



Independent Evaluation Report Highlights New York Tobacco Control Program 2023



Prepared for the New York State
Department of Health

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About this Report

This report was prepared by RTI International as part of the independent evaluation of the New York Tobacco Control Program (or the Program). The report highlights key tobacco-related measures 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.

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

We use acronyms in this report, including ones related to Program efforts and data sources:

New York Tobacco Control Program and grantees

ATFC – Advancing Tobacco-Free Communities

HSTFNY – Health Systems for a Tobacco-Free New York

NY TCP – New York Tobacco Control Program

Data Sources

BRFSS – Behavioral Risk Factor Surveillance System

CAT – Community Activity Tracking

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

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.

Executive Summary

The New York Tobacco Control Program (or 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. New York has implemented evidence-based tobacco control policies to reduce tobacco use initiation and establish tobacco-free norms, including a smoke-free air law, high tobacco product taxes, and restrictions on the sale of certain products in the state. The Program's evidence-based approach to tobacco control combines policies with antitobacco health communications, cessation and health systems interventions, and statewide and community action to reduce tobacco use and address health equity. This report provides highlights from the independent evaluation of the New York Tobacco Control Program.

In 2022, smoking prevalence among New York adults was 11.3%, similar to the national estimate of 11.6% and approaching the state's target level of 11.0% by the end of 2024. New York adult cigar use prevalence was 8.5%. Vaping nicotine prevalence was 8.0%, although the prevalence of vaping nicotine was considerably higher among New York young adults aged 18-24 years (23.7%) than adults aged 25 years and older (6.0%) in 2022.

The prevalence of youth cigarette smoking continues to decline. In 2022, only 2.1% of New York high school students reported

current use of cigarettes, similar to the national high school cigarette prevalence rate of 2.0%. Among New York middle school students, 0.4% reported current use of cigarettes. However, 21.1% of youth reported use of any tobacco product, with vaping being overwhelmingly more common than other types of tobacco product use. In 2022, 18.7% of high school students and 5.6% of middle school students reported using vaping products in the past 30 days.

Declines in cigarette smoking prevalence among youth and adults in New York will have long-term impacts, reducing the state's financial and public health burdens, but there is yet more work to be done. Cigarette smoking prevalence remains disproportionately high among some populations of New Yorkers, including those who experience frequent mental distress, those with an annual household income below \$25,000, those with low educational attainment, and those living with a disability.

This report provides a high-level overview of the Program's approach to tobacco control and includes highlights of key outcomes. The New York Tobacco Control Program is implementing a multi-component approach to address tobacco use and its health, social, and economic tolls. There are many improvements in outcomes, but the Program faces ongoing public health challenges amid a changing tobacco product landscape.

Introduction

Tobacco-related morbidity and mortality 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. Although smoking prevalence has decreased over time in New York, cigarette smoking prevalence remains disproportionately high among some populations of New Yorkers, including those who experience frequent mental distress, those with an annual household income below \$25,000, those with low educational attainment, and those living with a disability. These and other disparities in smoking rates are associated with inequitable social and commercial determinants of health. 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.

DISPARITIES IN THE HEALTH AND SOCIAL BURDENS OF TOBACCO



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 that are detrimental to health" (Kickbusch et al., 2016). These determinants include the ways in which products are marketed and where retailers are situated.



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



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 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 (or the 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 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 promote health equity among populations disproportionately affected by tobacco marketing and use.

The New York Tobacco Control Program works to achieve objectives in the Department’s 2019–2024 Prevention Agenda, a state-level plan for improving the health and well-being of all New Yorkers (New York State Department of Health, 2019). These objectives focus on decreasing tobacco use overall and 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 objectives and updates on progress is provided in Appendix A.

Table 1. 2019–2024 Prevention Agenda Tobacco Objective Areas

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

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

Policy Context

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.^b State-level policies collectively address youth access, availability of youth-appealing products, secondhand smoke exposure, and tobacco-related social norms.

New York Policy Highlights



New York's cigarette excise tax was **\$4.35**, which is more than **two times** the U.S. average.



100% of New York residents are covered by a comprehensive indoor smoke-free air law, which prohibits use of cigarettes, cigars, vaping products, and combustible cannabis products in smoke-free areas.



All **tobacco and vaping product retailers** must register with the state. Registration can be suspended or revoked for tobacco-related policy violations.



Pharmacies may not sell tobacco products, including vaping products.



New York prohibits the sale of all **flavored vaping products**.



New York requires **child-resistant packaging for liquid nicotine**.



New York prohibits **coupon redemption and multi-pack discounts** for tobacco products including vaping products.



New York restricts the exterior **display of tobacco and advertisements near schools**.



New York restricts delivery of vaping products **only to those registered to sell them**.

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.

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

^b This report focuses primarily on calendar year 2022. The state cigarette excise tax is \$5.35 as of September 1, 2023.

New York Tobacco Control Program Funding

For fiscal year 2023–2024, the state appropriated \$46.7 million for the New York Tobacco Control Program. However, halfway through the fiscal year, the Program had only \$35 million available, a discrepancy of \$11.7 million. The 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 during the fiscal year. Additionally, the NYS Division of Budget communicated to the Department a limit that is \$4.2 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. As the CDC recommends that New York spend \$203 million annually for tobacco control and prevention efforts (CDC, 2014), New York’s tobacco control funding represents 17% of CDC’s recommended funding level for the state, and the allocated funding of \$46.7 million is only 23% of the recommended level.

TOBACCO-RELATED REVENUE, FUNDING, AND EXPENDITURES

\$35 M

NY TCP available funding is \$35 M for FY 2023-2024

NY TCP funding is 17% of CDC recommended annual spending for the NYS comprehensive tobacco control program

Accounting for inflation, NY TCP's funding is only 14% of the CDC's recommendation

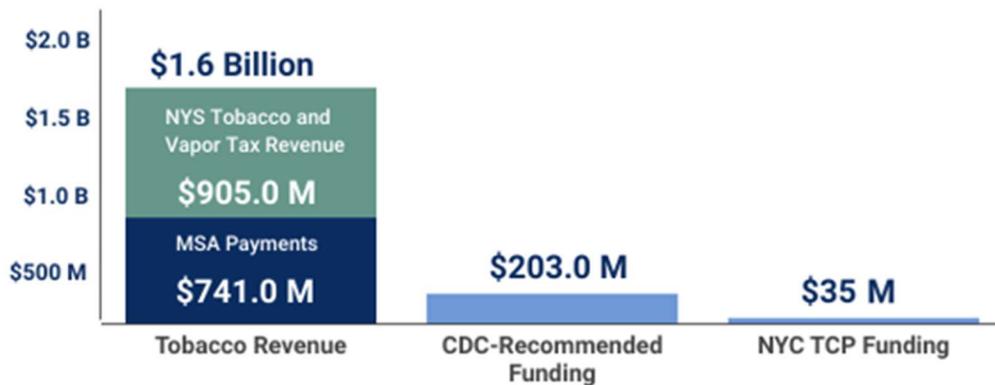
Annual spending on tobacco control per capita

Average of other states	\$2.43
New York	\$1.92

\$161 M

The tobacco industry spends approximately \$161 M promoting cigarettes in NYS annually

NYS tobacco-related revenue is **47 times** the amount the state allocates to the NY TCP



\$9.2 BILLION

in health care costs are attributable to smoking in NYS annually



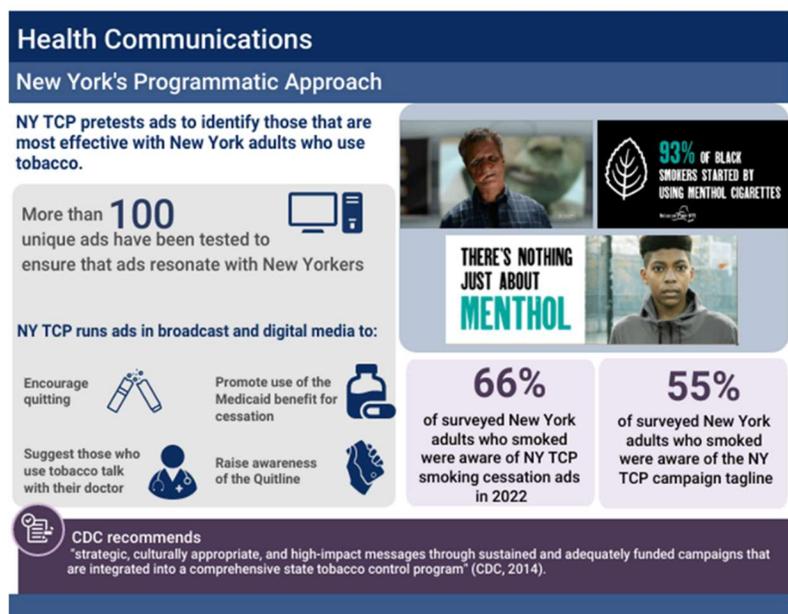
This is

\$34.05

for each cigarette pack consumed

Health Communication

The New York Tobacco Control Program’s 2022 **health communication efforts** included media campaigns focused on tobacco use cessation, tobacco industry targeting, the risks of youth vaping, and opportunities for behavioral health care providers to treat tobacco dependence. The Program also conducted formative research to inform future campaigns. The Program’s antismoking ads depict the negative health consequences of smoking through emotionally evocative and graphic content, which have been found to be effective at influencing behavior. Program-funded grantees launched the *It’s Not Just (Menthol)* campaign in 2021 to raise awareness and motivate action regarding menthol tobacco product targeting of Black communities; in 2022, this campaign expanded to address targeting of youth. To address high rates of nicotine vaping product use among young people, the Program implemented the *Drop the Vape* campaign to promote a text-based intervention to help youth and young adults quit vaping. 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. Additionally, a separate campaign encouraged behavioral health care providers to provide quit assistance to clients who use tobacco.



Cessation and Health Systems Interventions

To help New Yorkers who use tobacco with quitting, the Program’s **health systems interventions** focus on increasing the provision of evidence-based treatments for tobacco dependence. These treatments include FDA-approved cessation medications, counseling, and Quitline services. The Program established objectives focused on decreasing adult smoking prevalence and promoting health care provider screening and treatment for New Yorkers who use tobacco. This health systems approach includes:

- funding Health Systems for a Tobacco-Free New York 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 Program’s efforts to support tobacco-related systems change, especially in settings where smoking is highest;
- promoting reduced-cost cessation treatments; and
- providing phone-, web-, and text-based cessation support.

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.

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).

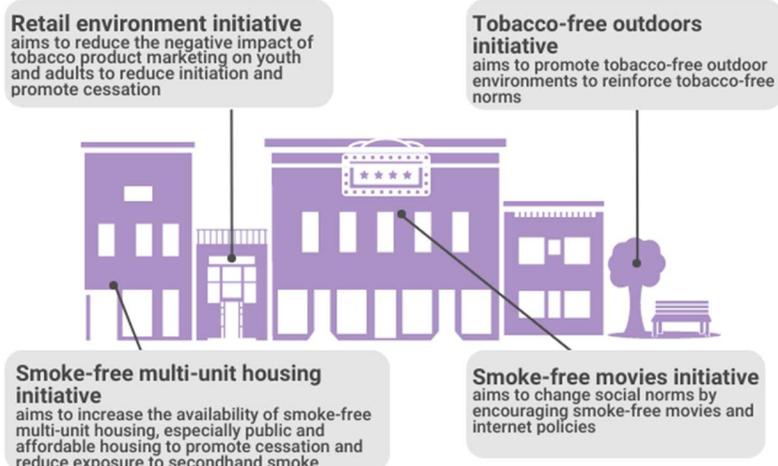
Statewide and Community Action

The New York Tobacco Control Program implements a coordinated **statewide community-based intervention** strategy focused on local-level policies with the goal of promoting tobacco-free norms in New York. The Program promotes tobacco-free norm through education and funding 21 Advancing Tobacco-Free Communities (ATFC) grantees to 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). ATFC grantees focus on four key initiatives: 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 ATFC 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.

Statewide and Community Interventions

New York’s Programmatic Approach

Advancing Tobacco-Free Communities (ATFC) grantees combine community partnership and youth engagement strategies to focus on core initiatives.



New York interventions align with CDC recommendations that support and implement “programs and policies to influence societal organizations, systems, and networks that encourage and support individuals to make behavior choices consistent with tobacco-free norms” (CDC, 2014).

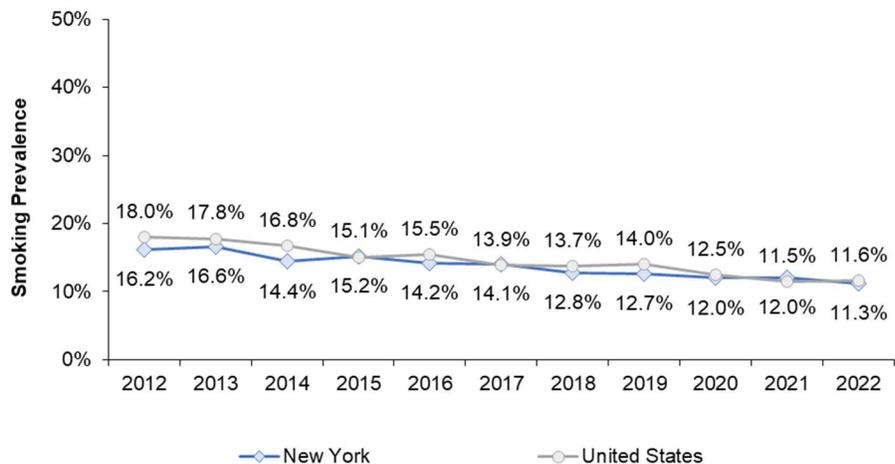
Key Tobacco-Related Outcomes

This section includes highlights of the Program’s progress towards key outcome indicators to understand trends in tobacco use among adults and youth. The full Independent Evaluation Report provides additional outcome measures, and additional technical information regarding each figure is included in Appendix B.

Adult Tobacco Use

Adult cigarette use. Current smoking prevalence was 11.3% among New York adults in 2022, down from 16.2% in 2012 (Figure 1). The downward trend in adult smoking in New York appears similar to the smoking prevalence trend in the United States overall.

Figure 1. Percentage of Adults Who Currently Smoke in New York (Behavioral Risk Factor Surveillance System) and Nationally (National Health Interview Survey), 2012-2022



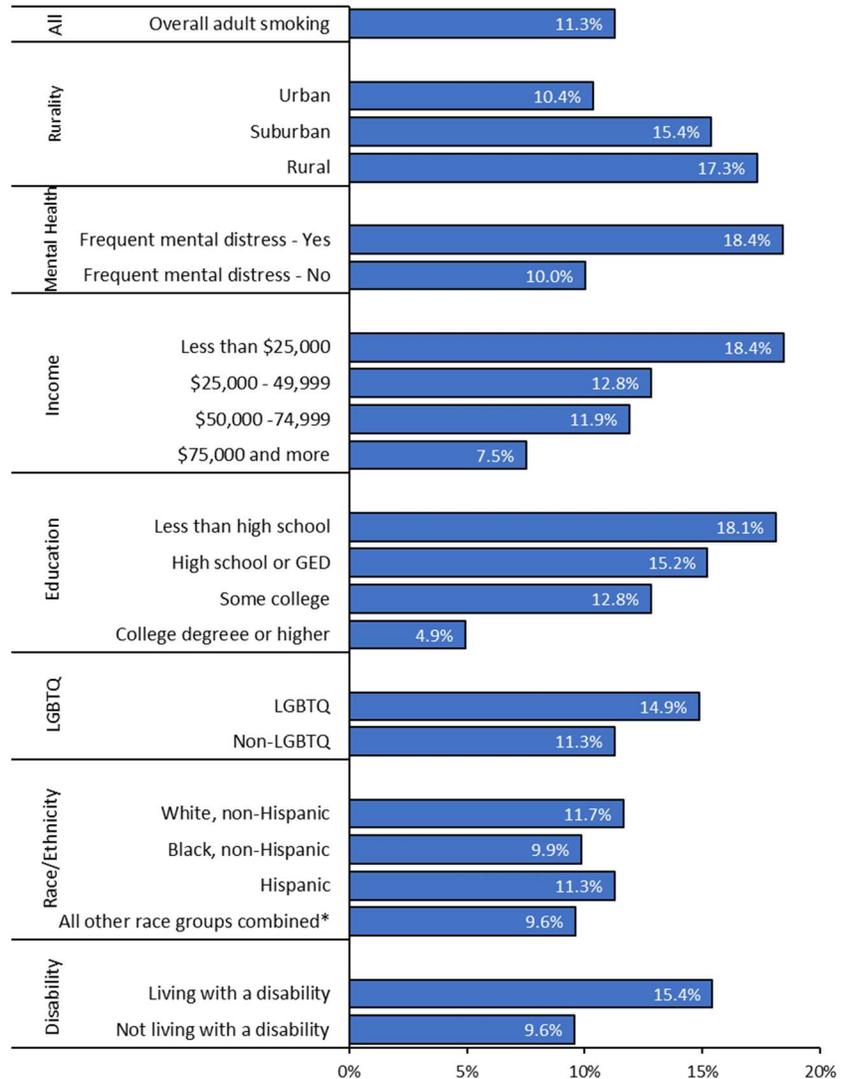
New York adult smoking prevalence was **11.3%** in 2022.

Disparities in adult cigarette use. Smoking prevalence in New York is not distributed evenly across the population (Figure 2), evidencing health inequities associated with social and commercial determinants of health. 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% among those with income above \$75,000 to 12.8% for those with incomes from \$25,000 to \$49,999).

Figure 2. Percentage of New York Adults Who Currently Smoke Cigarettes, by Key Demographic Characteristics, New York Behavioral Risk Factor Surveillance System, 2022

New York cigarette smoking prevalence was more common among some adult populations in 2022.

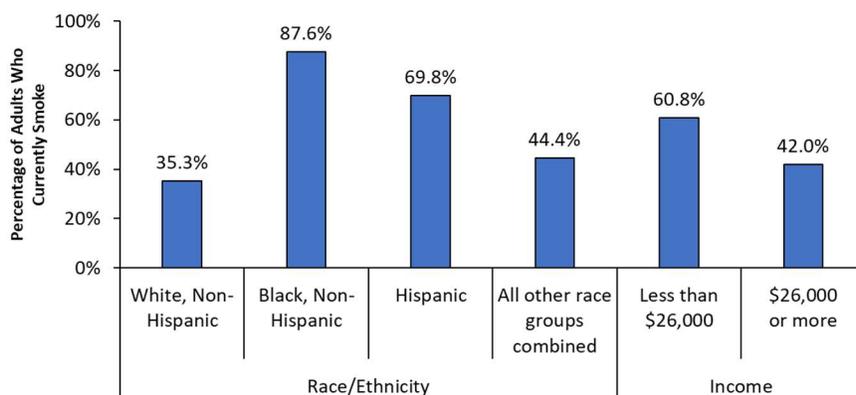


Cigarette smoking prevalence was higher in 2022 among New York adults living in suburban (15.4%) and rural (17.3%) counties than adults living in urban counties (10.4%). Cigarette smoking prevalence was also higher in 2022 among adults with less than a

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^c 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.

Menthol cigarette use. Among New York adults who smoke cigarettes, over half (53.2%) reported usually smoking menthol cigarettes in 2022 (data not shown). However, 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%) (Figure 3). 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 Figure 3). 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.

Figure 3. 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

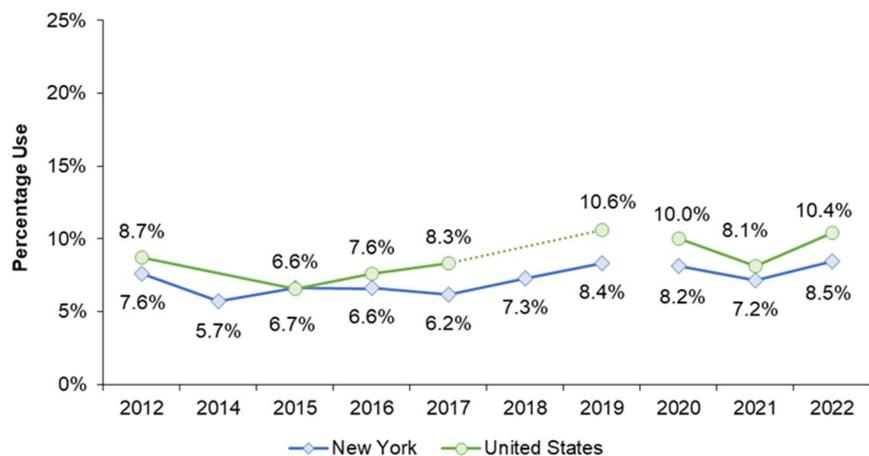


*Menthol cigarette use is not evenly distributed across the **New York** adult population.*

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

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% (Figure 4). 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% in 2022 (data not shown).

Figure 4. Percentage of Adults Who Currently Smoke Cigars, New York Adult Tobacco Survey and National Adult Tobacco Survey, 2012–2022



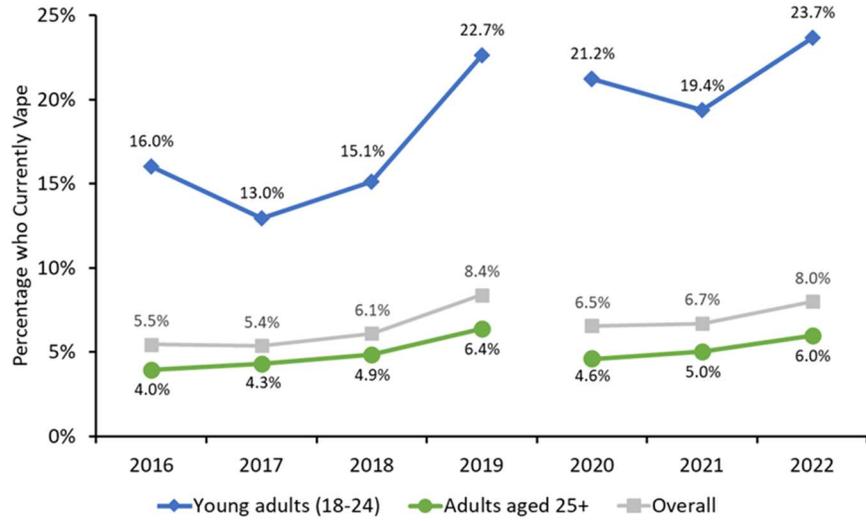
Adult cigar use trended upward in New York from 2012 to 2022, although it changed little during this time.

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%). The NY ATS included 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.

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 (Figure 5). 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 (Figure 5).

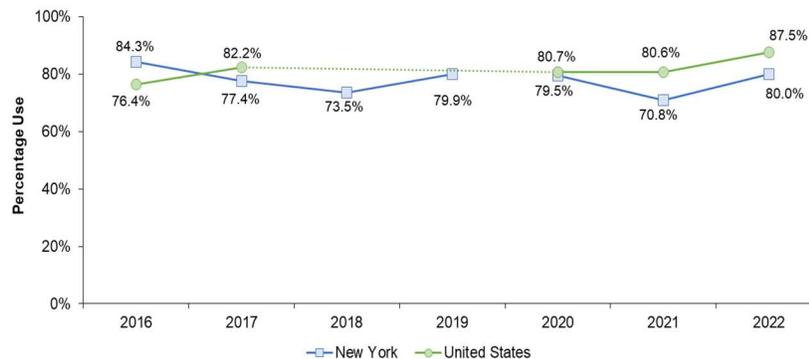
Figure 5. Percentage of Young Adults (18–24 Years) and Adults Aged 25+ Who Currently Use Vaping Products with Nicotine, New York Adult Tobacco Survey, 2016–2022



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

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 (Figure 6). 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.

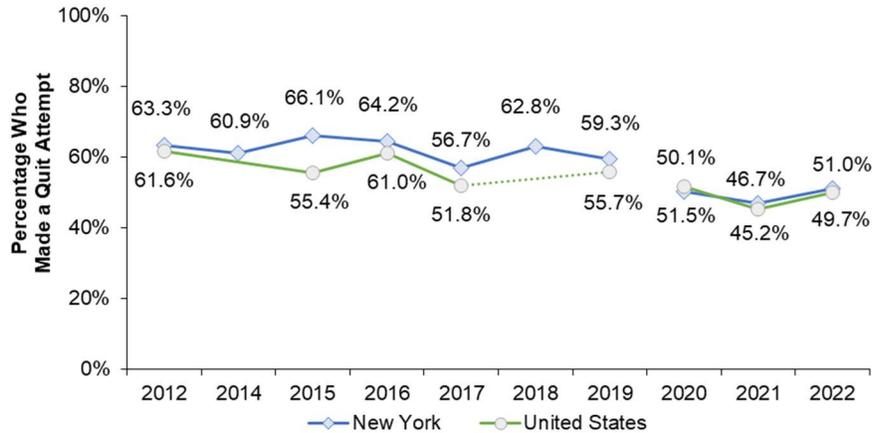
Figure 6. Percentage of Adults Who Reported Using Nicotine Vaping Products with Flavors Among Adults Who Reported Past 30-Day Vaping Product Use, New York Adult Tobacco Survey and National Adult Tobacco Survey, 2016-2022



The use of flavored vaping products with nicotine among New York adults who currently vape was 80.0% in 2022.

Quit attempts. Half of New York adults who smoke (51.0%) reported that they made a past-year quit attempt in 2022 (Figure 7). 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.

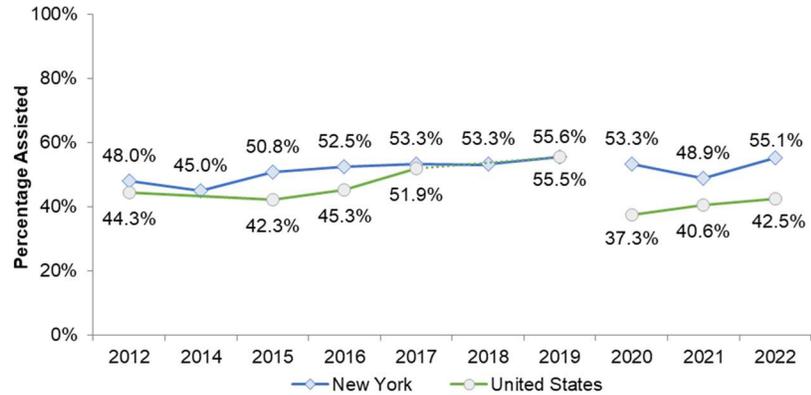
Figure 7. Percentage of Adults Who Smoke Who Made a Quit Attempt in the Past 12 Months, New York Adult Tobacco Survey and National Adult Tobacco Survey, 2012–2022



In 2022, half of New York adults who smoke reported that they made a quit attempt in the last 12 months, similar to quit attempt prevalence for US adults who smoke.

Provider assistance with quitting. Health care provider interventions with patients who use tobacco are associated with increased patient quit success. More than 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 (Figure 8). Reports of provider assistance with quitting were at least as high for New York adults who smoke who live in households with income less than \$26,000, have completed less than a high school formal education, experience frequent mental distress, live with a disability, or identify as LGBTQ than among those who are not in these groups, indicating that provider interventions are reaching populations with higher smoking prevalence (data not shown).

Figure 8. Percentage of Adult Smokers Who Report That Their Health Care Provider Assisted Them with Smoking Cessation in the Past 12 Months, New York Adult Tobacco Survey, 2012–2022, and National Adult Tobacco Survey, 2012–2022



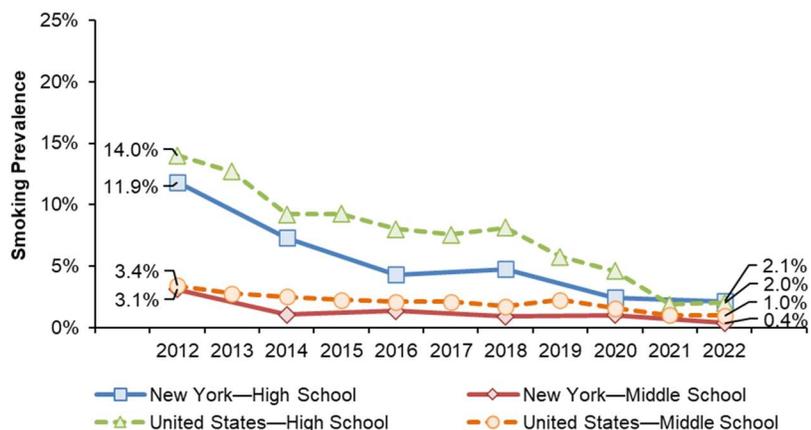
More than half of New York adults who smoke and who saw a health care provider in the past 12 months reported receiving provider assistance with quitting smoking.

Youth Tobacco Use

We report youth tobacco use estimates from the New York Youth Tobacco Survey.

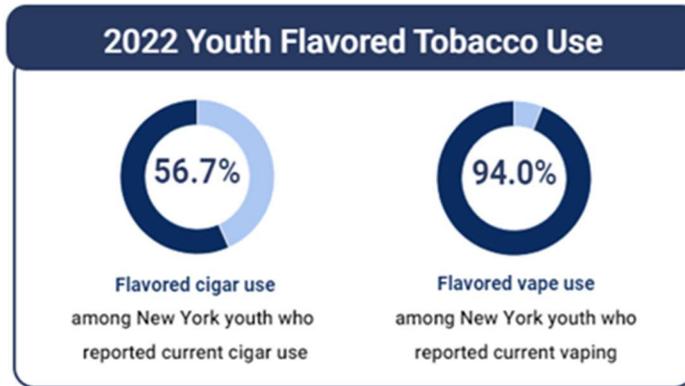
Youth cigarette use. The prevalence of cigarette smoking among New York high school students has declined over the past 10 years, and only 2.1% of New York high school students reported past 30-day use of cigarettes in 2022, close to the national high school student prevalence of 2.0% (Figure 9). Current cigarette smoking among middle school students was 0.4% in New York and 1.0% nationally in 2022.

Figure 9. 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



In New York, 0.4% of middle school students and 2.1% of high school students reported smoking cigarettes in the past 30 days in 2022.

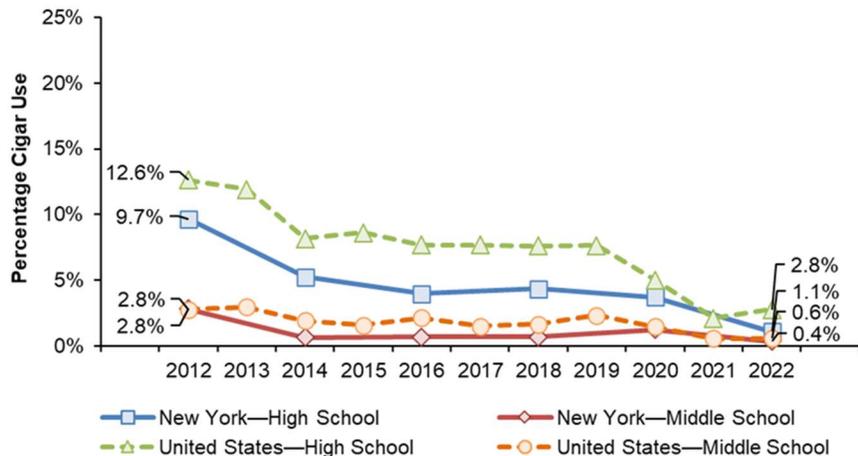
Youth flavored tobacco use. Among New York youth who reported current use of cigars in 2022, 56.7% used flavored cigars; 94.0% of youth who vape used flavored vaping products. Cigarette smoking among New York youth is so low that it is not feasible to report a reliable estimate of menthol cigarette smoking among youth who smoke.



Youth cigar use. The prevalence of cigar use among New York youth has declined in New York, as well as nationally (Figure 10). 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.

Figure 10. 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

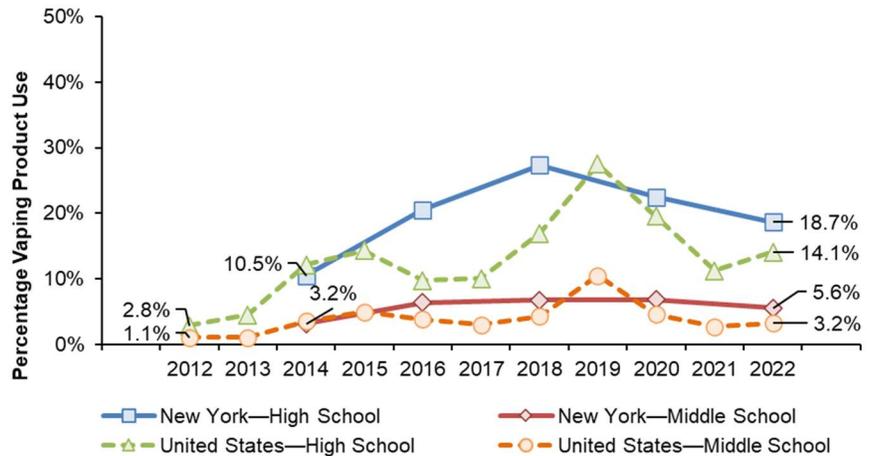
New York middle and high school students' cigar use has declined since 2012. Only 1.1% of high school students and 0.4% of middle school students reported using cigars in the past 30 days in 2022.



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 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 (Figure 11). 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%. High school student vaping appears to be decreasing from its peak in 2018.

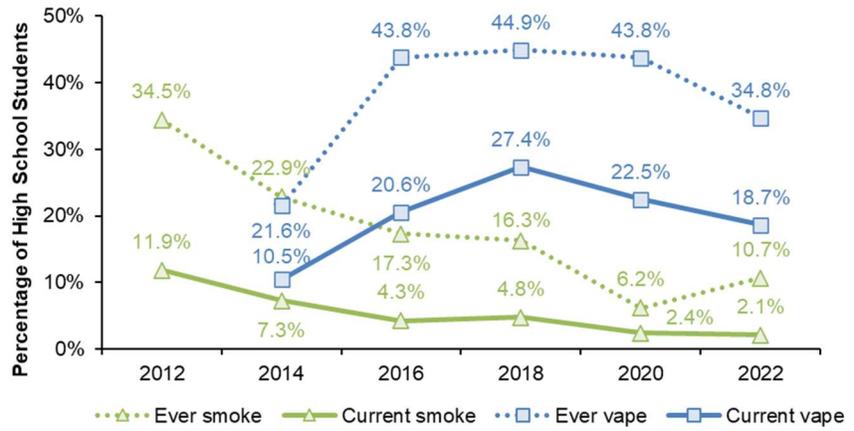
Figure 11. Percentage of Middle Students and High School Students Who Currently Vape in New York and Nationally, New York Youth Tobacco Survey, 2014–2022, and National Youth Tobacco Survey, 2012–2022



In 2022, 18.7% of New York high school students reported vaping in the past 30 days, as did 5.6% of middle school students.

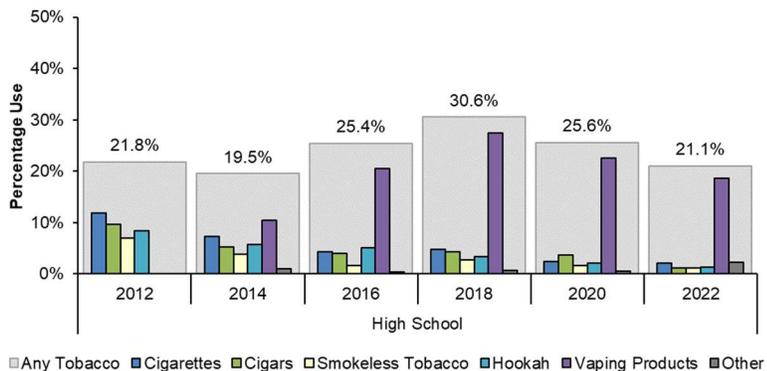
Focusing on New York high school youth vaping and cigarette smoking, we see that not only is the 2022 prevalence of current vaping (18.7%) dramatically higher than the prevalence of current smoking (2.1%), but the prevalence of ever vaping (34.8%) is much higher than the prevalence of ever smoking (10.7%) (Figure 12).

Figure 12. Percentage of High School Students Who Ever Vaped, Currently Vape, Ever Smoked, and Currently Smoke, New York Youth Tobacco Survey, 2012–2022



Youth use of any tobacco product. 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. 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 (Figure 13).

Figure 13. Percentage of New York High School Students Reporting Current Use of Any Tobacco Product, New York Youth Tobacco Survey, 2010–2022



Overall use of tobacco products among NY high school students is primarily comprised of vaping product use.

Other Tobacco-related Measures

Secondhand smoke exposure. Secondhand smoke – the combination of smoke from a burning cigarette and the smoke exhaled by the person smoking it – is associated with health harms for children and adults, and there is no safe level of exposure. The New York Tobacco Control Program’s current efforts to reduce secondhand smoke exposure among nonsmoking New Yorkers center on promoting tobacco-free housing policies in multi-unit housing settings. From 2012 to 2022, secondhand smoke exposure among adults who do not smoke and who live in multi-unit housing has decreased from 43.5% to 38.9% (data not shown). Youth reports of past-week secondhand smoke exposure decreased from 38.2% in 2012 to 22.7% in 2022 (data not shown).

Tobacco control policy support. Most New York adults surveyed during 2022 support key retail environment tobacco control policies, and support for these policies is higher in New York than among adults in the United States (Table 2). More than half of New York adults reported support for policies that would ban the sale of flavored and menthol tobacco products, as well as policies that would limit the number of tobacco retailers.

Table 2. 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 flavored tobacco products other than menthol cigarettes	51.7%	42.8%
Banning the sale of menthol cigarettes	52.7%	41.9%

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

Discussion

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 Prevention Agenda includes objectives focused on decreasing the use of tobacco products statewide, with targeted reductions among populations disproportionately affected by tobacco use. The 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 New York Tobacco Control 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, the U.S. 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 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 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.

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 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 policy makers 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 policy makers.
- 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 Prevention Agenda Tobacco Objectives

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"/>
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"/>

Goals and Objectives	Data Source	Baseline Estimate (year)	Current Estimate (2022)	Target Estimate (2024)	
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 units [Cumulative total for 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: Technical Details

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

Additional Technical Details for Report Figures

Figure (Thumbnail Image)	Figure Title and Technical Details																																																												
<table border="1"> <caption>Smoking Prevalence Data (2012-2022)</caption> <thead> <tr> <th>Year</th> <th>New York (%)</th> <th>United States (%)</th> </tr> </thead> <tbody> <tr><td>2012</td><td>18.0%</td><td>16.2%</td></tr> <tr><td>2013</td><td>17.8%</td><td>16.6%</td></tr> <tr><td>2014</td><td>16.8%</td><td>14.4%</td></tr> <tr><td>2015</td><td>15.1%</td><td>15.2%</td></tr> <tr><td>2016</td><td>15.5%</td><td>14.2%</td></tr> <tr><td>2017</td><td>13.9%</td><td>14.1%</td></tr> <tr><td>2018</td><td>13.7%</td><td>12.8%</td></tr> <tr><td>2019</td><td>14.0%</td><td>12.7%</td></tr> <tr><td>2020</td><td>12.5%</td><td>12.0%</td></tr> <tr><td>2021</td><td>11.5%</td><td>12.0%</td></tr> <tr><td>2022</td><td>11.6%</td><td>11.3%</td></tr> </tbody> </table>	Year	New York (%)	United States (%)	2012	18.0%	16.2%	2013	17.8%	16.6%	2014	16.8%	14.4%	2015	15.1%	15.2%	2016	15.5%	14.2%	2017	13.9%	14.1%	2018	13.7%	12.8%	2019	14.0%	12.7%	2020	12.5%	12.0%	2021	11.5%	12.0%	2022	11.6%	11.3%	<p>Figure 1. Percentage of Adults Who Currently Smoke in New York (Behavioral Risk Factor Surveillance System) and Nationally (National Health Interview Survey), 2012-2022</p> <ul style="list-style-type: none"> 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. 																								
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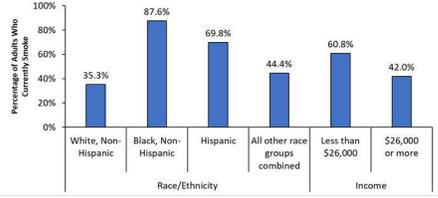
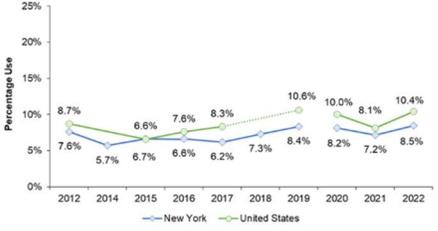
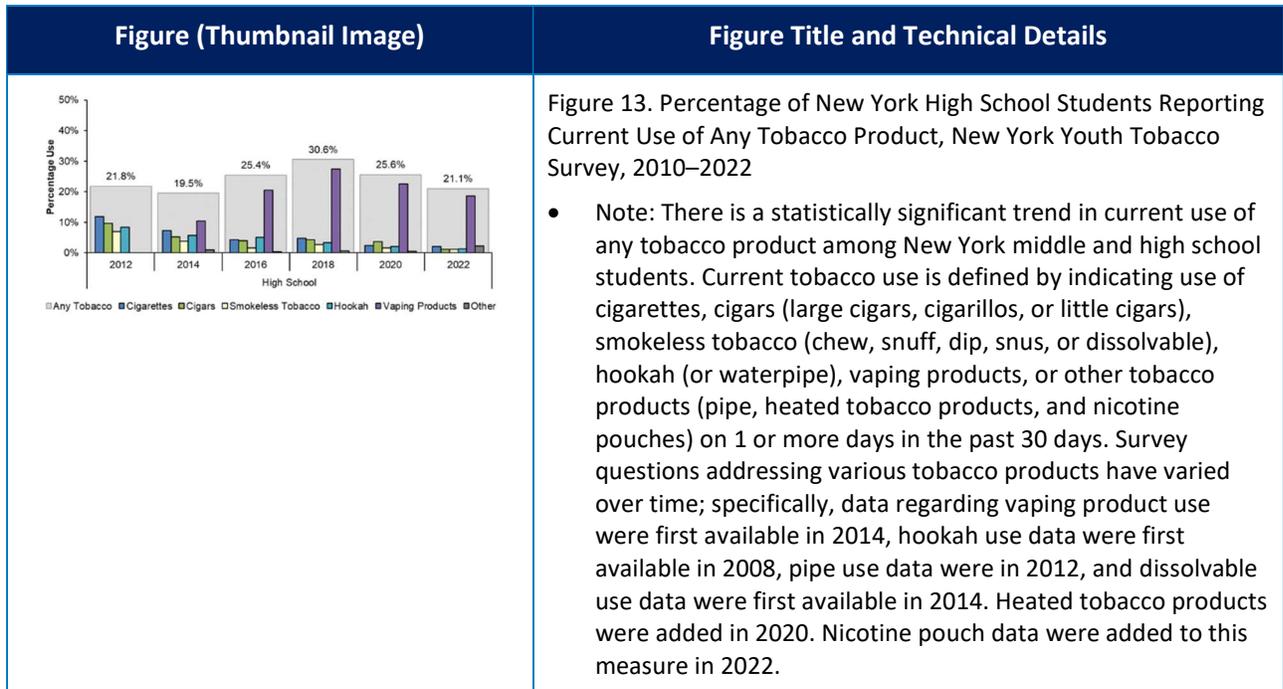
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	<p>Figure 5. Percentage of Young Adults (18-24 Years) and Adults Aged 25+ Who Currently Use Vaping Products with Nicotine, New York Adult Tobacco Survey, 2016–2022</p> <ul style="list-style-type: none"> • There is a statistically significant difference 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.
	<p>Figure 6. 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</p> <ul style="list-style-type: none"> • 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.
	<p>Figure 7. 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</p> <ul style="list-style-type: none"> • 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.
	<p>Figure 8. Percentage of Adult Smokers Who Report That Their Health Care Provider Assisted Them with Smoking Cessation in the Past 12 Months, New York Adult Tobacco Survey, 2011–2021, and National Adult Tobacco Survey, 2011–2021</p> <ul style="list-style-type: none"> • 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 US.

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	<p>Figure 9. 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</p> <ul style="list-style-type: none"> There is a statistically significant downward trend among middle and high school students in New York.
	<p>Figure 10. 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</p> <ul style="list-style-type: none"> There is a statistically significant downward trend among middle and high school students in New York. Starting in 2014 for New York and 2011 for the United States, questions about other tobacco product use were combined into one current use question with separate response options for each product type.
	<p>Figure 11. 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</p> <ul style="list-style-type: none"> There is a statistically significant upward trend among high school students in New York.
	<p>Figure 12. Percentage of High School Students Who Ever Vaped, Currently Vaped, Ever Smoked, and Currently Smoke, New York Youth Tobacco Survey, 2012–2022</p>





**Department
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