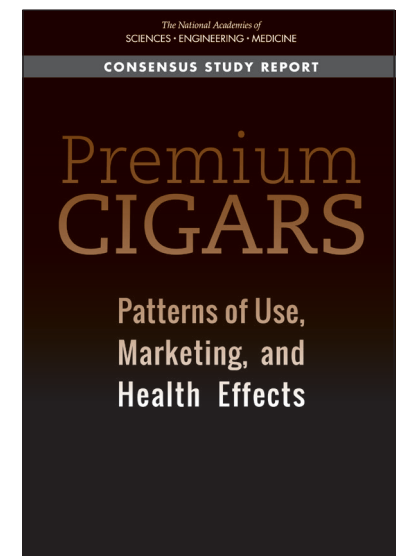




PREMIUM CIGARS: PATTERNS OF USE, MARKETING, AND HEALTH EFFECTS

The early to mid-1990s saw a large surge in U.S. cigar consumption. Premium cigar consumption increased approximately 250 percent from 1993 to 1997 and 90 percent from 1996 to 1997. These trends did not apply to all tobacco products, as cigarette consumption decreased 2 percent from 1993 to 1997. Premium cigars, however, make up a small percentage of the total U.S. cigar market. With these dramatic increases in cigar smoking, the National Cancer Institute (NCI) undertook a comprehensive review of available knowledge about cigars in 1998—the only one to date. The resulting research recommendations have largely not been addressed, and many of the identified information gaps persist.

The Food and Drug Administration (FDA) and the National Institutes of Health (NIH) asked the National Academies of Sciences, Engineering, and Medicine to examine the evidence on the patterns of use and the health effects of premium cigars compared to other tobacco products, identify research needs, and make prioritized recommendations for future federally funded research on premium cigars. This report outlines these recommendations and addresses research questions provided by FDA, NIH, and other stakeholders, including examining the state of marketing and the perceptions of premium cigars.



STUDY DEFINITIONS AND PROCESS

There is no single, consistent definition of premium cigars accepted by FDA, industry, courts, and the public. This makes research challenging, and few published studies specifically focus on premium cigars. Figure 1 shows what

FIGURE 1 Types of cigars compared to a cigarette.

From left to right: Premium cigar (Arturo Fuente Curly Head), premium cigar (Rocky Patel 44 1990), traditional cigar (Phillies Blunt), cigarillo (Backwoods Honey Berry), cigarillo (Swisher Sweets 45 Blueberry), filtered/little cigar (Djarum), filtered/little cigar (Cheyenne), and cigarette (Marlboro). Picture taken as part of commissioned work. Brand names included for identification only.



different cigar products generally look like compared to a cigarette. The committee was not tasked with providing a recommendation for a regulatory definition of a premium cigar. However, to conduct its work, it developed a definition for the purpose of this report, based on a review of common characters from a range of premium cigar definitions (see Box 1).

The committee organized its work in four focus areas: characteristics of cigars, patterns of use, marketing and perceptions, and health effects. Patterns of premium cigar use are influenced by cigar characteristics (e.g., nicotine level, pH, addiction potential), marketing, and user perceptions. Premium cigar marketing is affected by characteristics of the product itself and how the product is described (e.g., handmade, artisanal, premium) and, in turn, how consumers perceive and use the product. The resulting patterns of use lead to varying levels of toxic exposures from smoking premium cigars (or being exposed to secondhand smoke), and therefore health outcomes.

A systematic literature search was conducted to identify publications on premium cigars, and the committee developed an evidence framework to assess the strength of the evidence throughout the report. Because of the paucity of literature on premium cigars, studies of large/traditional cigars (which include premium cigars), cigars overall (including filtered cigars/little cigars and cigarillos), and cigarettes were included based on the committee members' assessment of the relevance and potential generalizability of the findings to premium cigars. The committee also relied heavily on biological mechanisms and plausibility in its framework, particularly to assess health effects. The committee extrapolated data from other tobacco products when the data were strong and in the absence of any important threats to validity.

BOX 1

Definition of a Premium Cigar for the Purpose of This Report

For this report, a premium cigar is defined as having all six of these characteristics:

1. Handmade
2. Filler composed of at least 50 percent natural long-leaf filler tobacco
3. Wrapped in whole leaf tobacco (i.e., not reconstituted tobacco)
4. Weight of at least 6 pounds per 1,000 units (i.e., 2.72 g per stick)*
5. No filters or tips
6. No characterizing flavor other than tobacco

*Most premium cigars currently on the market weigh much more than this threshold, and cigars in other categories sometimes weigh this much as well.

FINDINGS AND CONCLUSIONS

Key findings from the committee's review include:

- There is a wide variety of cigar products on the market.
- About 1 percent of the U.S. adult population smokes premium cigars.
- The majority of premium cigar users are male, white, with higher income and education levels.
- The frequency and intensity of smoking is lower for premium cigars compared to other types of cigars and cigarettes.
- Premium cigar users are less likely to smoke cigarettes or other cigar types concurrently than other cigar type users.

Premium cigars do have a different pattern of use than other cigar products and, therefore, different resulting health effects. However, they are not inherently less risky than other cigar products. All cigars contain harmful and potentially harmful constituents, and the extent to which they negatively affect health largely depends on how they are used (e.g., frequency and duration of use, pattern of inhalation).

Characteristics of Cigars

Extensive data on toxic and carcinogenic constituents of cigar tobacco and smoke demonstrate that toxicant levels are similar or higher than those found in cigarette tobacco and smoke, including nicotine. These data indicate that cigars in general could be as dangerous as or more dangerous than cigarettes, with respect to toxicant and carcinogen exposure per unit consumed. It is reasonable to expect that analyses of premium cigar tobacco and smoke would not substantially differ from other cigar types.

Inhalation patterns and the resulting exposure to nicotine and harmful and potentially harmful constituents have not been studied directly in premium cigar users. However, the available data strongly suggest that inhalation patterns will be important determinants of exposure in premium cigar users. Furthermore, compared to those who only smoke cigars, dual users of cigars and cigarettes are more likely to smoke cigars with a greater intensity and therefore, inhale the smoke more deeply.

Marketing and Perceptions

Based on the committee's primary data collection, there is conclusive evidence that cigars are marketed on the Internet and social media platforms. The committee also found that third-party cigar retailers use direct-to-consumer methods to market premium cigars and that premium cigar companies have online and social media presences not captured by traditional methods of tracking marketing expenditures. Premium cigars are also advertised and promoted as less harmful than other tobacco products and as having benefits that outweigh their adverse health effects. Some marketing strategies, such as sponsoring music festivals and promoting products with an urban lifestyle and hip-hop and rock music, may appeal to young people. Consumer knowledge of premium cigars, including the definition and whether consumers distinguish premium cigars from other cigars, is unknown. However, lower perceived harm and addictiveness of cigars in general is associated with cigar use behaviors.

Health Effects

Evidence shows that the chemical nature of emissions from cigars, including premium cigars, is similar to that of cigarette smoke, and that exposure to these chemicals can cause disease. 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. It is unclear, due to insufficient evidence, if occasional or nondaily exclusive cigar use in general is associated with increased health risks. The health risks of premium cigar smoking are likely less than those smoking other types of cigars because most premium cigar smokers are nondaily or occasional users and are less likely to inhale the smoke. The health risks are higher for concurrent users of premium cigars and other combustible tobacco products than those smoking only premium cigars. It is biologically plausible that regular cigar smoking can be addictive, including regular smoking of premium cigars. The magnitude of dependence appears to be less than that of cigarette and smokeless tobacco, and patterns of use likely affect dependence.

There is insufficient evidence to draw conclusions on the health effects of premium cigars on many specific populations, including youth, racialized and ethnic populations, or individuals with underlying medical conditions. More research is also needed to assess the health risks of secondhand premium cigar smoke specifically.

Priority Research

The committee identified nine priority research recommendations that the federal government should support to advance the field, with the first four having the highest priority. First, the committee recommends that FDA, in consultation with other federal agencies, develop formal categories and definitions for cigars to be used for research to ensure consistency among studies. Second, to conduct research on premium cigars and compare among cigar types, the federal government should implement a strategic plan to develop surveillance and evaluation systems that regularly monitor patterns of use, product characteristics, and related knowledge and perceptions by cigar type. Third, the committee recommends that tobacco research measure ever use, ever regular use, and past 12-month use to better capture lifetime use of each type of cigar product; ask participants about the use of premium cigars and inhalation patterns; and include paradata in publicly available datasets to improve understanding of patterns of use and exposure. Finally, federal research on the health effects of cigar use should include use and inhalation patterns, distinguish types of cigars and past and concurrent use of other tobacco products, co-use of alcohol with premium cigars, and estimate the association between cigar use and specific lung

cancer types. Additional priority recommendations include research on premium cigar characteristics, marketing and risk perceptions, addiction potential, priority populations, and consumer perceptions and knowledge.

CONCLUDING REMARKS

Although premium cigars comprise a small share of the cigar market, it is important to monitor use as these patterns could change due to changes in regulations, shifts in consumer awareness or perceptions, changes in price, or social shifts. In addition, the committee identified many research gaps and measurement needs for premium cigars, and nine priority recommendations are offered to close those gaps. If implemented, the committee's recommendations, presented in the full report, will lead to a better understanding of premium cigar use, marketing and perceptions, and health effects over time and they will help inform evidence-based policies, programs, and regulations aimed at improving health outcomes.

Committee on Patterns of Use and Health Effects of “Premium Cigars” and Priority Research

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To read the full report, please visit
<https://www.nationalacademies.org/premium-cigars-study>

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