



May 5, 2021

Committee on Health Effects and Patterns of Use of Premium Cigars
The National Academies of Sciences, Engineering, and Medicine
500 5th Street, NW
Washington, DC 20001

Re: Research Questions regarding Health Effects and Patterns of Use of Premium Cigars

Dear Members of the Study Committee:

The American Lung Association appreciates the opportunity to provide comments on the research questions provided to the committee from the National Institutes of Health (NIH) and Food and Drug Administration (FDA) regarding the health effects and patterns of use of “premium” cigars.

The American Lung Association is the oldest, voluntary public health organization in the United States and is committed to eliminating tobacco use and tobacco-related disease. Tobacco use is the leading cause of preventable death and disease in the United States, responsible for the deaths of 480,000 Americans annually. An additional 16 million Americans live with a disease caused by tobacco.ⁱ

There are three main types of cigars sold in the U.S. – large cigars, cigarillos and little cigars. In 2015, large cigars and cigarillos made up 95% of the market share in the U.S., with little cigars making up only 5%.ⁱⁱ Cigars contain the same addictive, toxic and carcinogenic compounds found in cigarettes and are not a safe alternative to cigarettes. Cigar smoking causes cancers of the lung, oral cavity, larynx and esophagus as well as cardiovascular disease. Those who smoke cigars heavily or inhale deeply also increase their risk of developing chronic obstructive pulmonary disease, which includes chronic bronchitis and emphysema.ⁱⁱⁱ

It is important for the committee to understand that the term “premium” cigar is one devised by the tobacco industry in an effort to achieve a different set of rules and circumvent regulations established for all tobacco products by the FDA. The “premium” cigar industry claims that their cigars are different from other smoked tobacco products because they are crafted by artisans and made by using “the best, all-natural tobacco.” However, the health harms from smoked tobacco products come primarily from the combustion of the tobacco leaf itself, which “premium” cigars contain. These cigars are highly addictive products that deliver nicotine and other carcinogens when burned. There is no evidence that so-called “premium” cigars are less harmful than other cigars. They cause death and disease and must be at a minimum subject to FDA oversight.

The Lung Association appreciates the committee’s efforts to synthesize all the research that is available about the health effects and patterns of use of “premium” cigars. We have several suggestions for questions under various sections.

SECTION: PATTERNS OF USE

The examples of demographics in the risk perceptions question include men vs. women and adolescents vs. adults. Although it is implied that there are other demographics the committee will be considering, the American Lung Association wants to ensure that the committee will also consider risk perceptions by sexual orientation, race, ethnicity, geographic location, income level and education level. Disparities in tobacco use remain across these various groups and it is important to determine if risk perception plays a role.

Additionally, when researching the co or dual use of “premium” cigars and other tobacco products, the Lung Association recommends researching dual use with marijuana and other substance use. There is strong data that indicates individuals who have substance use disorders are more likely to be addicted to nicotine than those without these disorders.^{iv}

The Lung Association suggests adding the following question under this section: How does current “premium” cigar use influence initiation or continued use of other tobacco products? As tobacco use rates have declined significantly since 1964, it is important to consider if social or habitual usage of “premium” cigars leads to the initiation of other tobacco products or results in tobacco users switching to this product instead of ending their use of all tobacco products.

SECTION: HEALTH EFFECTS OF USERS

The Lung Association asks that in addition to looking to the health effects of “premium” cigar use by frequency and intensity of use, the committee also investigate the amount of cigar smoke inhaled. Not only do some users of “premium” cigars inhale the cigar smoke, it is also impossible to avoid inhaling the secondhand smoke of cigars when in indoor environments where smoking is allowed.

In addition to looking into the concurrent or dual use of other tobacco products, the committee should also consider the factor of someone being a former cigarette smoker. Cigar smokers with a history of being former cigarette smokers are more likely to inhale cigar smoke.^v The inhalation of cigar smoke can increase a person’s risk of developing several adverse health outcomes, including COPD and lung cancer.

The American Lung Association would also recommend that when the committee considers the acute and long-term health effects of “premium” cigars, they consider the same health issues. Currently, the list of health issues considered for acute and long-term health effects are different in the two questions.

SECTION: HEALTH EFFECTS IN NON-USERS

The Lung Association would appreciate the committee expanding on the definition of tertiary exposure to “premium” cigar smoke. The Lung Association is unclear on what is considered tertiary exposure in this case.

It’s also important to note that some “premium” cigar users could be more likely to be exposed to secondhand cigar smoke even in states that otherwise prohibit smoking in virtually all indoor environments due to exemptions for cigar/tobacco bars or tobacco retail stores in those laws.

CONCLUSION

Ultimately, FDA has already found that because much of the available data on the health effects of cigar smoking is based on smokers of traditional, large cigars, these health effects are “applicable to the toxicity of premium cigars given that they share the same characteristics and are generally smoked in similar ways.”^{vi} Legitimate conclusions can be drawn from what is already available. “Premium” cigars are a type of combustible tobacco, and lead to significant adverse health effects.

The American Lung Association looks forward to reading the final list of research questions the committee will use in guiding their literature review. Thank you for the opportunity to provide comment.

Sincerely,



Harold P. Wimmer
National President and CEO

ⁱ US Department of Health and Human Services, *The Health Consequences of Smoking: 50 Years of Progress: a Report of the Surgeon General*, 2014 Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office of Smoking and Health, 2014.

ⁱⁱ Centers for Disease Control and Prevention. Cigars Factsheet. October 2018.

ⁱⁱⁱ National Cancer Institute. *Smoking and Tobacco Control Monographs. Monograph 9: Cigars: Health Effects and Trends*. 1998. NIH Pub No 98-4302.

^{iv} “Tobacco Use and Quitting Among Individuals With Behavioral Health Conditions.” *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 4 Feb. 2020, www.cdc.gov/tobacco/disparities/mental-illness-substance-use/index.htm.

^v “Questions and Answers about Cigar Smoking and Cancer.” *Vanderbilt-Ingram Cancer Center*.

^{vi} Deeming Tobacco Products To Be Subject to the Federal Food, Drug, and Cosmetic Act, as Amended by the Family Smoking Prevention and Tobacco Control Act; Restrictions on the Sale and Distribution of Tobacco Products and Required Warning Statements for Tobacco Products. 81 Fed. Reg. 29,020 (May 10, 2016).