The Tobacco Epidemic in the United States: Q&A

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How can clinicians help to decrease tobacco use, particularly among marginalized populations?

Clinicians are well positioned to offer tobacco-dependence treatment to their patients, including those from marginalized populations. Clinicians should screen for tobacco use at each visit and provide support to those who use tobacco. Support may include connecting patients to their state's quit line, recommending cessation treatment options such as counseling, and/or prescribing medications such as nicotine replacement therapy. It also important to consider the contextual factors that influence tobacco-related disparities among marginalized populations. As trusted members of their communities, clinicians can advocate for interventions and policies to address the structural barriers that create disparities. For example, clinicians can advocate for funds to be made available for tobacco-dependence treatment for people without insurance.

From a clinical perspective, can adults use e-cigarettes to quit combustible tobacco?

There is currently insufficient evidence to indicate that e-cigarettes are effective in helping people quit combustible tobacco. E-cigarettes are also not an FDA-approved cessation medication. Given this, it is recommended that clinicians first and foremost promote evidence-based and FDA-approved cessation treatments to their patients (e.g., counseling or nicotine replacement therapy). According to the Centers for Disease Control and Prevention, e-cigarettes may benefit adult smokers who are not pregnant if used as a complete substitute for combustible tobacco products. Since e-cigarettes are less harmful than smoking, these products could be considered an alternative method for cessation among this population of smokers. Clinicians should make sure to discuss the harms and benefits of e-cigarette use with their patients.

What about policies? What has been shown to be effective from a population perspective in curbing tobacco epidemic?

There are several policies shown to be effective in reducing tobacco use, among which include comprehensive tobacco-free laws that ban tobacco use in workplaces, restaurants, and bars; increased excise taxes and prices on tobacco products; healthcare policies that increase access to and delivery of evidence-based treatments for tobacco cessation; and investing state funds into tobacco control efforts. These policies should be implemented consistently and equitably across the population to reduce tobacco-related disparities among marginalized populations. Resources for tobacco control should be focused more directly on the communities that need them most, such as low-income neighborhoods or communities that have been disproportionally targeted by tobacco advertising.

The lecture does not approach chewing tobacco. Is its use declining? What are the populations most at risk?

Since chewing tobacco is not a safe alternative to combustible tobacco use, it and other smokeless tobacco products (e.g., snuff and dissolvables) are important to consider. In 2019, 2.4% of adults aged 18 or older reported using smokeless tobacco products. Data from the American Lung Association show that overall, current use of smokeless tobacco has decreased between 2002 to 2018. However, disparities in smokeless tobacco use exist by key sociodemographic characteristics. Populations most at risk for using these products include non-Hispanic whites, former smokers, individuals with lower levels of education, and people living in rural areas.