



**TOBACCO AND NICOTINE USE AND
HEALTH DISPARITIES:**

**HOW TO ADDRESS EQUITY ISSUES
THROUGH FDA ACTION**

***THE OPPORTUNITY THROUGH
FDA'S COMPREHENSIVE PLAN***

John Pritchard
Vice President, Regulatory Science

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STATISTICS ON TOBACCO-RELATED DISPARITIES

14 % National smoking prevalence¹



- ~30% People living with HIV
- ~30% People with mental health conditions
- ~20% People with disabilities
- ~15% African Americans
- ~20% LGBTQ
- ~20% Veterans
- ~25% American Indians/ Alaska Natives
- ~15% Hispanic Americans

THESE ARE NOT DATA POINTS THESE ARE PEOPLE AND COMMUNITIES



People with Mental Health Conditions¹

- Approximately 1 in 4 (or 25%) of adults in the U.S. have some form of mental illness or substance use disorder, and these adults consume almost 40% of all cigarettes smoked by adults overall.

American Indian/Alaska Native Peoples

- More American Indian/ Alaska Native women smoke during their last 3 months of pregnancy—26.0% compared to 14.3% of whites, 8.9% of African Americans, 3.4% of Hispanics, and 2.1% of Asians/Pacific Islanders

Sub-Groups within the Hispanic Population

- Puerto Rican 28.5%, Mexican 19.1% prevalence vs. “Hispanic” 16.6%

1. <https://www.cdc.gov/tobacco/disparities/index.htm>
2. Photo Credit CDC, CDC TIPS

TO ADDRESS HEALTH DISPARITIES WILL REQUIRE CHANGE TO CORE POLICY THAT WILL BENEFIT ALL



In a letter to U.S. Secretary of Health and Human Services, Xavier Becerra, in April 2021, U.S. Congresswoman Gwen Moore stated:

“The negative health effects of nicotine addiction and smoking fall more heavily on minority and low-income communities. Nowhere is this disparity greater than among low-income African Americans.”

“Smoking rates are as high as 40% in disadvantaged urban low-income African American communities.”

WAYS TO ADDRESS EQUITY ISSUES THROUGH FDA ACTIONS: THE OPPORTUNITY THROUGH FDA'S COMPREHENSIVE PLAN

“Minimally or non-addictive”
cigarette product standard



Improve access
to cessation
services



FDA

Regulated, high-quality
alternative nicotine products
for adults



High-focus on
youth smoking
prevention



“MINIMALLY OR NON-ADDICTIVE” CIGARETTE PRODUCT STANDARD: TACKLING ONE OF THE ROOT CAUSES OF HEALTH DISPARITIES

Following dozens of high-quality independent studies, the science is clear that reduced nicotine content cigarettes can:

- Reduce nicotine exposure and dependence
- Help adult smokers smoke fewer cigarettes per day
- Reduce the number of cigarettes smoked per day without compensatory smoking behavior
- Increase the number of smoke-free days
- Double quit attempts
- Have minimal or no withdrawal symptoms

“MINIMALLY OR NON-ADDICTIVE” CIGARETTE PRODUCT STANDARD: TACKLING ONE OF THE ROOT CAUSES OF HEALTH DISPARITIES

People with serious mental illness (SMI)

- A reduced nicotine standard for cigarettes would lower smoking rates and smoke exposure in smokers with SMI, without increasing psychiatric symptoms. (Tidey et al. 2019, Gaalema et al., 2019)
- “Policies to reduce these disparities are needed; reducing the nicotine content in cigarettes should be a policy focus.” (Higgins et al., 2019)

People living with HIV (PLWH)

- FDA mandating a nicotine-reduction policy for all cigarettes sold in the United States is one strategy that may be particularly beneficial to PLWH. (Denlinger-Apte et al., 2019)

In people with substance use disorder (SUD)

- Smokers receiving opioid agonist treatment may respond favorably to reduced nicotine content cigarettes. (Streck et al., 2020)
- There is no evidence that a very low nicotine content product standard would result in unintended consequences based on drinking history or when considering alcohol outcomes. (Dermondy et al., 2020)

Menthol

- Menthol [in cigarettes] does not have a differential impact on response to reduced nicotine content cigarettes across measures of economic demand, withdrawal/craving, or smoking topography. These results suggest that any potential beneficial effects of reduced nicotine content cigarettes should extend to menthol smokers including those especially vulnerable to smoking. (Davis et al., 2019)

FAST, DECISIVE ACTION IS NEEDED

FDA

- The FDA should immediately **issue the NPRM for a reduced nicotine content product standard**. The science is clear, the feasibility is established, and the need is great.
- **Nicotine Misperceptions**. It's not rocket science; **start the communication**. ***Cigarette addiction is the #1 problem***. These products will addict and kill half of all users when used as intended: quit to live longer and healthier lives or use alternative products.
- **Alternative products**. Lead the way, loudly, and hold everyone, including NGOs, to a **high standard of evidence-based communication**. Youth nicotine consumption is a serious issue; however, vaping is not killing millions a year worldwide, neither is smokeless tobacco, nor are MRTPs; ***its highly addictive cigarettes***.
- **Meet people where they are**. English, Spanish, Asian Languages, Sub-Continent languages as well as dialects, Middle Eastern languages and in a culturally relevant manner.

CONCLUDING REMARKS



- Cigarette addiction hits our minority and vulnerable communities hardest, intensifying health disparities
- The FDA’s Comprehensive Plan on Tobacco and Nicotine Regulation will have significant socio-economic benefits, as well as individual and population-level health benefits.
- Reducing nicotine content in cigarettes to “minimally or non-addictive” levels will play a part in reducing health disparities across our communities and vulnerable groups, as well as protecting future generations.

“OUR ASPIRATION CANNOT BE FOR EVERYONE TO BE EQUALLY ADDICTED, EQUALLY DYING OR EQUALLY DEAD; IT MUST BE FOR EVERYONE TO BE EQUALLY ALIVE.”

*John Pritchard, Vice President of Regulatory Science
22nd Century Group*