and

Virginia Commonwealth University School of Medicine
Richmond, Virginia

ORCID ID: 0000-0002-4347-6514 (A.E.L.).

*Corresponding author (e-mail: a.edward.lang@gmail.com).

References

1 Gaffney A, Himmelstein DU, Woolhandler S. Smoking prevalence during the COVID-19 pandemic in the United States. *Ann Am Thorac Soc* 2022;19:1065–1068.
2 CDC Foundation. Monitoring U.S. e-cigarette sales: national trends. Atlanta, GA: CDC Foundation; 2021 [accessed 2022 Jan 28]. Available from: https://www.cdcfoundation.org/National-E-CigaretteSales-DataBrief-2021-Oct3?inline.
3 Krist AH, Davidson KW, Mangione CM, Barry MJ, Cabana M, Caughey AB, *et al.*; US Preventive Services Task Force. Interventions for tobacco smoking cessation in adults, including pregnant persons: US preventive services task force recommendation statement. *JAMA* 2021;325:265–279.
4 Mehrotra A, Chernew ME, Linetsky D, *et al.* The impact of COVID-19 on outpatient visits in 2020: visits remained stable, despite a late surge in cases. New York: Commonwealth Fund; 2021 [updated 2022 Feb 22; accessed 2022 Jan 30]. Available from: https://www.commonwealthfund.org/publications/2021/feb/impact-covid-19-outpatient-visits-2020-visits-stable-despite-late-surge.
5 Centers for Disease Control and Prevention. State Tobacco Activities Tracking and Evaluation (STATE) system: custom reports. Atlanta, GA: Centers for Disease Control and Prevention; 2022 [accessed 2022 Jan 31]. Available from: https://nccd.cdc.gov/STATESystem/rdPage.aspx?rdReport=OSH_State.CustomReports&rdAgReset=True&rdShowModes=showResults&rdShowWait=true&rdPaging=Interactive&islMeasure=922HOW.
6 Jaklevic MC. COVID-19 and the "lost year" for smokers trying to quit. *JAMA* 2021;325:1929–1930.
7 Lang AE, Yakhkind A. Coronavirus disease 2019 and smoking: how and why we implemented a tobacco treatment campaign. *Chest* 2020;158:1770–1776.

Reply: Trends in Smoking Prevalence and the Continuing Imperative of Tobacco Control

From the Authors:

We appreciate Dr. Lang's thoughtful comments on our article (1). He notes, and we agree, that our finding of a steeper fall in cigarette smoking prevalence in 2020 relative to prior trends could be consistent with an increase in e-cigarette use, which we did not examine. Moreover, his concern that reductions in visits to physicians who commonly provide smoking cessation care may have led to reductions in quit efforts is well taken.

More recent analyses put our study's finding into fuller context. A study from the Centers for Disease Control and Prevention (CDC) (2), which used a different national survey (the National Health Interview Survey), supports our central finding: like us, they identified a modest reduction in adult smoking prevalence in 2020. Notably, the CDC also found a reduction in e-cigarette use and no increase in the quantity of cigarettes consumed by smokers. However, these trends should be interpreted cautiously: in contrast to our analysis, the CDC study did not adjust for previous trends (the 2019 change in the National Health Interview Survey design would have impeded such an analysis), and cigarette consumption was assessed only in broad categories in their study.

In contrast, another recent analysis identified a 14.1% increase in cigarette sales in the United States with the onset of the pandemic (3), a finding that suggests that current smokers may indeed have increased their consumption of cigarettes even if overall smoking prevalence slightly decreased. This could reflect the disproportionate psychosocial strain that the coronavirus disease (COVID-19) pandemic imposed on disadvantaged groups, who are also more likely to use tobacco.

Putting aside the question of pandemic-related impacts, the devastating and deadly reality is that about 30 million Americans still smoke cigarettes (2) and that the burden of tobacco—as we and many others have observed (4, 5)—increasingly falls on low-income, less-educated, and rural Americans. Our findings do provide some support for the notion that job loss need not necessarily increase smoking prevalence, as was seen to some extent in the Great Recession (6). However, they also underscore the imperative of tobacco control. Well-established evidence-based policies—including bans on promotion, smoking restrictions in public spaces, cigarette taxes, and universal accessibility of smoking cessation therapies—need to be far more widely deployed, although these steps will require confrontation with the tobacco industry. Moreover, in the United States, access to care for smokers must be improved for efficacious medical treatments to actually be delivered to those who need them. With more than 30 million Americans uninsured and 41 million underinsured (7), many who could benefit from pharmacotherapy and counseling are undoubtedly avoiding it because of cost.

Finally, widening social disparities in smoking underscore the fact that arduous, indeed oppressive, conditions help drive this unhealthy habit. Hence, although policies focused on behavioral change are important, broader reforms to address the underlying inequitable social conditions themselves will likely be needed to combat the scourge of the cigarette. ■

Author disclosures are available with the text of this letter at www.atsjournals.org.

Adam Gaffney, M.D., M.P.H.*
Cambridge Health Alliance
Cambridge, Massachusetts

and

Harvard Medical School
Boston, Massachusetts

David U. Himmelstein, M.D.
Steffie Woolhandler, M.D., M.P.H.

City University of New York
New York, New York

Cambridge Health Alliance
Cambridge, Massachusetts

and

Harvard Medical School
Boston, Massachusetts

*Corresponding author (e-mail: agaffney@challiance.org).

References

1 Gaffney A, Himmelstein DU, Woolhandler S. Smoking prevalence during the COVID-19 pandemic in the United States. *Ann Am Thorac Soc* 2022;19:1065–1068.
2 Cornelius ME, Loretan CG, Wang TW, Jamal A, Homa DM. Tobacco product use among adults - United States, 2020. *MMWR Morb Mortal Wkly Rep* 2022;71:397–405.
3 Asare S, Majmundar A, Islami F, Bandi P, Fedewa S, Westmaas LJ, *et al.* Changes in cigarette sales in the United States during the COVID-19 pandemic. *Ann Intern Med* 2022;175:141–143.
4 Agaku IT, Odani S, Okuyemi KS, Armour B. Disparities in current cigarette smoking among US adults, 2002-2016. *Tob Control* 2020;29: 269–276.
5 Gaffney AW, Himmelstein DU, Christiani DC, Woolhandler S. Socioeconomic inequality in respiratory health in the US from 1959 to 2018. *JAMA Intern Med* 2021;181:968–976.
6 Gallus S, Ghislandi S, Muttarak R. Effects of the economic crisis on smoking prevalence and number of smokers in the USA. *Tob Control* 2015;24:82–88.
7 Collins SR, Gunja MZ, Aboulafia GN. US health insurance coverage in 2020: a looming crisis in affordability. Findings from the Commonwealth Fund biennial health insurance survey, 2020. 2020 [accessed 2020 Nov 22]. Available from: https://www.commonwealthfund.org/sites/default/files/2020-08/Collins_looming_crisis_affordability_biennial_2020_sb.pdf.