees offered technical assistance and information about cessation resources to support public housing agencies. Some multi-unit housing agencies and apartment buildings have implemented smoke-free policies on their own. Grantees continue to persuade others to adopt policies for health, safety, and financial reasons. From 2011 to 2022, grantees have reported that their efforts resulted in approximately 100,000 units being newly covered by a smoke-free multi-unit housing policy that prohibited smoking in all individual units (beyond those federally-funded public housing units covered by the federal rule). This represents grantees assisting with more than 8,300 units going smoke-free annually on average. More than one-quarter of those units were part of local public housing authorities or affordable housing. Facilitating smoke-free policies in multi-unit housing helps prevent secondhand smoke exposure, benefiting the health of New Yorkers. However,

because the state has more than 3.6 million New York households that reside in multi-unit housing, grantee reports of new smoke-free multi-unit housing policies represent a small proportion of housing units statewide.

Smoke-Free Movies

New York Tobacco Control Program grantees work on a smoke-free movies initiative, encouraging entertainment media companies to implement an R rating for movies that include smoking. Tobacco imagery in movies is associated with youth smoking initiation (Office of the Surgeon General, 2012) and a call to action has been endorsed by the American Academy of Pediatrics (AAP, 2021), the Truth Initiative (Truth Initiative, 2023), and other organizations. The Program’s grantees—primarily youth volunteers—conduct education, write letters to the Motion Picture Association, and hold events to engage the community in supporting this initiative.

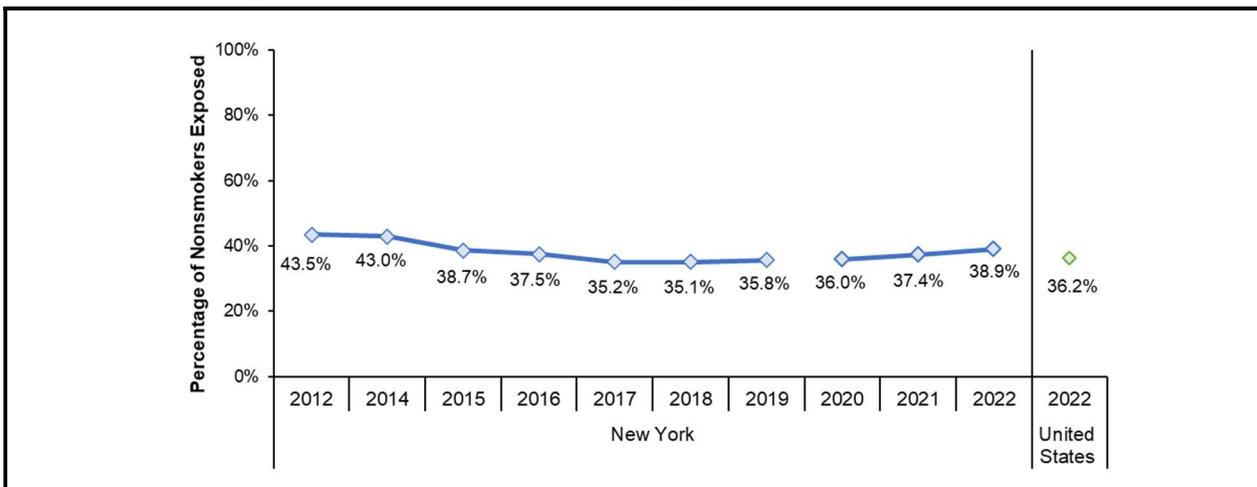


Source: Adirondack Health Institute, <https://ahihealth.org/casa/smoke-free-movies/>

Secondhand Smoke Exposure

The 2019–2024 Prevention Agenda includes an objective regarding reducing exposure to secondhand smoke among nonsmoking New York adults who live in multi-unit housing. In 2022, 38.9% of nonsmoking New York adults in multi-unit housing reported secondhand smoke exposure in their homes from somewhere else in or around the building within the past 12 months (Exhibit 15). Although secondhand smoke exposure among New York adults who do not smoke in multi-unit housing has decreased since 2012, there has been little change in recent years, and it is unlikely that the target of 27.2% will be reached by the end of 2024. Multi-unit housing secondhand smoke exposure estimates in New York are statistically similar to the United States.

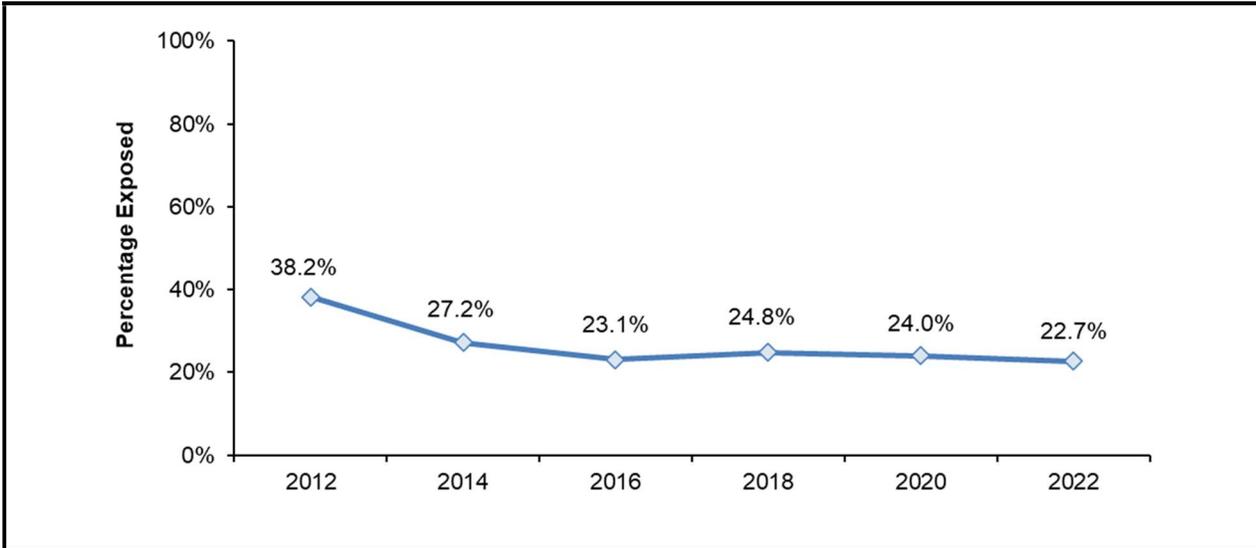
Exhibit 15. Percentage of New York Adults Living in Multi-unit Housing Who Do Not Smoke Reporting Being Exposed to Secondhand Smoke, New York Adult Tobacco Survey, 2012–2022, and National Adult Tobacco Survey, 2022



Note: There is a statistically significant downward trend in secondhand smoke exposure among New York adults who do not smoke living in multi-unit housing from 2012 to 2022.

Youth exposure to secondhand smoke has decreased since 2012, based on youth reports of being in a room where someone was smoking in the past week (Exhibit 16). Although youth exposure to secondhand smoke has not changed much in the past six years, 73.9% of New York middle and high school youth reported in 2022 that smoking is not allowed anywhere in their homes (data not shown).

Exhibit 16. Percentage of New York Middle School and High School Students Who Were in a Room Where Someone Was Smoking on at Least 1 Day in the Past 7 Days, New York Youth Tobacco Survey, 2012–2022



Note: There is a statistically significant downward trend in secondhand smoke exposure among New York middle school and high school students from 2012 to 2022.

Community and Statewide Interventions Discussion

In 2022, ATFC grantees continued their work on core evidence-based tobacco control initiatives focused on the retail environment, tobacco-free outdoors, and smoke-free multi-unit housing. The 2019–2024 Prevention Agenda established a target of 30 municipalities with retail environment policies in place by the end of 2024. With several new communities passing local retail environment policies during 2022, the target number of 30 communities has been achieved in advance of the target timeline. Examples of these local policies include zoning and licensing requirements for tobacco retailers, prohibitions on the sale of tobacco products in stores near schools, and caps on the number of retailers within a community. The adoption of other retail environment policies, such as restricting the sale of flavored tobacco products, including menthol cigarettes, has proved more challenging at the local and state level. Although Westchester County passed a restriction on the sale of all flavored tobacco products during 2022, the bill was ultimately vetoed. In early 2023, the Governor’s proposed budget included a sales restriction on the sale of all flavored tobacco products, including menthol cigarettes, but this proposal was not included in the enacted FY 2023–2024 budget. More than half of New York adults support banning the sale of menthol cigarettes and banning the sale of flavored tobacco products other than menthol, and grantees continue to prioritize efforts to educate the public and policymakers about flavored tobacco products and the need for policies to address them. These policies remain a priority for statewide and community intervention because of their potential to reduce youth initiation and address health disparities particularly

those related to the tobacco industry's targeting of Black and LGBTQIA+ communities with menthol cigarette marketing and promotions.

Grantees' efforts to advance tobacco-free outdoors policies and smoke-free multi-unit housing policies build on more than a decade of work in these areas. In 2022, a statewide law was passed that prohibits smoking in public parks, beaches, playgrounds, and other outdoor recreation areas across the state. More than half of the statewide population lives in a community with a local tobacco-free outdoors policy that restricts the use of vaping products. Moving forward in their work to promote a tobacco-free norm in outdoor places, grantees are emphasizing the inclusion of vaping products in these tobacco-free outdoor policies. Secondhand smoke exposure remains an issue; reported rates of secondhand smoke exposure among New York adults and children who do not smoke and live in multi-unit housing have stagnated in recent years. Grantees continue to promote smoke-free policies in multi-unit housing complexes through educating landlords, management companies, and housing authorities, and they focus on policies in public and affordable housing. Since 2011, New York Tobacco Control Program grantees have reported helping 100,000 housing units become covered by smoke-free policies, but this represents a small proportion of housing units statewide. New York could consider an approach used in California in which municipalities have adopted municipal-level smoke-free multi-unit housing policies that prohibit smoking in individual units; other states have begun educating about this opportunity (ANRF, 2023; PHLC, 2023).

Key Tobacco-Related Outcomes

This section of the report addresses the New York Tobacco Control Program’s progress toward key outcome indicators for New York over time, compared to national estimates as possible. In addition, we document progress toward 2019–2024 New York State Department of Health Prevention Agenda objectives. Where feasible, we examine trends from 2012 to 2022 for the prevalence of adults in New York who:

- Use any tobacco product,
- Smoke cigarettes (overall and for specific populations with historically higher rates),
- Smoke cigars, and
- Use vaping products with nicotine.

Additionally, we present trends regarding the prevalence of New York youth use of tobacco, comparing to national estimates as data allow. We also highlight special studies and analyses that address youth and young adult use of cigars and/or blunts, as well as tobacco product availability and advertising in retail stores in New York.

Adult Tobacco Use

We present tobacco use trends for adults for tobacco products overall and by product type: cigarettes, cigars, vaping products with nicotine, and smokeless tobacco. We explore use of cigarettes across demographic groups to understand how use of the tobacco product type most often used by adults varies—and the extent to which disparities in cigarette smoking have changed over time. In our discussion of cigarettes, we present some findings regarding the use of menthol cigarettes, which have been disproportionately marketed to Black communities and communities with limited economic resources, contributing to higher rates of menthol cigarette use among some groups in the population. In addition, we describe the use of blunts (which are cigars with marijuana or cannabis in them), as tobacco and cannabis co-use has become more common and understanding potential relationships between these products can inform public health efforts.

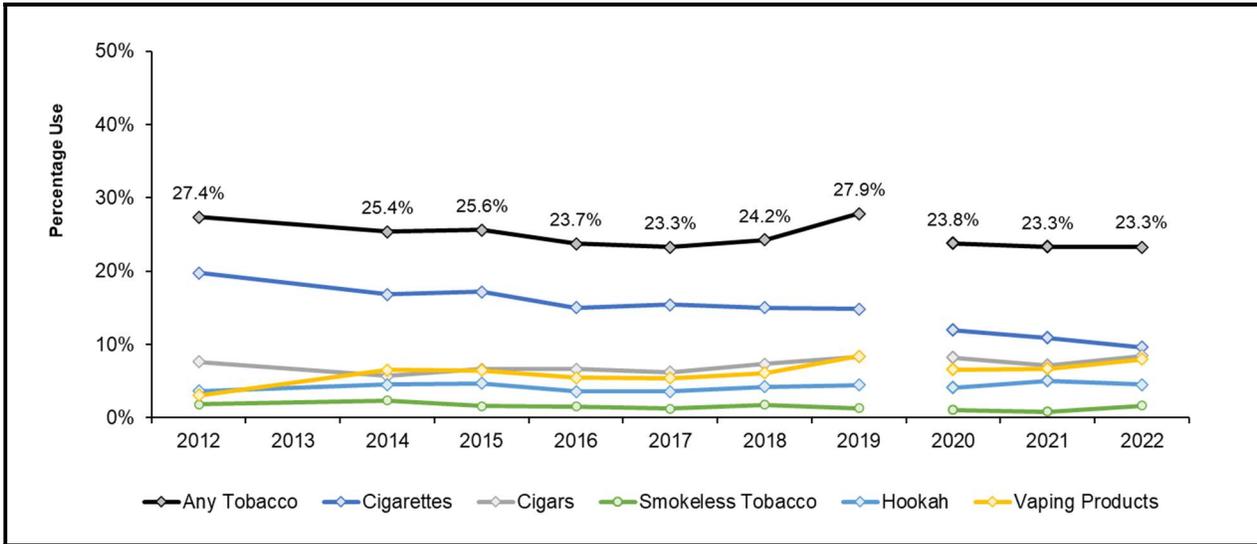
Data used to assess tobacco use among adults:

- We present trends in smoking prevalence among New York adults using the Behavioral Risk Factor Surveillance System (BRFSS).
- We report national smoking prevalence estimates for comparison, using data from the National Health Interview Survey.
- For other tobacco control measures, we use the New York Adult Tobacco Survey (NY ATS) and New York’s National Adult Tobacco Survey (NY NATS). We do not show estimates for NY ATS for 2013 because the survey was not conducted in that year.

Overall Adult Tobacco Product Use

New York adult use of any tobacco product was 23.3% in 2022, statistically similar to any tobacco use in 2012 (27.4%) (Exhibit 17). Cigarettes remained the most common tobacco product used among adults in New York, although the prevalence of cigarette use has approached prevalence estimates for cigars and vaping products.

Exhibit 17. Percentage of Adults Who Currently Use Any Tobacco Product in New York, New York Adult Tobacco Survey, 2012–2022

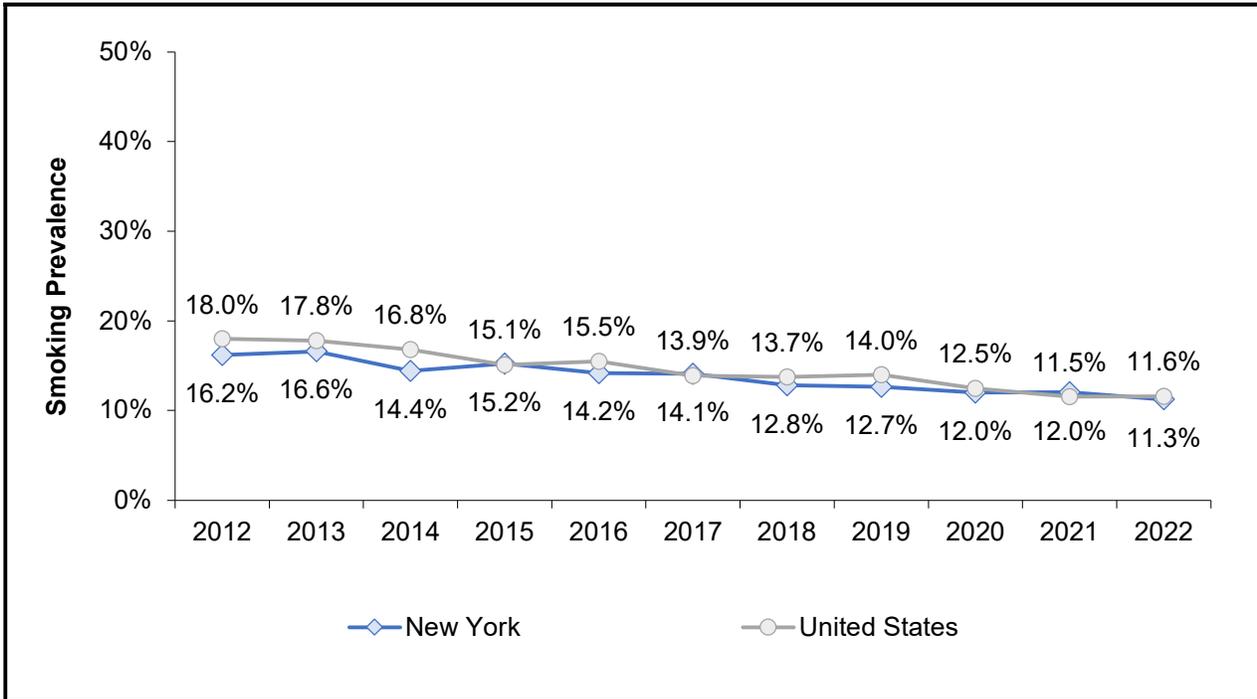


Note: There is no statistically significant change in any tobacco use from 2012 to 2022 among adults in New York. Due to methodological changes in NY ATS (in 2020) and New York’s National Adult Tobacco Survey (in 2019 and in 2020) data collection to improve precision and accuracy of estimates, we show 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.

Adult Cigarette Use

Current smoking prevalence among New York adults was 11.3% in 2022, down from 16.2% in 2012 (Exhibit 18). The downward trend in adult smoking in New York appears similar to the smoking prevalence trend in the United States overall. Although New York and national smoking prevalence estimates are similar, CDC reports indicate that New York is one of only 11 U.S. states where smoking prevalence was 12.0% or lower in 2021.

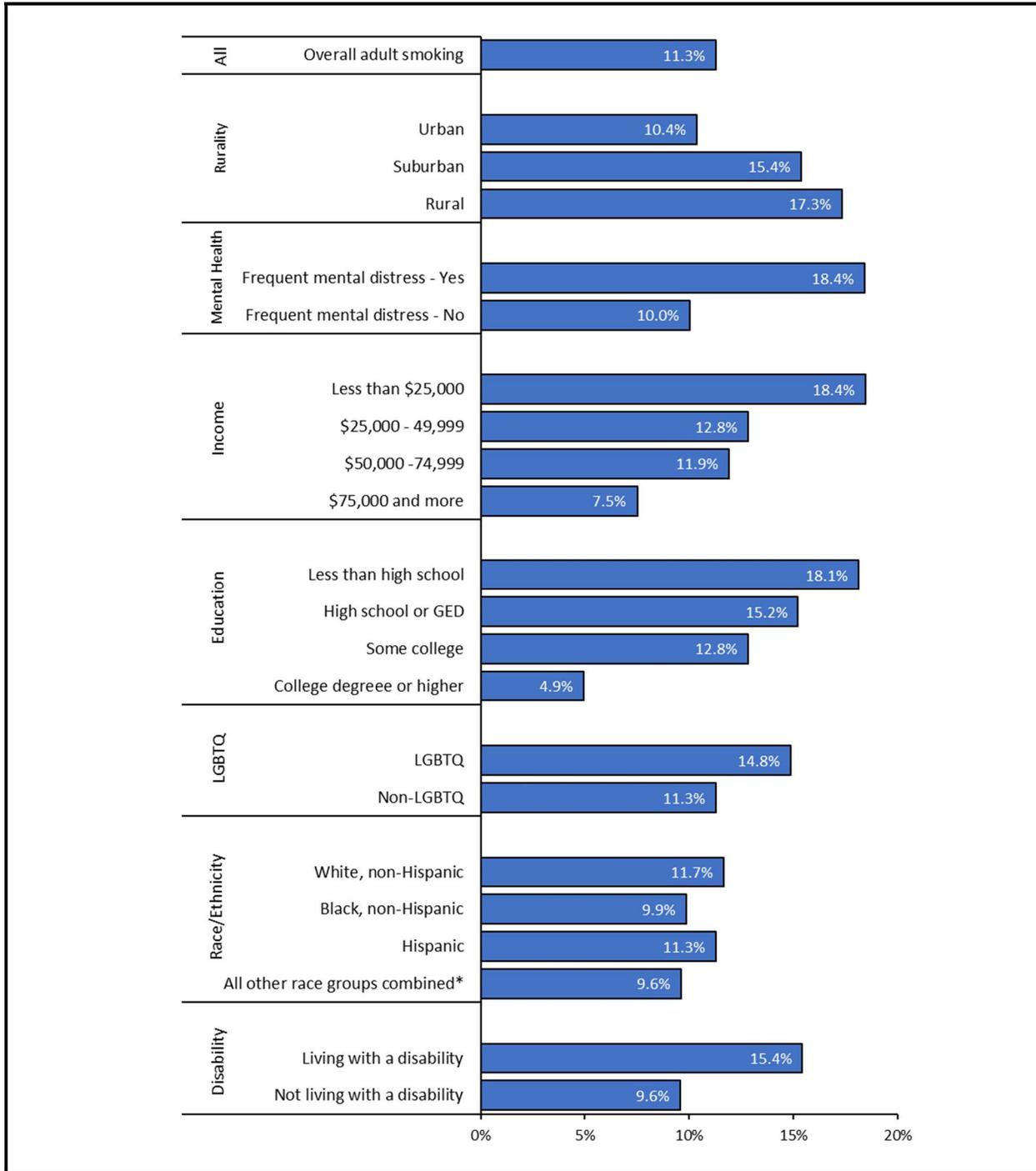
Exhibit 18. Percentage of Adults Who Currently Smoke in New York (Behavioral Risk Factor Surveillance System) and Nationally (National Health Interview Survey), 2012–2022



Note: There is a statistically significant downward trend in smoking prevalence from 2012 to 2022 among adults in New York State and in the United States.

Smoking prevalence in New York is not distributed evenly across the population (Exhibit 19), evidencing health inequities associated with social and commercial determinants of health. Cigarette smoking prevalence was higher in 2022 among New York adults living in suburban (15.4%) and rural (17.3%) counties than those living in urban counties (10.4%). Cigarette smoking prevalence was also higher in 2022 among those experiencing frequent mental distress (18.4%) than those not experiencing frequent mental distress (10.0%). Adult smoking prevalence varied by income, with higher prevalence among adults reporting a household income of less than \$25,000 (18.4%) than those with income above \$25,000 (which ranged from 7.5% among those with income above \$75,000 to 12.8% for those with incomes from \$25,000 to \$49,999). Smoking prevalence among New York adults with less than a high school formal education was 18.1% in 2022, higher than smoking prevalence among those with high school or GED-level education (15.2%), some college (12.8%), or college degree or higher (4.9%). Smoking was more prevalent among those identifying as LGBTQ than among those who did not identify as LGBTQ, as well as being higher among those living with a disability than among those not living with a disability.

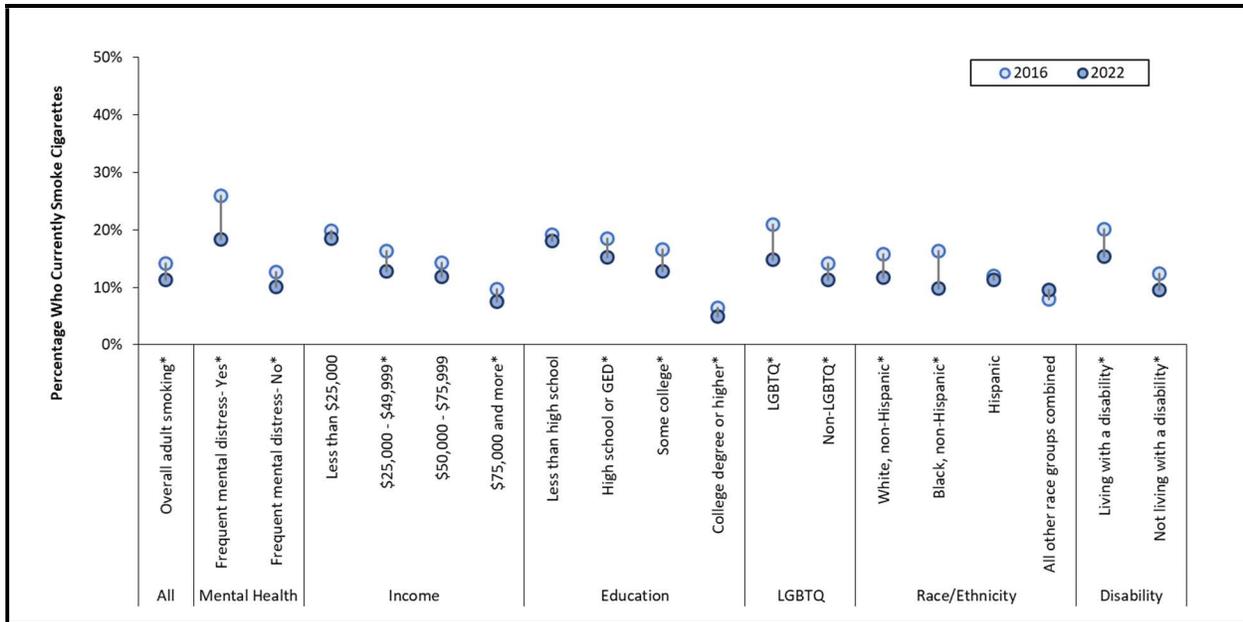
Exhibit 19. Percentage of New York Adults Who Currently Smoke Cigarettes, by Key Demographic Characteristics, New York Behavioral Risk Factor Surveillance System, 2022



Note: Smoking prevalence significantly differs by rurality (smoking was more prevalent among those living in suburban and rural counties than those living in urban counties), mental health status (smoking was more prevalent among those who experienced frequent mental distress was higher than among those who did not experience frequent mental distress), household income (smoking was more prevalent among those with an annual household income less than \$25,000 than those with income above \$25,000), education level (smoking was more prevalent among those with lower education levels), LGBTQ identity (smoking was more prevalent among those identifying as LGBTQ than among those who did not identify as LGBTQ), and disability status (smoking was more prevalent among those living with a disability than among those not living with a disability). LGBTQ status was undetermined for 11.9% of 2022 NY BRFSS respondents. *"All other race groups combined" includes non-Hispanic respondents who indicated they were American Indian or Alaska Native, Asian, Pacific Islander, or multiple races.

Although smoking was higher among some groups in 2022, prevalence estimates have changed among multiple groups (Exhibit 20). The most notable changes from 2016 to 2022 were decreases in smoking prevalence among New York adults who report frequent mental distress, identify as LGBTQ, are Black, or are living with a disability. Groups with the least change during this period and the highest prevalence include those with household income less than \$25,000 and those who report completing less than a high school formal education.

Exhibit 20. Percentage of New York Adults Who Reported Current Cigarette Smoking, by Key Demographic Characteristics, New York Behavioral Risk Factor Surveillance System, 2016 and 2022



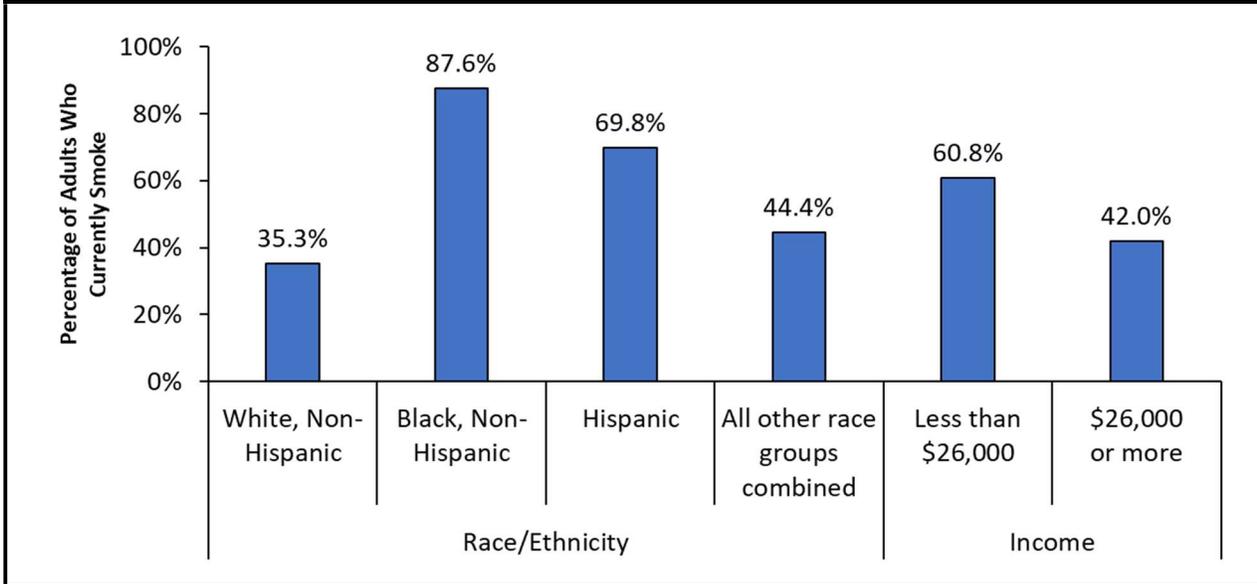
*Statistically significant change in current smoking from 2016 to 2022 ($p < 0.05$). "All other race groups combined" includes non-Hispanic respondents who indicated they were American Indian or Alaska Native, Asian, Pacific Islander, or multiple races.

Menthol Cigarette Use

The addition of flavors in tobacco products, including menthol, can promote the use of tobacco by increasing the appeal of these products and countering the harshness of cigarettes, thus leading to initiation and aiding the progression to regular smoking and dependence (CDC, 2022e). Menthol also gives a cooling sensation that can mask the harshness of cigarette smoking. The tobacco industry has disproportionately targeted some groups with menthol cigarette advertising and promotions, particularly the Black community. Among all New York adults who smoke cigarettes, over half reported usually smoking menthol cigarettes, with 53.2% of adults who smoke reporting usually smoking menthol brands in 2022 (data not shown). However, usual use of menthol cigarettes varies dramatically by demographic groups in New York. In 2022, menthol cigarette use was higher among New York adults who smoke who are Black, non-Hispanic (87.6%) or Hispanic (69.8%) than among those who are White, non-Hispanic (35.3%) or identify as another race (44.4%) (Exhibit 21). In addition, the prevalence of menthol smoking is higher for New York adults who smoke and have an annual household income less than \$26,000 (60.8%) compared to those with incomes of \$26,000 or more (42.0%) (see Exhibit 21). These findings

reflect the disproportionate tobacco industry marketing and promotion that targets Black communities and neighborhoods where residents have a household income less than \$26,000.

Exhibit 21. Percentage of New York Adults Who Usually Smoke Menthol Cigarettes, Among Adults Who Currently Smoke, by Race/Ethnicity and Income, New York Adult Tobacco Survey, 2021–2022 pooled

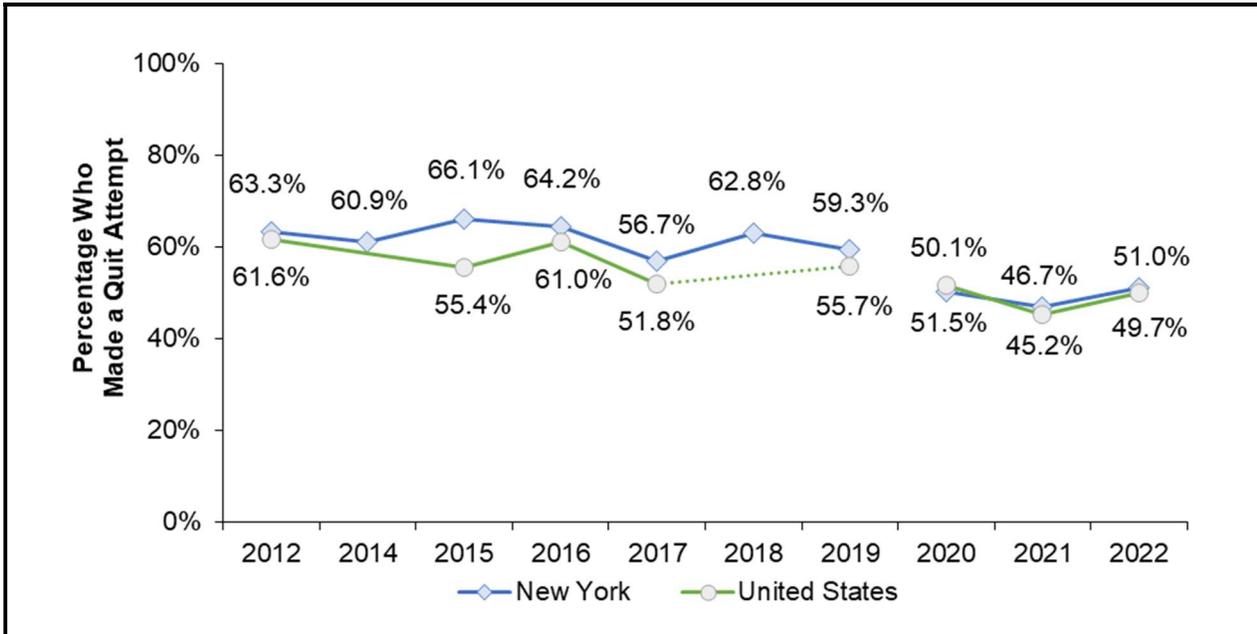


Note: Prevalence of usual use of menthol cigarettes among New York adults who smoke significantly differs by race/ethnicity (Black, non-Hispanic NY adults report higher smoking rates of menthol cigarettes than White, non-Hispanic, Hispanic, and All other race groups combined, non-Hispanic adults; Hispanic NY adults report higher rates of smoking menthol cigarettes than White, non-Hispanic and Other, non-Hispanic NY adults) and by income (NY adults with an income less than \$26,000 report higher smoking rates of menthol cigarettes than NY adults with an income greater than \$26,000 or more). "All other race groups combined" includes non-Hispanic respondents who indicated they were American Indian or Alaska Native, Asian, Pacific Islander, or multiple races.

Quit Attempts

Half of New York adults who smoke (51%) reported that they made a past-year quit attempt in 2022 (Exhibit 22). The prevalence of past-year quit attempts in the United States was 49.7% in 2022. Quit attempt rates have been similar between New York and the country overall for several years.

Exhibit 22. Percentage of Adults Who Smoke Who Made a Quit Attempt in the Past 12 Months, New York Adult Tobacco Survey and National Adult Tobacco Survey, 2012–2022

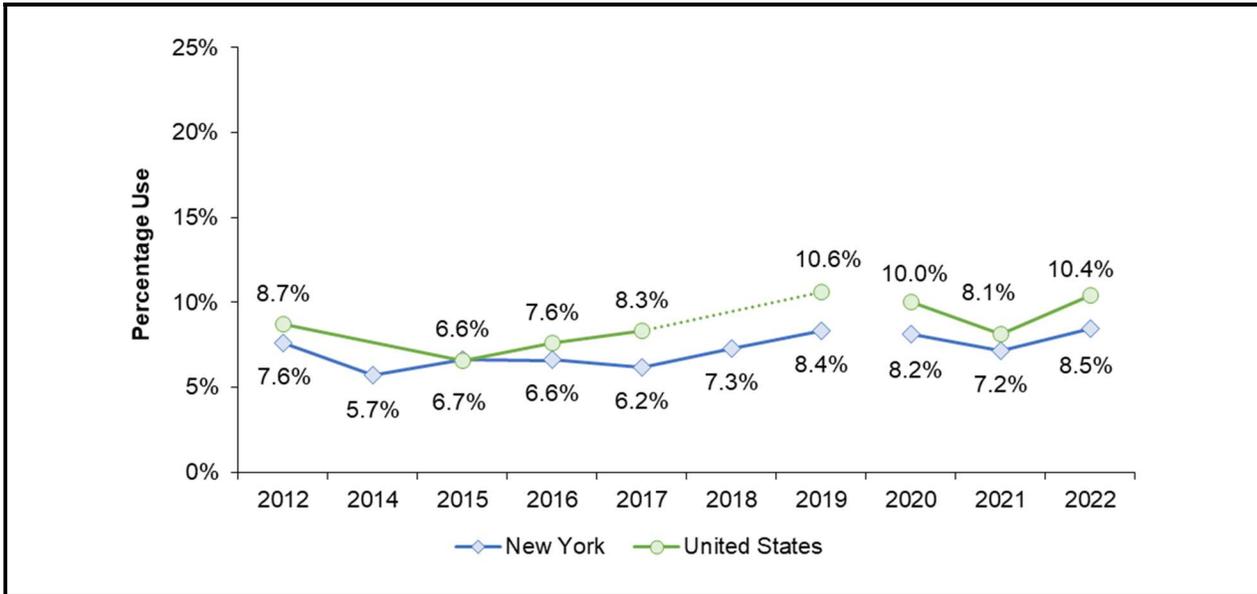


Note: Due to methodological changes in NY ATS (in 2020) and New York’s National Adult Tobacco Survey (in 2019 and in 2020) data collection to improve precision and accuracy of estimates, we show breaks in the trends in the figures for NY ATS and NY NATS. Although estimates from 2020 may not be directly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

Adult Cigar Use

In 2022, 8.5% of New York adults reported smoking cigars in the past 30 days, compared to the national cigar use prevalence of 10.4% (Exhibit 23). Most New York adults who use cigars report using them rarely (rather than using them every day or some days). New York adults’ cigar use varies by gender, with 13.6% of males and 3.7% of females reporting current cigar use in 2022 (data not shown). Among all New York adults, 6.8% reported past-month use of traditional cigars and 3.7% reported use of cigarillos or little cigars in 2022 (data not shown). The prevalence of blunt use (or cigars with marijuana or cannabis) among New York adults was 7.4% in 2022, compared to the national blunt use prevalence of 8.9% (data not shown).

Exhibit 23. Percentage of Adults Who Currently Smoke Cigars, New York Adult Tobacco Survey and National Adult Tobacco Survey, 2012–2022

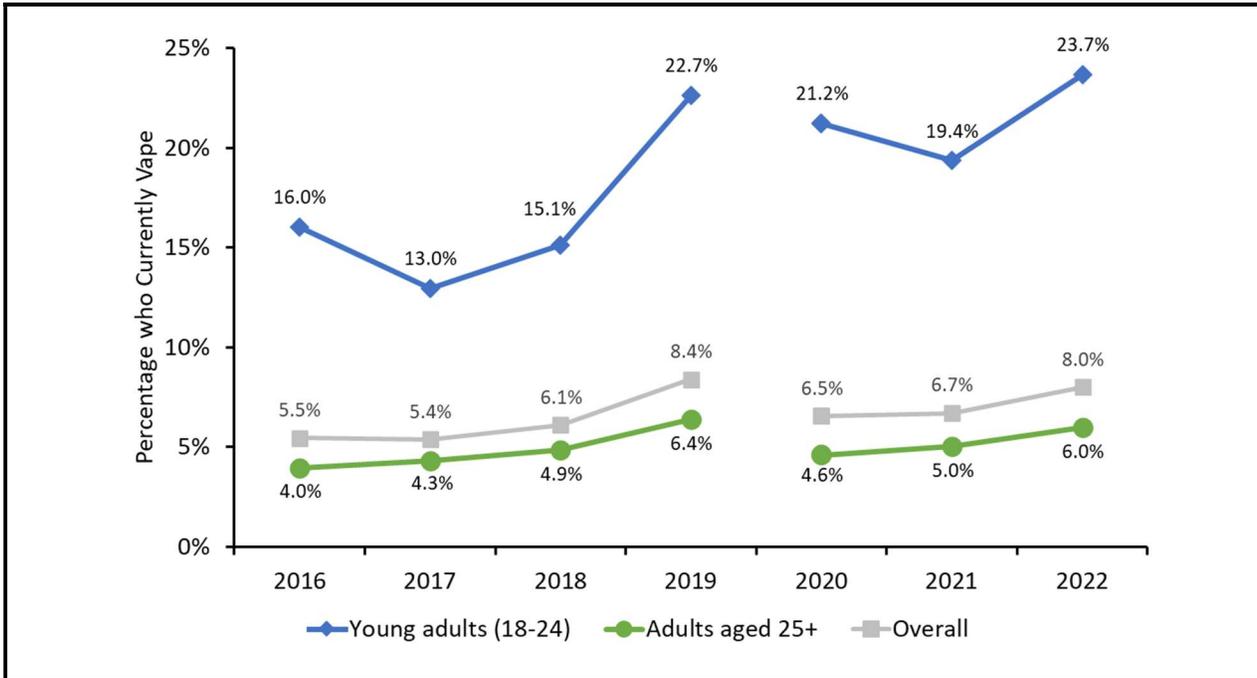


Note: There is a statistically significant upward trend in current cigar use among adults in New York from 2012 to 2022. Beginning in 2019, cigar use is defined using two questions: “Do you now use traditional cigars, every day, some days, rarely, or not at all?” and “Do you now use cigarillos or little 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.

Adult Vaping Product Use

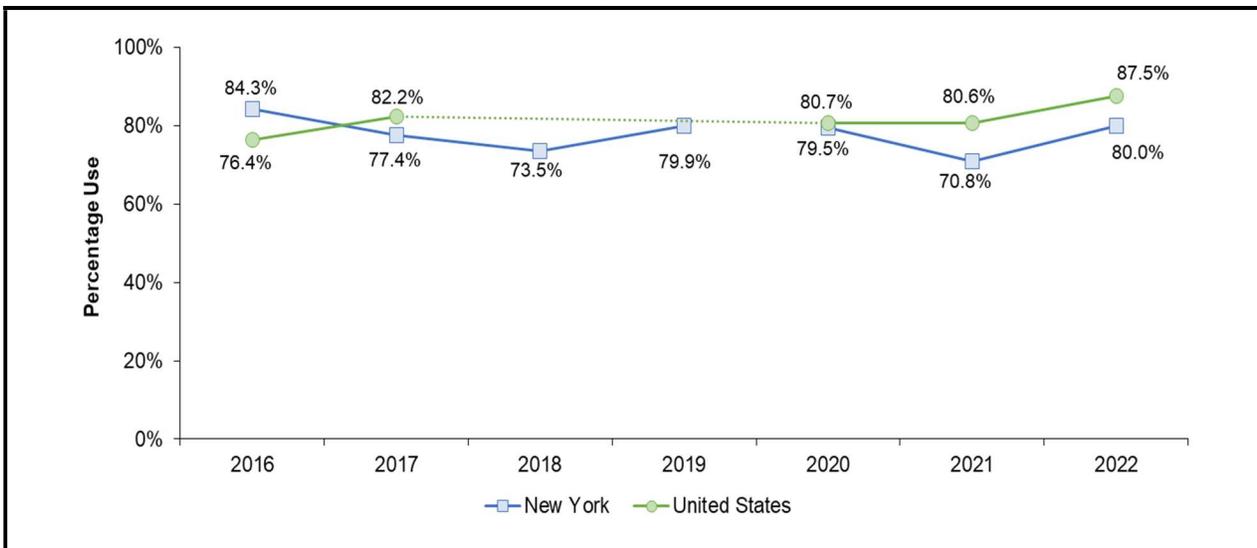
The use of vaping products with nicotine in 2022 was 8.0% among New York adults overall, based on NY ATS estimates (Exhibit 24). Vaping nicotine is more common among young adults (ages 18 to 24 years) than among adults ages 25 years and older. In 2022, 23.7% of New York young adults reported vaping with nicotine, compared with 6.0% of New York adults ages 25 and older (Exhibit 24). The use of flavored vaping products with nicotine among New York adults who vape was 80.0%, compared with the national average of 87.5% in 2022 (Exhibit 25). This high rate of vaping flavored nicotine products raises questions about the ways in which New Yorkers are obtaining these products, given the policy implemented in 2020 that restricts the sale of flavored vaping products in the state.

Exhibit 24. Percentage of Young Adults (18–24 Years) and Adults Aged 25+ Who Currently Use Vaping Products with Nicotine, New York Adult Tobacco Survey, 2016–2022



Note: There is a statistically significant difference in current vaping in 2022 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.

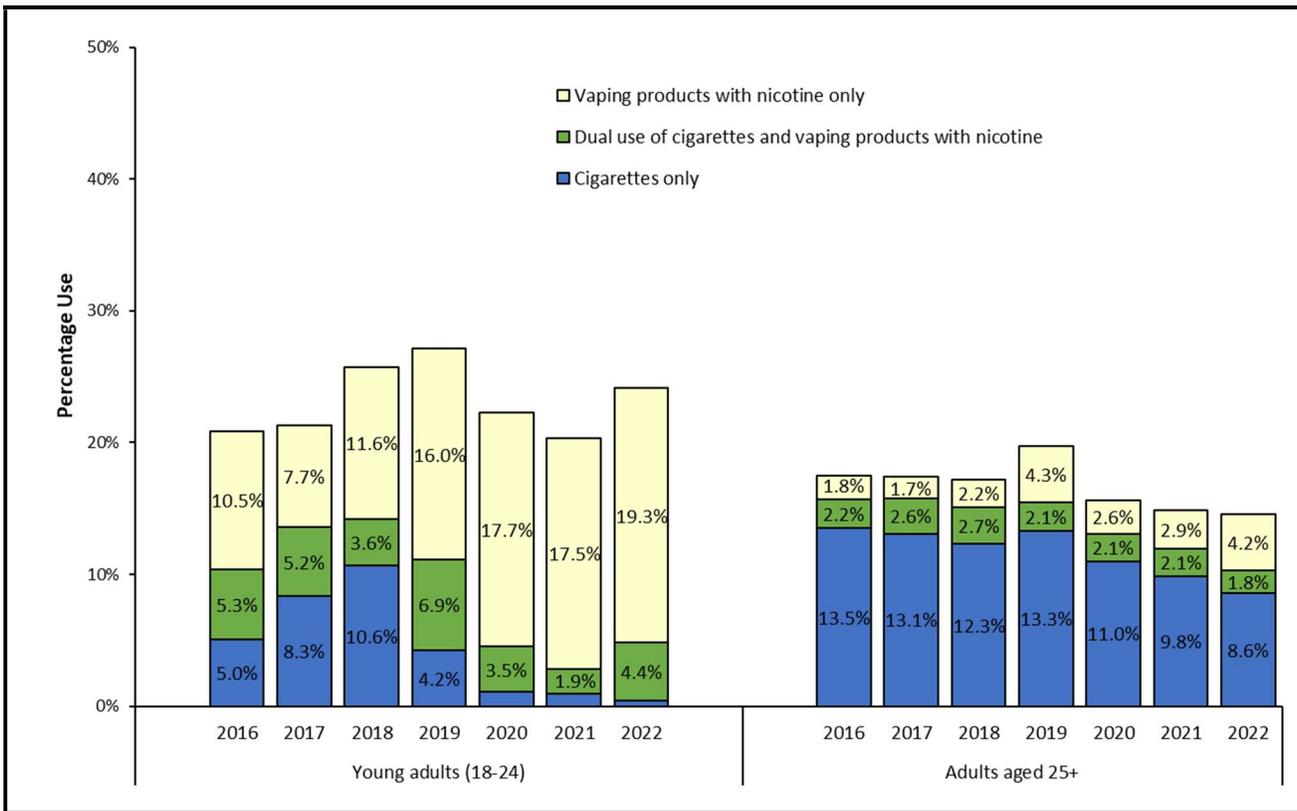
Exhibit 25. Percentage of Adults Who Reported Using Nicotine Vaping Products with Flavors Among Adults Who Reported Past 30-Day Vaping Product Use, New York Adult Tobacco Survey and National Adult Tobacco Survey, 2016–2022



Note: 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.

Dual use of cigarettes and vaping products with nicotine remains low among New York adults, although use of cigarettes and/or nicotine vapes varies by age group. In 2022, 4.4% of New York young adults aged 18–24 reported using cigarettes and vaping products with nicotine and fewer than 1% of young adults reported using only cigarettes (Exhibit 26). Among adults aged 25 and older, 1.8% reported current use of both cigarettes and vaping products with nicotine (see Exhibit 26). Use of cigarettes but not vaping nicotine (8.6%) was more common than vaping nicotine among adults aged 25 years and older, whereas vaping nicotine without also smoking cigarettes (19.3%) was more common than cigarettes among young adults aged 18–24.

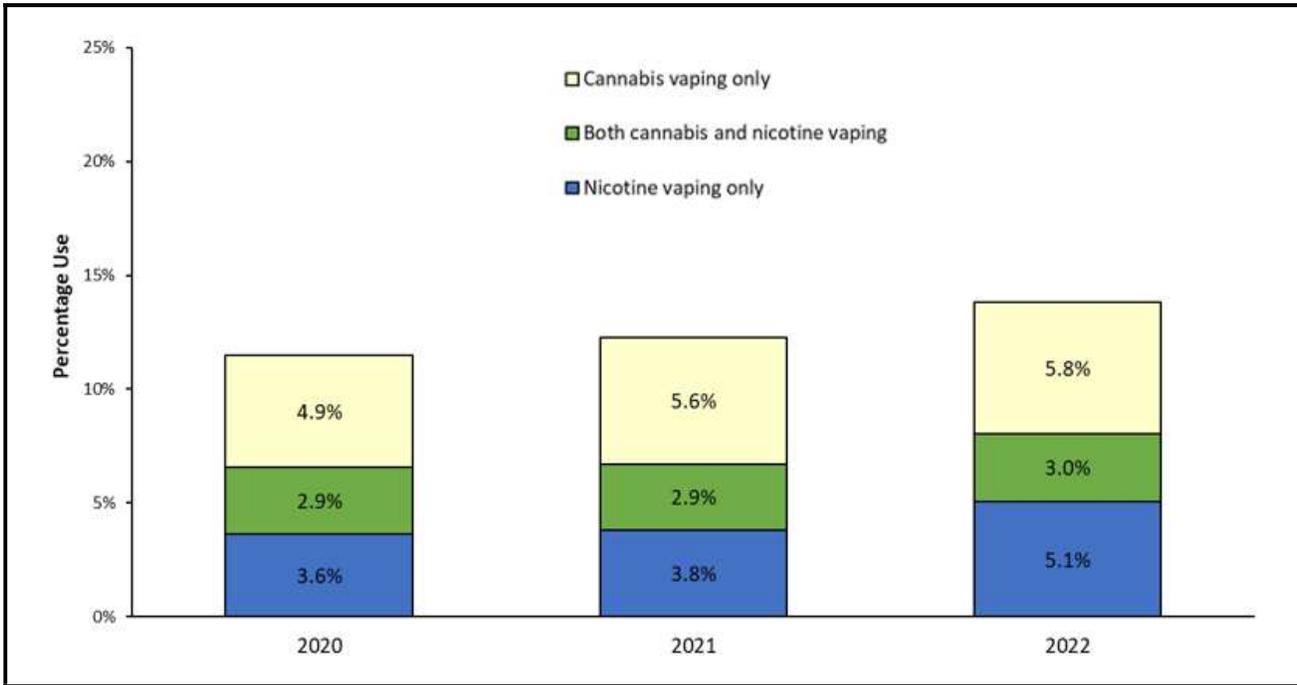
Exhibit 26. Percentage of New York Adults Who Currently Use Cigarettes, Vaping Products, and Both Cigarettes and Vaping Products, By Age Group, New York Adult Tobacco Survey, 2016–2022



Note: Current nicotine vaping product use includes reports of use every day, some days, and rarely.

Although nicotine remains the most commonly used substance in vaping products nationally, vaping cannabis has increased in recent years; adult use of cannabis was legalized in New York in 2021. In 2022, among New York adults, the prevalence of current cannabis vaping only was 5.8% and current nicotine vaping only was 5.1%, followed by dual use of vaping nicotine and vaping cannabis (3.0%) (Exhibit 27).

Exhibit 27. Percentage of New York Adults Who Report Currently Using Vaping Products with Nicotine Only, Vaping Products with Cannabis Only, and Both Vaping Products with Nicotine and Cannabis, New York Adult Tobacco Survey, 2020–2022



Adult Smokeless Tobacco Use

Current smokeless tobacco use prevalence among New York adults is low (1.7% in 2022) and remained stable from 2012 to 2022 (data not shown). In 2022, adult smokeless tobacco use prevalence was lower in New York than nationally (3.0%). Adults began answering a question about past-month use of nicotine pouches (products with brand names like Zyn, On!, and Velo) in 2022; fewer than 2% of NY adults reported past-month use of nicotine pouches in 2022.

Discussion of Adult Tobacco Use

Cigarette smoking among New York adults was 11.3% in 2022, approaching the target of decreasing adult smoking prevalence to 11.0% by the end of 2024. Around one-quarter of New York adults report using any tobacco product, with cigarettes the most commonly used, followed by cigars, vaping products, and hookah. Vaping nicotine is much more common among young adults (ages 18 to 24 years) than among adults ages 25 years and older. More than three-fourths of New York adults who vape nicotine reported using flavors, which raises concern given the state restriction on the sale of flavored vaping products. Cigarette smoking continues to be more common among New York adults with frequent mental distress, household income below \$25,000, or less than a high school formal education, as well as among those who live in rural areas, identify as LGBTQ, or are living with a disability. However, some of these disparities have lessened in recent years. Current smoking prevalence among New York adults with frequent mental distress, living with any disability, and those who identify as LGBTQ declined to the levels

targeted by the 2019–2024 Prevention Agenda, achieving these objectives early. These improvements are indicative of progress, and there is a need for ongoing efforts to address tobacco use among historically marginalized groups. Over the past five years, cigarette smoking prevalence has changed the least among adults with lower levels of income and educational attainment, groups that face additional challenges including chronic stress and limited access to medical services. The New York Tobacco Control Program has achieved some of its targets early and made progress on others, but continued tobacco use requires continued intervention efforts and revised objectives, for continued public health improvements and health equity advancement.

Youth Tobacco Use

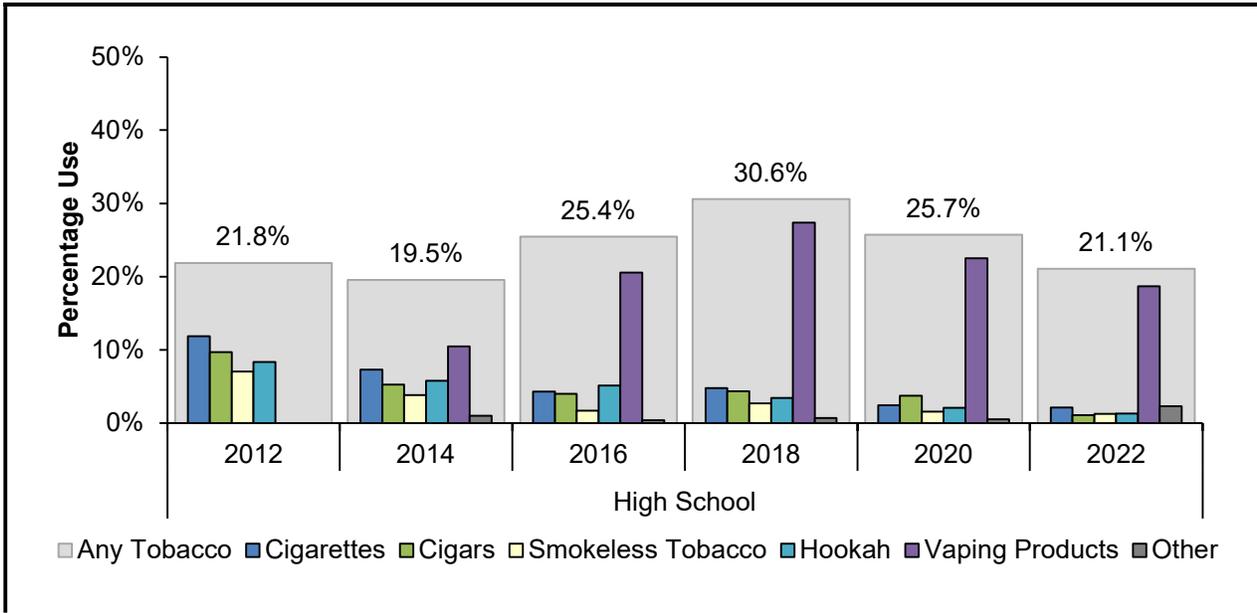
Overall Youth Tobacco Product Use

We present tobacco use trends for youth for tobacco products overall and by product type: cigarettes, cigars, vaping products, and smokeless tobacco. For most measures, we report estimates for middle school and high school youth. We focus on high school youth in particular where the 2019–2024 Prevention Agenda target specifies high school students and in one investigation of ever and current use of vaping products and cigarettes. Among New York high school youth, 21.1% reported current use of any tobacco product in 2022, with the use of vaping products far more common than other types of tobacco products (Exhibit 28). The 2019–2024 Prevention Agenda includes an objective of decreasing high school student prevalence of any tobacco product use to 19.7% by the end of 2024.

Data used to assess tobacco use among youth:

- We present trends of tobacco product use among youth as assessed among middle and high school students in New York using the New York Youth Tobacco Survey (NY YTS).
- We report national youth tobacco use prevalence estimates for comparison, using data from the National Youth Tobacco Survey (NYTS) (including New York).
- The NY YTS is conducted in even-numbered years; this report includes data from surveys in 2012 through 2022.
- New York youth vaping product use was first assessed in 2014

Exhibit 28. Percentage of New York High School Students Reporting Current Use of Any Tobacco Product, New York Youth Tobacco Survey, 2012–2022

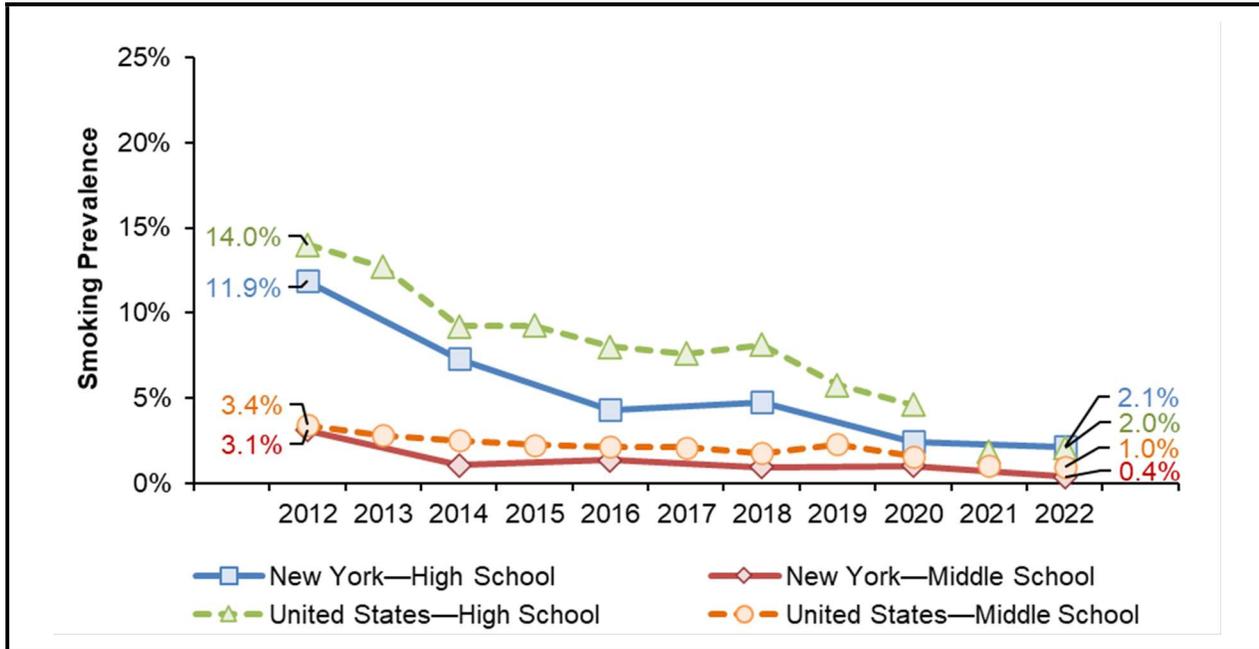


Note: There is no statistically significant trend in current use of any tobacco product among New York middle and high school students from 2012 to 2022. Current tobacco use is defined by indicating use of cigarettes, cigars (large cigars, cigarillos, or little cigars), smokeless tobacco (chew, snuff, dip, snus, or dissolvable), hookah (or waterpipe), vaping products, or other tobacco products (pipe, heated tobacco products, and nicotine pouches) 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, pipe use data were in 2012, and dissolvable use data were first available in 2014. Heated tobacco products and nicotine pouches were added in 2020.

Youth Cigarette Use

The 2019–2024 Prevention Agenda set a target of decreasing cigarette smoking prevalence among high school students to 3.3% by 2024, an objective that New York has accomplished early. The prevalence of cigarette smoking among New York high school students has declined over the past 10 years, and only 2.1% of New York high school students reported past 30-day use of cigarettes in 2022 (Exhibit 29). Current cigarette smoking among middle school students was 0.4% in New York and 1.0% nationally in 2022.

Exhibit 29. Percentage of Middle and High School Students Who Currently Smoke Cigarettes in New York and Nationally, New York Youth Tobacco Survey and National Youth Tobacco Survey, 2012–2022

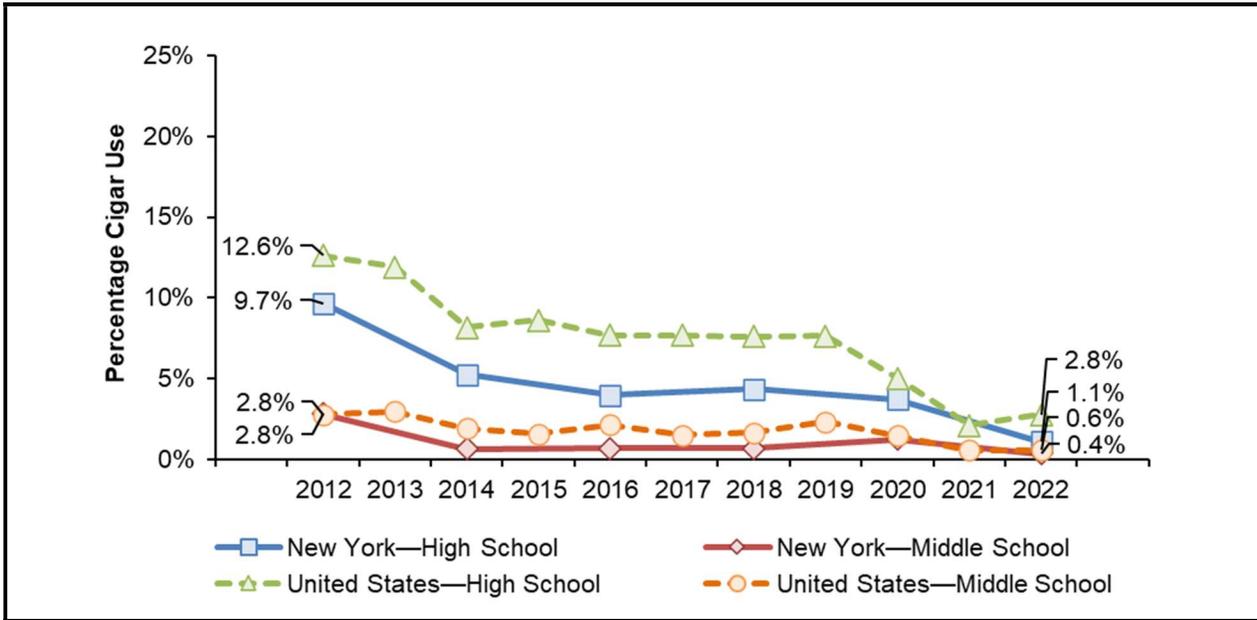


Note: There is a statistically significant downward trend among middle and high school students in New York from 2012 to 2022.

Youth Cigar Use

The prevalence of cigar use among New York youth has declined over the past 10 years in New York, as well as nationally (Exhibit 30). In 2022, 1.1% of high school students in New York reported current cigar use. Among middle school students in New York, only 0.4% reported current cigar use. These estimates do not include cigars used as blunts (which are cigars that contain cannabis or marijuana). Although New York youth cigar use was very low, youth use of blunts was 9.6% among high school students and 1.2% among middle school students in 2022 (data not shown).

Exhibit 30. Percentage of Middle and High School Students Who Currently Smoke Cigars in New York and Nationally, New York Youth Tobacco Survey and National Youth Tobacco Survey, 2012–2022



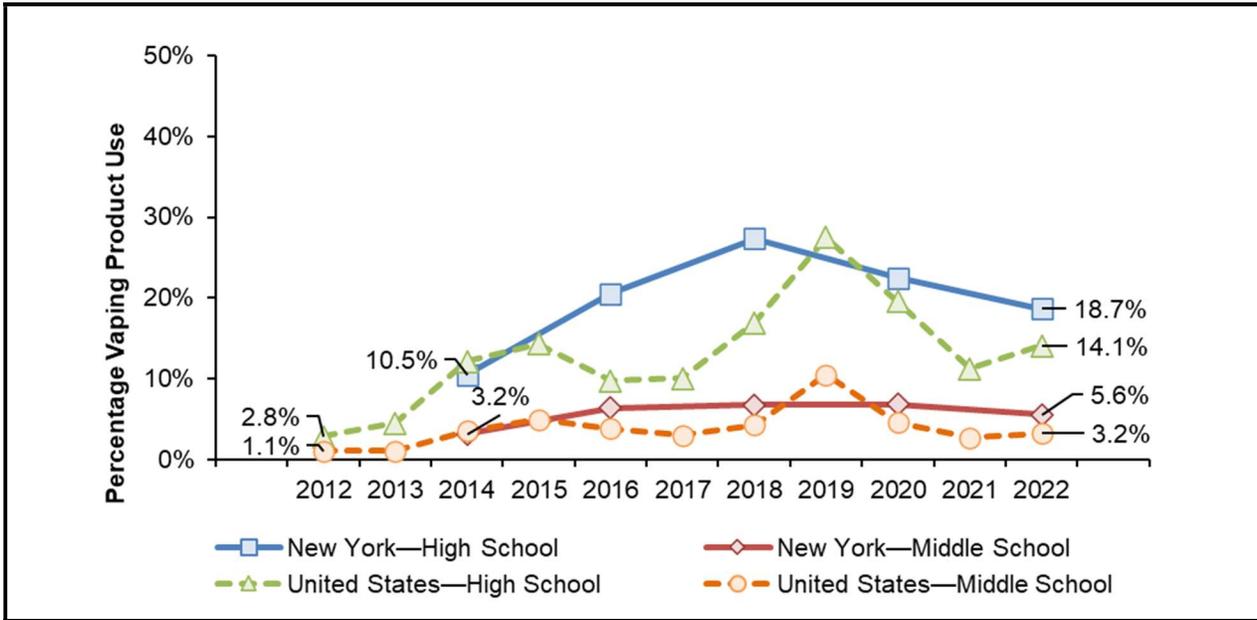
Note: There is a statistically significant downward trend among middle and high school students in New York from 2012 to 2022. Starting in 2014 for New York and 2011 for the United States, questions about other tobacco product use were combined into one current use question with separate response options for each product type.

Youth Vaping Product Use

The use of vaping products with nicotine remains high among high schoolers in New York and across the United States. In 2022, 18.7% of high school students in New York reported past 30-day use of vaping products (Exhibit 31). Nationally, 14.1% of high school students reported past 30-day use of vaping products. Vaping prevalence among New York middle school students was 5.6%. Focusing on New York high school youth vaping and cigarette smoking, we see that not only is the 2022 prevalence of current vaping (18.7%) dramatically higher than the prevalence of current smoking (2.1%), but the prevalence of ever vaping (34.8%) is much higher than the prevalence of ever smoking (10.7%) (Exhibit 32).

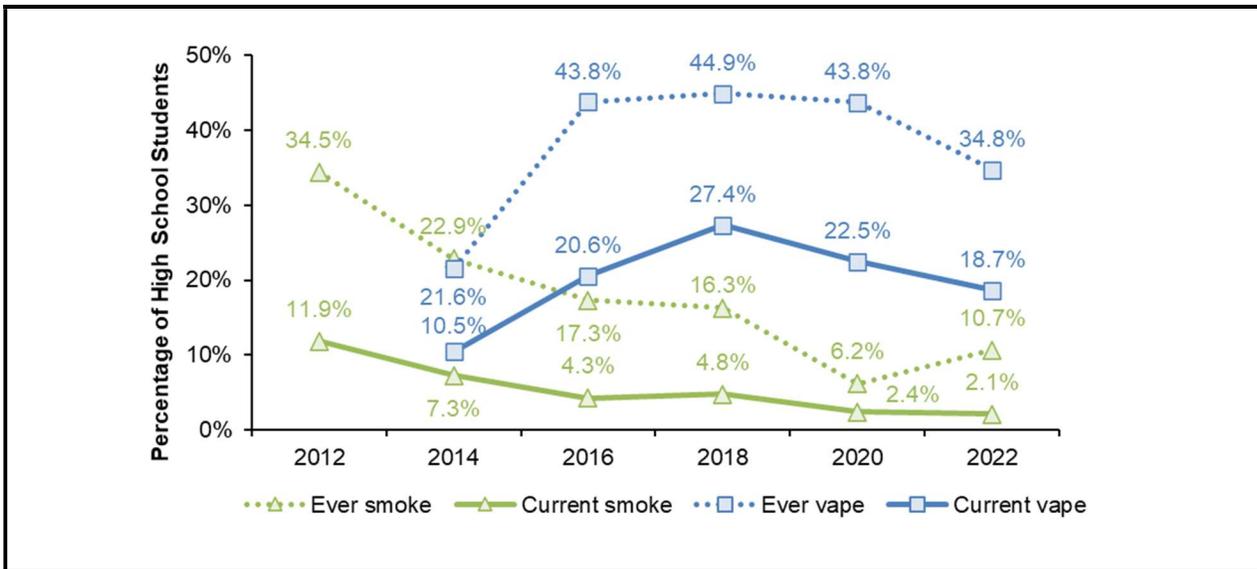
Although the prevalence of New York youth vaping is high, more than half of high school and middle school students who vape reported interest in quitting in 2022. When New York youth who vape were asked how much they want to quit vaping, 54.8% of those in middle school and 54.8% of those in high school reported that they want to quit vaping “somewhat” or “a lot” (data not shown).

Exhibit 31. Percentage of Middle Students and High School Students Who Currently Vape in New York and Nationally, New York Youth Tobacco Survey, 2014–2022, and National Youth Tobacco Survey, 2012–2022



Note: There is a statistically significant upward trend among high school students in New York from 2012 to 2022.

Exhibit 32. Percentage of New York High School Students Who Ever Vaped, Currently Vape, Ever Smoked, and Currently Smoke, New York Youth Tobacco Survey, 2012–2022



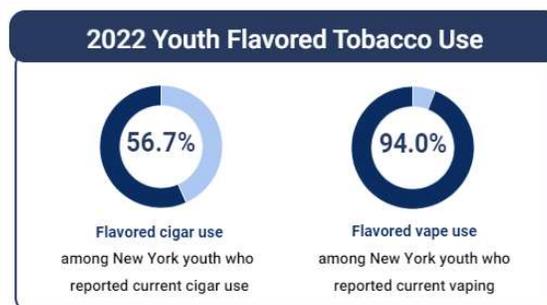
Youth Smokeless Tobacco Use

The use of smokeless tobacco is low among middle and high school students in New York and nationally. In 2022, only 1.2% of New York high school students and 0.5% of New York middle school students

reported current use of smokeless tobacco (data not shown). Youth began answering a question about past-month use of nicotine pouches (products with brand names like Zyn, On!, and Velo) in 2022. Too few NY youth reported using nicotine pouches to allow for a reliable prevalence estimate to report for 2022.

Youth Flavored Tobacco Use

The tobacco industry has a history of targeting youth with flavored tobacco products. Flavored tobacco products are associated with youth appeal and ease of use (Gentzke et al., 2022). Among New York youth who reported current use of cigars in 2022, 56.7% used flavored cigars; 94.0% of youth who vape used flavored vaping products. Cigarette smoking among New York youth is so low that it is not feasible to report a reliable estimate of menthol cigarette smoking among youth who smoke.



Discussion of Youth Tobacco Use

Although the prevalence of cigarette and cigar smoking among New York youth has declined dramatically over the past 10 years, the current use of any tobacco product has not followed the same trend. Over 21% of New York high school students reported current use of any tobacco product in 2022. Vaping products remain the tobacco product most commonly used by New York youth. Among high school students in New York, 18.7% reported current use of vaping products. The vaping prevalence among middle school students in New York was 5.6%. More than nine of out 10 New York youth who currently use vaping products reported flavored product use. Flavored vaping product sales are prohibited in New York, and youth use of these products raises questions about the source of these products. However, more than half of high school and middle school students reported interest in quitting and as of 2022 we are seeing some declines in high school student use of vaping products and of any tobacco product.

Evaluation Study Highlights

The next sections highlight two important tobacco control questions in greater detail. First, we present an exploration regarding the proportion of New York youth and young adults who use cigars and blunts. Second, we report on the tobacco product availability and advertising in New York retail stores.

Evaluation Highlight: New York Youth and Young Adult Use of Cigars and Blunts

Despite an overall decrease in the prevalence of cigar use among youth and young adults in New York, some still use these products and may also use cigars with cannabis, including as blunts. The availability of cigars and cigarillos in non-tobacco flavors makes them more appealing and is associated with initiation among youth and young adults (Antognoli et al., 2018). New York City restricts the sale of

flavored cigars (NYC Administrative Code: Title 17-713 to 718), but these products are available throughout most of the state. In March 2021, New York State legalized non-medical cannabis use for adults age 21 and older; this legalization raises questions about tobacco and cannabis co-use among youth and young adults. The practice of hollowing out cigars and replacing the tobacco filler with cannabis, or using cigar wrappers filled with cannabis, “blunt” use, has become more common among youth and young adults in the United States in recent years (Kong et al., 2019; Giovenco et al., 2017). Co-administration of tobacco and cannabis in blunts could increase or reinforce nicotine addiction (Peters et al., 2016) and increase the likelihood of adverse health effects (Meier & Hatsukami, 2016). We studied New York youth and young adult perceptions and behaviors related to cigars and blunts to explore co-use in greater depth than the state’s surveillance studies currently do.

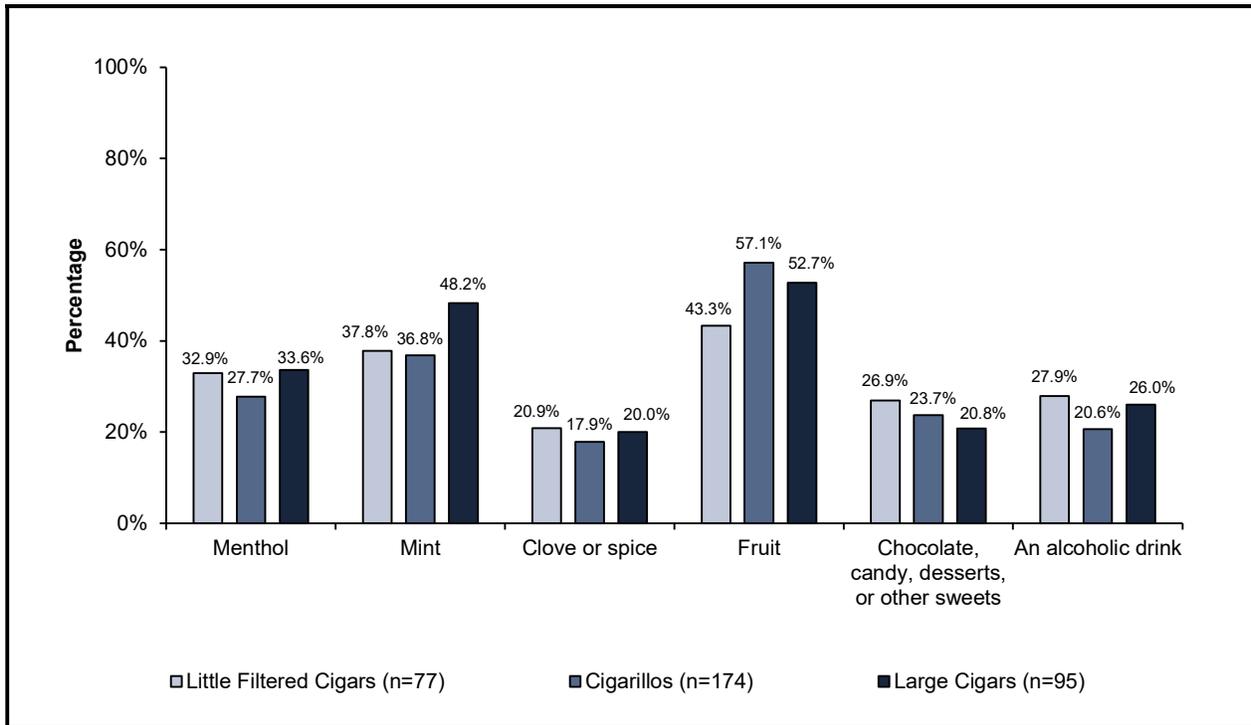
Data and Methods

In 2022, we conducted an online survey of youth and young adults (aged 15–24 years) who had used cigar products (i.e., cigars, cigarillos, cigar wrappers, blunts) in the past 12 months. We assessed use behaviors and flavor preferences, as well as purchasing behaviors, beliefs about harm and addiction, social norms around cigar and blunt use, and awareness of New York policies related to these products.

Results

In 2022, many of the surveyed New York youth and young adults who used cigar products and/or blunts in the past 12 months reported the use of flavored cigars and/or blunts. Fruit was the most common flavor reported for cigar products both with and without cannabis (Exhibit 33).

Exhibit 33. Percentage of New York Youth and Young Adults Reporting Cigar Flavors Used in the Past 12 Months, by Product and Flavor Type, Among Youth and Young Adults Who Used Cigars in the Past 12 Months, Youth and Young Adult Cigar and Blunt Online Survey, 2022

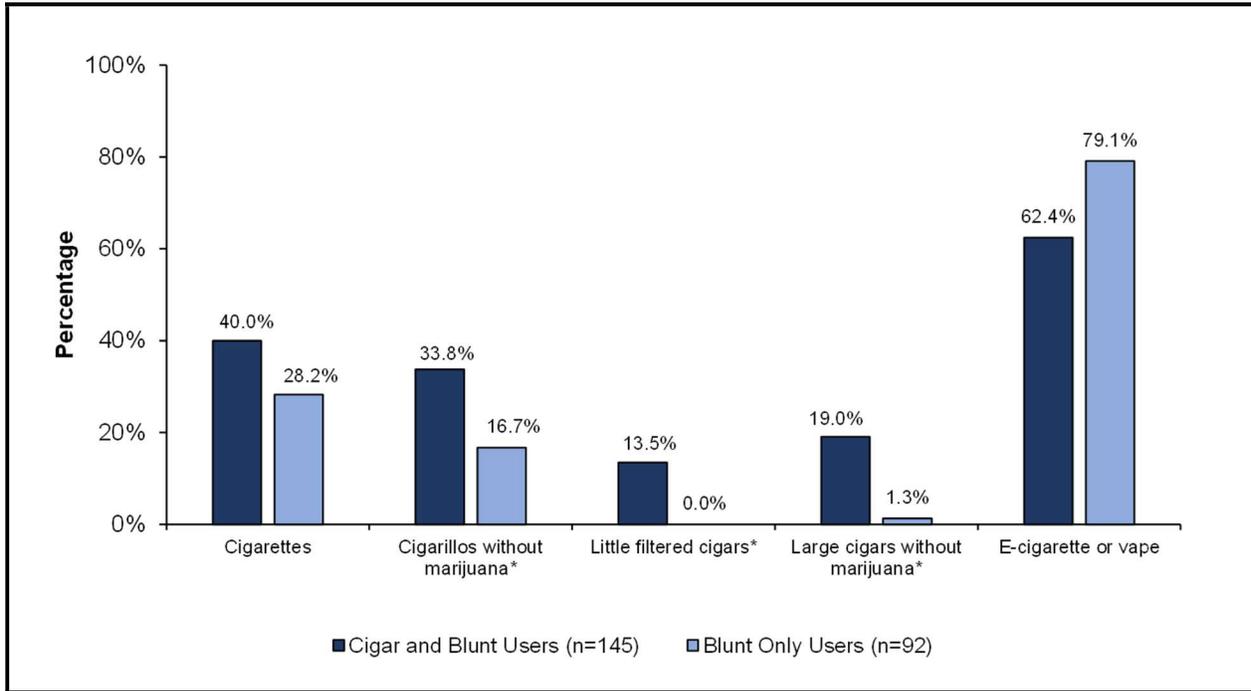


Youth and young adults reported a range of sources for the cigar products they used. Those over the age of 21 (the legal sales age for tobacco and cannabis products) were more likely to purchase cigar products from stores, whereas those under the age of 21 were more likely to have obtained products from social sources. Among those who purchased cigar products, most reported purchasing cigar products at convenience stores or gas stations, small grocery stores, and smoke shops or specialty stores. Among New York youth ages 15 to 20 years who used cigars and/or blunts and who attempted to purchase a cigar product in the past 12 months, 35.2% were asked to show their ID.

New York youth and young adults who reported using both cigars and blunts were more likely to report mixing tobacco into their blunts (64.7%) than those who only used blunts (30.1%) (data not shown). Among New York youth and young adults who reported using blunts but not cigars in the past 12 months, 48.7% knew that the wrapper of a blunt contains nicotine.

Among New York youth and young adults who use cigars and/or blunts, use of other types of tobacco products is common, particularly vaping products (Exhibit 34). The main reasons for co-using tobacco products and blunts were to enhance the high from cannabis (63.6%) or enhance the effects of nicotine (40.1%), followed by “to cover the taste of marijuana” (20.2%) and “because marijuana makes me crave nicotine” (18.2%) (data not shown).

Exhibit 34. Percentage of New York Youth and Young Adults Who Use Blunts Reporting Co-use of Other Tobacco Products, By Use Group, Youth and Young Adult Cigar/Blunt Online Survey, 2022



*Statistically significant difference between use groups (p < 0.05)

Among youth and young adults who use cigars and/or blunts, 64.4% reported that smoking blunts is less harmful than smoking cigarettes. When asked about perceived addictiveness of cigarettes, cigarillos, large cigars, blunts, vaping nicotine, and vaping marijuana, respondents reported that smoking cigarettes and vaping nicotine were the most addictive.

Summary

Youth and young adult patterns of tobacco use have become increasingly interwoven with patterns of cannabis use. Most New York youth and young adults who use cigars and/or blunts report using these products with flavors. Given the appeal of flavored products to young New Yorkers, the Program has prioritized efforts to restrict the sale of all flavored tobacco products. Due to the significant co-use of tobacco and cannabis products among New York youth and young adults, flavored cannabis products’ appeal to young New Yorkers may become a public health priority as well. Despite statewide and federal policies that prohibit the sale of tobacco products to those under the age of 21, almost one-quarter of underage youth who use cigars and/or blunts in New York reported purchasing cigar products in stores, most often in smoke shops and convenience stores/gas stations. Many youth and young adults who use blunts were not aware that the wrapper of a blunt contains tobacco and/or nicotine. The co-use of cigars and blunts emphasizes the importance of continuing to monitor youth and young adult use and health outcomes to inform appropriate public health opportunities for education and policy change.

Evaluation Highlight: Tobacco Product Availability and Advertising in New York Retail Stores

The tobacco industry reports spending the majority of its marketing expenses on in-store advertising and product promotion, as product visibility at the point of sale raises brand awareness, helps establish brand loyalty, and increases the likelihood of impulse purchasing, especially among youth and those who have quit or are trying to quit tobacco use (D'Angelo et al., 2021). During 2019 and 2020, a range of state-level tobacco control policies were implemented in New York that directly affect the retail environment for tobacco and vaping products, including a flavored vaping product sales restriction, a restriction on storefront advertising near schools, and a tobacco product price promotion and discount restriction. Tobacco product advertising in stores has been shown to influence youth tobacco use initiation and increase the likelihood of relapse for those who have quit tobacco. Studying the retail environment in New York provides insight into policy compliance and potential public health concerns.

Data and Methods

The New York Retail Advertising of Tobacco Survey is an in-person assessment of the retail environment in stores that sell tobacco across New York. The main purpose of this survey is to provide surveillance data and produce estimates for outcomes of interest that are representative of the whole state, NYC, and the remainder of the state outside of NYC (ROS). Of 800 tobacco retail stores selected for inclusion, observational data were collected at 613 stores (36.2% in NYC and 63.8% outside of NYC) in 2022. Tobacco retailers were categorized by region² and store type³, and trained data collectors visited the stores in June and July of 2022. The data were analyzed to provide estimates related to flavored tobacco products available for sale and branded displays in retail stores.

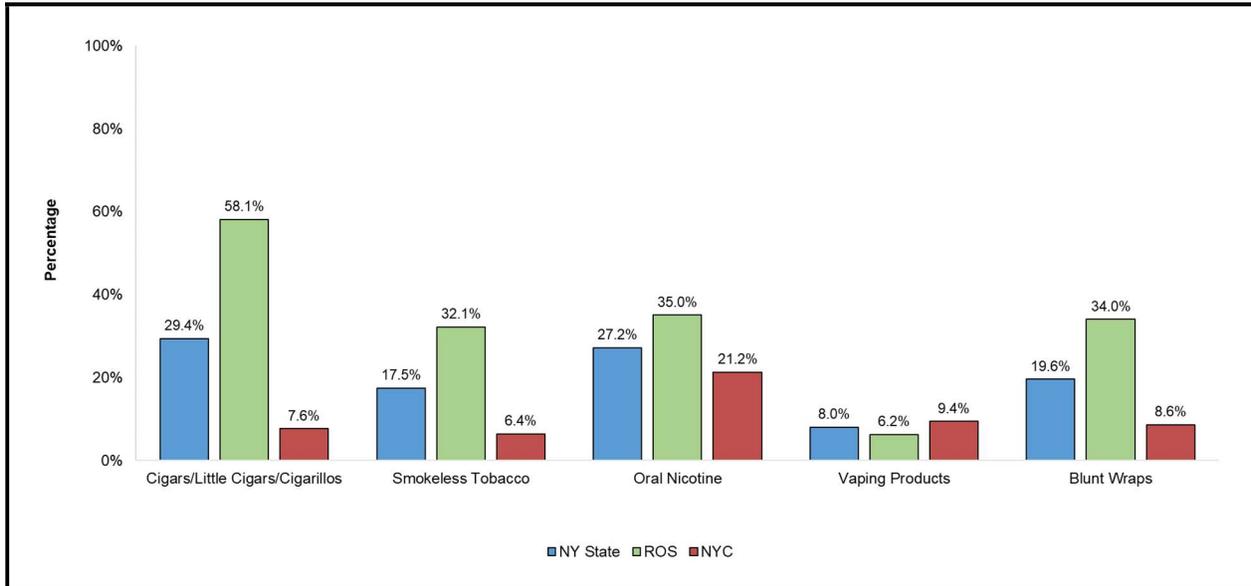
Results

Although the State of New York prohibits the sale—or offer for sale—of flavored vaping products, and NYC further restricts the sale of flavored tobacco products including cigars and smokeless tobacco, flavored tobacco products were available for sale in many stores across the state. In NYC, almost one-third (30.7%) of stores had at least one flavored product available for sale (data not shown). The tobacco product type most often offered for sale in flavored varieties outside of NYC were cigar products (Exhibit 35). Flavored vaping products were documented at 8.0% of tobacco retailers statewide (see Exhibit 35). Generally low rates of in-store availability of flavored non-cigarette tobacco products in NYC compared to the rest of NYS may be reflective of NYC's local flavor policy in effect since 2009. Although availability of flavored oral nicotine products in NYC (21.2%) was lower than in the rest of the state (35.0%), this relatively novel product type was more often flavored than other types of tobacco products in NYC.

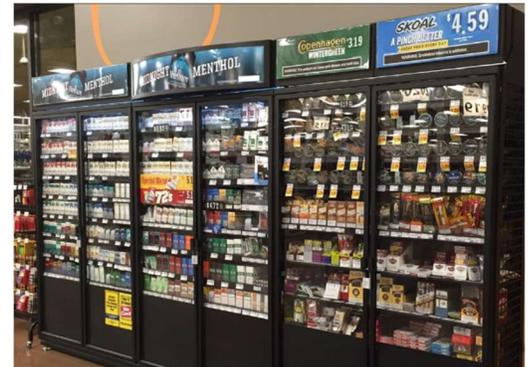
² NYC: Kings, Queens, Bronx, New York, and Richmond; Outside of NYC: 10 non-NYC counties including Cayuga, Erie, Herkimer, Monroe, Nassau, Niagara, Orange, St. Lawrence, Suffolk, and Westchester.

³ Convenience store with or without gas; Gasoline station kiosk only; Large grocery/supermarket (e.g., Tops); Small Grocery, Bodega, or Delicatessen; Mass Merchandiser (e.g., Walmart); Discount (e.g., Family Dollar, Dollar General); Newsstand; or Other (e.g., bar, restaurant, liquor store).

Exhibit 35. Percentage of Tobacco Retailers that Offered for Sale Flavored Non-cigarette Tobacco Products, By Product Type and Region, New York Retail Advertising of Tobacco Survey, 2022



Branded tobacco product displays (including tobacco product shelves or cases with advertisements on them) were common, especially in discount stores (89.8%) and convenience stores (70.4%) (data not shown). Marlboro was the most frequently observed brand, found in 58.9% of stores that contained a branded display.



Summary

As the New York Tobacco Control Program works to prevent initiation, support cessation, and advance health equity, assessing the tobacco retail environment can inform relevant context, influences on youth and adults, and short-term policy impacts. Flavored non-cigarette tobacco products are less commonly observed in NYC retailers than in the rest of the state, likely due to the NYC flavored tobacco sales restriction. Our assessment of tobacco retailers in New York found that tobacco branded displays are common, including in discount stores. These findings provide timely insights about the tobacco retail environment that are relevant to the Program’s priorities and indicate where there is room for improvement on tobacco control policy compliance.

Discussion

Progress in Changing Tobacco Use

The prevalence of cigarette smoking among New Yorkers continues to decline, which has reduced the health and economic burden from tobacco use across the state. The 2019–2024 New York State Department of Health Prevention Agenda includes objectives focused on decreasing the use of tobacco products statewide, with targeted reductions among populations disproportionately affected by tobacco use. The New York Tobacco Control Program has achieved some Prevention Agenda targets early, including reducing the prevalence of cigarette use among youth and young adults, increasing the number of communities that adopt retail environment policies, and reducing the prevalence of cigarette smoking among adults who report frequent mental distress, identify as LGBT, and live with a disability. Adult cigarette smoking prevalence was 11.3% in 2022, approaching the state’s target level of 11.0%. Although some objectives have been achieved and others may still be reached by the end of 2024, cigarette smoking rates are still disproportionately high among New York adults who report frequent mental distress, have household income below \$25,000, have completed less than a high school formal education, identify as LGBTQ, live in rural areas, and live with a disability. Although cigarette smoking prevalence is similar across race and ethnicity groups, use of menthol cigarettes is much higher among Black, non-Hispanic and Hispanic adults than White, non-Hispanic adults who smoke. The Program has focused on health equity through exploring 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 reaching adults with high rates of tobacco use. 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 its tobacco control work.

Youth cigarette smoking has decreased to less than 3% in New York, which is a remarkable public health success. Youth and young adult use of tobacco products consists primarily of vaping product use. The statewide sales restriction on flavored vaping products is intended to reduce the availability and youth appeal of vaping products, with an anticipated reduction in vaping product use among youth and young adults. Although vaping product use among youth and young adults has decreased from its peak, additional efforts are required to further decrease youth vaping. Recent laws increased the minimum age to purchase tobacco products, prohibited the sale of flavored vaping products, and restricted price-reducing discounts and promotions; with additional efforts to reinforce policy compliance and educate youth, New York has the opportunity to further reduce youth tobacco product initiation and affect long-term tobacco use prevalence. Many key tobacco control outcomes in New York are similar to national estimates. If the Program’s funding level was closer to the CDC’s recommended level, the Program would have greater potential to change tobacco use outcomes through health communications, statewide and community interventions, and cessation-focused efforts.

The New York tobacco control landscape has changed considerably in recent years, with new policies in place and continued shifts in the tobacco products on the market. Co-use of tobacco and cannabis products among youth and young adults contributes to the complicated context in which the Program works and raises additional public health concerns. Additionally, FDA’s anticipated product standards

regarding menthol cigarettes and flavored cigars contribute to questions regarding New York’s tobacco control priorities. This changing environment requires ongoing strategic planning, continued monitoring, and consistent enforcement of existing policies. The potential for delays in the implementation of federal flavored tobacco product standards—particularly through possible litigation—raises the importance of state and local efforts to prevent tobacco use initiation and promote cessation through policy and education, which will align with federal efforts. As New York approaches the end of its current Prevention Agenda timeline, the Program faces the opportunity to revisit its tobacco control objectives, celebrate its progress, and address the remaining burdens of tobacco use including those exacerbated by social and commercial determinants of health.

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 objectives.
 - Funds from the vaping product sales tax could be directed to the New York Tobacco Control Program to support education, intervention, and evaluation. High rates of vaping among New York youth require the Program to use its limited resources for a broad range of tobacco control activities, as the tobacco product landscape continues to change.
 - With additional funding, the Program could increase cessation messaging and youth vaping prevention campaigns, conduct additional education supporting approaches to reduce youth exposure and access to tobacco products, implement stronger compliance monitoring for retail environment policies, enhance opportunities to promote cessation with an emphasis on equitable access to cessation resources, and assess the effectiveness of the Program’s work more comprehensively.
- Continue to refine the Program’s approach to eliminate inequities in tobacco product use. This includes ensuring that interventions reach and support New Yorkers in groups with disproportionately high rates of smoking, minimizing barriers to deliver cessation resources effectively, addressing social and commercial determinants of health including disrupting tobacco industry tactics to target historically marginalized communities, and further engaging with communities and organizations working to improve health outcomes.
- Continue efforts to reduce youth tobacco use, particularly use of vaping products. The Program can continue to promote policies to protect youth, test and run media campaigns targeting youth, and support education and enforcement regarding existing vaping-related policies.
- Develop a strategic plan for addressing tobacco and cannabis co-use, particularly among youth, in collaboration with the New York State Office of Cannabis Management.

Health Communication Recommendations

- Continue to focus the Program’s limited funds available for paid media campaign efforts on high-impact smoking cessation television advertisements, those that graphically depict the health consequences of smoking or elicit strong negative emotions.

- Consider strategies to identify and employ the optimal allocation of campaign advertising across medium (e.g., television vs. digital) and specific channels and programs, especially as New Yorkers' use of media shifts over time.
- Review ad placement strategies to maximize the reach and potential effectiveness of campaigns among populations disproportionately affected by tobacco use.
- Continue to leverage media campaigns to advance tobacco-free norms and policies and reduce disparities and inequities in tobacco-related harms. Consider how cessation media campaigns can support adults who smoke menthol cigarettes and flavored cigars to quit tobacco in the context of a potential federal ban on menthol cigarettes and flavored cigars.

Health Systems Change Recommendations

- Continue to leverage existing partnerships and engage in new collaborations across the health care sector to promote health systems change and expand insurance coverage for tobacco dependence treatments for all New Yorkers.
- Work with the New York Tobacco Control Program-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.
- Clarify the Program's plan for how vaping should be addressed in the health care setting and integrate this into health systems interventions.
- 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 Action Recommendations

- Continue to work toward statewide and local restrictions on the sale of all flavored tobacco products, including menthol cigarettes and flavored non-cigarette products (including, cigars, cigarillos, vaping products, and oral nicotine products). Additional comprehensive flavor restrictions will reduce the appeal of tobacco products, especially among youth and Black people who are disproportionately targeted by industry marketing of menthol cigarettes.
- Increase collaboration with enforcement officials on compliance monitoring and documentation about statewide tobacco control policies including the flavored vaping product sales restriction and encourage or conduct studies regarding whether retailer compliance varies by neighborhood characteristics.
- Educate local and state policymakers and decision-makers about trends in the intersection of cannabis and tobacco, especially given the recent legalization of adult use marijuana in New York State and monitor whether and how legalization impacts tobacco use and social norms. Through these efforts, capitalize on opportunities to reinvigorate interest in the issue of tobacco use and smoke-free norms among the public and policymakers.
- Continue to integrate a health equity approach in the grantees' community-based work that recognizes the root causes that contribute to health disparities, including tobacco use and its health consequences. Provide training and technical assistance for grantees to meaningfully engage their communities in this work.

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Appendix A. 2019–2024 New York State Department of Health Prevention Agenda Targets and 2022 Updates

Goals and Objectives	Data Source	Baseline Estimate (year)	Current Estimate (2022)	Target Estimate (2024)	
3.1 Prevent Initiation of Tobacco Use					
3.1.1 Decrease the prevalence of any tobacco use by high school students	NY YTS	25.4% (2016)	21.1% ↓	19.7%	<input type="checkbox"/>
3.1.2 Decrease the prevalence of combustible cigarette use by high school students	NY YTS	4.3% (2016)	2.1% ↓	3.3%	<input checked="" type="checkbox"/>
3.1.3 Decrease the prevalence of vaping product use by high school students	NY YTS	20.6% (2016)	18.7% ↓	15.9%	<input type="checkbox"/>
3.1.4 Decrease the prevalence of combustible cigarette use by young adults age 18–24 years	BRFSS	11.7% (2016)	5.7% ↓	9.1%	<input checked="" type="checkbox"/>
3.1.5 Decrease the prevalence of vaping product use by young adults age 18–24 years	BRFSS	9.1% (2016)	17.2% ↑	7.0%	<input type="checkbox"/>
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)	35 ↑	30	<input checked="" type="checkbox"/>
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%.	NY ATS	53.1% (2017)	55.1% ↑	60.1%	<input type="checkbox"/>
3.2.2 Decrease the prevalence of cigarette smoking by adults ages 18 years and older (among all adults)	BRFSS	14.2% (2016)	11.3% ↓	11.0%	<input type="checkbox"/>
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)	18.4% ↓	15.3%	<input type="checkbox"/>
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)	18.1% ↓	14.9%	<input type="checkbox"/>

Goals and Objectives	Data Source	Baseline Estimate (year)	Current Estimate (2022)	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)	18.4% ↓	20.1%	<input checked="" type="checkbox"/>
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)*	14.9% ↓	14.9%	<input checked="" type="checkbox"/>
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)	15.4% ↓	15.6%	<input checked="" type="checkbox"/>
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)*	21.3% ↑	26.2%	<input type="checkbox"/>
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	NY ATS	35.2% (2017)	38.9% ↑	27.2%	<input type="checkbox"/>
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	NY YTS	23.1% (2016)	22.7% ↓	17.9%	<input type="checkbox"/>
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	3,081 (2022) [Cumulative total 2019-2022: 22,583]	5,000 per year [Cumulative total: 25,000]	<input type="checkbox"/>

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

* Pooled data from 2014–2016

Appendix B. Health Systems for a Tobacco-Free New York Grantees

HSTFNY Grantee	Counties Served
American Lung Association (Hudson Valley)	Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
HRI/Roswell Park-Health Systems for a Tobacco-Free Western NY	Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming
New York University (Metro A)	Bronx (Bronx), New York (Manhattan)
New York University (Metro B)	Kings (Brooklyn), Queens (Queens), Richmond (Staten Island)
North Country Healthy Heart Network (North Country)	Clinton, Essex, Franklin, Fulton, Hamilton, Herkimer, Montgomery, St. Lawrence, Warren, Washington
Northwell Health (Long Island)	Nassau, Suffolk
St. Joseph's Health (Central)	Broome, Chenango, Cortland, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, Tioga
St. Peter's Health Partners (Capital)	Albany, Columbia, Delaware, Greene, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie
University of Rochester (Finger Lakes)	Cayuga, Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Tompkins, Wayne, Yates

Appendix C. Advancing Tobacco-Free Communities Grantees

ATFC Grantee	Counties Served
Capital District Tobacco Free Communities	Albany, Rensselaer, Schenectady
Tobacco-Free CCA	Allegany, Cattaraugus, Chautauqua
NYC Smoke-Free	Bronx (Bronx), Kings (Brooklyn), New York (Manhattan), Queens (Queens), Richmond (Staten Island)
Tobacco Free Broome and Tioga	Broome, Tioga
Onondaga County Health Department	Cayuga, Onondaga, Oswego
Southern Tier Tobacco Awareness Coalition	Chemung, Schuyler, Steuben
Tobacco Free Zone - Cortland, Tompkins, Chenango	Chenango, Cortland, Tompkins
Tobacco-Free Clinton Franklin and Essex Counties	Clinton, Essex, Franklin
Tobacco-Free Action of Columbia & Greene	Columbia, Greene
Tobacco Free Communities in Delaware, Otsego and Schoharie Counties	Delaware, Otsego, Schoharie
Tobacco Free Action Communities in Ulster, Dutchess and Sullivan Counties	Dutchess, Sullivan, Ulster
Tobacco-Free Erie-Niagara	Erie, Niagara
Advancing Tobacco-Free Communities of Hamilton, Fulton & Montgomery Counties	Fulton, Hamilton, Montgomery
Tobacco-Free Genesee, Orleans, and Wyoming County	Genesee, Orleans, Wyoming
BRiDGES Tobacco Prevention Program	Herkimer, Madison, Oneida
Tobacco Free St. Lawrence, Jefferson and Lewis Counties	Jefferson, Lewis, St. Lawrence
Smoking and Health Action Coalition of Monroe & Livingston County	Livingston, Monroe
Tobacco Action Coalition of Long Island	Nassau, Suffolk
Tobacco Action Coalition of the Finger Lakes	Ontario, Seneca, Wayne, Yates
POW'R Against Tobacco	Orange, Putnam, Rockland, Westchester
Adirondack Health Institute	Saratoga, Warren, Washington