

Cigarette Pricing Differs by U.S. Neighborhoods

This brief describes and assesses how cigarette pricing varies by neighborhood race and ethnicity. The analyses are based on data collected in 2011 from 2,387 retail stores in a nationally representative sample of 157 communities where public middle and high school students live.

The data presented in this brief show that cigarette pack prices vary with the racial and ethnic compositions of the neighborhoods where they are sold.

Introduction

In the United States, approximately 3,800 youths under 18 years of age smoke their first cigarette, and 1,000 youths become daily smokers each day.¹ The *Healthy People 2020* objectives include the reduction of tobacco use by adolescents and adults and the reduction of the initiation of tobacco use among children, adolescents, and young adults.² As most tobacco use begins during adolescence, efforts to prevent initiation among adolescents will likely lead to a reduction in overall smoking rates among adults.³

A major factor that impacts youth smoking rates is cigarette pricing. Higher cigarette prices reduce the initiation, prevalence, and intensity of smoking among youths.³⁻⁶ A 10% increase in cigarette pricing decreases the probability of a youth initiating daily smoking by approximately 10%.⁷ Price also appears to have a greater impact on smoking prevalence among African American young men than among white young men.⁸

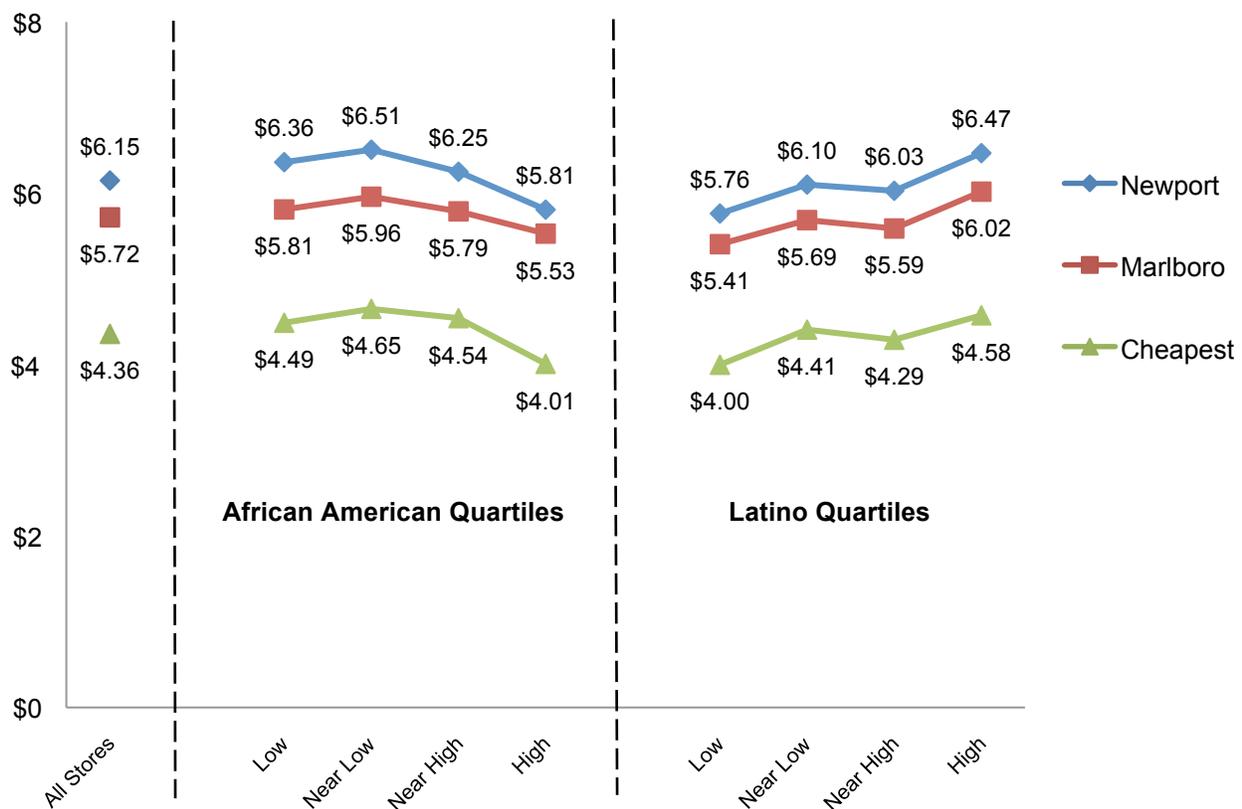
This brief describes cigarette pricing in retail stores across the United States in 2011. It discusses how cigarette pricing varies by the racial and ethnic composition of the neighborhoods where these retail stores are located. Finally, this brief suggests opportunities to reduce these disparities, and ultimately, reduce the number of youth who smoke.

Key Findings

Cigarette prices vary as neighborhoods' racial and ethnic compositions change.

- Newport cigarettes are less expensive in neighborhoods where higher proportions of African Americans live than in neighborhoods that have a lower proportion of African Americans. However, prices for Marlboro cigarettes and the cheapest cigarette pack do not differ significantly by proportion of African Americans. (Figure 1)
- Newport and Marlboro cigarettes are more expensive in neighborhoods with higher proportions of Latino residents. (Figure 1)
- There are no differences in cigarette prices as the proportion of white residents increases.

FIGURE 1 Average Price of Cigarette Packs
By African American and Latino Quartiles, 2011



Notes: The following comparisons are significantly different at $p < 0.05$:
 African American Quartiles: Newport: Low vs. High
 Latinos Quartiles: Newport and Marlboro: Low vs. High

Conclusions and Policy Implications

Given the inverse relationship between cigarette prices and smoking,⁴⁻⁷ the different prices observed across racial/ethnic groups is noteworthy. These data show that Newport cigarettes are significantly less expensive in neighborhoods with higher proportions of African Americans. This finding is consistent with other research,⁹ and may help to explain why Newport continues to be the preferred brand of cigarettes for African American youths.¹⁰ Interestingly, the prices of Newport and Marlboro cigarettes increases as the proportion of Latino residents increases. These higher prices may contribute to Latinos' relatively low smoking rates.¹¹

Given the existing literature and the findings in this brief, increasing prices for cigarettes and other tobacco products are likely to lead to further decreases in tobacco use, especially among vulnerable populations. The U.S. Surgeon General,³ the President's Cancer Panel,¹² and the Institute of Medicine¹³ have recommended utilizing tobacco excise taxes as part of a comprehensive strategy to reduce tobacco use. Raising tobacco excise taxes at both the state¹⁴ and federal levels¹⁵ can be effective at reducing tobacco use and generating revenues to fund tobacco prevention and cessation programs.

Study Overview

The findings in this brief are based on data from the Bridging the Gap Community Obesity Measures Project (BTG-COMP), an ongoing, large-scale effort conducted by the Bridging the Gap research team. BTG-COMP identifies local policy and environmental factors that are likely to be important determinants of healthy eating, physical activity and obesity among children and adolescents. BTG-COMP collects, analyzes and shares data about local policies and environmental characteristics relevant to fast-food restaurants, food stores, parks, physical activity facilities, school grounds and street segments in a nationally representative sample of communities where public school students live.

For this study, neighborhoods around schools were classified by race/ethnicity quartiles based on the proportion of white, African American, and Latino population (i.e., low, near low, near high, high). The sample of stores used in these analyses

consists of food stores (e.g., supermarkets, grocery stores, convenience stores, and other small stores) that sold tobacco products. These stores were located in 1,373 census block groups (i.e. neighborhoods). Prices of regular size (85mm or King/Regular) packs of Marlboro Red, Newport, and the cheapest cigarette pack were gathered. The differences in cigarette prices by neighborhood characteristics reported in this brief account for differences in the type of store and state excise tax strategies.

Suggested Citation

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About Bridging the Gap

Bridging the Gap is a nationally recognized research program of the Robert Wood Johnson Foundation dedicated to improving the understanding of how policies and environmental factors influence diet, physical activity and obesity among youth, as well as youth tobacco use. The program identifies and tracks information at the state, community and school levels; measures change over time; and shares findings that will help advance effective solutions for reversing the childhood obesity epidemic and preventing young people from smoking. Bridging the Gap is a joint project of the University of Illinois at Chicago's Institute for Health Research and Policy and the University of Michigan's Institute for Social Research. For more information, visit www.bridgingthegapresearch.org.

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Endnotes

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