

Memorandum

TO: SAMHSA Desk Officer

COMPANY: Human Resources and Housing Branch,
Office of Management and Budget

FAX NUMBER: 202-395-7285

FROM: Stacey Gagosian

SUBJECT: 2012 National Survey on Drug Use and Health (OMB No. 0930-0110)

DATE:

NUMBER OF PAGES: 7
(including cover sheet)

COMMENTS:

Please find Legacy's comments regarding the 2012 National Survey on Drug Use and Health.
Thank you.

Lawrence G. Wasden, Chair
Attorney General of Idaho
Boise, ID

Susan Curry, Ph.D., Vice-Chair
Dean, College of Public Health
Distinguished Professor, Health Management and Policy
University of Iowa
Iowa City, IA

Jonathan E. Fielding, Treasurer
Director Health Officer,
Los Angeles County Department of Public Health
Professor of Health Services and Pediatrics
Schools of Public Health and Medicine
University of California, Los Angeles
Los Angeles, CA

Benjamin K. Chu, M.D., M.P.H., M.A.C.P.
Immediate Past Chair
President, Southern California Region
Kaiser Foundation Health Plan and Hospitals
Pasadena, CA

Donald K. Boswell
President and CEO
Western New York Public Broadcasting Association
Buffalo, NY

Gary R. Herbert
Governor
State of Utah
Salt Lake City, UT

Tom Miller
Attorney General of Iowa
Des Moines, IA

Jeremiah W. (Jay) Nixon
Governor
State of Missouri
Jefferson City, MO

Charles K. Scott
Wyoming State Senator
Casper, WY

Leticia Van de Putte
Texas State Senator
San Antonio, TX

Cass Wheeler
Chief Executive Officer Emeritus
American Heart Association
Dallas, TX

Lee Storrow, Youth Board Liaison
University of North Carolina at Chapel Hill Alum
Chapel Hill, NC

Cheryl G. Heaton, Dr. P.H., Ex-Officio
President and CEO
Legacy

July 25, 2011

VIA FACSIMILE – 202-395-7285

SAMHSA Desk Officer
Human Resources and Housing Branch
Office of Management and Budget
New Executive Office Building, Room 10235
Washington, DC 20503

RE: 2012 National Survey on Drug Use and Health –
(OMB No. 0930-0110)

Legacy is pleased to provide comments on the 2012 and 2013 National Survey on Drug Use and Health (NSDUH) sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). Legacy applauds the goals of NSDUH regarding monitoring substance use trends and patterns, particularly on tobacco use, the leading cause of preventable disease and death in the United States.¹ This research is vital for informing policy and programs on substance use. We would like to take this opportunity to provide comments on the tobacco section of the survey, specifically little cigar and cigarillo (LCC) use.

Currently, there are no national prevalence estimates for LCC products specifically. Most state and national surveillance surveys inconsistently collect cigar data or do not ask questions specific to LCC's, limiting our understanding of the prevalence, profiles and patterns of use of LCC products.^{2,3} Sales data suggests that the LCC market may be growing more rapidly than big cigars. Between 1995 and 2008, sales of little cigars and cigarillos increased by 316% and 255%, respectively, while large cigar sales increased by only 17% during that same period.⁴ Yet we cannot currently track prevalence estimates separately for these products. A recent analysis using 2002-2008 NSDUH data showed that the top 5 cigar brands smoked by respondents (Black & Mild, Swisher Sweets, Phillies, White Owl, and Garcia y Vega) include cigarillos and little cigar products. Yet the authors were unable to determine whether respondents were smoking large cigars or LCC's due to the grouping together of cigar and LCC questions.⁵



LEGACY.

FOR LONGER HEALTHIER LIVES

As cigarette consumption has declined, LCC sales rates have increased dramatically.⁶ The increase in LCC sales is often attributed to higher taxes on cigarettes relative to cigars,⁷⁻⁹ as well as differences in product regulation, industry marketing practices and, possibly, the increased availability of a variety of flavors for LCC's.^{7,10,11} Evidence also suggests that LCC product use may be more common among young adults, males and African Americans.^{5,12} Further, some emerging evidence indicates that LCC users engage in different patterns of multiple product use compared with cigarette users. One study found that LCC users are more likely to use cigarettes concurrently, potentially increasing their exposure to tobacco and their risk for tobacco-related illness.¹²

LCC users may view these products as less harmful than cigarettes,¹⁰ despite the fact that cigars can be just as addictive and risky.¹³ Data shows that some LCC users smoke these products differently than large cigars, inhaling more deeply. If inhaled like cigarettes, LCCs have the potential to be particularly addictive, given that a cigar typically contains more nicotine than a cigarette.¹³⁻¹⁵ For these reasons and those explained below, it's important that we better understand the prevalence and patterns of use of LCC-specific products.

We suggest amending the 2012 and 2013 NSDUH survey in the following ways:

- 1) First, in order to collect prevalence and trend data on LCC use specifically, we suggest that the NSDUH survey include the full set of use questions on big cigars and LCCs separately. Research suggests cigars users and LCC users have different demographic profiles and may have different patterns of multiple product use, with LCC's being more popular among young adults, males, African-Americans, individuals with lower education and those reporting current cigarette, marijuana and blunt use.^{5,12} Thus we recommend that NSDUH modify the survey by removing the inclusion of LCC's in the list of questions starting at CG34. Respondents would answer questions CG34-RRCG39 only as they apply to large cigars. Following these questions on large cigars, respondents would answer the full set of use questions regarding lifetime use, age at first use, past 30 day use and brand use similar to questions CG34-RRCG39 for LCC products *only*. This will allow for a more fine-tuned understanding of who is using these products and patterns of use.
- 2) In addition to the separation of questions for cigar and LCC use, we recommend that NSDUH amend and re-structure questions about brand use for LCC's. We believe that brand data is critical for improving LCC prevalence estimates. Research indicates that LCC users may not recognize these products as cigars or even as tobacco products.^{16,17} Studies demonstrate that LCC users do not self-report as cigar users but when asked specifically about brands like Swisher Sweets or Black & Mild, respondents report smoking a product brand that represents an LCC product.^{3,12} LCC brands may be more reliably reported than cigar "type" (i.e., little cigar or cigarillo), particularly among at-risk groups such as younger and African-



American users.^{3,12,18} Asking only about little cigar or cigarillo use without specific brand item questions may lead to underestimates of prevalence.⁵

Currently in the NSDUH, only respondents who report past 30 day cigar or LCC use are asked brand-specific questions. Those who do not report smoking cigars or LCC's at least once in their lifetime and those who report smoking cigars or LCC's at least once in their lifetime but not in the past 30 days are not subsequently asked about brand use. In order to improve the precision of prevalence estimates, we recommend that the NSDUH include brand-specific questions for LCC use for all respondents.

Further, SAMSHA may want to consider including both flavored and non-flavored brand items for LCC's given the fact that flavored cigarettes (except for menthol) were banned by the Family Smoking Prevention and Tobacco Control Act, and that as of now the Food and Drug Administration has not asserted jurisdiction over cigars at all – flavored or not.¹⁹

- 3) Third, for LCC questions, we suggest inserting a question assessing the number of products smoked per day for those who report usage in the past 30 days. This question is important for understanding frequency of use.

We have included here a recommended re-structuring and addition of questions specifically for LCC users based on the central questions currently used by the NSDUH to assess lifetime use, age at first use, past 30-day use and brands used for cigars and LCC's. Please see below.

Proposed Question Structure

The next questions are about smoking little cigars or cigarillos. Little cigars are similar in size and appearance to cigarettes but they are wrapped in brown paper that contains tobacco leaf. Cigarillos look like smaller versions of traditional large cigars and are also wrapped in brown paper that contains tobacco leaf.

Ask all respondents

CG34: Have you ever smoked part or all of any type of a little cigar or cigarillo?

- 1 Yes
- 2 No

Ask all respondents

New Q #1: Have you ever smoked the following little cigar or cigarillo brands?

Include list of LCC specific brands

New Q #2: Is the brand you smoke menthol, some other flavor or not flavored?



LEGACY.

FOR LONGER HEALTHIER LIVES

- 1 Menthol
- 2 Some other flavor
- 3 No flavor

Ask if CG34 = 1 or if respondent reported an LCC brand in New Q#1:

CG35 How old were you the first time you smoked part or all of a [INSERT little cigar/cigarillo OR specific BRAND NAME reported]? _____ years old

Ask if CG34 = 1 or if respondent reported an LCC brand in New Q#1:

CG36. Now think about the past 30 days – that is, from [DATEFILL] up to and including today. During the past 30 days, have you smoked part or all of any type of [INSERT little cigar/cigarillo or specific BRAND NAME reported]?

- 1 Yes
- 2 No

Ask if CG36 = 2

CG37 How long has it been since you last smoked part or all of any type of [little cigar/cigarillo or specific BRAND NAME reported]?

- 1) More than 30 days but within last 12 months
- 2) More than 12 months but within past 3 years
- 3) More than 3 years ago

Ask if CG36 = 1

C38: During the past 30 days, that is, since [DATEFILL], on how many days did you smoke part or all of a [little cigar/cigarillo or specific BRAND NAME reported]? _____ days

Ask if CG36 =1

New Q #3: On the [#days] you smoked [little cigars/cigarillos or specific BRAND NAME reported] during the past 30 days, how many little cigars or cigarillos did you smoke per day, on average?

- 1 Less than one little cigar or cigarillo per day
- 2 1 little cigar or cigarillo per day
- 3 2 to 5 little cigars or cigarillos per day
- 4 6 to 15 little cigars or cigarillos per day
- 5 16 to 25 little cigars or cigarillos per day
- 6 26 to 35 little cigars or cigarillos per day
- 7 More than 35 little cigars or cigarillos per day



LEGACY.

FOR LONGER HEALTHIER LIVES

We thank SAMSHA for considering these suggestions. Please contact Caroline Joyce, Assistant Vice-President of Government Affairs, at cjoyce@legacyforhealth.org or 202-454-5572 if you have any questions or need further information.



1. Danaei G, Ding EL, Mozaffarian D, et al. The preventable causes of death in the United States: comparative risk assessment of dietary, lifestyle, and metabolic risk factors. *PLoS Med.* Apr 28 2009;6(4):e1000058.
2. Delnevo C. Smokers' Choice: What Explains the Steady Growth of Cigar Use in the U.S.? *Public Health Reports.* 2006;121:116-119.
3. Terchek J, Larkin, EMG., Male, ML., Frank, SH. Measuring cigar use in adolescents: Inclusion of a brand-specific item. *Nicotine and Tobacco Research.* 2009;11(7):842-846.
4. Maxwell JC. *The Maxwell Report: Cigar Industry in 2009.* Richmond, VA2010.
5. Cullen J, Mowery P, Delnevo C, et al. Seven Year Patterns in U.S Cigar Use Epidemiology among Young Adults aged 18-25: A Focus on Race/Ethnicity and Brand *American Journal of Public Health.* 2011, In Press.
6. Kozlowski LT, Dollar, K.M., Giovino, G.A. Cigar/Cigarillo Surveillance: Limitations of the U.S. Department of Agriculture System. *American Journal of Preventive Medicine.* 2008;34(5):424-426.
7. Delnevo CDF, J.; Hrywna, M. Trading Tobacco: are youths choosing cigars over cigarettes? *American Journal of Public Health.* 2005;95(12):2123.
8. Delnevo CDHM. Cigar use before and after a cigarette excise tax increase in New Jersey. . *Addict Behav.* 2004;29:1799-1807.
9. Ringel JS, Wasserman J, Andreyeva T. Effects of public policy on adolescents' cigar use: evidence from the National Youth Tobacco Survey. *Am J Public Health.* Jun 2005;95(6):995-998.
10. Jolly DH. Exploring the use of little cigars by students at a historically black university. *Preventing Chronic Disease.* 2008;5(3):1-7.
11. Smith SY, Curbow, B., Stillman, F.A. Harm perception of nicotine products in college freshmen. *Nicotine & Tobacco Research.* 2007;9(9):977-982.
12. Borawski E, Brooks, A., Colabianchi, N., Trapl, ES, Przepyszny, KA., Shaw, N., Danosky, L. Adult use of cigars, little cigars, and cigarillos in Cuyahoga County, Ohio: A cross-sectional study. *Nicotine and Tobacco Research.* 2010;12(6):669-673.
13. National Cancer Institute. *Cigars: Health Effects and Trends. Smoking and Tobacco Control Monograph No. 9.* Bethesda, MD: U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health;1998.
14. Delnevo CD. "A Whole 'nother smoke" or a cigarette in disguise: how RJ Reynolds reframed the image of little cigars. *American Journal of Public Health.* 2007;97(8):1368-1375.
15. Henningfield JE, Fant, RV., Radzius, A.; Frost, F. Nicotine Concentration, smoke pH and whole tobacco aqueous pH of some cigar brands and types popular in the United States. *Nicotine and Tobacco Research.* 1999;1(2):163-168.
16. Page JB, Evans, S. Cigars, Cigarillos, and Youth: Emergent Patterns in Subcultural Complexes. *Journal of Ethnicity in Substance Abuse.* 2003;2(4):63-76.
17. Yerger VP, C., Malone, M.E. When is a cigar not a cigar? African American youths' understanding of cigar use. *American Journal of Public Health.* 2001;91(2):316-317.
18. Trapl ES, Terchek JJ, Danosky L, Cofie L, Brooks-Russell A, Frank SH. Complexity of measuring "cigar use" in adolescents: results from a split sample experiment. *Nicotine and Tobacco Research.* Apr 2011;13(4):291-295.
19. Family Smoking Prevention and Tobacco Control Act, Pub. L. No. 111-31, 123 Stat 1776 (2009) (codified in scattered sections of 15 and 21 U.S.C.).