

# CONCLUSIONS: MARKETING AND PERCEPTIONS

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 cigar marketing and perceptions.

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](https://nationalacademies.org/premium-cigars-study).

## MARKETING AND PERCEPTIONS

**Conclusion 4-1.** Based on the committee’s primary data collection, there is **conclusive evidence** that third-party cigar retailers use direct-to-consumer methods to market **premium cigars** using similar strategies as the nonpremium cigar industry.

**Conclusion 4-2.** Based on the committee’s primary data collection, there is **conclusive evidence** that **premium cigar** companies use lifestyle magazines and festivals to promote premium cigars. Some of these marketing strategies, such as sponsoring music festivals and promoting their products with an urban lifestyle and hip-hop and rock music, may appeal to young people.

**Conclusion 4-3.** Based on the committee’s primary data collection, there is **conclusive evidence** that **premium cigar** companies have online and social media presences not captured by traditional methods of tracking marketing expenditures.

**Conclusion 4-4.** Based on the 1998 National Cancer Institute monograph on cigars, subsequent publications, the committee’s primary data collection, and consistent with research on the “premiumization” of tobacco products that purport better quality and less harm, there is **conclusive evidence** that **premium cigars** are advertised and promoted as less harmful than other tobacco products and as having benefits that outweigh their adverse health effects. Premium cigars are also marketed as an integral component of a successful, luxurious lifestyle, used at upscale social events, and by influential celebrities and individuals.

**Conclusion 4-5.** There is **strongly suggestive evidence** from survey data that consumers of **premium cigars** who buy in person typically purchase their cigars from cigar bars or smoke/tobacco specialty shops or outlet stores, whereas **nonpremium large traditional cigar** users typically purchase their cigars at convenience stores/gas stations. A lower proportion of premium cigar users buy their cigars in person than nonpremium large traditional cigar users. Data from online cigar retailers show that a large proportion of premium cigar sales occur online, though this is not directly captured in current surveys of cigar users.

**Conclusion 4-6.** There is **no research** that examines whether consumers distinguish **premium cigars** from large cigars or other cigar types, consumers’ knowledge of premium cigars, or what defines premium cigars.

**Conclusion 4-7.** There is **strongly suggestive evidence** that the U.S. population perceives **cigar products overall** to be harmful and addictive. However, there is **no research** that examines the knowledge of the specific health effects of **premium cigars**.

**Conclusion 4-8.** There is **strongly suggestive evidence** from prospective studies that lower perceived harm and addictiveness of **cigars in general** is associated with cigar use behavior, including current use in adults and initiation in youth.

## 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.

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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