



COALITION to
PACT
 PROTECT ALL
 CALIFORNIANS
 from TOBACCO

Tobacco Use Among California's Diverse Populations



California has been very successful in the fight against tobacco, but **many challenges remain, especially** for the state's **diverse populations**.

Since the passage of Proposition 99 in 1988, smoking prevalence in California has decreased from 22.7% in 1988 to 13.3% in 2008.¹ However, smoking prevalence rates within California's diverse communities have often not decreased by the same amount. Tobacco use varies among diverse communities, and in many cases is disproportionately higher than the statewide adult and youth averages. Not only do some of these communities experience an unfair burden brought on by the disparities in tobacco use, they are also aggressively targeted by the tobacco industry.

The Tobacco Education and Research Oversight Committee (TEROC), a legislatively mandated body responsible for overseeing tobacco programs funded by Proposition 99, has identified **eliminating disparities and achieving parity in all aspects of tobacco control as a major objective for tobacco control efforts in California**. TEROC recommends that all Proposition 99-funded agencies utilize evidence-based strategies to identify high-risk populations, develop specific interventions and build the capacity of every community to achieve parity in tobacco control.

The following pages provide details about how seven diverse populations identified by the California Tobacco Control Program are impacted by the tobacco industry and the use of tobacco products.



Population
Targeting + Addictiveness =
Deadly

The tobacco industry **TARGETS** diverse populations in many ways including sponsorship of cultural, educational and entertainment events.



African Americans

Targets: The tobacco industry buys the support of the community through extensive sponsorship of cultural, educational and entertainment events, as well as intense marketing in the African American community and ethnic media.

Addictive: Smoking prevalence is higher in the African American adult population (19.3%) than in the general population (13.7%).² In addition, the percentage of African American smokers who have successfully quit smoking is lower than among whites (50.5% vs. 35.4%).³

Deadly: African Americans have the highest lung cancer incidence and mortality rates in California, with mortality rates 13% higher than non-Hispanic whites and more than twice the rate of Asian/Pacific Islanders.⁴

American Indians/Alaskan Natives

Targets: The tobacco industry has taken a sacred American Indian plant to create commercialized tobacco, a product that kills. The American Indian community does not need protection from traditional tobacco but the community does need protection from the effects of commercial tobacco. The tobacco industry exploits both the American Indian community and the general population by featuring sacred and ceremonial images to market and promote their deadly products.

Addictive: According to the 2007 California Health Interview Survey, commercial tobacco use by the American Indian population (35.3%) is more than twice the prevalence rate of the general population (13.8%).^{5, 6}

Deadly: Cardiovascular disease is the leading cause of death and lung cancer is the leading cause of cancer deaths among American Indians in California, accounting for 26% of all cancer deaths.³ Tobacco use is a major risk factor for both diseases.

Asian/Pacific Islanders

Targets: Over 500,000 pages of tobacco industry documents reveal 15 years of targeted marketing to Asian/Pacific Islander (API) communities. A Lorillard memo described API's as a "potential gold mine."⁷

Addictive: Smoking prevalence rates are higher in males in specific Asian/Pacific Islanders (API) ethnic groups (for example, 27.9% for Korean males) than the general male smoking prevalence rate in California, which is 17.1%.²

Deadly: Tobacco-related cancer and cardiovascular disease are the top two causes of death among Asian/Pacific Islanders. For API individuals, approximately 35% of total deaths are attributed to stroke and heart diseases, and approximately 27% of total deaths are attributed to cancer.³

Hispanic/Latinos

Targets: The tobacco industry has financially supported primary and secondary schools, funded universities and colleges, and supported scholarship programs targeting Hispanics and Latinos. Tobacco companies have also placed advertising in community publications and sponsored Hispanic cultural events.

Addictive: In 2008, Hispanic high school students in California had the second highest smoking prevalence among all high school students.⁸ California's adult Hispanic/Latino population has a smoking prevalence rate of 11.5%, with Hispanic adult males having a much higher smoking prevalence rate (16.0%) than Hispanic adult females (7.2%).²

Deadly: Lung cancer is the leading cause of cancer deaths among Hispanics. In California, deaths from lung cancer are 2.1 times higher for Hispanic men as they are for Hispanic women.³



Lesbian, Gay, Bisexual and Transgender Individuals

Targets: Tobacco industry advertising has openly targeted gays and lesbians since 1992, when Philip Morris began running ads in *Genre* magazine.

Addictive: 43.4% of California's LGBT young adults between the ages of 18-24 smoke, as compared to 14.2% of their general population peers.^{2,9} Smoking prevalence for women in the LGBT community is almost triple that of women in the general population.⁷

Deadly: The American Cancer Society estimates that tobacco kills at least 33,000 gays and lesbians each year in the United States.¹⁰

Low Income Californians

Targets: The low socio-economic status (SES) population in California is defined as individuals with low education, low income and low opportunities for education and income advancement. The diverse populations among the low SES population are targeted by the tobacco industry with ethnic-specific media messages that appear at the small convenience stores and corner grocers that are prevalent in low income neighborhoods.

Addictive: Smoking prevalence for the low SES population in California was 18.6% in 2008 – over three times higher than that of the high SES population (5.7%).¹ Also, smoking prevalence for the low SES population has declined slower than that of the high SES population over time.

Deadly: Lower educated individuals are almost twice as likely to die and lower income individuals are 1.5 times as likely to die from lung cancer and COPD, even after adjusting for age, race/ethnicity, sex, and smoking status.¹¹

Rural Residents

Targets: The tobacco industry targets rural populations through advertisement and sponsorship of rural events such as rodeos and sports events.

Addictive: High school students in rural areas had higher smoking rates than those in urban areas (16.4% versus 14.7%).¹²

Deadly: Because of unequal access to disease prevention services and health care, rural populations are extremely vulnerable to tobacco related diseases.

1 Behavioral Risk Factor Surveillance System and California Adult Tobacco Survey, 2008. Prepared by California Department of Public Health, California Tobacco Control Program, March, 2010.

2 The California Tobacco Survey, 2005. Prepared by California Department of Public Health, California Tobacco Control Program, March, 2010.

3 Shervington, D, May 1994. Royce, J, et al., February 1993.

4 National Vital Statistics System, 1999-2006 public use data file. Death rates are age-adjusted to the 2000 US standard population. Created by statecancerprofiles.cancer.gov, March 2010.

5 California Health Interview Survey, 2007. Created by www.chis.ucla.edu, March 2010.

6 Behavioral Risk Factor Surveillance System and California Adult Tobacco Survey, 2007. Prepared by California Department of Public Health, California Tobacco Control Program, March, 2010.

7 Muggli ME, Pollay RW, Lew R, Joseph AM. Targeting of Asian Americans and Pacific Islanders by the tobacco industry: results from the Minnesota Tobacco Document Depository. *Tob Control* 2002 Sept; 11(3): 201-9. Available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1759011/pdf/v011p00201.pdf>

8 Carr K, Beers M, Kassebaum T, Chen MS Jr. California Korean American Tobacco Use Survey – 2004. Sacramento, CA: California Department of Health Services, 2005.

9 Bye L, Gruskin E, Greenwood G, Albright V, Krotki K. California Lesbians, Gays, Bisexuals, and Transgender (LGBT) Tobacco Use Survey – 2004. Sacramento, CA: California Department of Health Services, 2005.

10 Approximately 7.5% of the US population is gay or lesbian (Laumann EO, Gagnon JH, Michael RT, Michaels S. *The Social Organization of Sexuality: Sexual Practices in the United States*. Chicago, IL: Chicago, University of Chicago Press.) and 440,000 deaths per year in the US are due to tobacco use (American Cancer Society, Atlanta, GA. <http://www.americanheart.org/presenter.jhtml?identifier=4545>)

11 Lewis DR, Clegg LX, Johnson NJ. Lung disease mortality in the United States: the National Longitudinal Mortality Study. *International Journal of Tuberculosis and Lung Disease*. 2009 Aug; 13(8): 1008-14.

12 California Student Tobacco Survey 2008. Prepared by California Department of Public Health, California Tobacco Control Program, March, 2010.