



NATIONAL TOBACCO REFORM INITIATIVE

Ending Adult Smoking by 2030

Summary of Comments on Draft Healthy People 2030 Tobacco Use Objectives

The National Tobacco Reform Initiative is an alliance of experienced public health professionals determined to bring renewed urgency to the challenge of reducing adult smoking, and the related burden of disease and premature death, as far and as rapidly as possible in the United States. Reductions in adult smoking offer the most immediately effective approach to reducing the unacceptably high incidence of tobacco-related disease. This document summarizes the full NTRI comments¹ on the twenty draft Healthy People 2030 tobacco-use objectives². NTRI's aim has been to make proposals to simplify the set of objectives, focus on what really matters for public health, avoid perverse incentives, and to try to 'future proof' the objectives - recognizing potentially significant shifts in the patterns of tobacco use and regulation by 2030.

1 Explicitly state the ultimate purpose of the tobacco-use objectives

The ultimate aim of these objectives should be made clear – the reduction of disease (principally cancer, cardiovascular disease and respiratory illness) and related premature death at the greatest possible rate. Most of tobacco policy is already geared to meeting these goals. If there are policy trade-offs with other possible objectives, for example reducing nicotine use, then these primary health goals should have primacy. We do not believe that there are circumstances that would justify accepting higher rates of disease and death in order to reduce nicotine use. In the case of cigarette smoking, these goals are aligned but in the case of non-combustible products, the concept of tobacco harm reduction may apply, and these goals could be in conflict. If other goals than disease and death are given primacy, then it would implicitly mean accepting higher rates of disease and more premature death to achieve a goal like reducing nicotine use, and we do not consider that to be an ethical approach.

2 The critical distinction in future is between combustible and non-combustible tobacco use

The objectives need to be relevant over the next decade, a period over which the tobacco/nicotine market will change considerably both in the diversity of products and complexity of use. Future-proofing the objectives is essential. For public health, the key distinction in characterization of tobacco/nicotine use is between combustible and non-combustible products – distinctions within these categories exist but what is most important for individual and public health is that those who need to or choose to use nicotine do so without inhaling smoke into their lungs. This distinction will become more important as the market evolves and diversifies over the next decade. We recommend, therefore, creating two broad classes of tobacco/nicotine products - combustible and non-combustible - and defining objectives for these aggregated categories, recognizing that complete substitution of high-risk combustion products by low-risk non-combustion products provides a material public health gain.

¹ National Tobacco Reform Initiative (NTRI) comments on draft Healthy People 2030 objectives, 11 January 2019 [\[link\]](#)

² Office of Disease Prevention and Health Promotion: Healthy People 2030 [\[link\]](#) Draft Tobacco-Use Objectives [\[link\]](#) 2018

3 The focus should be on reducing combustible use and avoiding unintended consequences from objectives for non-combustible use

In defining objectives, it is important not to create perverse incentives - for example, incentives that work against reducing smoking by discouraging people from switching to non-combustible products instead of smoking. The objectives for combustible products, including cigarettes, cigarillos, and roll-your-own (RYO) should always focus on reducing use and initiation. More nuance is necessary for non-combustible products, including e-cigarettes, smokeless tobacco, and modern oral tobacco products. Smokers who switch completely to a noncombustible product significantly reduce their individual risk of smoking-related diseases, contributing to the protection of public health. It follows that the Healthy People objectives should focus primarily, though not exclusively, on combustibles.

4 Reintroduce quantified objectives for leading indicators

The Healthy People 2020 objectives drew out two leading indicators and established quantified goals. These were: (1) to reduce adult cigarette smoking to 12% by 2020; and (2) to reduce past-30-day adolescent cigarette smoking to 16% by 2020. The adolescent goal has been reached and surpassed (7.6% in 2017) and it is likely that the adult objective will be met by 2020 (13.9% in 2017).

This sort of ambition should be retained in the 2030 objectives. However, we suggest the following changes to the design of these indicators:

- For both adults and adolescents focus on *any combustible product*, in combination or individually. This is because the patterns of tobacco use are likely to become more complex and diverse in the next decade. If there is regulatory intervention to reduce nicotine levels in cigarettes there may be switching to other combustibles. Use of combustible tobacco (“smoking”) is the most important risk behavior.
- For adults, focus on *daily* smoking as the lead indicator. Daily smoking is a sign of an entrenched, dependent behavior and involves substantially higher toxic exposures. Among adults, daily smoking is a much higher proportion of current smoking – about three-quarters of adult smokers are daily smokers.
- For adolescents, retain focus on *current* smoking (any past-30-day smoking). This is because current smoking is a marker for a more intense smoking later, developing into adult daily smoking. Adolescent daily smoking is a much lower proportion of current smoking (one-fifth) than adult daily smoking.
- Because there is a much larger *stock* of adult smokers, smoking prevalence will likely change at a slower rate than for adolescent smoking, which captures the *flow* of new smokers into the smoking population and is more volatile. We recommend setting a 2030 goal for adult smoking and a 2025 goal for adolescent smoking, with an objective for adolescent smoking in 2030 to be set by 2025.

It is a realistic ambition to reduce daily use of any combustible product [“daily smoking”] to 5% by 2030 for adults and reduce current use of any combustible tobacco product [“current smoking”] to 5% for adolescents by 2025. These two new objectives would capture the aspiration to substantially reduce the population burden of tobacco use – and would codify objectives most directly related to public health and non-communicable disease outcomes.

5 Introduce a harm-weighted index of tobacco-use to address non-combustible products

There is a case for creating new analytical measures to characterize the changing tobacco/nicotine market that would better characterize its overall impact on public health. This would mean creating a 'harm-

weighting' for each category of product (this could be as crude as a two-category combustible / non-combustible system or for each broad category of tobacco/nicotine product). There could also be weighting according to intensity of use - differentiating, for example between regular and occasional use. A harm-weighted tobacco use composite index could provide a valuable guide to changes in overall population risk over time and would be a good singular measure of the success of a comprehensive tobacco control policy.

Overall, the focus of the objectives should be primarily on reducing use of combustible tobacco products, especially regular use, by any legitimate means. Where non-combustibles are included, the key consideration should not be numbers of users, but potential population harm or risk – including whether such products are substituting for combustible use. This would be consistent with the legal framework for tobacco control, the Tobacco Control Act, which stresses population risk as the primary concern of policy-makers. A harm-weighted index of tobacco use could have many uses – for example in pre-market tobacco applications.

6 The objectives should focus on behavioral outcomes, not policy implementation

It is questionable whether the Healthy People objectives should include policy implementation (TU-2030-[14, 15, 18, 20]). This is a matter for legislatures and, as with all policies, it involves multiple considerations, may require value judgments, some of which are political and fall outside the remit of Healthy People. The focus should be on public health outcomes - targets focused on the ends rather than the means. We recommend dropping policy objectives, especially where these are state responsibilities or have wider or potential unintended consequences.

7 Set goals to align relative risk perceptions more closely to reality

The public perceptions of relative risk and understanding of the continuum of risk are very poor and most of the public believe that e-cigarettes and smokeless tobacco are more harmful than would be suggested by an objective assessment of the scientific evidence. For example, in the NCI HINTS survey³ only 2.6% of adults believe that e-cigarettes are much less harmful than cigarettes and only 11% of adults believe smokeless tobacco is less harmful than cigarettes, and over 50% of adults agree or strongly agree that nicotine is the primary cancer-causing agent in cigarette smoke. These misperceptions are harmful because they are likely to mean that some people continue using the most harmful tobacco products when they may, if better informed, use products that are much lower risk. CDC and FDA as the prime federal public health agencies should be aiming to align public risk perceptions with expert assessment of the evidence and thereby support informed choice. The aim should be for a significant majority (two-thirds) of adults to have risk perceptions that align with realistic scientific assessment: that smokeless tobacco and e-cigarettes are *much less harmful* than cigarettes and nicotine is not the primary harmful agent in tobacco smoke (or vapor).

8 Rationalize the tobacco use objective set

The number of objectives can be reduced substantially by focussing on the broad category 'use of any combustible tobacco product' and 'harm-weighted overall tobacco use' as a way of including non-combustible tobacco products in the Healthy People 2030 framework. The objectives should also be rationalized to focus on behavioral outcomes or intermediate outcomes like smoking cessation activity, rather than on particular policies.

³ National Cancer Institute, Health Information National Trends Survey 2018. E-cigarettes compared to cigarettes [\[link\]](#); E-cigarettes harm to health [\[link\]](#); Smokeless tobacco compared to cigarettes [\[link\]](#); Nicotine as a cause of cancer [\[link\]](#)