



Little Cigar Prevention Initiative

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Introduction

Tobacco use is the single most preventable cause of death in the United States.¹ Evidence highlights tobacco use's prevalence among today's youth. 25.6% of high school students reported using some type of tobacco products.² Actually, 19% of high schools students in 2009 reported they are current cigarette users and 14% reported they were current cigar users.³ According to the CDC, cigar smoking is now the second most common form of tobacco use among youth.¹

The Problem

Cigar use has increased in popularity among youth and young over the past ten years. The influx of endorsements by celebrities, product placement in movies, and development of cigar-friendly magazines all attribute to cigars' popularity. Specifically, there has been an increase in consumption in little cigars use (240 percent increase) and cigarillos use (150 percent).^{4,5,6} Little cigars are any cigar weighing not more than three pounds per thousand cigars, and resemble cigarettes, but they are wrapped in tobacco leaf. Cigarillos are longer, slimmer versions of a large cigar. Cigarillos weigh between three and ten pound per thousand cigars.⁷

Cigarillos and little cigars have a higher prevalence in African American communities. In 2007, the CDC reported that an estimated 5.4 percent of Americans, 12 years of age or older were current cigar users. For adults aged 18 years and older, and estimated 7.3

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percent of African Americans were current cigars smokers with you adults, aged 18-25 having the highest cigar rate of any age group.^{8,9}

The Youth Risk Behavior Surveillance System (YRBSS) reports that 14.0% of students smoked cigars, cigarillos, or little cigars. The YRBSS provides information about the percentage of high school students who engage in risky behaviors. Nationally, the prevalence of current cigar use is higher among males (18.6%) than females (8.8%) students.²⁶

The Source

Many suggest that marketing practices of these cigar products help boost overall revenue and sales and at the same time increase consumption in African Americans. Youth are being exposed to advertisements that inflate their perception of availability of tobacco in their community. The disturbing component is that tobacco companies design these cigar products specifically for African American young adults. Low prices and candy flavors with the strong ties to urban culture are some underlying factors that contribute to the higher use in African American young adults.^{4,10-12}

The Ally

The community is the key component in mitigating youth tobacco use. The community can increase awareness of key little cigar issues, engage in the policy process regarding little cigar issues, and promote cessation efforts. Community involvement creates a sense of empowerment which in returns creates community leaders which can contribute to the de-normalization of little cigar attitudes. Through social planning, awareness efforts, and community organization change can be implement within communities devastated by tobacco use such as little

cigars and cigarillos that will encourage and facilitate community action at the grassroots level.^{13,14}

The Collaboration

Georgia State University Institute of Public Health (GSU IPH) and Southside Medical Center Accountable Communities Health Together (SMC ACHT) have worked with the City of Atlanta Neighborhood Planning Unit-V (NPU-V) community for the past six years. The NPU-V neighborhoods participating in this study have a population of 16,500, 96% African American, 68% have household incomes of less than \$25,000, and unemployment rate is 20%.

A current focus that has arisen from the collaboration is an effort to reduce little cigar and cigarillo use in the NPU-V. The program is known as the Little Cigar Prevention Initiative (LCPI). The primary objective of the collaboration is to engage the community into focus groups, forums, and action teams to: 1) Understand perceptions and use patterns of little cigars/cigarillos among African American young adults and youth 2) Educate the community about dangers of little cigars/cigarillos 3) Understand marketing mechanisms influencing use of little cigars/cigarillos 4) engage NPU-V neighborhoods for action to address marketing, use, and sale of little cigars/cigarillos towards young African Americans 5) Understand important implications for prevention and health promotion in this underserved community.

Little Cigar Prevention Initiative

There are three parts to LCPI. The first part of the intervention includes a community action team. The community action team consists of residents, ages 15-70, representing the six neighborhoods that make up NPU-V. The community action team participates in forums where participants learn information about health risk associated with little cigars, cigarillos, and other flavored tobacco products. The LCPI project staff has held several community action team meetings with the NPU-V community. In addition to forums, several programs, workshops, awareness seminars, training sessions around the dangers associated with little cigars/cigarillos and the negative effects of advertising and marketing of little cigars/cigarillos have been presented to the action team.

The second part of the intervention is the engagement of the community through focus groups. Focus groups will consist of residents, 18-34, representing the six neighborhoods that make up the NPU-V. The focus group will provide information about

the perceptions of little cigars/cigarillos among African American young adults and youth. Information received from the focused group will be used to create programs and address the needs for prevention and health promotion in this underserved community.

The third part of the intervention is a community leader evaluation. Thirty community leaders were successfully evaluated which led to insight on current knowledge, beliefs, and attitudes about little cigars among community leaders, stakeholders and others interested in the health of residents of Southwest Atlanta. In addition, the program team wanted to gauge the readiness of these community leaders to act as agents of change in their community. Participants were purposively chosen by soliciting names from community organizations in the NPU-V such as youth and young adult groups, parent-teacher organizations, churches, etc.

Rationale for the Policy Brief

There is need for evidence-based approaches to guide prevention efforts in NPU-V community around the issue of little cigars and cigarillos. The policy brief summarizes the current community evidence-based approaches to guide efforts in the NPU-V and provides recommendations will assist the community in creating a plan of action to engage the NPU-V while promoting prevention efforts associated with little cigars and cigarillos.

The knowledge to inform recommendations were assembled through the following methods: literature review, conversations, success stories, evidence based community practices, and work in the NPU-V. Initial research began with an extensive search in electronic databases and library catalogues, bibliographies and reference lists for published systematic reviews to find resources and guidance documents related to tobacco use, tobacco prevention, little cigar use, and current cessation programs.

Community based interventions were identified evaluating a systematic review that summarized available literature on the issue of tobacco use, prevention, cessation, and controlled. Key areas were identified in the systematic review that would be most beneficial to implement in tobacco intervention programs.^{15,16} From these resources and the literature review, three recommendations were selected for inclusion in this document. The selected recommendations were most recurrent in the literature review and had the highest systematic review rating in both the Community Guide and Task Force. The logic for

the inclusion of only three recommendations was to provide greater focus on finding resources associated with these recommendations and implementation into communities. Experts in the community were contacted and conversations were held in great detail the conceptual framework for LCPI. The conceptual framework is found below.

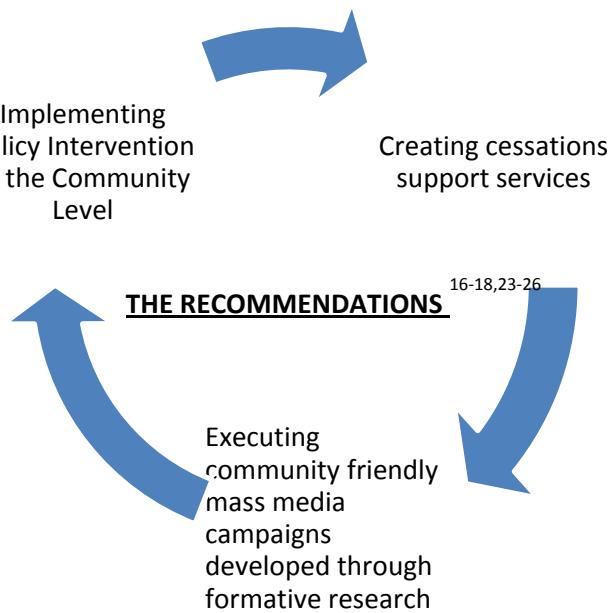
From these meetings and the initial research, the Break Free Alliance was discovered to be a valuable resource. The Break Free Alliance works with organizations that are primarily interested in addressing tobacco control efforts in low SES populations.

Conceptual Framework

The LCPI Working Model visually demonstrates how to improve behaviors, attitudes, and perceptions around little cigar and cigarillo in the NPU-V community.^{14,15} The model emphasizes self-help and development of community capabilities and cooperation (empowerment), community planning, community awareness in order to contribute to the de-normalization of little cigar attitudes and behaviors. This model further supports the recommendations that were found by the literature review, the Community Guide, and the Task Force.

Evidence Based Community Recommendations

Effective tobacco interventions are evidence-based community interventions.^{16,17,18} These interventions are well supported by the literature and suited for implementation at the community level. Tobacco prevention and control interventions can be duplicated and applied to a wide variety of tobacco issues i.e. little cigars and cigarillos. These interventions are the most effective in combinations. *Community mobilization*^{14,15,23-25} is a re-occurring theme across all three recommendations. Community planning and partnerships are critical to the success of these recommendations. Community mobilization will reinforce and support legislation. Once policies are adopted, the community is needed for the enforcement of the policies.



Policy Driven Interventions^{16-18,23-25} are proven to be very effective in tobacco prevention. Bans and restrictions limit access or exposure to tobacco because the tobacco message cannot be accessed. A program in the state of Maryland, *Empowering and Engaging Communities to Address Tobacco-Related Disparities* was developed by Maryland's Office of Minority Health and Health Disparities. The policy intervention component of the program provides evidence that can be used by program planners to analyze how this particular program was successful integrated tobacco control within

public health, primary care, social and human services in Maryland. Increasing the unit price of products^{16-18,23-26} make products less attractive, very effective in curbing smoking in African American males.¹⁹ Many states have adopted practices that incorporate increasing unit price of tobacco products in tobacco prevention at local, state, and national levels.

Engagement through the Media Messages^{16-18,23-25} are proven to be very effective because of the communication of anti-tobacco message through prevention through various forms of media mediums. The evidence suggest that media campaigns in combo with other intervention are even more effective especially brand preference, skewed perception, and cultural relevance is addressed. The Florida TRUTH program is a good model that demonstrates a strong media campaign.

Supporting the Community through Cessation^{16-18,22-25} is important to mediate young adult smoking. Successful cessation efforts include behavioral-related component to address the behavior of smoking, long term commitment to repetition, reinforcement, and practice to properly affect intentions and behaviors, combination with media message, avoidance of financial barriers, and a healthy and supportive environment. New Hampshire and Colorado are two states that are operating successful cessation programs. These programs focus on preventative methods and offer services to assist residents to quit smoking.

Conclusion

There is a dire need for community evidence-based approaches to little cigars and cigarillos. More research needed on how advertisement controls would increase or decrease rates of quitting smoking²⁰

The FDA needs to take the necessary steps to ensure that states are enforcing regulations.²¹ The literature does not readily provide resources that were available for use to support implementation of community based interventions focused on little cigar/cigarillo; however, these recommendations can be successfully implemented as intervention tools that can be used to combat little cigar and cigarillo use among youth and young adults because evidence supports effectiveness in overall tobacco intervention.

Recommendations can be used by the NPU-V community and ACHT to focus on increasing awareness of key little cigars and cigarillos issues while engaging in the policy process and promoting cessation efforts. The development of core community competencies through these recommendations will allow the community to : 1) empower residents and create community leaders 2) help ACHT de-normalize the attitudes and behaviors of little cigars and cigarillos the NPU-V 3) promote awareness and smoke free lifestyles and 4) education of dangers associated with little cigars and cigarillos. Evidence suggest that there is a serious problem of little cigar and cigarillo marketing and use African American communities.

The LCPI action team and ACHT have a social responsibility to identify and delineate all marketing

and use associated with little cigars and cigarillos in the NPU-V by mobilizing medical and cessation resources to support the community efforts to reinforce positive behaviors and attempts to quit.

Suggested Next Steps would include using LCPI as a model of engagement. LCPI needs to report further on how the community action team was engaged through community workshops, forums, and environmental scan activities. LCPI can share the protocols for the community action team and focus groups, so that other organizations can structure their programs appropriately. Community engagement creates a sense of empowerment which in returns creates community leaders.

Moreover, LCPI needs to create special little cigar and cigarillo preventative services that target African-Americans in their communities to combat tobacco companies' marketing techniques. LCPI's research can contribute to the overall gap in the literature regarding preventative services. LCPI can use the recommendations from this policy brief to help develop programs that will contribute to competencies that will mold preventative services.

LCPI can demonstrate its unique partnership with a Federally Qualified Health Center (Southside Medical Center) and demonstrate the greater access to cessation services especially since the Affordable Care Act will expand cessations services to both Medicare and Medicaid. These federally funded programs can assist in the fight of curbing little cigar and cigarillo use in the African American community.

Techniques should include aspects of policy intervention, mass media messages, and cessation efforts. In planning, remember there is no single approach or one size fit all method will adequately address the complex issue of little cigar and cigarillos within African-Americans communities including the NPU-V. Most importantly, more research needs to be invested in little cigars and cigarillos in order to fill in the gaps in the literature around this topic.

Bibliography

1. Centers for Disease Control and Prevention. (2010) Current Cigarette Smoking Among Adults Aged ≥18 Years --- United States, 2009. MMWR Morb Mortal Wkly Rep. Sept 35;59
2. National Youth Tobacco Survey (NYTS). (2006) Center for Disease Control. Smoking and Tobacco Usage. http://www.cdc.gov/tobacco/data_statistics/surveys/nyts/pdfs/indicators.pdf
3. Centers for Disease Control and Prevention. (2009) Cigarette brand preference among middle and high school students who are established smokers - United States, 2004 and 2006. MMWR Morb Mortal Wkly Rep. Feb 13;58
4. Maxwell JC. (2009) The Maxwell Report: Year End & Fourth Quarter 2008 Sales Estimates for the Cigarette Industry. Richmond, VA.
5. Delnevo C.D., & M. Hrywna. (2007). A Whole 'Nother Smoke or a Cigarette in Disguise: How R Reynolds Reframed the Image of Little Cigars. *American Journal of Public Health*. 97, 1368-1375.
6. American Legacy Foundation. (2009). *Little Cigar Consumption on the Rise, While Cigarette Use Declines*. Retrieved August 08, 2010, from <http://www.legacyforhealth.org/2933.aspx>.
7. Food and Drug Administration. (2009) Frequently Asked Questions on the Passage of the Family Smoking Prevention and Tobacco Control Act (FSPTCA). Retrieved October 2, 2010 from www.fda.gov/TobaccoProducts/NewsEvents/ucm173174.htm.
8. Centers for Disease Control and Prevention. (2007). Fact Sheet: Cigars. *Smoking and Tobacco Use*.
9. Jolly D.H. (2008) Exploring the use of little cigars by students at a historically black university. Prev Chronic Disease 5(3). Available: http://www.cdc.gov/pcd/issues/2008/jul/07_0157.htm.
10. Hickling, J. A. & C. L. Miller (2008). Cigarette pack and advertising displays at point of purchase: community demand for restrictions. International Journal of Consumer Studies. 32: 574-578.
11. Wakefield, M., Morley, C., Horan, J. & Cummings, K. (2002) The cigarette pack as image: new evidence from tobacco industry documents. *Tobacco Control*, 11 (1), i73-i80.
12. Malone RE, Yerger V, Pearson C. (2001) Cigar risk perceptions in focus groups of urban African American youth. *J Subst Abuse*. 13(4):549-61.
13. Assurance Tobacco Program Logic Model (2009) Florida Tobacco Program Logic Model. <http://www.doh.state.fl.us/compass/training/corefunctionsmap/assurance/floridatobaccologicmodel.htm>
14. Breslow, L. & G. Cengage (2002, 2006). Community Organization. *Encyclopedia of Public Health*. eNotes.com. Retrieved September 19 , 2010, from <http://www.enotes.com/public-health-encyclopedia/community-organization>
15. Ranney L, Melvin C, Lux L, McClain E, Morgan L, Lohr K. (2006). Tobacco Use: Prevention, Cessation, and Control. Evidence Report/Technology Assessment No. 140 (Prepared by the RTI International–University of North Carolina Evidence-Based Practice Center under Contract No. 290-02-0016). AHRQ Publication No. 06-E015. Rockville, MD: Agency for Healthcare Research and Quality.
16. Zaza S, Briss PA, Harris KW, eds (2005) Task Force on Community Preventive Services. *Tobacco. The Guide to Community Preventive Services: What Works to Promote Health?* Atlanta (GA): Oxford University Press :3-79.
17. Centers for Disease Control and Prevention. (2007) Best Practices for Comprehensive Tobacco Control Programs—2007. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.
18. Chaloupka F.J., & R.L. Pacula. (1999) Sex and race differences in young people's responsiveness to price and tobacco control policies. *Tobacco Control* 8:373-7.
19. Gostin, L.O. (2009). FDA Regulation of Tobacco: Politics, Law, and the Public's Health. *JAMA* 302.13: 1459-60.
20. O'Reilly, J. (2009). Fda regulation of tobacco: Blessing or curse for fda professionals?. *Food Drug Law J*, 64(3), 459.
21. Sussman, S. (2002). Effects of sixty six adolescent tobacco use cessation trials and seventeen prospective studies of self-initiated quitting. *Tobacco Induced Diseases*, 1, 35-81.
22. Guide to Community Preventive Services. (n.d.) Reducing tobacco use initiation: mass media campaigns when combined with other interventions. Retrieved August 31, 2010, from www.thecommunityguide.org/tobacco/initiation/massmediaeducation.html.
23. Guide to Community Preventive Services. (n.d.) Increasing tobacco use cessation: increasing unit price of tobacco products. Retrieved August 31, 2010, from www.thecommunityguide.org/tobacco/cessation/increasingprice.html.
24. Task Force on Community Preventive Services. (2001) Recommendations regarding interventions to reduce tobacco use and exposure to environmental tobacco smoke. *American Journal of Preventative Medicine*;20(2S):10-5.
25. Task Force on Community Preventive Services. (2001) Recommendations regarding interventions to reduce tobacco use and exposure to environmental tobacco smoke. *American Journal of Preventative Medicine* 20(2S):10-5.
26. Centers for Disease Control and Prevention. (2010) Youth Risk Behavior Surveillance — United States, 2009. MMWR. June 4: 59(SS-55). <http://www.cdc.gov/mmwr/pdf/ss/ss5905.pdf>