

CONCLUSIONS: HEALTH EFFECTS OF PREMIUM CIGARS

MARCH 2022 • PREMIUM CIGARS: PATTERNS OF USE, MARKETING, AND HEALTH EFFECTS

In the report *Premium Cigars: Patterns of Use, Marketing, and Health Effects* an expert committee of the National Academies of Sciences, Engineering, and Medicine presents 24 conclusions about cigar characteristics and constituents, marketing and perceptions, and the human health effects. The conclusions provided here are about the human health effects.

To see the conclusions about the other topic areas and to read the full report and related resources, please visit nationalacademies.org/premium-cigars-study.

HEALTH EFFECTS OF PREMIUM CIGARS

Conclusion 5-1. There is **conclusive evidence** that **smoke** from **cigars in general, including premium cigar smoke**, contains many hazardous and potentially hazardous constituents, capable of causing cardiovascular disease, lung disease, cancer, and multiple other negative health effects.

Conclusion 5-2. There is **conclusive evidence** that the chemical nature of emissions from **cigars in general, including premium cigars**, are similar to those of cigarette smoke. There is strong biological plausibility that exposure to these chemicals will cause disease. Thus, if cigar smoke is inhaled and cigars are smoked regularly, the risks are likely to be qualitatively similar to those of cigarette smoking.

Conclusion 5-3. There is **strongly suggestive evidence** that the health risks of **premium cigar use** (overall mortality; cardiovascular disease; lung, bladder, and head/neck cancer; chronic obstructive pulmonary disease; and periodontal disease) depend on frequency, intensity, duration of use, and depth of inhalation.

Conclusion 5-4. There is **insufficient evidence** to determine if occasional or **nondaily exclusive cigar use in general** is associated with increased health risks.

Conclusion 5-5. There is **strongly suggestive evidence** that health consequences of **premium cigar smoking overall** are likely to be less than those smoking other types of cigars because the majority of premium cigar smokers are nondaily or occasional users and because they are less likely to inhale the smoke.

Conclusion 5-6. There is **strongly suggestive evidence** that many of the health risks of **daily exclusive cigar use in general** (overall mortality; cardiovascular disease; lung, bladder, and head/neck cancer; chronic obstructive pulmonary disease; and periodontal disease) are significantly higher than those of never-smokers and lower than those of daily cigarette smokers.

Conclusion 5-7. There is **moderately suggestive evidence** that the health risks among **primary cigar users in general** (those who were never established cigarette users) are generally lower than among secondary cigar users (those who were former users of cigarettes) because secondary cigar users may be more likely to inhale the smoke. Likewise, **concurrent users of premium cigars** and other combustible tobacco products would experience greater health risks than those smoking only premium cigars.

Conclusion 5-8. There is **insufficient evidence** to draw conclusions on the health effects of **premium cigars** on

- Youth or young adults,
- Racialized and ethnic populations,
- Pregnancy,
- Those with underlying medical conditions,

- People with occupational exposures to premium cigars (e.g., cigar lounges, manufacturing), and
- Health effects compared to other cigar types.

Conclusion 5-9. Based on the extensive literature on the effects of flavors on cigars and other tobacco products, there is **moderately suggestive evidence** that **adding characterizing flavors** (that is, flavors added to the product that are not inherent to the tobacco itself) **to premium cigars** could result in a greater appeal to nonusers and lead to more frequent use with potentially increased nicotine intake, increased addiction potential, and increased exposure to harmful and potentially harmful constituents present in premium cigar smoke.

Conclusion 5-10. There is **sufficient evidence** that **premium cigars** generate considerable levels of secondhand smoke; however, there are **insufficient data** on the health risks associated specifically with exposure to **premium cigar secondhand smoke**. It is plausible that since the constituents emitted from premium cigars are similar to constituents from other tobacco products, the health risk might be the same, but the extent of secondhand premium cigar exposure is unknown.

Conclusion 5-11. There is **moderately suggestive evidence** to support the biological plausibility that **regular cigar smoking in general** can be addictive. It is likely that this is also true for **premium cigar** smoking, based on nicotine delivery characteristics, abuse liability studies, and epidemiological data. The magnitude of **premium cigar** dependence appears to be less than that of cigarette smoking and smokeless tobacco use dependence. The extent of addiction is likely to depend on the patterns of use.

Levels of Evidence Defined

Conclusive evidence: The available evidence (including biologic plausibility when appropriate here and in the categories below) usually includes consistent results from well-designed, well-conducted studies in representative relevant settings and/or populations. These studies assess the effects on relevant outcomes. The conclusion is therefore unlikely to be strongly affected by the results of future studies.

Strongly suggestive evidence: The available evidence is sufficient to determine the effects on relevant outcomes, but confidence in the estimate is constrained by such factors as:

- The number, size, or quality of individual studies;
- Inconsistency of findings across individual studies;
- Limited generalizability of findings to routine practice/populations; and/or
- Lack of coherence in the chain of evidence.

As more information becomes available, the magnitude or direction of the observed effect could change, and this change may be large enough to alter the conclusion.

Moderately suggestive evidence: The available evidence is sufficient to determine the effects on relevant outcomes, but confidence in the estimate is significantly constrained by such factors as:

- The number, size, or quality of individual studies;
- Inconsistency of findings across individual studies;
- Limited generalizability of findings to routine practice/populations; and/or
- Lack of coherence in the chain of evidence.

continued

Levels of Evidence Defined (continued)

As more information becomes available, the magnitude or direction of the observed effect could change, which could alter the conclusion.

Insufficient/no available evidence: The available evidence is insufficient to assess effects on relevant outcomes. Evidence is insufficient because of:

- The limited number or size of studies;
- Important flaws in study design or methods;
- Inconsistency of findings across individual studies;
- Gaps in the chain of evidence;
- Findings not generalizable to the general population; and/or
- Lack of information on important outcomes.

Conclusive evidence implies that observed associations between premium cigar use and a given outcome are very unlikely to change with new evidence, whereas other categories provide progressively less evidence. The categorizations for each conclusion are based on the committee's overall assessment of the body of evidence. For all categories, the evidence includes, when appropriate, literature on nonpremium cigars.

To read the full report, please visit
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