

2021

INDEPENDENT EVALUATION REPORT HIGHLIGHTS New York Tobacco Control Program



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Executive Summary

The New York Tobacco Control Program (NY TCP) has established goals of reducing tobacco use initiation, increasing cessation, eliminating secondhand smoke exposure, and reducing smoking-related disparities. New York has implemented a range of policies to reduce tobacco use and establish tobacco-free norms, including a comprehensive smoke-free air policy, high cigarette prices, prohibitions on tobacco product coupons and discounts, and restrictions on flavored vaping products. The Program pursues a comprehensive approach that comprises a range of interventions with an emphasis on health communication, cessation-focused health systems change, and state and community interventions. This report provides highlights from the independent evaluation of the NY TCP for 2021 and serves as a companion piece to the full 2021 Independent Evaluation Report.

The prevalence of adult smoking in New York was 12.0% in 2020, continuing a gradual decline in recent years. The prevalence of smoking in New York was similar to the national rate of 12.4%, as it has been in recent years. With New York's per capita funding for tobacco control falling below the national average funding level, it is not surprising that the trends in overall smoking prevalence are similar in New York and nationally. The prevalence of youth smoking remains at historically low levels, at only 2.4% of high school students and 1.0% of middle school students. Although the overall

prevalence of smoking represents an historic low, there are populations with disproportionately high smoking prevalence, such as adults experiencing frequent mental distress, those with low income and/or educational attainment, and those living with a disability.

In contrast to the progress in reducing youth and adult smoking prevalence, the prevalence of cigar use has increased since 2010 in New York and nationally. As of 2020, about one in twelve adults currently smoke any type of cigar. And while the prevalence of cigar use remains low among middle and high school students, current use of blunts (cigars with cannabis) was 16% among high school students. Finally, the prevalence of vaping among adults has increased since 2010 but has remained stable for many years and was 6.5% in 2020. In contrast, vaping among high school students increased dramatically since 2014 in New York to 22.5% in 2020, which is similar to the national rate.

Many New York tobacco-related outcomes have improved over the past decade, although there is still significant work to be done to continue to decrease youth and adult tobacco rates – particularly for those disproportionately affected by tobacco use. NY TCP's efforts have been shown to be a good return on investment, although increasing Program funding could facilitate greater benefits to long-term health and economic outcomes in New York.

The New York Tobacco Control Program

Background

Tobacco use takes a significant health, economic, and social toll on the people of New York. Every day, more than 57 New Yorkers die prematurely from smoking-related illnesses, and an additional three New Yorkers die due to secondhand smoke. Although cigarette smoking prevalence has declined and thereby lessened the public health and financial burden in the state, tobacco-related mortality and morbidity remain high in New York. Implemented in 2000, the New York State Department of Health's New York Tobacco Control Program (NY TCP) works to improve New Yorkers' health by addressing tobacco use among youth and adults. This report provides highlights about the Program's activities and outcomes for the calendar year 2020, based on an independent evaluation of the NY TCP.



New York Tobacco Control Program

The NY TCP conducts evidence-based efforts “to reduce illness, disability and death related to tobacco use and secondhand smoke exposure, and to alleviate the social and economic burdens caused by tobacco use” (NY DOH, 2018). NY TCP implements a multi-component approach to:

- reduce tobacco use initiation,
- increase cessation,
- eliminate secondhand smoke exposure, and
- reduce smoking-related disparities.

The Program's comprehensive approach to work towards these goals comprises a range of initiatives and interventions with an emphasis on health communication, cessation-focused health systems change, and state and community interventions. Key outcome indicators to assess NY TCP progress are incorporated into measurable targets as part of the state's health improvement plan, the 2019-2024 New York State Department of Health (NYSDOH) Prevention Agenda (NYSDOH, 2019) (Appendix A). This report describes the context, funding, and approach of the NY

TCP, and presents key tobacco-related outcomes for New York and the United States.

Policy Context

New York State has implemented many policy interventions shown to reduce tobacco use. These include the Clean Indoor Air Act, high cigarette excise taxes, and consistent enforcement of laws that establish a minimum age to purchase tobacco products, as well as funding the NY TCP. In 2019 and 2020, the state enacted new laws that prohibit the sale of tobacco products in pharmacies, prohibit the sale of flavored vaping products, establish a sales tax on vaping products, require vaping product retailer registration, and prohibit coupons and price discounting on tobacco products, including vaping products.

New York Policy Highlights



New York's cigarette excise tax is **\$4.35**, which is more than **two times** the U.S. average. New York City also adds a local excise tax for cigarettes and minimum prices for tobacco products including cigarettes and cigars.

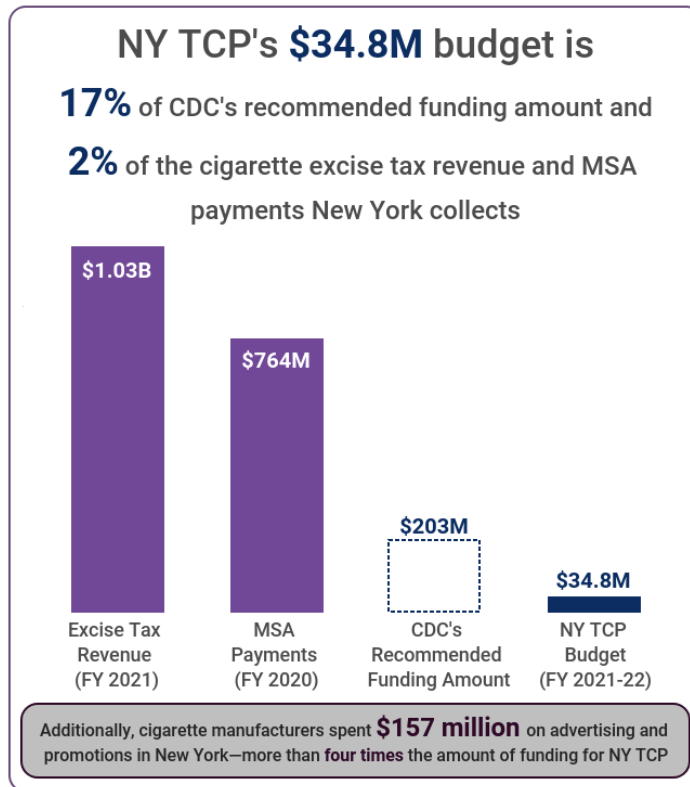


100% of New York residents are covered by a comprehensive smoke-free air law, compared to **61.1%** of the U.S. population. In New York, vaping and combustible cannabis use are not allowed in smoke-free areas.

NY TCP Funding

The Centers for Disease Control and Prevention (CDC) has issued recommendations for comprehensive state tobacco control programs, including the level of funds to implement each state's program (CDC, 2014). CDC recommended funding New York's comprehensive program at \$203 million. The state appropriated \$39.8 million for NY TCP during 2021 for the 2021-2022 fiscal year. In contrast to the state appropriation, the NYS Division of Budget communicated to the Department a limit of \$34.8 million, which is less than the appropriated budget amount. This lower amount is a result of an administrative function set by the Division of Budget; the value can be changed by the Division of Budget in the course of a State Fiscal Year. However, even the appropriated

dollar amount is significantly less than the \$203 million federal recommendation for tobacco control funding. Further, if the 2014 CDC recommendation were adjusted for inflation, the recommended funding for NY TCP would be \$228 million. The low funding level available to NY TCP constrains the Program’s capacity and reach, and thereby its effectiveness.



Note: MSA=Master Settlement Agreement

Return on investment.

For every \$1 spent by NY TCP, smoking-attributable healthcare expenditures decreased by \$12.

We conducted a return-on-investment analysis to determine to what extent NY TCP spending was a good investment of public funds. Our analysis included the years 2001 through 2019, which covers most of the Program’s existence and includes annual NY TCP funding levels ranging from approximately \$35 million to \$105 million (in real 2019 dollars). With an annual average Program funding of \$57.5 million and approximately \$1.1 billion cumulatively, the return on investment for smoking-attributable healthcare expenditures in New York was approximately 11, suggesting that for every \$1 of expenditure by NY TCP, smoking-attributable healthcare expenditures decreased by approximately \$12. The average annual savings in smoking-attributable health care expenditures in New York from 2001 through 2019 was






nearly \$694 million, with cumulative savings of approximately \$13.2 billion in this time period. With savings substantially larger than program costs, investment in NY TCP provides significant health and financial benefits in the state.

The Program uses its funding to support key efforts in comprehensive program components recommended by CDC, including administration and management, health communications interventions, health systems interventions, and state and community interventions. In the next section, we provide brief descriptions of the NY TCP’s approach to some of these components.

Programmatic Approach

NY TCP uses a social norm change model to promote an environment across New York in which tobacco use becomes less acceptable, less desirable, and less accessible (CDC, 2014; Frieden, 2010; NCI, 1991; USDHHS, 2000). The Program outlined specific objectives within the 2019–2024 NYSDOH Prevention Agenda, which provides a blueprint for action at the state and local levels to improve the health and well-being among all New Yorkers (NYSDOH, 2019). The 2019–2024 NYSDOH Prevention Agenda tobacco-related objectives focus on decreasing youth and adult tobacco use statewide with targeted reductions among populations disproportionately affected by tobacco use, as well as increased use of evidence-based cessation treatments and reduced exposure to secondhand smoke (overview in Table 1, and full list of tobacco-related objectives and targets in Appendix A).


Table 1. 2019–2024 NYSDOH Prevention Agenda: Tobacco Prevention

Tobacco-Related Objectives' Areas of Focus	
	Cigarette smoking prevalence among adults, overall, and for populations with historically higher smoking rates
	Tobacco use prevalence among young adults
	Tobacco use prevalence among high school students
	Use of evidence-based treatments, including health care provider assistance and utilization of Medicaid cessation benefits
	Secondhand smoke exposure among adults and youth

NY TCP’s programmatic activities are grounded in CDC Best Practices, including the Program’s **administration and management** efforts. NY TCP coordinates programmatic strategy and communicates with staff, grantees, partners, and the broader NYSDOH. NY TCP’s multilevel leadership approach engages staff and stakeholders in planning and coordinated management. The Program offers professional development, technical assistance, and guidance to reinforce effective and efficient investment of the state’s tobacco control funding. NY TCP maintains contracts for the Quitline and tobacco control grantees and oversees grantee reporting systems and procedures to ensure accountability. The Program connects with tobacco control stakeholders on a routine basis and in response to emerging issues. In coordination with state- and community-level activities and program initiatives, NY TCP develops and disseminates key messages through community grantees and earned and paid media. The Program collaborates with an independent surveillance and evaluation contractor and shares key tobacco control data and reports with stakeholders and the public.


Administration and Management


New York's Programmatic Approach

 **CDC Recommendation**
 CDC recommendations include: "a fully functioning infrastructure must be in place in order to achieve the capacity to implement effective interventions" (CDC, 2014).

 **Grants & contract management**
 Ensure effective management, monitoring, and communicating across contracts, including: Health systems grantees, community grantees, Quitline

 **Education of public & decision makers**
 Promote policy change and support program sustainability by sharing successes and the ongoing need for tobacco control

 **Strategic planning**
 Engage with Advisory Board
 Contribute to NYSDOH Prevention Agenda

 **Staffing & development**
 Maintain personnel focused on core components of program & grants management
 Ensure staff support, coordination, communication, training, and monitoring

 **Fiscal management**
 Oversee use of and accountability for state funds and CDC grant funds

 **Engaging data**
 Employ surveillance and evaluation data to monitor progress and disseminate findings
 Internal research and evaluation, plus external independent evaluation

NY TCP uses **health communication** strategies to encourage tobacco users to quit by talking with their health care provider and using evidence-based tobacco cessation methods. In early 2020, NY TCP aired antismoking ads, with video ads aired on broadcast, cable, video-on-demand, or streaming video services, as well as online placements. The program did not air any antismoking media for the rest of the year due to funding restrictions related to the COVID-19 pandemic response. NY TCP has also implemented a media campaign to promote its *Drop the Vape* text-based vaping cessation program. To complement smoker-targeted ads and build on the Program's health systems interventions, NY TCP implements ads targeting medical and behavioral healthcare providers, encouraging them to assist patients with evidence-based cessation. During 2020, NY TCP ran some print ads in trade journals and placed some ads in provider-focused social media.

Health Communications

New York's Programmatic Approach

CDC Recommendation
 CDC recommendations include "strategic, culturally appropriate, and high-impact messages through sustained and adequately funded campaigns that are integrated into a comprehensive state tobacco control program" (CDC, 2014).

NY TCP ads encourage tobacco users to:

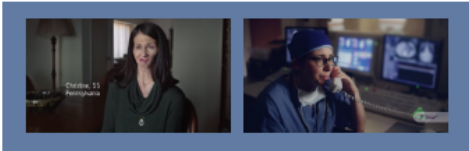
-  Quit using tobacco
-  Talk with their doctor
-  Use Medicaid for cessation medication
-  Call the Quitline

67% of New York smokers reported awareness of NY TCP's campaign tagline


NY TCP conducts **ad testing** before selecting which ads to air

100 unique ads have been tested since 2014, including ads from CDC's "Tips from Former Smokers" campaign and 14 vaping prevention ads

NY TCP uses **broadcast and digital media** to reach smokers across the state



As the media environment evolves, NY TCP measures how people use media, which can help inform media placement decisions

-  75% of New York smokers reported watching streaming TV services
-  84% of surveyed New York smokers report using Facebook


To help tobacco users quit, NY TCP’s **health systems interventions** focus on increasing the provision of evidence-based treatments for tobacco dependence. These treatments include brief counseling by health care providers, use of FDA-approved cessation products such as NRT and prescription medications, and counseling via the state Quitline. NY TCP’s health systems approach includes several activities targeting systems-, provider-, and patient-level outcomes including:

- grantee facilitation of improvements to medical and behavioral health care systems’ policies, electronic health records, and protocols that institutionalize provision of tobacco dependence treatment;
- provision of telephone- and web-based smoking cessation support; and
- reductions in the cost of tobacco dependence treatments for patients.

These efforts aim to create a barrier-free environment for smokers to access evidence-based tobacco dependence treatment. The New York State Medicaid program has expanded coverage for smoking cessation counseling and pharmacotherapy to help tobacco users with low income and frequent mental distress quit using tobacco.

Health Systems Intervention


New York's Programmatic Approach





CDC Recommendation


CDC recommendations include that "Health systems change involves institutionalizing cessation interventions in health care systems and seamlessly integrating these interventions into routine clinical care" (CDC, 2014).


New York's health systems approach comprises an integrated set of components:


Regional Grantees


Center of Excellence



Provider-Targeted Media



Smokers' Quitline


Reduced-Cost Cessation Treatment

Health systems changes include:

- Changes to electronic health records
- Changes to policies and workflows
- Feedback to providers
- Training and resources

The Quitline offers coaching and NRT. 

The New York State Medicaid Program covers FDA-approved cessation medications and counseling. 

Local policies in 2020 included 2 tobacco retailer density restrictions, 19 municipalities adopting tobacco-free outdoors policies, and smoke-free multi-unit housing policies that resulted in more than 3,000 living units becoming smoke-free.

As part of its **statewide and community interventions**, NY TCP promotes policies at the state and local levels that have the potential to prevent youth tobacco use initiation, promote cessation, eliminate exposure to secondhand smoke, and reduce smoking-related disparities. As part of its coordinated community-based intervention strategy, NY TCP funds 21 Advancing Tobacco-Free Communities (ATFC) grantees to conduct local tobacco control activities, covering all 62 counties in the state. The Program directs the grantees to concentrate on specific evidence-based policy initiatives and strategies that are recommended by CDC (CDC, 2014) and considered essential to continued declines in tobacco use (IOM, 2007). With the goal of promoting a tobacco-free norm throughout the state, ATFC grantees focus their efforts on four initiatives: retail environment, tobacco-free outdoors, smoke-free multi-unit housing, and smoke-free media. Grantees promote these initiatives by building public, organizational, and political support through a coordinated set of strategies: community education, community mobilization, government policy maker education, and advocacy with organizational decision makers.

Statewide and Community Interventions

New York's Programmatic Approach



CDC Recommendation

CDC recommends state and community interventions that support and implement "programs and policies to influence societal organizations, systems, and networks that encourage and support individuals to make behavior choices consistent with tobacco-free norms" (CDC, 2014).



Advancing Tobacco-Free Communities (ATFC) grantees combine community partnership and youth engagement strategies to focus on core initiatives.



Retail environment policies

aim to reduce the impact of tobacco product marketing on youth



Tobacco-free outdoors policies

reinforce tobacco-free norms



Smoke-free multi-unit housing policies

reduce secondhand smoke exposure



Smoke-free movies efforts

aim to change social norms

Key Tobacco-related Outcomes

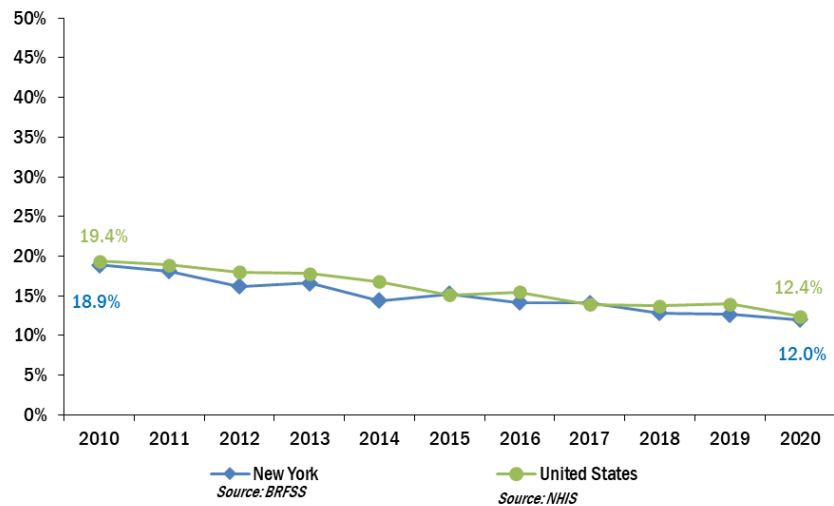
This section highlights some of the key tobacco-related outcomes that NY TCP monitors on an ongoing basis to understand trends in tobacco use among adults and youth. The full Independent Evaluation Report provides additional outcome measures and detail, and additional technical information regarding each figure is included in Appendix B (e.g., the breaks in some trend lines reflect a change in survey methodology).

Adult Tobacco Use

Adult smoking. Current smoking prevalence was 12.0% among New York adults in 2020, down from 18.9% in 2010 (Figure 1). The downward trend in adult smoking in New York is similar to the decrease in the United States overall.

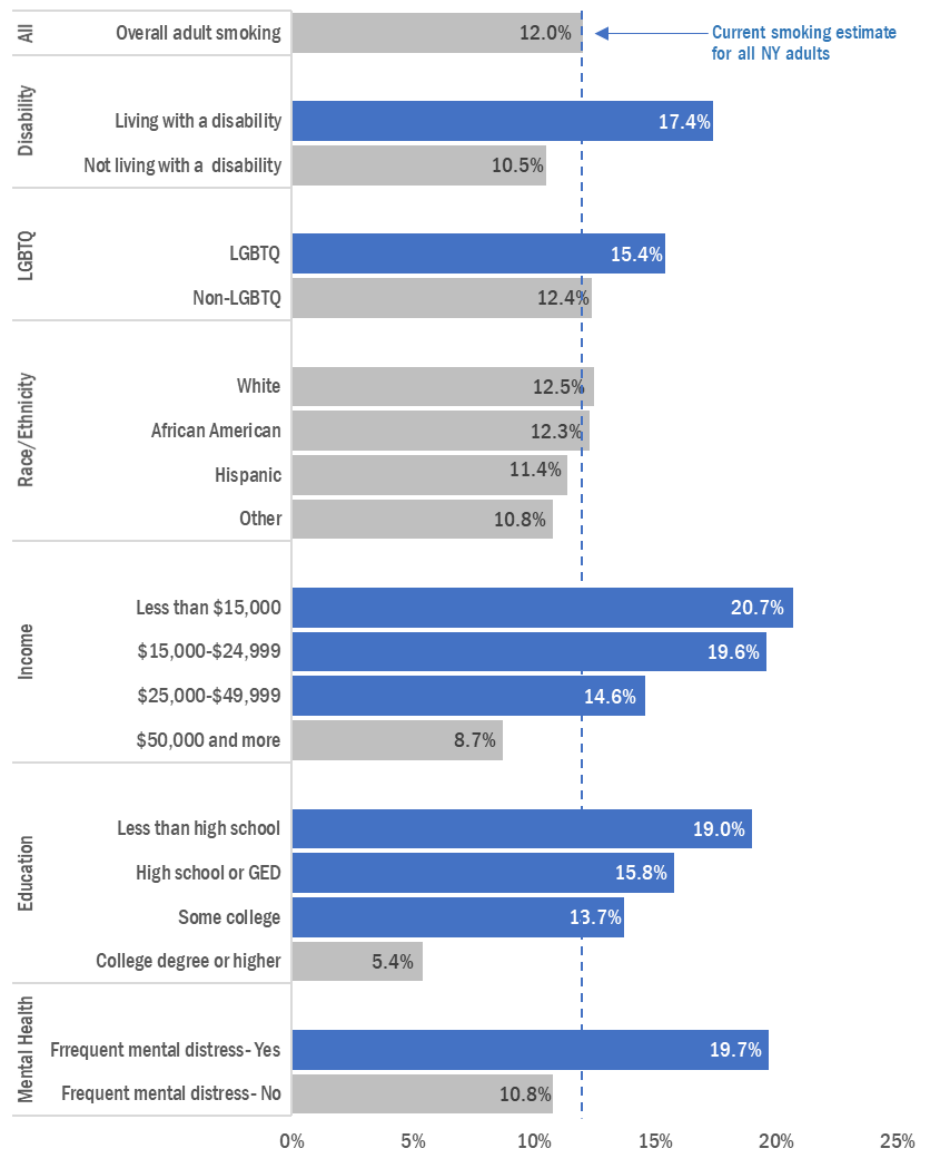
Figure 1. Percentage of Percentage of Adults Who Currently Smoke in New York (Behavioral Risk Factor Surveillance System) and Nationally (National Health Interview Survey), 2010-2020.

Adult smoking prevalence is trending downward in New York and in the United States.



Disparities in adult smoking. Although the overall prevalence of smoking represents a historic low, there are populations with disproportionately high smoking prevalence, such as adults experiencing frequent mental distress, those with low income and/or educational attainment, those living with a disability, and those with no insurance or Medicaid beneficiaries (Figure 2).

Figure 2. Percentage of Adults Who Currently Smoke in New York, by Demographic Characteristics, Behavioral Risk Factor Surveillance System, 2020

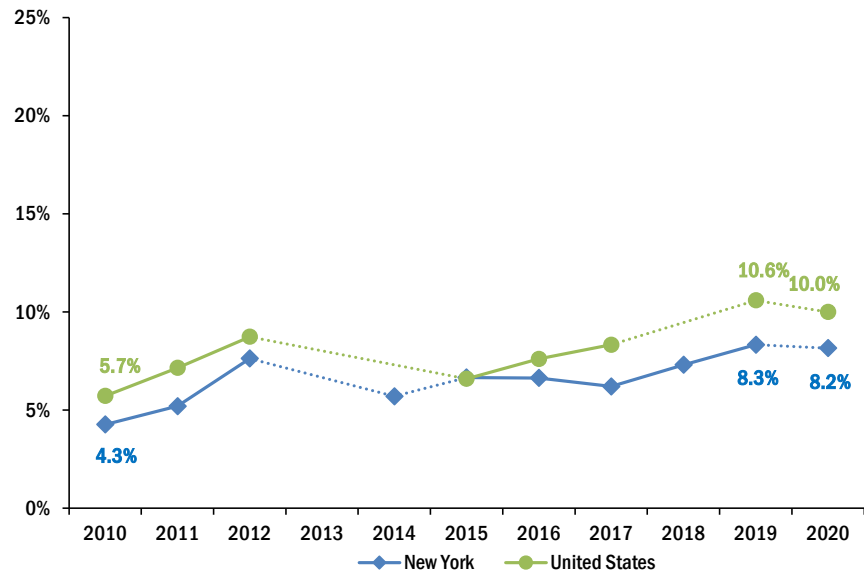


New York adult smoking prevalence was 12.0% in 2020, but smoking was more common among some groups.

Adult cigar use. In 2020, 8.2% of New York adults reported current use of cigars, an increase from 2010 (Figure 3). National cigar use prevalence in 2020 was 10.0%. Males reported cigar use more often than females, with 13.9% of males and 2.9% of females reporting current cigar use in 2020 in New York (data not shown). New York young adults aged 18-24 more commonly reported current use of cigarillos or little cigars (8.7%) than adults aged 25 or older (3.7%) in 2020 (data not shown).

Figure 3. Percentage of Adults Who Currently Smoke Cigars, New York Adult Tobacco Survey, 2010–2020, and National Adult Tobacco Survey, 2010–2020.

Adult cigar use is trending upward in **New York** and in the **United States**.

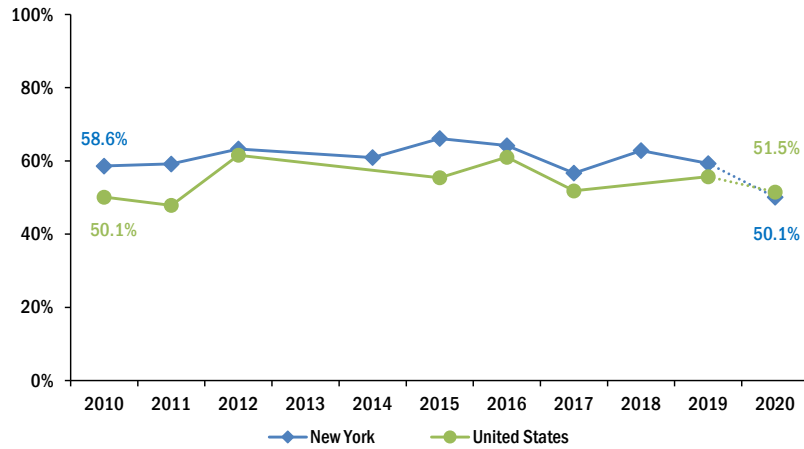


Adult smokeless tobacco use. Current smokeless tobacco use prevalence among New York adults is very low, as only 1.0% of adults in the state reported past-month use (data not shown). It has remained low from 2010 to 2020. Adult smokeless tobacco use prevalence is lower in New York than the nationally, as the prevalence rate for US adults is 2.2%.

Quit attempts. Half of New York adult smokers (50.1%) reported having made a past-year quit attempt in 2020 (Figure 4). The prevalence of past-year quit attempts in the United States was 51.5% in 2020.

Figure 4. Percentage of Adult Smokers Who Made a Quit Attempt in the Past 12 Months, New York Adult Tobacco Survey, 2010–2020, and National Adult Tobacco Survey, 2010–2020

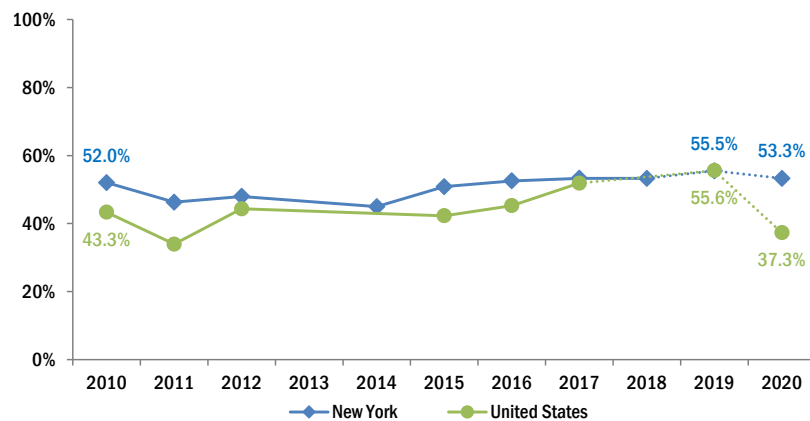
In 2020, half of **New York smokers** reported that they made a quit attempt in the last 12 months. Quit attempts were similar for **US smokers**.



Provider assistance with quitting. Health care provider interventions with patients who use tobacco are associated with increased patient quit success. Over half of New York adult smokers who saw a provider in the past 12 months reported that they received provider assistance with quitting smoking (Figure 5).

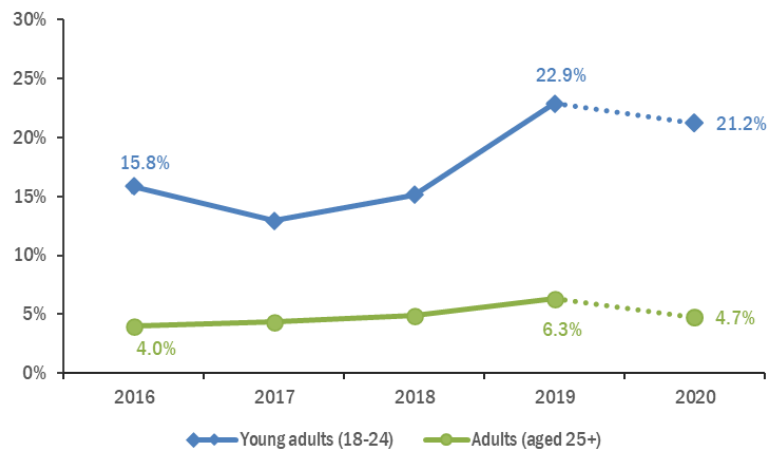
Figure 5. Percentage of Adult Smokers Who Report That Their Health Care Provider Assisted Them with Smoking Cessation in the Past 12 Months, New York Adult Tobacco Survey, 2010–2020, and National Adult Tobacco Survey, 2010–2020

Over half of **New York adult smokers** who saw a health care provider in the past 12 months said they received provider assistance with quitting smoking.



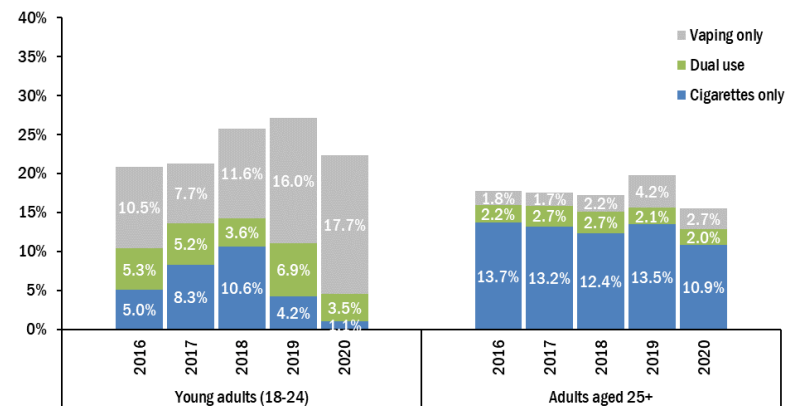
Adult vaping product use. Use of nicotine vaping products in 2020 was 6.5% among New York adults and 9.1% nationally (data not shown). Vaping is more common among New York young adults (18 to 24) than among adults aged 25 and older (Figure 6). Young adult current vaping prevalence in 2020 was 21.2%, more than four times as high as among older adults (4.7%). Although some adults used both cigarettes and vaping products, use of only one of these products was more common than dual use, and use varied by age group (Figure 7). In 2020, only 3.5% of New York young adults and 2.0% of adults aged 25 and older reported dual use, while young adults more often used only vaping products and adults aged 25 and older more often used only cigarettes.

Figure 6. Percentage of Young Adults (18-24) and Adults (aged 25+) Who Currently Vape, New York Adult Tobacco Survey, 2016–2020



Current vaping was more common among New York young adults than New York adults aged 25+.

Figure 7. Percentage of Young Adults (18-24) and Adults (Aged 25+) Who Use Cigarettes Only, Vaping Products Only, Or Both, New York Adult Tobacco Survey, 2016–2020

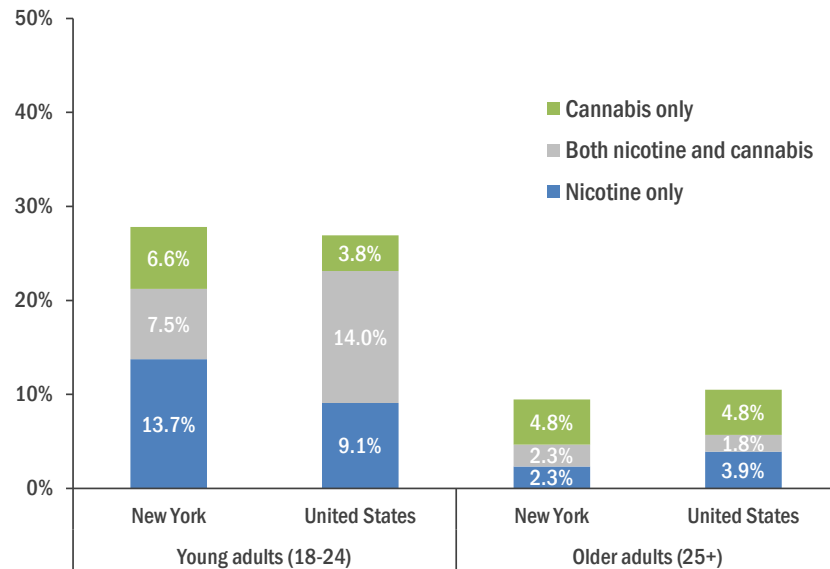


Young adults more often vaped, older adults more often smoked, and some used both cigarettes and vaping products.

Approximately half of New York adults who reported during 2020 that they vaped in the past year reported that they vaped cannabis, both among New York young adults and adults aged 25 and older (Figure 8).

Figure 8. Percentage of New York and US Adults Who Vape Reporting Vaping Nicotine Only, Cannabis Only, Or Both, By Age Group, New York Adult Tobacco Survey, 2010–2020, and National Adult Tobacco Survey, 2020

Vaping is more common among young adults than adults aged 25+. Although some New York adults vape **only nicotine**, many vape **only cannabis** or **both nicotine and cannabis**.

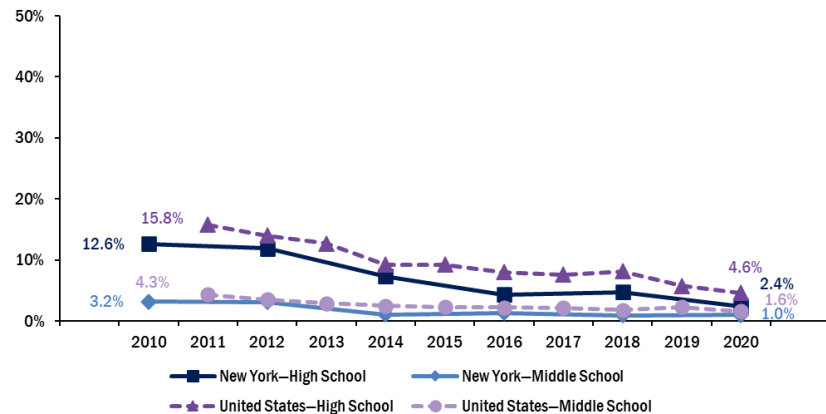


Youth Tobacco Use

Youth smoking. Cigarette smoking rates among New York high school students have declined 81% over the past 10 years, and only 2.4% of New York high school students reported past 30-day use of cigarettes in 2020 (Figure 9). National high school student cigarette smoking prevalence was below 5% in 2020. Current cigarette smoking among middle school students was 1.0% in New York and 1.6% nationally.

Figure 9. Percentage of Middle and High School Students Who Currently Smoke Cigarettes in New York and Nationally, New York Youth Tobacco Survey, 2010–2020, and National Youth Tobacco Survey, 2011–2020

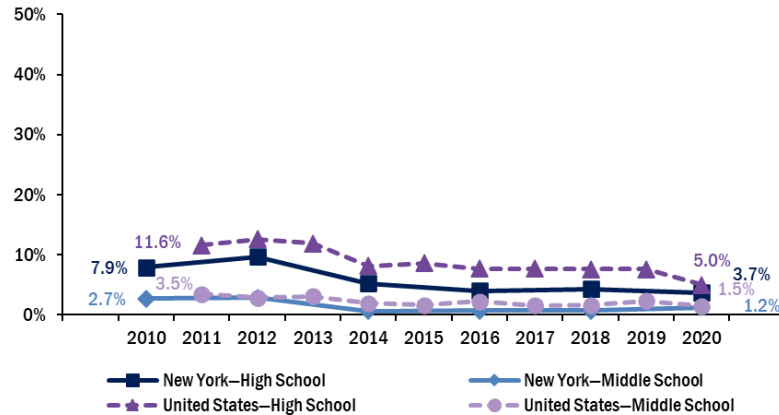
In New York, 1 in 100 middle school students and less than 3 in 100 high school students smoked cigarettes in the past 30 days.



Youth cigar use. The prevalence of cigar use among middle and high school students has declined over the past 10 years in New York and nationally (Figure 10). In 2020, 3.7% of high school students in New York reported current cigar use, close to the national rate of 5.0%. Among New York middle school students, only 1.2% reported current cigar use. However, youth use of blunts, cigars that contain marijuana or cannabis, were notably higher than cigar use overall. In 2020, 4.3% of New York middle school students and 15.5% of New York high school students reported smoking blunts in the past 30 days.

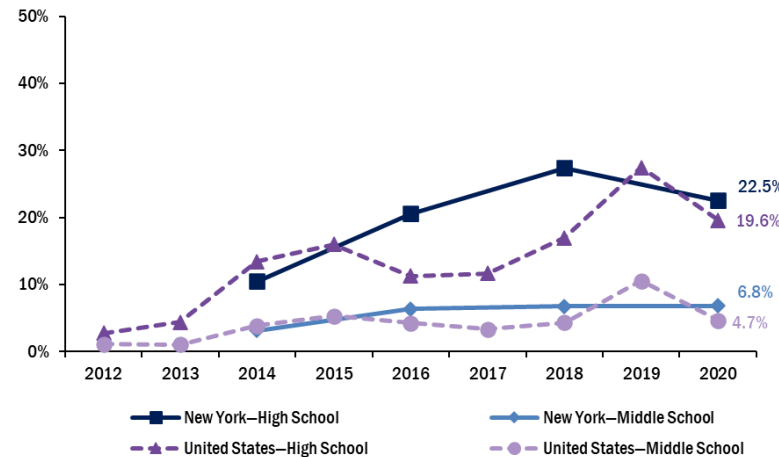
New York middle and high school students' cigar use has declined since 2010. Only 4 in 100 high school students and 1 in 100 middle school students reported using cigars in the past 30 days.

Figure 10. Percentage of Middle and High School Students Who Currently Smoke Cigars in New York and Nationally, New York Youth Tobacco Survey, 2010–2020, and National Youth Tobacco Survey, 2011–2020



Youth vaping. In contrast to low rates of cigarette smoking, youth use of vaping products has remained high in New York over the past few years. Although vaping product use among high schoolers in New York and across the United States decreased from the prior survey administration, 22.5% of New York high school students reported current use of vaping products in 2020 (Figure 11). Among New York middle school students, 6.8% reported current vaping in 2020. Nationally, 19.6% of high school students and 4.7% of middle school students reported current vaping in 2020.

Figure 11. Percentage of Middle Students and High School Students Who Currently Vape in New York and Nationally, New York Youth Tobacco Survey, 2014–2020, and National Youth Tobacco Survey, 2012–2020



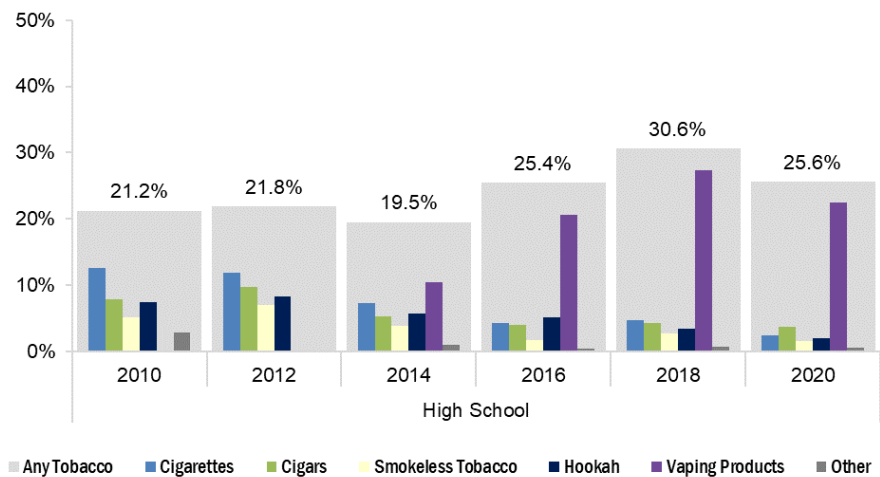
In 2020, almost one in four New York high school students reported vaping in the past 30 days as did one in 15 middle school students.

Youth smokeless tobacco use. Youth use of smokeless tobacco is low, both in New York and in the United States as a whole. In 2020, only 1.6% of New York high school students reported current use of smokeless tobacco, and high school smokeless tobacco use nationally has declined, with a relatively steep decrease over the past 2 years, reaching a new low of 3.1% (data not shown). New York middle school student smokeless tobacco use prevalence was 0.6% in 2018, and the national middle school student rate was 1.2%.

Youth use of any tobacco product. The 2019–2024 NYSDOH Prevention Agenda includes an objective of decreasing high school student prevalence of any tobacco product use to 19.7% by the end of 2024. Youth use of tobacco products in 2020 was 25.6%, with use of vaping products overwhelmingly more common than other types of tobacco products (Figure 12). Youth tobacco product use decreased 16% from 2018 due to declines in use of multiple tobacco product types.

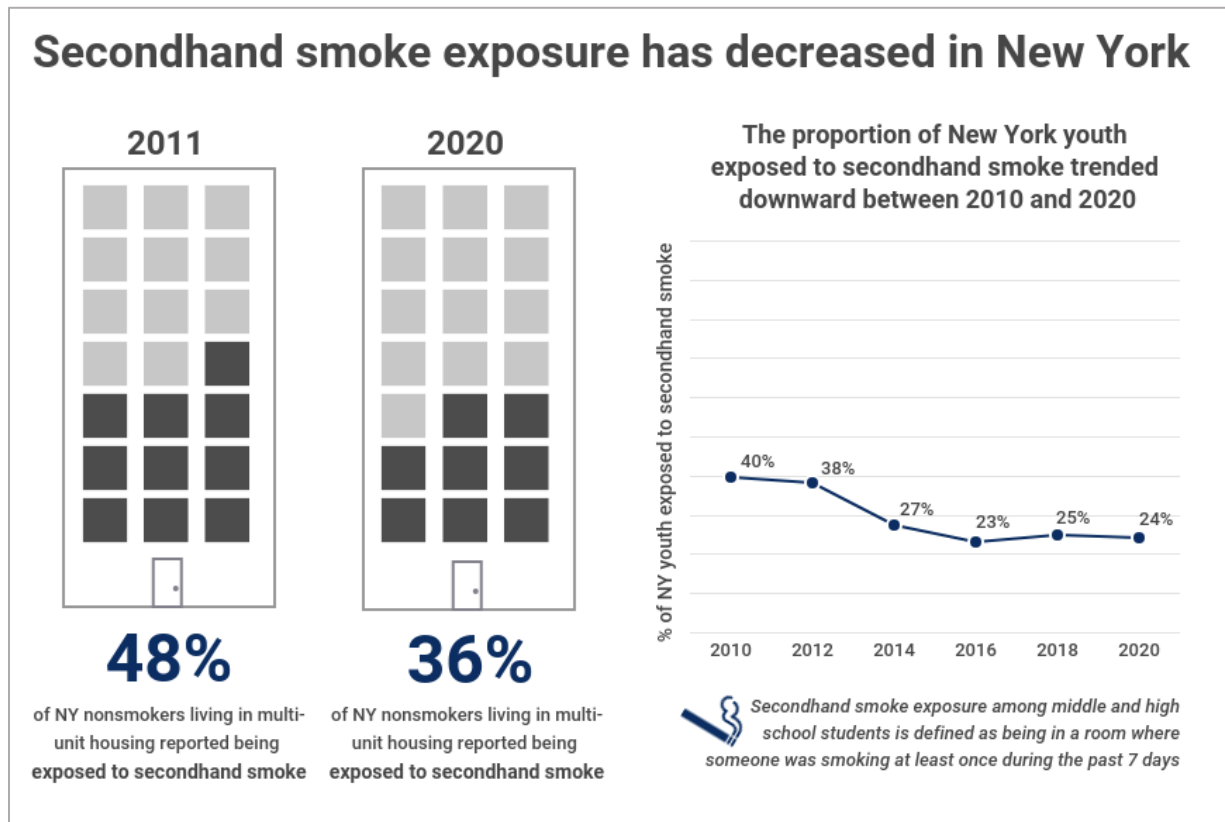
Figure 12. Percentage of New York High School Students Reporting Current Use of Any Tobacco Product, New York Youth Tobacco Survey, 2010–2020

Overall use of tobacco products has increased among NY high school students. This increase is driven by the use of **vaping products**.



Other Tobacco-related Measures

Secondhand smoke exposure. Secondhand smoke is the combination of smoke from a burning cigarette and the smoke exhaled by a smoker, which contains toxic chemicals and is associated with health harms for youth and adults. The 2019–2024 NYSDOH Prevention Agenda targets a reduction in secondhand smoke exposure among nonsmoking New York adults who live in multi-unit housing. Secondhand smoke exposure among nonsmokers in multi-unit housing has decreased by 25% over the past decade. Fewer youth reported past-week secondhand smoke exposure in 2020 than in 2010.



Tobacco control policy support. New York adults express support for tobacco control policies, including smoke-free multi-unit housing policies and potential new policies that would ban the sale of flavored and menthol tobacco products, as well as policies that would limit the number of tobacco retailers (Figure 13). Support for these tobacco restrictions is higher in New York than in the United States in general.

Figure 13. Percentage of New York Adults Who Support Tobacco Control Policies compared to the United States. Source: New York Adult Tobacco Survey (NY) and National Adult Tobacco Survey (US).



New York adults are more likely than US adults overall to support tobacco control policies.

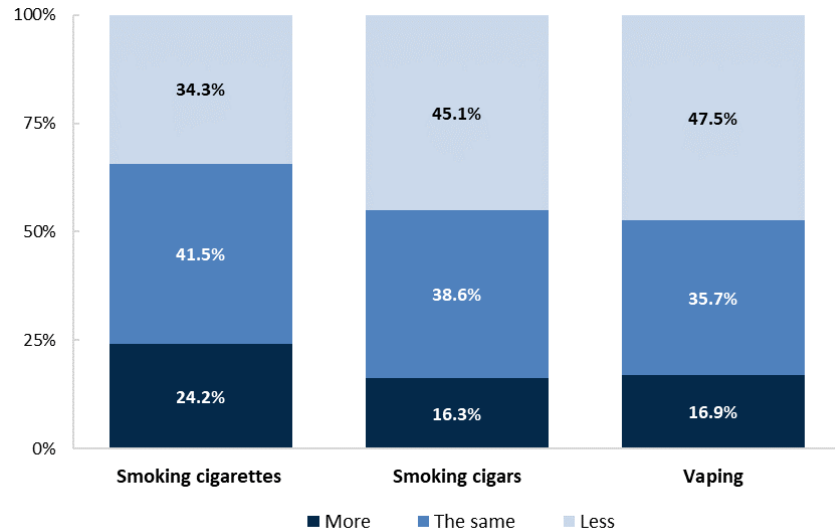
Tobacco Use and the COVID-19 Pandemic

The COVID-19 pandemic disrupted all aspects of life in 2020. We conducted a COVID-related survey in June and July 2020 that explored how tobacco use behaviors changed during the pandemic. Understanding tobacco use behaviors during the pandemic can inform NY TCP interventions.

Adult cigarette use, cigar use, and vaping during the pandemic.

More than one-third of New York cigarette smokers, cigar smokers, and vapers reported that their product use remained the same several months into the pandemic (Figure 14). Some used more frequently, perhaps due to stress and more time at home. However, a larger proportion used less, perhaps due to financial concerns, health concerns, and general disruptions due to the pandemic.

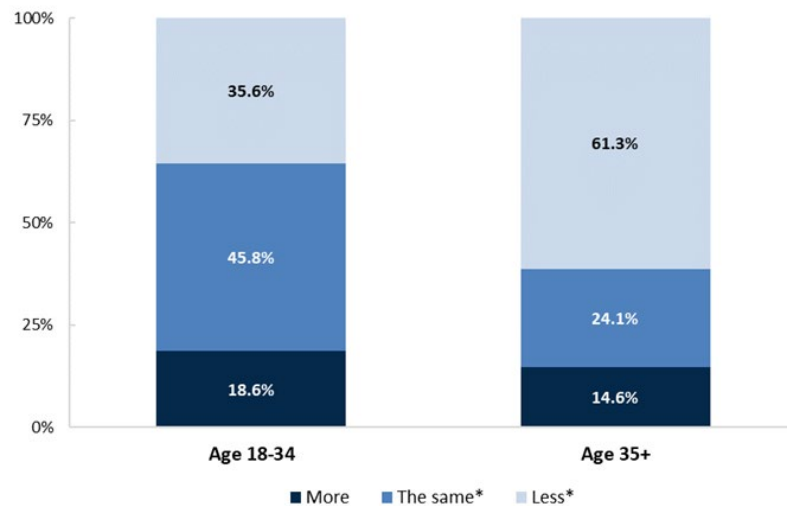
Figure 14. Percentage of New York Adults Reporting How Cigarette Use, Cigar Use, and Vaping Has Changed During the Coronavirus Crisis, NY COVID Survey, June-July 2020.



During the pandemic, most New York tobacco users reported a change in their use behaviors. Many reported using cigarettes, cigars, and vaping products less.

Changes in the use of some tobacco products during the pandemic varied by age. Almost half of New York adults aged 18-34 reported vaping about the same as they did before the COVID-19 pandemic. However, more than 60% of adults aged 35 and older reported vaping less during the pandemic (Figure 15).

Figure 15. Percentage of New York Adults Reporting How Their Vaping Use Has Changed During the Coronavirus Crisis, by Age, NY COVID Survey, June-July 2020.



New York adults aged 35 and older vaped less during the pandemic than adults aged 18-34. Younger adults were more likely to vape the same amount as before the pandemic.

Discussion

NY TCP built its programmatic approach on evidence in the field of tobacco control and surveillance and evaluation data regarding tobacco use in the state. NY TCP applies its evidence-based approach to achieve its goals: preventing the initiation of tobacco use, promoting cessation, eliminating exposure to secondhand smoke, and reducing smoking-related disparities.

The prevalence of adult smoking in New York was 12.0% in 2020, continuing a gradual decline in recent years. The prevalence of smoking in New York in 2020 was statistically similar to the national rate of 13.0% as it has been in recent years. Consistent with the gradual change in smoking prevalence, the prevalence of smokers making a quit attempt in the past year has remained stable and similar to the prevalence nationally, at roughly half of smokers. The prevalence of youth smoking remains at historically low levels, at only 2.4% of high school students and 1.0% of middle school students. However, with per capita funding for tobacco control falling below the national average funding level, it is not surprising that the trends in overall smoking prevalence are similar in New York and nationally.

Although the overall prevalence of smoking represents a historic low, there are populations with disproportionately high smoking prevalence, such as adults experiencing frequent mental distress, those with low income and/or educational attainment, those living with a disability, and those with no insurance or Medicaid beneficiaries. In contrast to the progress in reducing adult and youth smoking prevalence, the prevalence of cigar use has increased since 2010 in New York and nationally. As of 2020, about one in twelve adults currently smoke any type of cigar, and cigar use is much more common among young adults. The prevalence of cigar use remains low among youth, but it is now higher than cigarette smoking. Additionally, current use of blunts (cigars with cannabis) was 4% among middle school students and 16% among high school students in 2020.





The prevalence of vaping among adults has increased since 2010, and was 6.5% in 2020. In contrast, New York high school student vaping increased dramatically from 2014 in New York to 22.5% in 2020, which is similar to the national rate. Additionally, vaping of cannabis raises new public health questions about the intersection of tobacco and cannabis use.

Given the changing patterns of tobacco use among in New York, especially the increased rates of vaping among youth and cigar smoking among adults, NY TCP must implement new and ongoing strategies to minimize the burden of tobacco in the state. The Program's work continues to be relevant and critical, as youth use of vaping products remains high, adult smokers who want to quit smoking struggle with addiction, the tobacco product landscape shifts, and the effects of tobacco use continue to harm New Yorkers.

Programmatic Recommendations

Overall recommendations

- Increase funding to 50% of CDC's recommended funding level for the state (which would result in Program funding of \$101.5 million). At minimum, ensure NY TCP's annual available funding equals the amount allocated by the state legislature. In FY 2021-2022, the funding limit set by the NYS Division of Budget was \$5 million less than the amount allocated to the Program by the state legislature
 - Increasing funds would:
 - Allow media campaigns to reach more New Yorkers
 - Increase Program and grantee capacity
 - Facilitate addressing youth vaping with messaging and policy efforts
 - Bolster surveillance and evaluation efforts
- Continue to refine the program's approach to reach smokers with disproportionately high rates of smoking, especially adults who have low income and who experience frequent mental distress.
- Develop a strategic plan for addressing tobacco and cannabis co-use, in collaboration with the New York Office of Cannabis Management.

Health communications recommendations

- Acknowledging that the funds available for media severely limit the Program's ability to meet CDC reach and awareness targets, focus the Program's paid media campaign efforts on high-impact advertisements, those that graphically depict the health consequences of smoking or elicit strong negative emotions.
- Shift more resources to digital media and away from broadcast television, consistent with consumers' shift in preferences for streaming media.

Health systems recommendations

- Refine the approach of health systems grantees and revisit the intervention's measures of success following the pandemic and contract disruptions experienced during 2020.
- Collaborate with the New York State Medicaid program to conduct additional educational efforts targeting enrollees and providers to promote awareness and use of Medicaid smoking cessation benefits.

Statewide and community recommendations

- Encourage restrictions on the sale of all flavored tobacco products, including menthol cigarettes and flavored cigars and cigarillos. More comprehensive flavor restrictions will reduce the appeal of tobacco products, especially among youth.
- Continue to integrate a health equity approach in grantees' work that recognizes the root causes that contribute to health disparities.

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Appendix A: 2019–2024 NYSDOH Prevention Agenda: Tobacco Prevention

Goals and Objectives	Data Source	Baseline Estimate (year)	Current Estimate (2020)	Target Estimate (2024)
3.1 Prevent Initiation of Tobacco Use				
3.1.1 Decrease the prevalence of any tobacco use by high school students	NYS YTS	25.4% (2016)	25.6%	19.7%
3.1.2 Decrease the prevalence of combustible cigarette use by high school students	NYS YTS	4.3% (2016)	2.4%	3.3%
3.1.3 Decrease the prevalence of vaping product use by high school students	NYS YTS	20.6% (2016)	22.5%	15.9%
3.1.4 Decrease the prevalence of combustible cigarette use by young adults age 18–24 years	BRFSS	11.7% (2016)	5.5%	9.1%
3.1.5 Decrease the prevalence of vaping product use by young adults age 18–24 years	BRFSS	9.1% (2016)	10.6%	7.0%
3.1.6 Increase the number of municipalities that adopt retail environment policies, including those that restrict the density of tobacco retailers, keep the price of tobacco products high, and prohibit the sale of flavored tobacco products	CAT	15 (2018)	24	30
3.2 Promote Tobacco Use Cessation				
3.2.1 Increase the percentage of smokers who received assistance from their health care provider to quit smoking by 13.1% from 53.1% (2017) to 60.1%.	NYS ATS	53.1% (2017)	53.3%	60.1%
3.2.2 Decrease the prevalence of cigarette smoking by adults ages 18 years and older (among all adults)	BRFSS	14.2% (2016)	12.0%	11.0%
3.2.3 Decrease the prevalence of cigarette smoking by adults ages 18 years and older (among adults with income less than \$25,000)	BRFSS	19.8% (2016)	20.0%	15.3%
3.2.4 Decrease the prevalence of cigarette smoking by adults ages 18 years and older (among adults with less than a high school education)	BRFSS	19.2% (2016)	19.0%	14.9%

Goals and Objectives	Data Source	Baseline Estimate (year)	Current Estimate (2020)	Target Estimate (2024)
3.2.5 Decrease the prevalence of cigarette smoking by adults ages 18 years and older (among adults reporting frequent mental distress)	BRFSS	26.0% (2016)	19.7%	20.1%
3.2.6 Decrease the prevalence of cigarette smoking by adults ages 18 years and older (among adults who self-identify as LGBT)	BRFSS	19.3% (2016)*	15.4%	14.9%
3.2.7 Decrease the prevalence of cigarette smoking by adults ages 18 years and older (among adults who are living with any disability)	BRFSS	20.1% (2016)	17.4%	15.6%
3.2.8 Increase the utilization of smoking cessation benefits (counseling and/or medications) among smokers who are enrolled in any Medicaid* program	Medicaid Program	20.5% (2016)	19.9%	26.2%
3.3 Eliminate Exposure to Secondhand Smoke				
3.3.1 Decrease the percentage of adults (non-smokers) living in multi-unit housing who were exposed to secondhand smoke in their homes	NYS ATS	35.2% (2017)	36.0%	27.2%
3.3.2 Decrease the percentage of youth (middle and high school students) who were in a room where someone was smoking on at least 1 day in the past 7 days	NYS YTS	23.1% (2016)	24.0%	17.9%
3.3.3 Increase the number of multi-unit housing units (focus should be on housing with higher number of units) that adopt a smoke-free policy by 5000 units each year	CAT		Average of 10,471 units per year (2017-2020)	

BRFSS=Behavioral Risk Factor Surveillance System; CAT=Community Activity Tracking; NYS ATS=New York State Adult Tobacco Survey; NYS YTS=New York State Youth Tobacco Survey; LGBT=Lesbian, Gay, Bisexual, and Transgender

* Pooled data from 2014–2016

Appendix B: Technical Details

This appendix provides some additional technical information regarding the figures used in this report. Dotted lines in trend graphs indicate changes in methodology that limit the comparability of estimates from year to year, although indications of statistically significant trends have accounted for methodological changes.

Additional Technical Details for Report Figures

Figure (Thumbnail Image)	Figure Title and Technical Details
	<p>Figure 1. Percentage of Percentage of Adults Who Currently Smoke in New York (Behavioral Risk Factor Surveillance System) and Nationally (National Health Interview Survey), 2010-2020.</p> <ul style="list-style-type: none"> There is a statistically significant downward trend in smoking prevalence from 2010 to 2020 among adults in New York State and in the United States.
	<p>Figure 2. Percentage of Adults Who Currently Smoke in New York, by Demographic Characteristics, Behavioral Risk Factor Surveillance System, 2020.</p> <ul style="list-style-type: none"> Prevalence of smoking differs significantly by disability status, income, education, and mental health. Those not living with a disability have a lower smoking prevalence than those living with a disability. Those earning \$50,000 or more have lower smoking prevalence than those earning less than \$50,000. Those earning \$25,000-\$49,999 also have lower smoking prevalence than those earning less than \$25,000. Those with a college degree or higher have lower smoking prevalence than those with less than a high school education, those with a high school diploma or GED, and those with some college experience. Those with some college experience also have a lower smoking prevalence than those with less than a high school education. Those not experiencing frequent mental distress have a lower smoking prevalence than those who experience frequent mental distress.

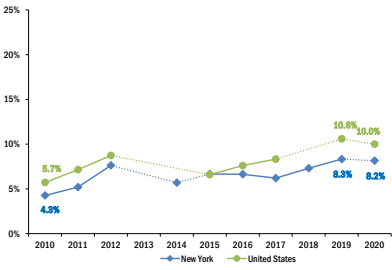
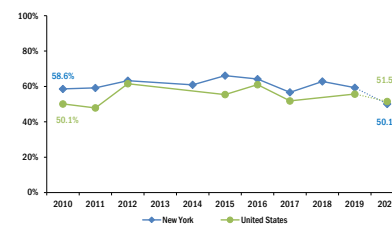
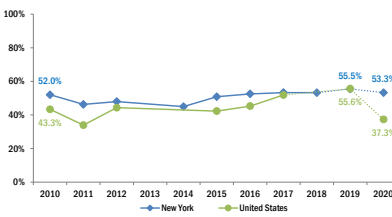
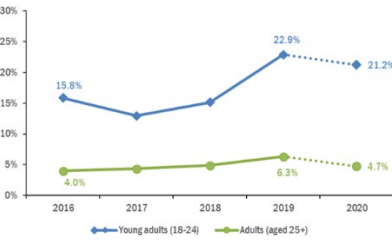
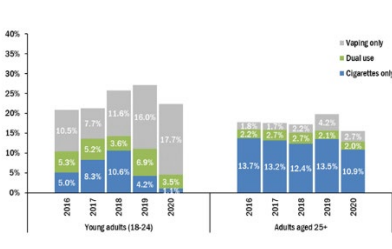
Figure (Thumbnail Image)	Figure Title and Technical Details
	<p>Figure 3. Percentage of Adults Who Currently Smoke Cigars, New York Adult Tobacco Survey, 2010–2020, and National Adult Tobacco Survey, 2010–2020.</p> <ul style="list-style-type: none"> There is a statistically significant upward trend in current cigar use among adults in New York and the United States. Since Quarter 4, 2011, data include “rarely” as an additional response option for current cigar use in addition to “Every day,” “Some days,” and “Not at all.” Beginning in 2019, cigar use is defined using two questions: “Do you now use traditional cigars, every day, some days, rarely, or not at all?,” and “Do you now use cigarillos or little filtered cigars, every day, some days, rarely, or not at all?”
	<p>Figure 4. Percentage of Adult Smokers Who Made a Quit Attempt in the Past 12 Months, New York Adult Tobacco Survey, 2010–2020, and National Adult Tobacco Survey, 2010–2020.</p>
	<p>Figure 5. Percentage of Adult Smokers Who Report That Their Health Care Provider Assisted Them with Smoking Cessation in the Past 12 Months, New York Adult Tobacco Survey, 2010–2020, and National Adult Tobacco Survey, 2010–2020.</p>
	<p>Figure 6. Percentage of Young Adults (18-24) and Adults (aged 25+) Who Currently Vape, New York Adult Tobacco Survey, 2016–2020</p>
	<p>Figure 7. Percentage of Young Adults (18-24) and Adults (Aged 25+) Who Use Cigarettes Only, Vaping Products Only, Or Both, New York Adult Tobacco Survey, 2016–2020</p>

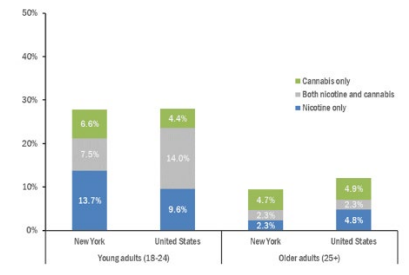
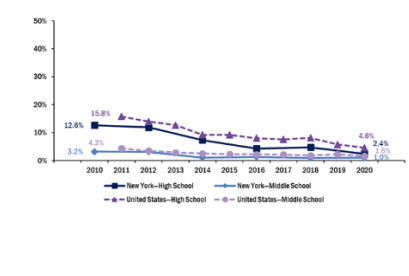
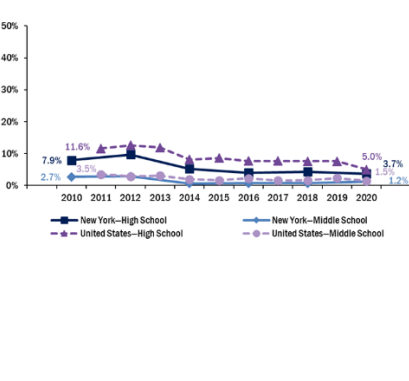
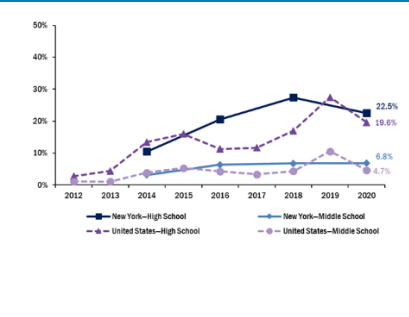
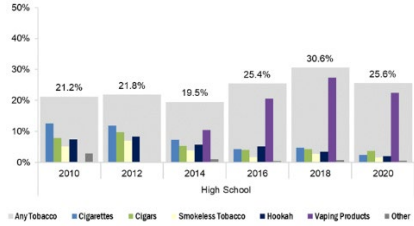
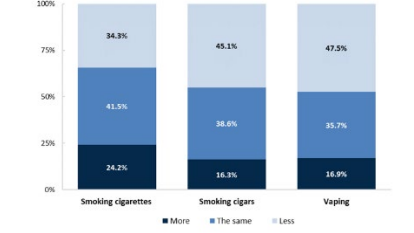
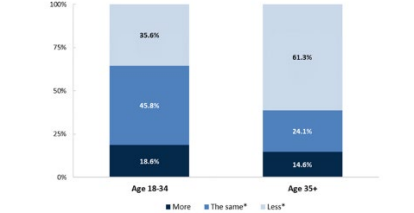
Figure (Thumbnail Image)	Figure Title and Technical Details
 <p>A stacked bar chart comparing vaping habits between New York and the United States, split into two age groups: Young adults (18-24) and Older adults (25+). The y-axis represents the percentage from 0% to 50%. The legend indicates three categories: Nicotine only (blue), Cannabis only (green), and Both nicotine and cannabis (grey). For Young adults, New York shows 13.7% nicotine only, 7.5% both, and 8.6% cannabis only, totaling 29.8%. The United States shows 9.6% nicotine only, 14.0% both, and 4.4% cannabis only, totaling 28.0%. For Older adults, New York shows 2.3% nicotine only, 2.3% both, and 4.7% cannabis only, totaling 9.3%. The United States shows 4.8% nicotine only, 2.9% both, and 4.9% cannabis only, totaling 12.6%.</p>	<p>Figure 8. Percentage of New York and US Adults Who Vape Reporting Vaping Nicotine Only, Cannabis Only, Or Both, By Age Group, New York Adult Tobacco Survey, 2010–2020, and National Adult Tobacco Survey, 2020</p>
 <p>A line chart showing the percentage of middle and high school students who currently smoke cigarettes from 2010 to 2020. The y-axis ranges from 0% to 50%. Four lines represent: New York-High School (solid blue), New York-Middle School (dashed blue), United States-High School (solid purple), and United States-Middle School (dashed purple). Data points are: 2010 (NY HS 12.6%, NY MS 4.2%, US HS 15.8%, US MS 3.2%), 2011 (NY HS 12.6%, NY MS 4.2%, US HS 15.8%, US MS 3.2%), 2012 (NY HS 12.6%, NY MS 4.2%, US HS 15.8%, US MS 3.2%), 2013 (NY HS 12.6%, NY MS 4.2%, US HS 15.8%, US MS 3.2%), 2014 (NY HS 12.6%, NY MS 4.2%, US HS 15.8%, US MS 3.2%), 2015 (NY HS 12.6%, NY MS 4.2%, US HS 15.8%, US MS 3.2%), 2016 (NY HS 12.6%, NY MS 4.2%, US HS 15.8%, US MS 3.2%), 2017 (NY HS 12.6%, NY MS 4.2%, US HS 15.8%, US MS 3.2%), 2018 (NY HS 12.6%, NY MS 4.2%, US HS 15.8%, US MS 3.2%), 2019 (NY HS 12.6%, NY MS 4.2%, US HS 15.8%, US MS 3.2%), 2020 (NY HS 4.8%, NY MS 1.2%, US HS 4.8%, US MS 1.2%).</p>	<p>Figure 9. Percentage of Middle and High School Students Who Currently Smoke Cigarettes in New York and Nationally, New York Youth Tobacco Survey, 2010–2020, and National Youth Tobacco Survey, 2011–2020.</p> <ul style="list-style-type: none"> There is a statistically significant downward trend among middle and high school students in New York and in the United States.
 <p>A line chart showing the percentage of middle and high school students who currently smoke cigars from 2010 to 2020. The y-axis ranges from 0% to 50%. Four lines represent: New York-High School (solid blue), New York-Middle School (dashed blue), United States-High School (solid purple), and United States-Middle School (dashed purple). Data points are: 2010 (NY HS 7.9%, NY MS 2.7%, US HS 11.6%, US MS 3.5%), 2011 (NY HS 7.9%, NY MS 2.7%, US HS 11.6%, US MS 3.5%), 2012 (NY HS 7.9%, NY MS 2.7%, US HS 11.6%, US MS 3.5%), 2013 (NY HS 7.9%, NY MS 2.7%, US HS 11.6%, US MS 3.5%), 2014 (NY HS 7.9%, NY MS 2.7%, US HS 11.6%, US MS 3.5%), 2015 (NY HS 7.9%, NY MS 2.7%, US HS 11.6%, US MS 3.5%), 2016 (NY HS 7.9%, NY MS 2.7%, US HS 11.6%, US MS 3.5%), 2017 (NY HS 7.9%, NY MS 2.7%, US HS 11.6%, US MS 3.5%), 2018 (NY HS 7.9%, NY MS 2.7%, US HS 11.6%, US MS 3.5%), 2019 (NY HS 7.9%, NY MS 2.7%, US HS 11.6%, US MS 3.5%), 2020 (NY HS 5.0%, NY MS 3.7%, US HS 5.0%, US MS 3.7%).</p>	<p>Figure 10. Percentage of Middle and High School Students Who Currently Smoke Cigars in New York and Nationally, New York Youth Tobacco Survey, 2010–2020, and National Youth Tobacco Survey, 2011–2020.</p> <ul style="list-style-type: none"> There is a statistically significant downward trend among middle and high school students in New York and in the United States. Starting in 2014 for New York and 2011 for the United States, questions about other tobacco product use were combined into one current use question with separate response options for each product type.
 <p>A line chart showing the percentage of middle school students and high school students who currently vape from 2012 to 2020. The y-axis ranges from 0% to 50%. Four lines represent: New York-High School (solid blue), New York-Middle School (dashed blue), United States-High School (solid purple), and United States-Middle School (dashed purple). Data points are: 2012 (NY HS 7.9%, NY MS 2.7%, US HS 11.6%, US MS 3.5%), 2013 (NY HS 7.9%, NY MS 2.7%, US HS 11.6%, US MS 3.5%), 2014 (NY HS 7.9%, NY MS 2.7%, US HS 11.6%, US MS 3.5%), 2015 (NY HS 7.9%, NY MS 2.7%, US HS 11.6%, US MS 3.5%), 2016 (NY HS 7.9%, NY MS 2.7%, US HS 11.6%, US MS 3.5%), 2017 (NY HS 7.9%, NY MS 2.7%, US HS 11.6%, US MS 3.5%), 2018 (NY HS 7.9%, NY MS 2.7%, US HS 11.6%, US MS 3.5%), 2019 (NY HS 7.9%, NY MS 2.7%, US HS 11.6%, US MS 3.5%), 2020 (NY HS 22.5%, NY MS 6.8%, US HS 19.6%, US MS 4.7%).</p>	<p>Figure 11. Percentage of Middle Students and High School Students Who Currently Vape in New York and Nationally, New York Youth Tobacco Survey, 2014–2020, and National Youth Tobacco Survey, 2012–2020.</p> <ul style="list-style-type: none"> Current use is defined as self-reported vaping within the past 30 days, which includes youth who vape regularly and youth who vape less frequently but did vape recently, which puts them at risk of regular use.

Figure (Thumbnail Image)	Figure Title and Technical Details
	<p>Figure 12. Percentage of New York High School Students Reporting Current Use of Any Tobacco Product, New York Youth Tobacco Survey, 2010–2020</p> <ul style="list-style-type: none"> There is a statistically significant upward trend in current use of any tobacco product among New York high school students. Current tobacco use is defined by indicating use of cigarettes, cigars (large cigars, cigarillos, or little cigars), smokeless tobacco (chew, snuff, dip, snus, or dissolvable), hookah (or waterpipe), vaping products, or other tobacco products (pipe, bidi, or kretek) on 1 or more days in the past 30 days. Survey questions addressing various tobacco products have varied over time; specifically, data regarding vaping product use were first available in 2014, hookah use data were first available in 2008, bidi and kretek use data were available from 2000 to 2010, pipe use data were available for all years except 2010 and 2012, snus use data were available in 2012, and dissolvable use data were first available in 2014.
	<p>Figure 13. Percentage of New York Adults Who Support Tobacco Control Policies compared to the United States. Source: New York Adult Tobacco Survey (NY) and National Adult Tobacco Survey (US).</p> <ul style="list-style-type: none"> In 2020, adults in New York were more likely than US adults to support policies limiting the number of tobacco retailers, banning smoking in multiunit housing, banning the sale of flavored tobacco products other than menthol, and banning the sale of menthol cigarettes ($p < 0.05$).
	<p>Figure 14. Percentage of New York Adults Reporting How Cigarette Use, Cigar Use, and Vaping Has Changed During the Coronavirus Crisis, NY COVID Survey, June-July 2020.</p>
	<p>Figure 15. Percentage of New York Adults Reporting How Their Vaping Use Has Changed During the Coronavirus Crisis, by Age, NY COVID Survey, June-July 2020.</p> <ul style="list-style-type: none"> The percentage of adults reporting vaping less since the coronavirus crisis was higher for respondents aged 35+ (61.3%) than those aged 18–34 (35.6%).



**Department
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