

# The decline in cigarette smoking in the United States: Why we should worry and not celebrate

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In 2019, the Centers for Disease Control and Prevention (CDC) provided a press release regarding the decline in cigarette smoking among adults in the United States [1]. The 2018 percentage had reached an all-time low of 13.7%, which was nearly a two-thirds drop in use since the 1964 Surgeon General report that warned of the health consequences of smoking [1,2]. The then-CDC Director, Robert Redfield, stated “This marked decline in cigarette smoking is the achievement of a consistent and coordinated effort by the public health community and our many partners.” In fact, the percentage of adults aged 18 and older in the United States who currently smoke cigarettes declined from 20.9% in 2005 to 11.5% in 2021 [3].

While this is wonderful to see from a public health perspective, as an epidemiologist, it is essential to understand why this decrease in cigarette smoking occurred and why we should be more worried now than we were 20 years ago. Objectively, we cannot solely attribute this seemingly healthy trend to the efforts of public health and various partners. We must ask what else has been occurring, particularly over the past few decades, that has undoubtedly influenced these percentages?

Simply stated, there are more available options for people to consume and these options may be just as addictive, if not more, than cigarette smoking. With more options, naturally, the usage of options will be more divided, even if some use multiple products. The following provides data and insight into additional rationale for the decline in cigarette smoking, while also raising the alarm that the problems related to addiction are worse than they were decades ago.

## ELECTRONIC CIGARETTES

In 2003, the electronic cigarette or e-cigarette was developed by the former deputy director of the Institute of Chinese Medicine in Liaoning Province, Hon lik [4]. Now generally referred to as vaping, e-cigarettes were introduced in the United States in 2007 [5]. E-cigarette use among adolescents aged 10–14 years and high school students aged 14–18 years is higher than in the adult population [4]. In fact, the number of current adolescent

e-cigarette users has experienced an upward trend since e-cigarettes first arrived in the United States [6-8].

From 2020 to 2022, e-cigarette sales increased by 46% [9]. After 2020, when the Food and Drug Administration banned the sale of most flavored e-cigarettes, such as mint and fruits, disposable e-cigarettes in fruit, sweet, and other flavors increased [9]. Those responsible for this increased purchasing of disposable e-cigarettes are among adults ages 18–24 years, where 11% currently use e-cigarettes [10]. Some people use e-cigarettes to assist in smoking cessation, though results are mixed in terms of cessation and relapse prevention [11]. Using e-cigarettes as an attempt to stop smoking cigarettes is using one bad habit to try to stop another bad habit.


## MARIJUANA

California was the first state to legalize medical marijuana in 1996 with Proposition 215 [12]. Marijuana is the most commonly used federally-illegal drug in the United States as 48.2 million people, or 18% of the population, used it at least once in 2019 [13]. With each year, there is an increasing number of states legalizing recreational use of marijuana [14]. Not only does this increase the number of people smoking marijuana, it makes the use of the product more and more socially acceptable.

Results of a 2022 Gallup Poll indicate men report smoking marijuana (18%) slightly more than women (14%) [15]. Among those aged 18–34 years, 30% reportedly smoke marijuana, compared to 16% among those aged 35–54 years – higher than percentages for cigarette smoking [15]. Smoking is a preferred method of marijuana use because the effects of the drug often occur within minutes whereas when consuming an edible, the effects may occur hours later [16]. Further, the effects of tetrahydrocannabinol are different when smoked compared to oral ingestion, as edible consumption can be far more potent and occur at an inopportune time than if the marijuana is smoked [17].

## HOOKAH

Like e-cigarettes, there are myriad flavors for people to choose from, which can make it attractive to children and adults. In

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2018, the Monitoring the Future survey indicated that 7.8% of high school students used a hookah to smoke tobacco during the past year, compared to 12.3% of young adults aged 19–30 years [18]. Like marijuana, the practice of smoking hookah has an added element of social desirability as it often done in a club or restaurant-type setting with a group of friends and/or family members. The legalization of hookah and thus, the ability to use it in public without the disdain that cigarette smoking has earned over the years, makes it appealing. Simply remember the numerous laws that went into effect, particularly during the 2000s and 2010s, that banned cigarette smoking in public places such as bars and restaurants. While e-cigarettes and marijuana are now being included in these policies, the buildup of social resentment and their use is nowhere near the same as that of cigarette smoking.

### ESSENTIAL OILS

Lesser known, perhaps, is the ability to purchase and vape essential oils. There are numerous online sites, and a few will be cited here, where these can be purchased and shipped directly to the buyer [19–21]. Like e-cigarettes, there are many unique flavors that can be vaped that may make them attractive, particularly to adolescents and young adults. Given the ability to legally purchase essential oil vaping products, there is an inherent social acceptability to their use as it has become more normalized in society.

### FINAL THOUGHTS

These data should be considered troubling for many reasons, including but not limited to the following. First, there are young children and teenagers using these products and yes, quite possibly illegally. Second, that with these self-reported behaviors of e-cigarette, marijuana, and hookah use, these numbers are likely underestimates of true usage. Third, as the children age into adulthood, it is possible that they may still be using these products and eventually suffer the ill health effects of years of consumption. If we are looking at this topic objectively, the increasing number of people using and becoming addicted to these products will be formidable to reverse.

Therefore, as an epidemiologist and public health professional, I would view the current year of 2023 far more challenging than 2003. This fire, forgive the pun, has become widespread given the increasing number of products, their availability, and their increasing levels of social acceptability. Not to mention, advertising of these products is possible through technology (e.g., social media and the Internet). Going back to what the former Surgeon General stated about the achievements made by public health and other partners, if these efforts really were that helpful for the decline of cigarette smoking, they will have to be far more effective and tailored to result in declines in the use of our current array of smoking and vaping products.

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