

TOBACCO PRODUCT USE AMONG ADULTS— United States, 2022

2022 National Health Interview Survey (NHIS) Highlights

Cigarette smoking among adults has declined over the past decades. Most adults who use tobacco products use combustible tobacco products.^{1,2} Cigarettes remain the most commonly used type of tobacco product, followed by e-cigarettes (also referred to as vapes). E-cigarette use among adults increased during 2019–2022. Some population groups use certain tobacco product types more than others. For example, across age groups, adults aged 18–24 years had the highest prevalence of e-cigarette use. However, adults aged 45–64 years had the highest prevalence of cigarette smoking. Cigarette smoking prevalence is also high among the following groups:

- Non-Hispanic (NH) American Indian or Alaska Native (AI/AN) adults.
- People with severe generalized anxiety disorder.
- People with disabilities.
- People with severe depression.

Additionally, menthol-flavored cigarette smoking is more common among certain groups, including Non-Hispanic Black adults.³

Different populations may use different tobacco product types. This indicates opportunities for increased interventions to prevent initiation, decrease use, and reduce disparities.⁴ For example:

- Youth and young adult use of tobacco products contributes to future use. This is because nicotine exposure can harm the developing brain and increase the risk for dependence.^{1,4}
- Use of menthol tobacco products contributes to increased initiation. It also increases disparities in tobacco product use among different populations.⁵

Continued surveillance of populations using different tobacco product types will further aid in identifying groups that may benefit from additional prevention and cessation strategies. These approaches can prevent initiation and reduce tobacco product use among groups with a high prevalence of use.

Public health professionals and researchers have proven longstanding public health strategies can reduce tobacco use. These strategies include:

- media campaigns, and
- expanded access and availability of treatment and counseling for tobacco dependence.⁶

These measures can be coordinated with tobacco prevention and control policies (e.g., price increases, smoke-free policies). Together, they are essential for reducing the toll caused by tobacco product use including disease and death in the United States.

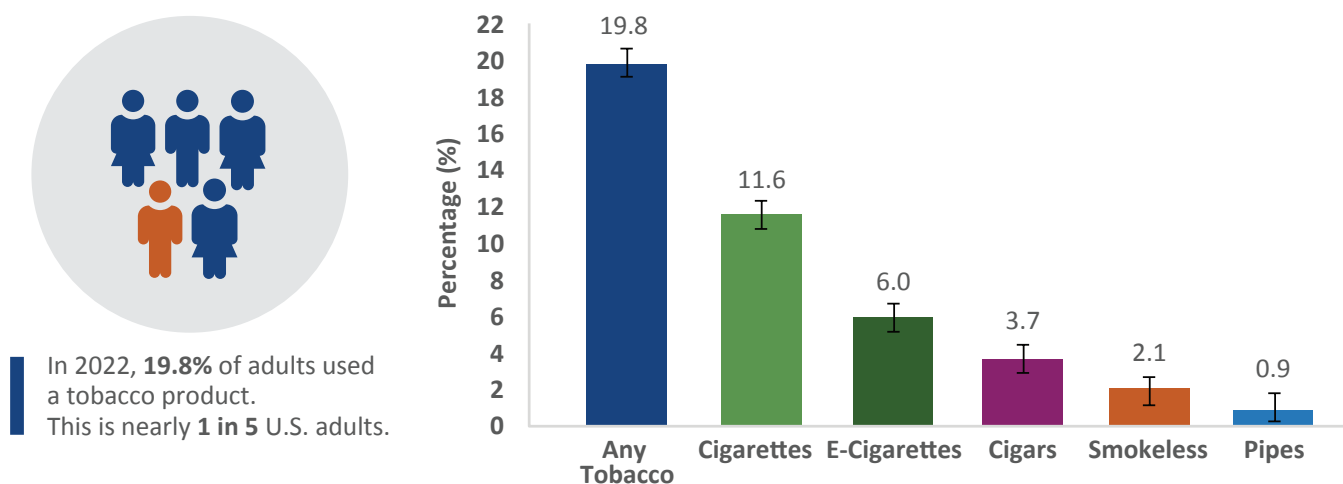
Tobacco Product Use

Smoking causes many diseases including cancer and cardiovascular and lung diseases.¹ Smokeless tobacco use is a risk factor for cancers of the mouth, esophagus, and pancreas.^{1,7}

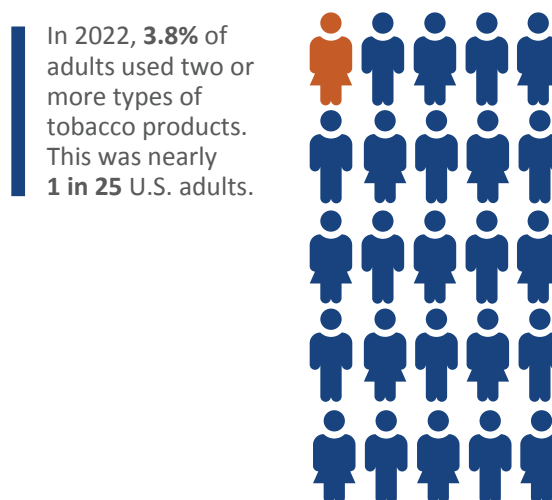
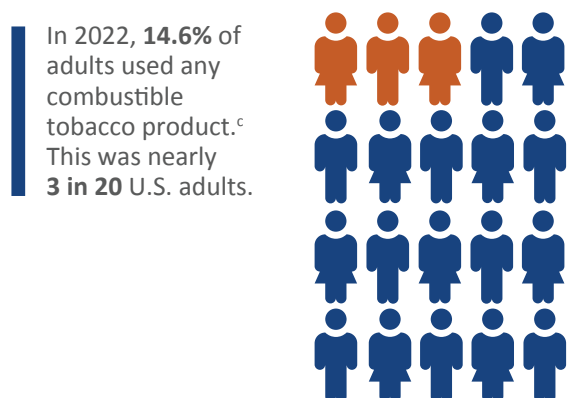
CDC analyzed 2019–2022 [National Health Interview Survey \(NHIS\)](#) data to provide updated estimates of tobacco product use prevalence. CDC also assessed changes in prevalence during this time period. NHIS is a nationally representative, annual household survey of the noninstitutionalized civilian U.S. population.⁸

Tobacco product use remains the leading cause of preventable disease and death in the United States.^{1,a} In 2022, 49.2 million (19.8%)—or nearly 1 in 5—U.S. adults reported current tobacco product use.^b

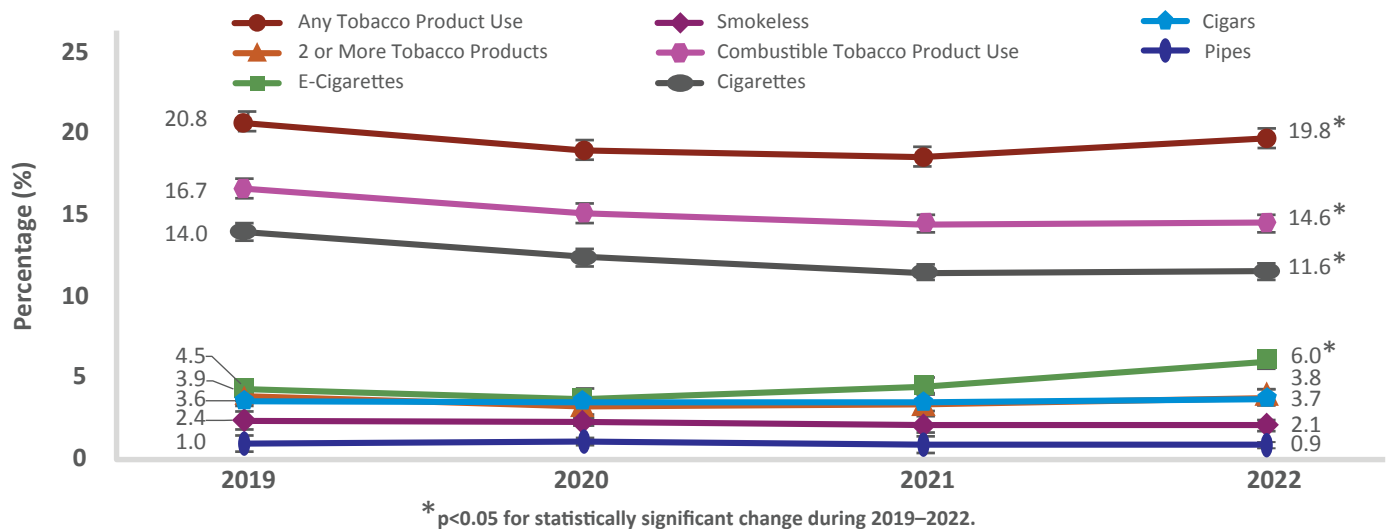
In 2022, U.S. adults used a variety of different tobacco products. Among adults who reported current tobacco product use, about 3 in 4 (73.6%) used a combustible tobacco product.^c



Cigarette and other combustible tobacco product use (i.e., cigars, pipes) accounts for most tobacco-related death and disease.¹ In 2022, cigarettes were the product most commonly used by adults, followed by e-cigarettes, cigars, smokeless tobacco, and pipes. Like combustible tobacco products, use of other tobacco product types can expose people who use them to toxic substances.^{1,4,7} They can also lead to nicotine addiction.^{1,4,7}



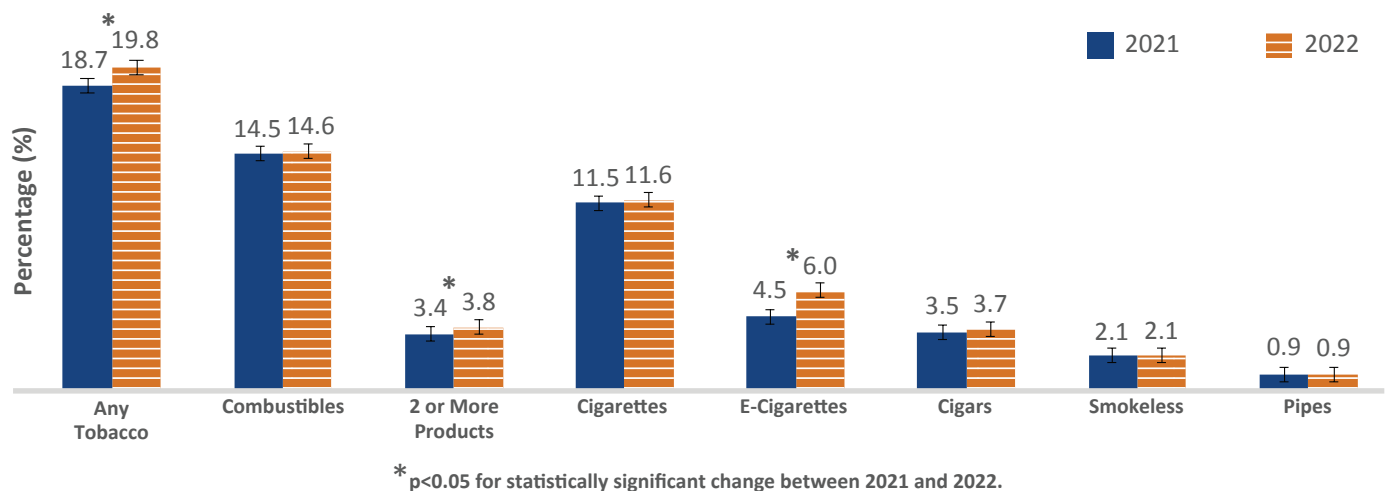
Current use of any tobacco product, combustible tobacco products, and cigarettes among U.S. adults decreased from 2019 to 2022. However, use of e-cigarettes increased during this time. Nearly 15 million adults currently used e-cigarettes in 2022.



From 2021 to 2022, use of tobacco products increased. This included:

- Use of any tobacco product.
- Use of two or more types of tobacco products.
- Use of e-cigarettes.

Use of other tobacco product types did not change significantly from 2021 to 2022.

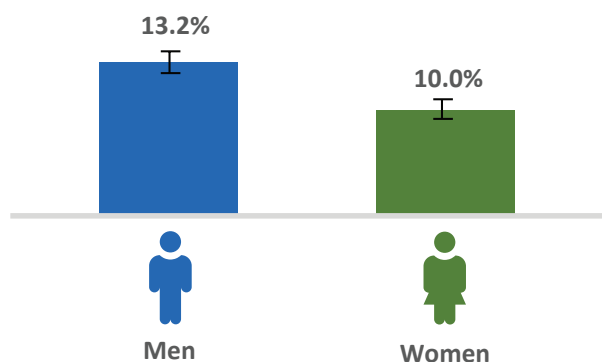


Tobacco Product Use – Cigarettes

Cigarettes were the most commonly used tobacco product among adults in 2022. As shown below, prevalence of cigarette smoking was higher in certain population groups.

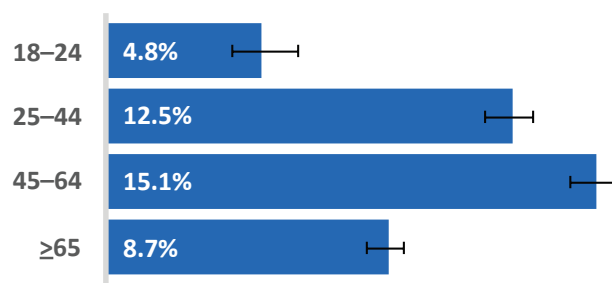
By Sex:

About 13 in 100 men currently smoked cigarettes compared with 10 in 100 women.



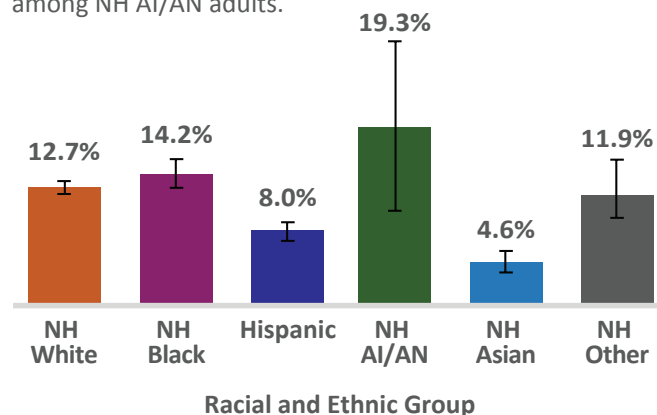
By Age (in years):

Current cigarette smoking ranged from nearly 1 in 20 among adults aged 18–24 years to 3 in 20 among adults aged 45–64 years.



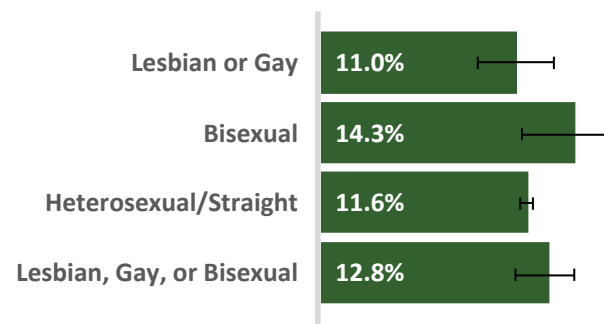
By Race and Ethnicity^d:

Current cigarette smoking ranged from about 5 in 100 among Non-Hispanic (NH) Asian adults to 19 in 100 among NH AI/AN adults.



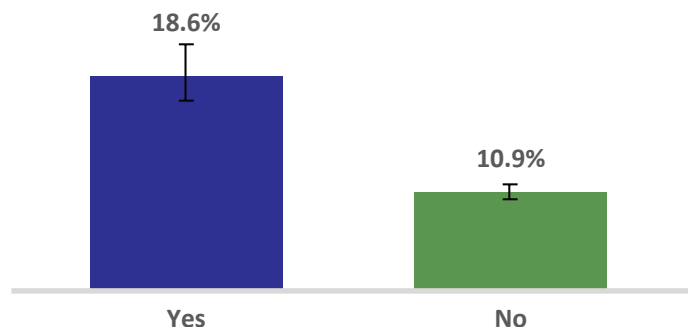
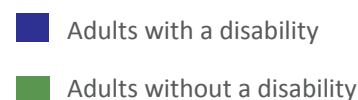
By Sexual Orientation:

Current cigarette smoking ranged from 11 in 100 among lesbian or gay adults to 14 in 100 among bisexual adults.



By Disability Status^e:

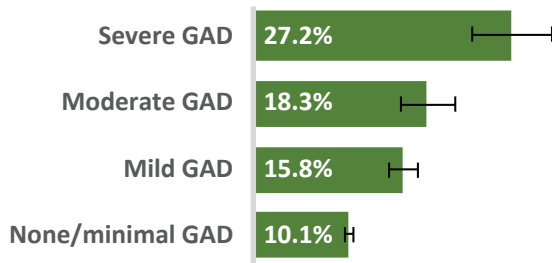
About 19 in 100 adults with a disability smoked cigarettes compared with 11 in 100 adults without a disability.



Studies have shown high prevalence of current cigarette smoking among people with mental health conditions.⁹ This includes people with generalized anxiety and/or depression.

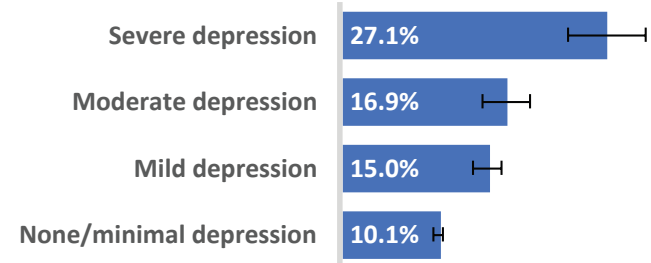
By Current Generalized Anxiety Disorder (GAD)^f:

Current cigarette smoking ranged from 10 in 100 among adults with no or minimal GAD to 27 in 100 among adults with severe GAD.



By Current Depression^g:

Current cigarette smoking ranged from 10 in 100 among adults with no or minimal depression to 27 in 100 among adults with severe depression.



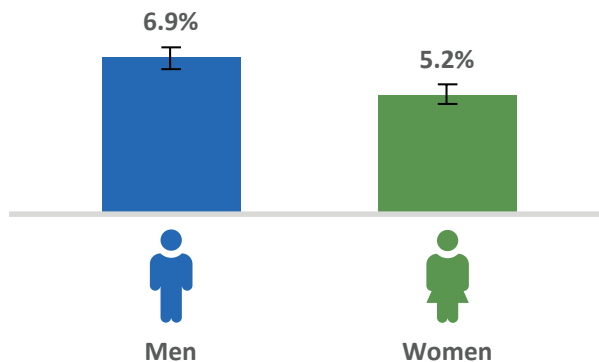
Tobacco Product Use – E-Cigarettes

E-cigarettes were the second most commonly used tobacco product among U.S. adults in 2022. E-cigarette use, or “vaping,” involves the process of heating a liquid that produces an aerosol a person inhales.⁴ E-cigarette use is not safe. Scientists are still learning about the short- and long-term health effects of e-cigarettes.¹⁰ The rise in e-cigarette use may hinder progress toward reducing overall tobacco product use burden among adults.

Like cigarette smoking, differences in prevalence of e-cigarette use exist. Some groups use this product more than others. For example, prevalence of e-cigarette use is higher among youth and young adults than among older adults.^{2,11–13}

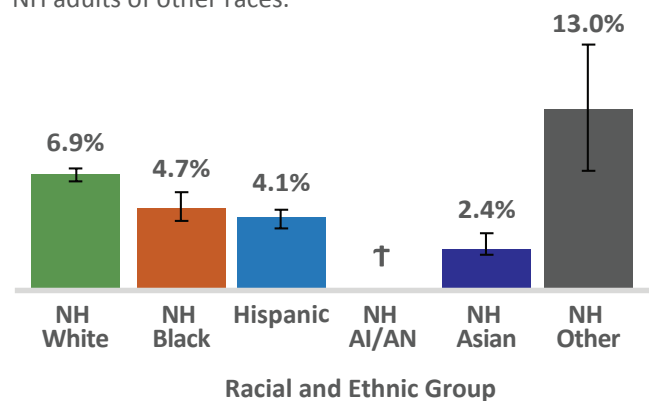
By Sex:

About 7 in 100 men currently used e-cigarettes compared with 5 in 100 women.



By Race and Ethnicity^d:

Current e-cigarette use ranged from 2 in 100 among Non-Hispanic (NH) Asian adults to 13 in 100 among NH adults of other races.

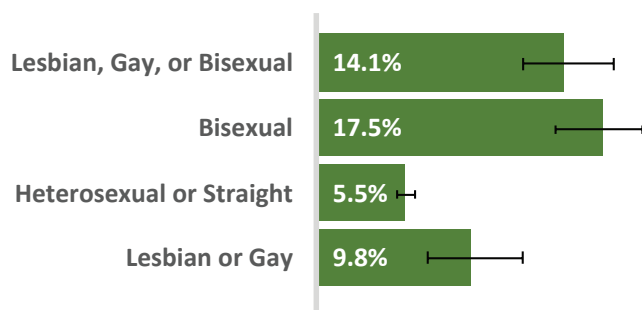


^fBased on National Center for Health Statistics data presentation standards, estimates were statistically unreliable.

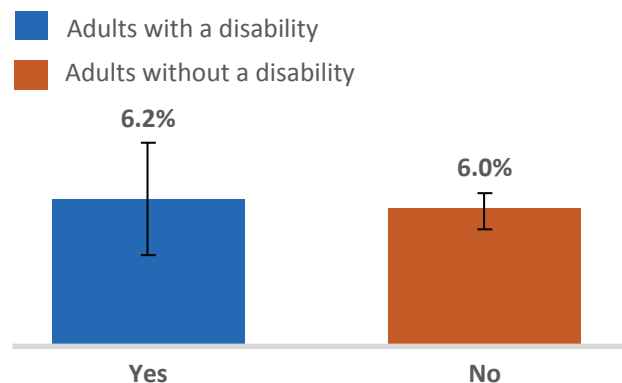
[National Center for Health Statistics Vital and Health Statistics.pdf](#)

By Sexual Orientation:

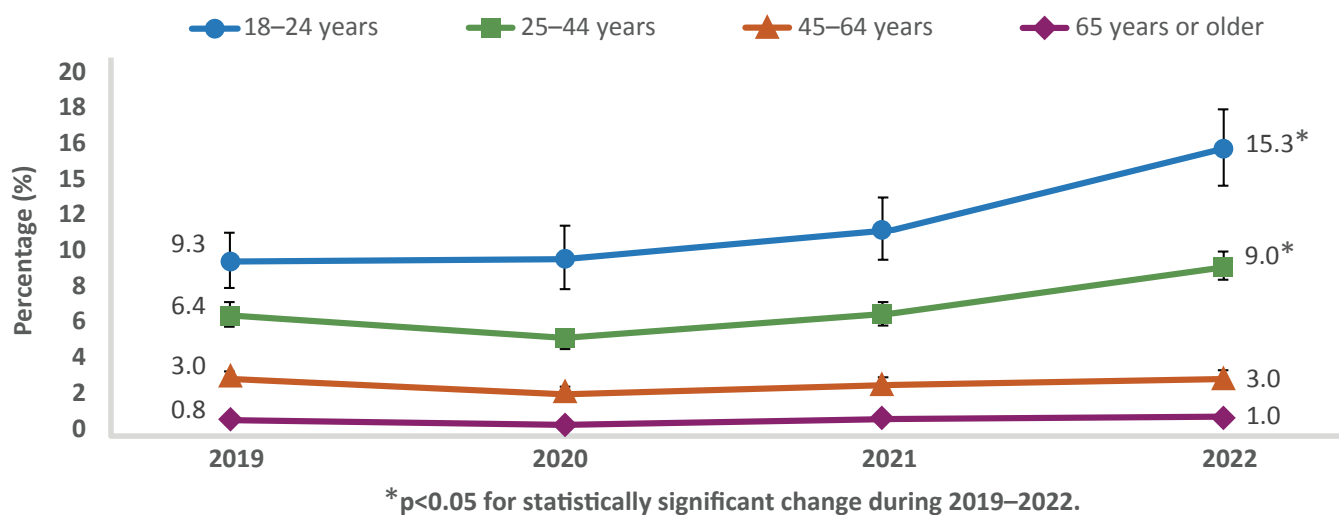
Current e-cigarette use ranged from about 6 in 100 among heterosexual/straight adults to about 18 in 100 among bisexual adults.

**By Disability Status^e:**

About 6 in 100 adults with and without a disability used e-cigarettes.



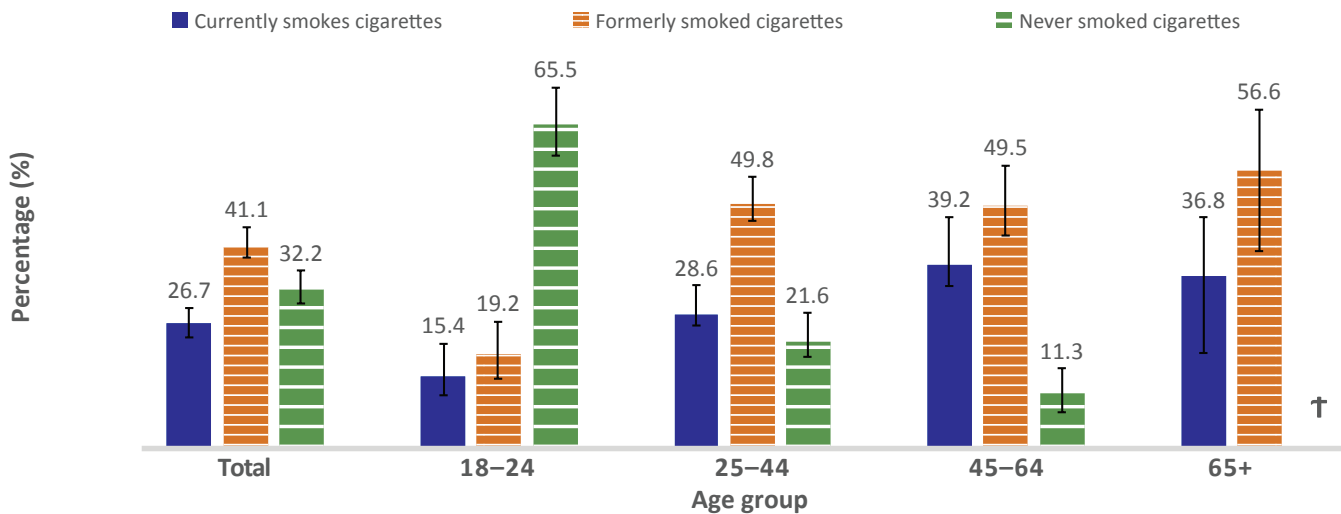
Prevalence of e-cigarette use increased during 2019–2022 among adults aged 18–24 and 25–44-years ($p < 0.05$).



In 2019, the percentage of people who never smoked cigarettes among adults who used e-cigarettes was highest among adults aged 18–24 years.¹⁴ This percentage decreased with increasing age.² This observation was still true in 2022. Among people who used e-cigarettes, about 66% of adults aged 18–24 years reported never smoking cigarettes compared with:

- 21.6% of adults aged 25–44 years.
- 11.3% of adults aged 45–64 years.

Cigarette Smoking Status Among Current E-cigarette Users by Age Group in 2022.



†Based on National Center for Health Statistics data presentation standards, estimates were statistically unreliable.
[National Center For Health Statistics Vital and Health Statistics.pdf](#)

Tobacco Product Use – Menthol Tobacco

Menthol is a chemical found in cigarettes that creates a cooling sensation in the throat.⁶ Menthol makes cigarette smoke less irritating and easier to inhale.¹⁵ Menthol cigarette smoking is associated with increased tobacco product use and decreased cessation success.^{16,17} Many adults who smoke started smoking using menthol cigarettes.^{1,16} The tobacco industry especially targets marketing of menthol products to certain populations. These populations include youth and young adults, women, and racial and ethnic minority groups, particularly Black persons.^{5,15,18–20} These groups are also more likely to smoke menthol cigarettes compared to other population groups.

About **9.9 million** U.S. adults smoked menthol cigarettes in 2022.



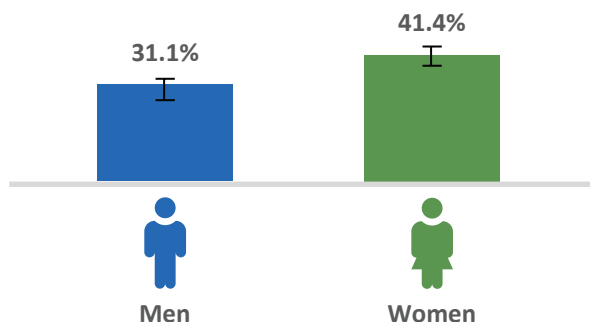
More than **1 in 3** adults who smoked cigarettes (35%) used menthol cigarettes in 2022.



Women, Non-Hispanic Black, and lesbian, gay or bisexual adults reported a high prevalence of menthol cigarette smoking in 2022. This is consistent with previous literature.^{5,21–22}

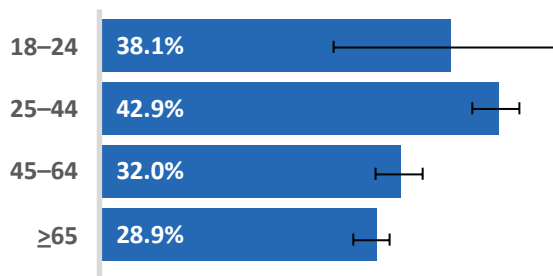
By Sex:

About 31 in 100 men currently smoked menthol cigarettes compared with about 41 in 100 women.



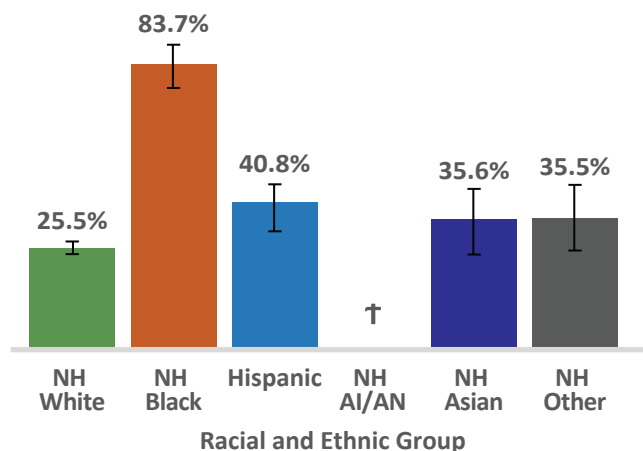
By Age (in years):

Current menthol cigarette smoking ranged from 29 in 100 among adults aged 65 years or older to 43 in 100 among adults aged 25–44 years.



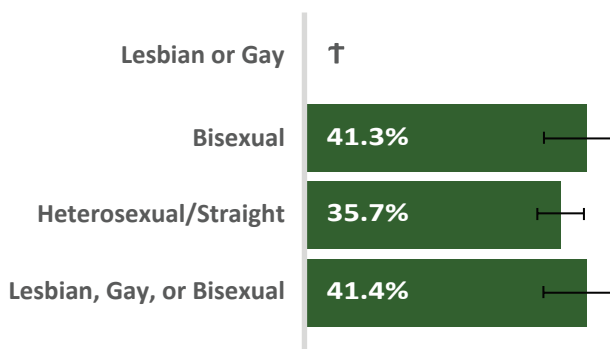
By Race and Ethnicity^d:

Current menthol cigarette smoking ranged from nearly 26 in 100 among Non-Hispanic (NH) White adults to nearly 84 in 100 among NH Black adults.



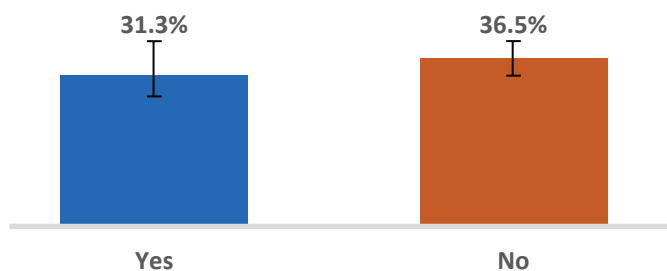
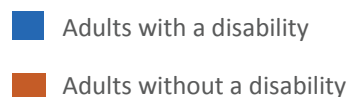
By Sexual Orientation:

Nearly 36 in 100 heterosexual/straight adults reported menthol cigarette smoking. Among lesbian, gay or bisexual adults, 41 in 100 adults reported menthol cigarette smoking.



By Disability Status^e:

About 31 in 100 adults with a disability smoked menthol cigarettes compared with 37 in 100 adults without a disability.



[†]Based on National Center for Health Statistics data presentation standards, estimates were statistically unreliable.

[National Center for Health Statistics Vital and Health Statistics.pdf](#)

Public Health Action

Components of evidence-based strategies that are necessary for preventing and reducing tobacco product use and related disease and death include:

- Tobacco price increases.
- Access to cessation support.
- Hard-hitting media campaigns.
- Implementation of smoke-free policies.⁶

Specific strategies that could help reduce tobacco product initiation, use, and disparities include:

1. Promotion of and equitable access to evidence-based tobacco cessation methods across populations.^{3,6}
2. Tailored prevention and cessation approaches for people who use tobacco products at disproportionately high rates.^{3,6}
3. Increasing the price of tobacco products.^{3,6}
4. Restricting the sale of tobacco products and limiting where retailers can sell tobacco products.^{3,6}
5. Implementation of comprehensive smoke-free policies.⁶

States, communities, and public health organizations can tailor their efforts toward people who use menthol cigarettes and other flavored tobacco products. These efforts can incorporate interventions and educational campaigns adapted for groups with a high prevalence of flavored tobacco product use (including menthol cigarette smoking).^{3,6} Additionally, prohibiting the sale of menthol and other flavored tobacco products could further reduce tobacco product use disparities and initiation.

Evidence-based tobacco control strategies can also address initiation and use of e-cigarettes. These strategies are especially relevant given the increase in use among youth and young adults. Additional strategies focused on e-cigarette use include:

1. Protecting people through smoke-free and tobacco-free policies that also prohibit use of e-cigarettes.
2. Continuing media campaigns that counter tobacco marketing. These campaigns educate people about the health consequences of tobacco use, including e-cigarette use.

Resources

Read more about adult tobacco use:

[Smoking and Tobacco Use](#) | [Smoking and Tobacco Use](#) | CDC

Footnotes

- a In this report, tobacco use refers to commercial tobacco products and not to tobacco used for medicinal and spiritual purposes by some American Indian communities.
- b Current cigarette smoking is defined as having ever smoked 100 or more cigarettes within one's lifetime and smoking every day or some days at the time of survey. Current use of all other tobacco product types is defined as use of the product type every day or some days at the time of survey.
- c Combustible tobacco products include cigarettes, cigars, and pipes.
- d NH = Non-Hispanic; AI/AN = American Indian or Alaska Native.
- e The Washington Group defines disability based on self-reported limitations in the following:
- Vision.
 - Hearing.
 - Mobility.
 - Remembering or concentrating.
 - Self-care.
 - Communication.
- The Washington Group determines these limitations from six questions from the short set of questions on functioning.
https://www.cdc.gov/nchs/washington_group/index.htm
- f Generalized Anxiety Disorder (GAD) based on GAD-7 scale.
For additional information, see: <https://pubmed.ncbi.nlm.nih.gov/16717171>
- g Current depression based on 8-item Patient Health Questionnaire scale (PHQ-8 scale).
For additional information, see: <https://pubmed.ncbi.nlm.nih.gov/18752852/>

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