



Episode Details:

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Title: Episode 23: The Tobacco Control Vaccine Booster

Description: In this episode, we talk with Dr. Amanda Kong, one of the authors of a recent paper "Boosting the Tobacco Control Vaccine: recognizing the role of the retail environment in addressing tobacco use and disparities." We discuss how key retail strategies, including addressing product availability, pricing and promotions, advertising and display, the minimum age of sale, and retail licensure can complement those in the original Tobacco Control Vaccine (price increases, smoke-free policies, hard hitting media campaigns, and cessation access) and help work towards an "end game" for commercial tobacco in the United States.

Transcription:

MOLLIE MAYFIELD: You're listening to the Counter Tobacco podcast. [music] I'm your host for today, Managing Editor of CounterTobacco.org, Mollie Mayfield.

Today, we're going to talk about vaccines. Don't worry; this is still a tobacco prevention and control podcast. We're not talking about vaccines in the literal sense, though I am so thankful for literal vaccines right now. Science, y'all. We are talking about the metaphor of the tobacco control vaccine. Let's talk about the value of vaccines. So other than helping to put an end to a pandemic, vaccines also play an enormous role on an ongoing basis for preventive population health when it comes to communicable disease. For the chronic diseases caused by tobacco, the tobacco control vaccine was developed as a concept in 2018 by Dr. Brian King and Dr. Corinne Graffunder based on the idea that we know what works to prevent and reduce tobacco use, and it included tobacco price increases, smoke-free policies, cessation access, and hard-hitting media campaigns, all evidence-based, proven tactics that reduce tobacco use and tobacco-related death and disease and are most effective when implemented together as the full vaccine rather than a partial dose. Also, like with other vaccines, everyone needs to be covered, especially groups that face the greatest burden of tobacco use and exposure. And involving community stakeholders is key to ensuring that it happens in an equitable manner. These strategies have brought us a long way in reducing tobacco use, cigarette smoking in particular. But for some vaccines, you need a booster for continued protection.

We are thrilled to have, as our guest on the show today, Dr. Amanda Kong, who recently authored a paper along with Dr. Brian King, one of the original tobacco control vaccine's creators, about the need for a booster to the tobacco control vaccine that focuses on strategies in the retail environment.

Dr. Amanda Kong is a public health and policy researcher who employs equity-centered analyses to measure and understand how cancer-related health

behaviors and outcomes are related to the social and built environments in which people live, work, and interact. Dr. Kong uses geospatial methodologies to investigate inequities in the availability, marketing, and promotion of unhealthy commodities such as tobacco products. In one facet of her tobacco-focused research, Dr. Kong explores relationships between the neighborhood availability of tobacco retailers and both smoking and related disease. Dr. Kong's research also critically evaluates the potential for tobacco control policies to ameliorate or unintentionally exacerbate health inequities among historically minoritized and marginalized social groups. Dr. Kong earned her Ph.D. and MPH in health behavior from the Gillings School of Global Public Health at the University of North Carolina at Chapel Hill, and she is currently a post-doctoral scholar at the National Cancer Institute-funded Cancer Health Disparities Training Program at UNC.

Before we continue, I'll note that the ideas discussed here today are not intended to reflect the official position of the US Centers for Disease Control and Prevention nor the National Institute of Health.

Dr. Kong, welcome to the podcast.

DR. AMANDA KONG: Thanks so much for having me. I'm really excited to talk with you today.

MOLLIE MAYFIELD: So to start, tell us a little bit more about the need for this vaccine booster.

DR. AMANDA KONG: Yeah. So, I do want to start to give a little bit more background on the tobacco control vaccine, which you, I think, nicely summarized there. And so, the tobacco control vaccine was really made to think about what are the evidence-based and the proven population-based preventive measures that we know reduced tobacco use and tobacco use-related morbidity and mortality. And so the four components, which you noted, are things like tobacco price increases. So, we could think about increasing cigarette excise taxes, for example, or minimum price of where we set a floor price on which you can't sell a certain tobacco product below that. We also know about smoke-free air policies, which can be implemented both in public places or maybe in thinking about parks and also private places, which we've seen an increase in with things like multi-unit housing. And then, the third component of that was hard-hitting media campaigns like CDC's Tips from Former Smokers. And then also, increasing cessation access to things like quit lines but also ensuring that health insurance is covering things like nicotine replacement therapy.

And so, the tobacco control vaccine is a really easy to understand concept and visual, and I've heard a lot of different practitioners and even researchers really, really like that this all came together. And one thing I noticed, though, is that it didn't include any interventions or strategies focused on the point of sale or where the majority of youth and adults purchase their tobacco products. And then, some reviews in the literature actually also talk about how some of the strategies and policies in the tobacco control vaccine may not actually cover all populations equitably. There are some social groups who may be benefiting more, for example, from smoke-free air laws compared to others. And so, Dr. Brian King and I pulled together the evidence to look at how the tobacco retail environment and different tobacco retailer-focused strategies or policies might be able to help boost the Tobacco Control Vaccine and the

components in it, all to be able to further reduce overall smoking prevalence and, as you said, to potentially ameliorate some of the tobacco-related health inequities we see in terms of either tobacco use behaviors or in related morbidity and mortality.

MOLLIE MAYFIELD: So, in the paper, you note that these strategies can help work towards an endgame for tobacco, and endgame strategies are defined in the paper as initiatives designed to change or permanently eliminate the structural, political, and social dynamics that sustain the tobacco epidemic in order to end it within a specific time. Tell us a little bit more about what an endgame means in this context.

DR. AMANDA KONG: Yeah, so the definition that we use in the paper, the one you just referenced, is actually a definition from some work by Dr. Ruth Malone and her colleagues. And so, what a lot of us talk about is we have proven strategies, like what we've seen in the Tobacco Control Vaccine, where we need "This endgame thinking" where we're trying to create a plan and importantly, a timeline, to actually end the tobacco epidemic. And so, as part of this endgame thinking and the tobacco endgame, there's a call for thinking about more novel or innovative strategies in addition to those more proven population-level ones discussed in the tobacco control marketing and that together, by using these innovative strategies with it, we may be able to further reduce smoking prevalence and tobacco use prevalence. And I think it's important to note that there is actually a lot of variation among scholars and researchers and even policymakers about what the endgame may look like and how you define the endgame. So, you might think, "Is it lowering all tobacco use or is it just focused on cigarette smoking prevalence? Where does harm reduction potentially come into play here?" You'll also hear sometimes about endgame targets. And so, several countries, for example, have set endgame targets, which are to reach a smoking prevalence of 5% or lower. You'll commonly hear, New Zealand has this, for example, and Scotland has this by a certain year.

MOLLIE MAYFIELD: Yes. And listeners, we're going to explore endgame possibilities and different strategies that Dr. Kong is referencing in a future episode, so stay tuned for that. So, Dr. Kong, another component of vaccines that we're hearing a lot about right now is the timing of the doses. So, what makes now the right time for this vaccine booster.

DR. AMANDA KONG: Yeah, so in the paper, we briefly mention a few of the federal regulations and policies in the US context. Things like, for example, the Master Settlement Agreement. That basically prohibited the tobacco industry from marketing or selling certain products and tobacco products through different channels, but it really left the retail environment pretty unregulated and wide open. And we know, from different reports that I'm sure you all have talked about in previous podcasts, that the tobacco industry-- I mean, they're estimated to spend over \$7 billion on just marketing and promotion of cigarettes and smokeless at retail environment. And then you pair that with these other studies that people have conducted where we're seeing the majority of youth and adults purchase their tobacco products in the retail environment. I think the retail environment has always mattered and will continue to matter when thinking about interventions and potential strategies and as an important point of intervention.

And then I think in terms of-- if we're thinking immediately right now in the context of COVID, sometimes you might think, "Oh, everybody staying home. No one's going out. Where are people buying their products?" But I think we should step back and think about what's an essential business. And we see grocery stores sell tobacco products. Convenience stores sell tobacco products, and typically, for cheaper than other types of stores. And so, the retail environment is still mattering in this context.

MOLLIE MAYFIELD: Yeah, that's such a great point. So, thinking about those intervention points, so the original Tobacco Control Vaccine, as we mentioned, had four core components: price increases, smoker policy, cessation access, and media campaigns. So, what are kind of the key components that make up the booster?

DR. AMANDA KONG : Yeah, so we discussed kind of five buckets or components in the paper, and I'll just briefly go over those. And so, the first was thinking about strategies around tobacco product availability, so we talk a little bit about how one way to address the epidemic is just to prohibit the sales of tobacco products altogether. And so that is much less commonly done, I think, in the US context, at least passing a policy at that level. But we've seen Beverly Hills, California do that. And then as part of product availability, we also talk about the availability of flavored tobacco products and menthol products. And we've seen how, to date, over 200, almost 300 localities have passed different policies that prohibit the sales of flavored tobacco products, and about 100 of these have extended that to also include menthol sales and to further restrict that. And then the other part kind of thinking about product availability is minimum packaging sizes. So, for example, thinking about how a lot of times cigars and cigarillos are sold in smaller packs, packs maybe of two or three, and that just inherently kind of lowers the price, which may appeal to more price-sensitive smokers. And so, can we think about making the products that are available-- putting them in larger package sizes?

The second one is thinking about pricing and promotion, which is similar to the increasing prices in the original Tobacco Control Vaccine. So again, thinking about things like minimum floor prices might be an option, and then also thinking about regulating and prohibiting price promotions, which can undercut some of the excise tax increases we see. And then when you implement a minimum floor price, ensuring that price promotions cannot be used again to further reduce that price. The third category is thinking about advertising and display bans of tobacco products in marketing. Again, this is a lot harder to actually implement in the US, due to the US Constitution, but internationally, we have seen point-of-sale bans in particular for displays or marketing at the point of sale, and we note in the paper, though, that that's not an end all be all. So, we might think if we take out all the marketing, we've checked that box, we're done, but we've seen in other countries that the industry is very clever and they've responded to this. So, they're offering retailer incentives so can retailers recommend certain brands to consumers when they're talking? Can they list different brands of products higher up on the list?

And then, of course, places that don't actually prohibit the display of packs, we need to think about - can actual branding of different tobacco products, cigarette packs that could appeal to smokers and users to perhaps trade products or purchase products. And then the fourth category is the age of sale. And so, we talk a bit about Tobacco 21 and thinking about increasing that minimum age of sale of tobacco products. And then finally, our last category we discussed is about retail licensing and licensure. And so all of these retail-based strategies that to be implemented and to have compliance with them, we have to know where tobacco retailers are. So, one, trying to implement a good and a valid licensing system so that we can track where retailers are and be able to see what they're selling if we need to, how they're marketing. And within that category, we talk about some different strategies focused around licensing that might reduce retailer availability. So, for example, we know if you increase the licensing costs of being a tobacco retailer, that may naturally prevent some businesses from wanting to become tobacco retailers. And then other things like capping the number of tobacco retailers in a neighborhood, you don't have this overconcentration of them. And then if a retailer starts violating things such as selling to minors, things like that, then they are at risk and will lose their license. So overall, those are kind of the big five categories that we discuss in the paper.

MOLLIE MAYFIELD: Great, thanks for that overview. And I assume, as with the original vaccine, that these are also most effective when implemented together as a full dose rather than a partial dose?

DR. AMANDA KONG: Yes, absolutely, yup. They are all things we can think about together and you can think about how a lot of them could be paired together.

MOLLIE MAYFIELD: Great. So, one of the other key components of vaccine distribution is ensuring that all populations get access to it so that the population health gains are equitable. But unfortunately, across the United States, not all populations are equally protected by existing tobacco control policies or have equal access to resources - to tobacco prevention and cessation resources. That reality, combined with the tobacco industry's targeted marketing in and to underserved communities has led to significant disparities in tobacco use across the country. For example, with higher rates among lower income communities and a higher burden of tobacco-related death and disease in many communities of color. So, how can these strategies help to reduce some of those existing disparities?

DR. AMANDA KONG: Yeah, that is an excellent question. And so, I think for this purpose, we need to remember that tobacco retailers are situated in neighborhoods. And I think that it's helpful to take a step back and think about why do neighborhoods generally matter for health and for health equity. And so we know from US history that those in power produce and sustain discriminatory group-based hierarchies. And these are based on social distinctions, things like race, class, ethnicity. And one of the products and the processes of this is residential segregation. And so residential segregation has resulted in the spatial stratification or the actual physical separation of individuals by these social distinctions which results then in social groups being placed and sorted into different neighborhoods that then have differential access to resources. And so

people that interact with the conditions and the resources in their neighborhoods, which you could think will ultimately affect one's health behaviors and their health status.

And so, for example, in the context of tobacco retailers and the tobacco retail environment, we know from numerous studies, both locally and within the US and also internationally, that there is a higher concentration of both tobacco retailers and tobacco product marketing and even things like cheaper prices in historically minoritized and marginalized groups. So, tobacco retailers focused strategies have the demonstrated potential to decrease tobacco related inequities, because they're directly now focused on neighborhood exposure. And I think importantly, it can be tailored to the inequities that may be occurring in local communities. So, I think a really good example of this is San Francisco in 2015 in which they were one of the first to actually go out and evaluate the neighborhood level disparities that they were seeing in tobacco retail availability. And based on what they saw, they then implemented a pro-equity policy to decrease retail availability in these neighborhoods. And so, we need targeted and tailored interventions at the neighborhood level, and again, where the majority of people are seeing and purchasing tobacco products, in addition to those more population level strategies discussed in the Tobacco Control Vaccine.

MOLLIE MAYFIELD: Yes, the San Francisco policy is one of my favorites to reference. So that's the one where they put a cap on the total number of retailers that can be in each of their, what, 11 supervisory districts?

DR. AMANDA KONG: Yeah, absolutely.

MOLLIE MAYFIELD: Yeah. And combined it with a limit on retailer proximity to schools and I think retailer proximity to each other, so there's a lot going on, but all aimed really with the focus on reducing those disparities.

DR. AMANDA KONG: Yeah. Great policy.

MOLLIE MAYFIELD: Awesome. So that's an example at the local level. Are these strategies intended to be implemented nationally across the country?

DR. AMANDA KONG : Yeah. So, I think when we're thinking about tobacco control, we kind of, at least in the US context, think about three different levels. We think about local, which might be a city or a town. We also can think about state level policies. And then we have the federal policies. And I think a lot of these can cover all of those different levels. And so, a good example of this that we've seen is with Tobacco 21. And so, in 2019, we saw the federal passage that increased the minimum age of sales to 21. But prior to this federal passage, about 19 states and over 500 localities had already increased the minimum age of sales. And so, we saw, which I think is unique about tobacco control, how a lot of the local policies being passed kind of built momentum and then trickled up into states and then to the federal passage. Another example that we've seen here is with product availability and flavored products.

So, again, a lot of municipalities and local jurisdictions have implemented flavor policies. And we know Massachusetts has a really strong policy in place, too, at the state level. And we know right now how the federal government is discussing and considering the menthol cigarette ban and including that in the

federal level. And so I think it's important to think about all these different policies at multiple levels. And when we are passing different policies, and especially at the federal level, I do think it's important that they're also passed at the state level and the local level. So, for example, when T21 passed at the federal level, some people may think, "Well, do states really need to pass that now when it's already a federal policy?" But when you have it congruent what that can do is help ensure compliance with the policy and enforcement of it and be able to have perhaps more funding at the state level in addition to that federal level to make sure that these policies are being implemented.

MOLLIE MAYFIELD: Awesome. So, I know I was really excited to see this paper when it came out and to see some of these more retail-focused point-of-sale strategies, right alongside the longstanding best practices in tobacco control. And I wanted to ask you, what additional data do we need to continue to support the implementation of these strategies that are outlined to boost that original Tobacco Control Vaccine?

DR. AMANDA KONG: Yeah, that's an excellent question. I think one of the things we need is just, we need to continue tracking what's being sold and marketed, and how it's being sold and marketed, and in what neighborhoods in local communities. Especially as the industry is continuously innovating and different commodities are being sold alongside one another, I think it's important that we track this so we actually know what's going on in our communities and what's going on with the tobacco retail environment. And I think along with all of this, it speaks to, since we're focused on neighborhoods and local environments a lot and tracking that, is to continue building community engagement and partnerships. So, talking to different communities that have passed these policies. What worked? How did they get passed? What data were needed? And researchers talking with community partners to ask and say, "Well, what data do you need to be able to think about some of these policies, implement these policies, or even get them on the agenda, whether that be at the local city, or county level, or even at the state level?"

MOLLIE MAYFIELD: So maybe at the local level, for the local places that are innovating and trying out some of these boosters, who have had some of the core original dose of the vaccine implemented for a while - any evaluation data that's coming out of there might be useful for implementing these in other places as well.

DR. AMANDA KONG: Yeah, we do talk a little bit on the paper about how San Francisco evaluated what had happened. And with licensing, we have seen some things where we've seen with San Francisco after they implemented their retailer cap, retailer density decrease. We've also seen internationally-- I think it was in Australia, they increased their tobacco retailer license fee quite a bit, and then we saw a decrease in the availability of tobacco retailers.

MOLLIE MAYFIELD: Right. Well, this is super exciting and a really wonderful paper for everyone to reference, as the evidence base and drive for going forward with these retail-focused policies to work towards an end game for commercial tobacco in the United States. Is there anything else you want to make sure that folks listening understand or take away regarding the vaccine boosters and these retail strategies?

DR. AMANDA KONG: Yeah, I think again, which I think we have both kind of reiterated throughout this is, there's no one-size-fits-all solution. And so, it's important to integrate the different components of both the Tobacco Control Vaccine and the different booster components I talked today. In addition to, there are several different other policies that people are looking at outside of the retail environment as well. And then again, to really emphasize that we need strong partnerships between researchers, community members, and partners, and policy-makers and together this can really help with continued surveillance and tracking of what's happening in the tobacco retail environment, where there may be injustices in certain neighborhoods, and to really ensure strong compliance of the different retailer strategies and pro-equity retailer strategies that are being implemented in different places.

MOLLIE MAYFIELD: Awesome. Well, thank you so much for joining us today, Dr. Kong!

DR. AMANDA KONG: Thank you.

MOLLIE MAYFIELD: That's all for today. Thanks so much for listening to the Counter Tobacco podcast. You can see an image of the booster on our website, and the articles describing both the original vaccine and the booster will be linked in the show notes. You can also find more info on each of the strategies we talked about today in the policy section of our website. I look forward to you joining us again next time.