RECOMMENDATIONS

At the request of the Food and Drug Administration (FDA) and the National Institutes of Health (NIH), the National Academies of Sciences, Engineering, and Medicine convened an expert committee to examine four premium cigar topics: product characteristics, patterns of use, marketing and perceptions, and health effects. The resulting report includes nine priority research recommendations for federal support. If implemented, these recommendations will considerably advance the knowledge base of premium cigars and cigars in general and better inform policy and regulatory decisions.

High-Priority Recommendations

Recommendation 1. The Food and Drug Administration, in consultation with other federal agencies, should develop formal categories and definitions for cigars to be used for research to ensure consistency among studies.

Recommendation 2. The Department of Health and Human Services, in partnership with the Alcohol and Tobacco Tax and Trade Bureau and the Federal Trade Commission (FTC), 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. These systems should also measure exposure to cigar smoke, track health outcomes, monitor tobacco industry marketing and promotion strategies, track sales and marketing expenditures, track cigar prices by cigar type, make data available, and define other indicators of monitoring to inform public health research and practice. These efforts should include but are not limited to

a. Agreed-upon definitions of each cigar type (see Recommendation 1), and
b. Development of annual FTC sales and marketing expenditure reports on all cigar product types, as is done for cigarettes, smokeless tobacco, and electronic cigarettes.

Recommendation 3. The Department of Health and Human Services should ensure that the tobacco research it supports, including surveys such as the Population Assessment of Tobacco and Health Study, the Tobacco Use Supplement to the Current Population Survey, and the National Survey on Drug Use and Health:

a. Measures ever use, ever regular use, and past 12-month use to better capture lifetime use of each type of cigar product.
b. Asks participants about use of premium cigars, employing commonly used terminology (e.g., “Have you ever smoked premium cigars?”) in addition to asking about brands used.
c. Asks participants about self-reported inhalation patterns, how cigars are typically smoked (e.g., in one session or partial/relighting), and where cigars are smoked (e.g., indoors at home) to assess secondhand smoke exposure.
d. Includes paradata (administrative data about the survey), such as survey date and geographic location in publicly available datasets to improve understanding of patterns of use and/or exposure.

Recommendation 4. The Food and Drug Administration (FDA), the National Institutes of Health, and other federal agencies should ensure that the research they support on the associations between cigar, including premium cigar, use and health effects:

a. Reports the frequency of use, duration, intensity, cumulative exposure, pattern of inhalation, and the number of years smoking cigars to inform potential dose–response relationship and modifying factors (e.g., co-use of alcohol, cannabis, and other substances);
b. Distinguishes primary, secondary, and dual use cigar smokers;

c. Examines co-use of alcohol and premium cigars;
d. Estimates the association between cigar use and specific lung cancer histological types;
e. Includes questions on the type of cigar, including premium cigars, separated from large cigars and other cigar types; and
f. Uses the definitions of cigar types provided by FDA (see Recommendation 1).

Additional Priority Recommendations

Recommendation 5. To improve knowledge of premium cigar characteristics, the Food and Drug Administration, the National Institutes of Health, the Centers for Disease Control and Prevention, and other federal agencies should support:

a. The development of reproducible methods for machine smoking of premium cigars;
b. Laboratory studies to measure nicotine, toxicants, and carcinogens in tobacco and smoke emitted from premium cigars;
c. Studies to assess how the pH of premium cigar smoke affects puff topography and extent of inhalation;
d. Comparative biomarker studies, both of toxicant exposure and of potential harm, in smokers of premium, large, and other cigar type smokers;
e. Studies that precisely measure "real-life" puff topography and patterns of use;
f. Studies that systematically evaluate how various premium cigar characteristics (e.g., size, shape, type of tobacco, added flavoring, sugar content, moisture, smoke pH) affect puffing topography; and
g. Observational studies to assess patterns and intensity of secondhand smoke exposure to premium cigar smoke.

Recommendation 6. The Food and Drug Administration (FDA), the National Institutes of Health (NIH), and other federal agencies should conduct or fund research to determine the unique type of marketing, advertising, and promotional practices used by companies that manufacture, distribute, and sell premium cigars. FDA, NIH, and other federal agencies should also identify strategies for tracking these activities, especially those that may appeal to youth.

Recommendation 7. The Food and Drug Administration (FDA), the National Institutes of Health, and other federal agencies should support research that

a. Provides data on the level of dependence in relation to patterns of premium and other cigar type use;
b. Measures dependence on cigars and other tobacco products in dual and/or poly-tobacco users;
c. Compares dependence on large cigars with flavors to dependence on premium cigars (which, by definition in this report, do not include flavors); and
d. Studies the impact on dependence of reduced nicotine content in cigars, per proposed FDA policy to reduce nicotine to 0.4 mg/g for all cigarettes, to make them minimally addictive.

Recommendation 8. The Food and Drug Administration, the National Institutes of Health, and other federal agencies should support research on the comparative health effects of cigar types, including premium cigars, in priority populations (as needed based on prevalence and trends), including

a. Women, racialized and ethnic populations, sexual and gender minority groups, adolescents/young adults, and during pregnancy, including studies on the impact on nondaily users of cigars;
b. People with vascular disease, including assessments of their cardiovascular risk, as this population would be especially vulnerable to the adverse effects of acute short-term smoke exposure;
c. People with respiratory diseases, such as chronic obstructive pulmonary disease and asthma;
d. Cancer survivors; and
e. People with occupational exposures to premium cigars (e.g., in cigar lounges, manufacturing).

Recommendation 9. The Food and Drug Administration, the National Institutes of Health, and other federal agencies should support research to assess consumer knowledge and awareness of premium cigars in the U.S. population. Specifically, these studies should:

a. Develop and implement specific measures that capture awareness of premium cigars as a tobacco product category, perceived risks and benefits of using premium cigars, and knowledge of the risks of premium cigar use; and
b. Gather data regarding consumer knowledge about different cigar types and how, why, and where people start, continue, and discontinue using premium cigars (including perceived benefits and harms).

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

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