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Little cigars and cigarillos are becoming yet another gateway to tobacco addiction among youth and young adults, particularly among younger black/African Americans in Cleveland. As many as one in five (22.0%) black/African Americans age 18 to 29 smoke little cigars. These estimates are based on new analyses of data from the Cleveland-Cuyahoga County Behavioral Risk Factor Surveillance Survey (BRFSS). More than 6,300 Cleveland residents participated in five years of surveys. This data brief is focused on the prevalence of little cigar use among Cleveland adults.

In the past twenty years, sales and use of little cigars have been among the fastest growing segment of the tobacco marketplace.<sup>1-2</sup> Cigars are taxed much less than cigarettes and are, ounce for ounce, a cheaper alternative.<sup>3</sup> Besides the cheaper price for little cigars, seductive flavors like bubble gum, cherry, vanilla, chocolate and grape, make these tobacco products more attractive to youth. Studies have shown that youth and younger men, especially black/African American, are the largest consumers of little cigars.<sup>4-6</sup> However, these users may not realize that the health dangers from cigars are as bad or worse than cigarettes.<sup>4,7,8,9</sup>

Local data shows that 7.1% of Cleveland adults reported use of little cigars, including Black 'N' Milds, Swisher Sweets® and others,

in the past 30 days (i.e. current use), although more interesting trends emerge when prevalence is examined across demographic characteristics (Table 1). Little cigars are used more among males compared to females (9.6% vs. 4.8%) and significantly more among black/African Americans compared to whites (9.2% vs. 4.0%).

Little cigar use is also much more common among young adults age 18 to 29 compared to any other age groups. More than one in every six, or 17.8%, Cleveland young adults reported current use of little cigars when surveyed during the five study years. The prevalence of little cigar use dropped to about one in sixteen (6.8%) among 30 to 49 year old adults and almost one in thirty-two (3.2%) among those 50 to 64 years old.

***“More than one in six young adults in Cleveland smoked little cigars or cigarillos in the past 30 days.”***

In addition, little cigar use in adults is significantly more common among those lacking a high school diploma or GED. This is consistent with lower education being associated with greater cigarette use.

In Cleveland, black/African American males are more than twice as likely to use little cigars than black/African American females (13.5% vs. 5.8%) as are white males compared to white females (6.2% vs. 1.9%).

The starkest difference is observed by race and age. More than one in five, or 22.0%, of black/African American young adults (18 to 29

# Little Cigars In Cleveland



years old) use little cigars compared to only 5.7% of older (30+ years) black/African American (see Table 1).

### Potential impact

Little cigars and cigarillos contain all of the same toxins and carcinogens as cigarettes. Cigar users generally expose themselves to more tobacco smoke than cigarette smokers due to the diameter of cigars compared to cigarettes, potentially increasing the risk of lung and bronchus, oral, and esophageal cancers. More and more, little cigars and cigarillos are being inhaled like a cigarette, further increasing risk for respiratory diseases. Regardless of how the cigars are smoked, cigar users expose their lips, tongue and throat to toxins and carcinogens.

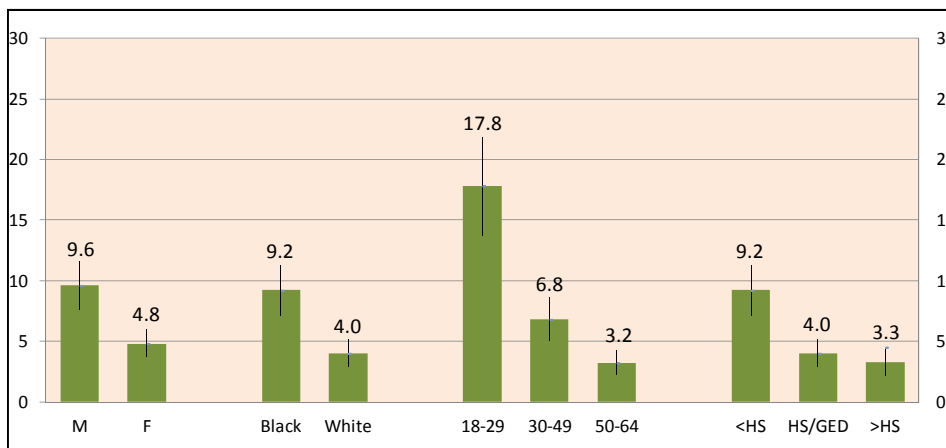
### Little cigar use starts in school

Given the popularity of cigar use among young adults, it is no surprise that many of these smokers have young children in their home (see Table 1), increasing secondhand smoke exposure. These young children may also view cigar use as “okay”, especially if seeing a parent use cigars.

In the 2012 Youth Risk Behavioral Survey (YRBS) of local middle schools, more than one in seven (13.8%) 7th and 8th grade students in the Cleveland Metropolitan School District (CMSD) K-8 schools smoked cigars, little cigars or cigarillos in the past 30 days.<sup>10</sup> In 2011, YRBS data showed that 19.5% of CMSD high school students, or almost one in five, were current cigars or little cigars smokers compared to only 8.6%, or one in eleven, that were current cigarette smokers.<sup>9</sup> Taken together, little and flavored cigar use is the favored gateway drug to nicotine addiction among youth and has gained a solid foothold among young adults.

## Prevalence (%) of current Little Cigar Use among Cleveland Adults, 2005-2009 BRFSS

Figure 1: Prevalence (bars) and 95% confidence interval (lines) for Demographic Characteristics





## What are cigars, cigarillos, and little cigars?

The picture to the left helps to show the differences between a traditional cigarette and cigar products. The main difference between a cigarette and cigar products is the wrapper; any product that includes any tobacco in the wrapper is considered a cigar. Cigarettes are regulated by the US Food and Drug Administration (FDA), which sets standards on cigarette components, requires sales in packs of twenty, and has banned flavorings. Cigar products are currently not regulated by the FDA.

**Table 1 Little Cigar Use by Demographic Characteristics**

Demographics	Prevalence	95% Conf. Interval
Total	7.1%	(5.9, 8.2%)
<b>Gender</b>		
Male	9.6%	(7.6-11.6%)
Female	4.8%	(3.7-6.0%)
<b>Race</b>		
Black/Afr Am	9.0%	(7.1-11.3%)
White	4.0%	(2.9-5.2%)
<b>Age (years)</b>		
18-29	17.8%	(13.7-21.8%)
30-49	6.8%	(5.0-8.6%)
50-64	3.2%	(2.2-4.2%)
65+	*	
<b>By Race and Sex</b>		
Black/Afr Am Male	13.5%	(9.4-17.7%)
Black/Afr Am Female	5.8%	(4.1-7.6%)
White Male	6.2%	(4.2-8.2%)
White Female	1.9%	(0.9-2.9%)
<b>By Age and Race</b>		
18-29 yo Black/Afr Am	22.0%	(15.0-29.0%)
30+ Black/Afr Am	5.7%	(3.9-7.5%)
18-29 White	*	
30+ White	2.9%	(1.9-3.9%)
<b>Education</b>		
<HS	9.2%	(7.1-11.3%)
HS/GED	4.0%	(2.9-5.2%)
>HS	3.3%	(2.1-4.5%)
<b>Children in home</b>		
Yes	8.6%	(5.5-11.7%)
No	5.6%	(3.4-7.7%)

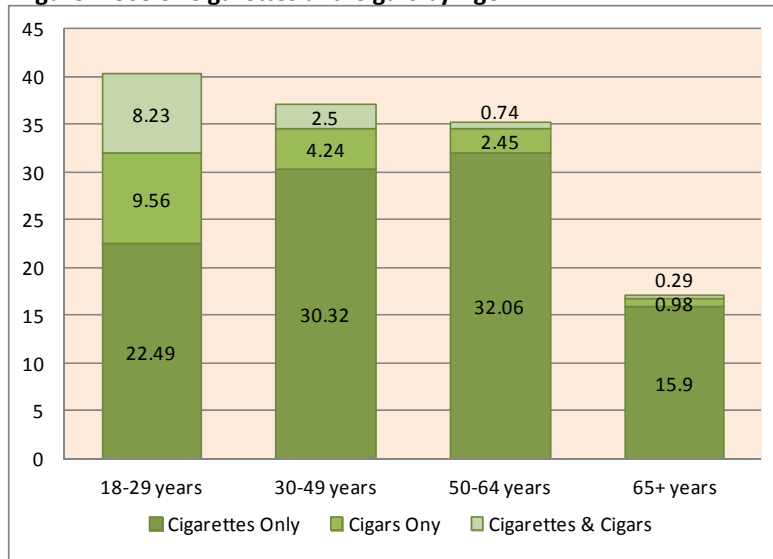
\* too few responses (<25) to provide estimates

## Little Cigars, Cigarettes or Both?

Although young adults are more likely overall to use little cigars and cigarillos, many of them are concurrently using cigarettes as shown in Figure 2. Concurrent use of cigarettes and cigars is most common among 18-29 year old adults (8.23%); or, put another way, over 46% of little cigar smokers are also smoking cigarettes. Similarly, 2.5% of 30-49 year olds (37% of little cigar smokers) smoke both cigarettes and little cigars. Smokers who use both products are more likely to inhale, increasing exposure to toxic chemicals and increasing the risk of tobacco-related illnesses, such as cancers, lung diseases, and heart disease.

When the high rates of little cigar use among Cleveland high school students and the high rates of multiple product use among young adults are considered together, we paint a picture of severe and on-going tobacco addiction. Left unchecked, we will likely continue to see high rates of preventable disease and death in our urban core.

**Figure 2 Use of Cigarettes and Cigars by Age**



**Methods:** We used the method of Korn and Graubard (Wiley, 1999) to adjust sampling weights necessary when combining multiple years of survey weighted data. Additional methods were developed to improve the precision of estimates and estimate the error (confidence intervals) for these neighborhood clusters. A more detailed description is available at our website, <http://prchn.org>.

**Contributors:** The information in this report was obtained from the 2005-2009 Cleveland-Steps to a Healthier Cleveland and Cuyahoga County Behavioral Risk Factor Surveillance Surveys (CLE-BRFSS and CC-BRFSS). These telephone-based surveys are modeled after the CDC state-based system of health surveys administered annually by each state department of health, and are comprised of telephone surveys of county adults aged 18 years and older who are asked about their health, behavior and opinions on topics related to living healthier lives. Locally, the surveys involved the Cleveland Department of Public Health and the Cuyahoga County Board of

Health, with coordination by the Prevention Research Center for Healthy Neighborhoods (PRCHN) at Case Western Reserve University. Please refer to the Cleveland Steps and CC-BRFSS Methodology Briefs available at <http://prchn.org>. This data brief was prepared by the Prevention Research Center for Healthy Neighborhoods and authored by David Bruckman, MS, MT(ASCP), Erika Trapl, PhD, Jeri Jewett-Tennant, MPH and Elaine A. Borawski, PhD. For more information contact David Bruckman ([david.bruckman@case.edu](mailto:david.bruckman@case.edu)), Dr. Elaine Borawski ([elaine.borawski@case.edu](mailto:elaine.borawski@case.edu)), or Dr. Erika Trapl ([erika.trapl@case.edu](mailto:erika.trapl@case.edu)).

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