

# Talking Points

## Tobacco-Related Health Disparities



**These strategically framed talking points can be used across messengers and channels to elevate the issue of tobacco-related health disparities and to reframe tobacco control as a matter of social justice. The points are organized to lead with justice, center explanation, and emphasize collective solutions.**

The points can be incorporated into both written and spoken communications. Use them separately or in combination as a given situation allows. To find more data that supports these points, see the *Pointing Out Inequity* resource.

### **Tobacco prevention and control is a matter of fairness and justice.**

- A just and fair society values every person, their health, and their health outcomes. It ensures that no person—regardless of age, race, ethnicity, income, sexuality, or place of residence—is exposed again and again to experiences that we know are harmful.
- Our commitment to justice calls us to understand and address the harmful role of commercial tobacco. Commercial tobacco is an obstacle to achieving health equity for people of color, people with low incomes, young people, LGBT+ people, people with behavioral health conditions, and people who live in rural areas.
- Health equity means that all people have a fair and just opportunity to live the healthiest life possible, no matter who they are, where they live, or how much money they make. It requires addressing social problems, unfair practices, and unjust conditions that can undermine the health of specific groups of Americans.
- Justice involves looking closely at the reasons for health disparities—differences that put some people and communities at a disadvantage and have a negative impact on their health. When we spot inequalities, we must act in the interest of fairness.



**To live up to our commitment to fairness and justice, we need to address the unfair policies, unjust practices, and unequal conditions that drive health issues related to commercial tobacco.**

- **Social groups that face well-known forms of structural injustice also experience disproportionate health burdens from commercial tobacco.** People of color, LGBT+ people, and other marginalized groups are more likely to be targeted by tobacco companies with tailored ads, discounts, and flavored products, and more likely to be exposed to secondhand smoke. They are less likely to have a health care provider offer them advice or treatment for nicotine dependence or to have health insurance that covers the kind of health support that helps people quit. They are more likely to experience severe and chronic stress, which can have a toxic effect on health. These factors can build up, compounding health problems in groups already facing other forms of inequality.
- **The tobacco industry saturates some communities with tailored marketing.** Marketing plays a big role in whether people try or use tobacco products. Being around commercial tobacco ads makes smoking appear more appealing and increases the chance that someone will try tobacco for the first time or start using it on a regular basis.<sup>1,2</sup> Tobacco companies spend billions of dollars to keep their products cheap, highly visible, and readily available in areas where people of color, people with low incomes, and young people live and shop.<sup>3,4,5</sup>
- **Tobacco companies push flavored products to entice certain social groups.** Tobacco companies add flavors, like artificial mint, fruit. Flavors make tobacco products easier to start and easier to inhale deeply, which can lead to a stronger addiction. Tobacco companies aggressively promote flavored products to young people, Black and Latino/Latina people, and LGBT+ people. These tactics contribute to health inequities across race, class, and sexual orientation.
- **Stress increases commercial tobacco use and can make health problems worse.** When people are under multiple forms of stress—like financial problems, discrimination, or unsafe neighborhoods—they become much more likely to smoke.<sup>6</sup> For example, the pressure of discrimination makes it more likely that a person will begin to use tobacco<sup>7,8</sup> and makes it harder to quit.<sup>9</sup> What’s more, when people experience severe or long-lasting forms of stress, their bodies respond by raising stress hormones and keeping them raised. When stress systems are activated like this for a long time, health problems like high blood pressure and a faster heart rate can develop.<sup>10,11</sup> The use of commercial tobacco products can make these health problems worse.<sup>11</sup>
- **Most Americans are protected from secondhand smoke—but some aren’t.** There is no safe level of exposure to the smoke produced by burning tobacco, which can cause damage and disease in virtually every organ in the body. Smoke-free air policies are critical public health measures, keeping deadly chemicals out of the air we breathe. Right now, these protections aren’t equally available to everyone, leaving some groups at higher risk of secondhand smoke exposure than others.

- As of March 2021, 23 states allow some workplaces to allow smoking indoors.<sup>12</sup> It's not fair to ask any worker to take unnecessary health risks as part of their job. It's especially unjust that we deny smoke-free protections to our service industry workers, who tend to be lower-income women.<sup>13</sup>
- Eight of the 10 US states with the highest proportion of Black residents have state laws that prevent local communities from establishing stronger local smoke-free regulations.<sup>14</sup>
- Seven of the 10 US states with the highest proportion of rural residents have state laws that prevent local communities from establishing stronger local tobacco control regulations.<sup>14</sup>
- **Some social groups encounter barriers to treatments for nicotine dependence.** Most people who smoke want to quit, but only some have access to help. Proven smoking cessation (quitting) treatments, including counseling and FDA-approved medications, are available, but not enough people know about evidence-based cessation approaches, and not everyone has access to care that meets their needs. Only 10 state Medicaid programs fully cover these services and treatments,<sup>15</sup> and adults without health insurance are less likely to have access to adequate cessation support. Certain groups—including Black Americans, Hispanic Americans, and LGBT+ adults—are less likely to get quitting advice from their health care providers.<sup>16</sup>

**When we see injustice, we have an obligation to act. Public health strategies can reduce tobacco-related health disparities and advance health equity.**

States, communities, and organizations can take action to reduce the health burden of commercial tobacco. There is strong evidence that we can make a difference if we:

- *Limit the tobacco industry's ability to target groups experiencing health disparities.* Public health strategies can reduce the pressure to buy that comes with heavy advertising and discounts. States and communities can restrict advertising, do away with price discounts, and limit the number of stores that can sell commercial tobacco products in a neighborhood.<sup>17</sup>
- *Keep flavored tobacco products off the shelves.* Most flavored cigarettes were banned years ago, but menthol cigarettes—which cause serious harm in the Black community—are still allowed, and tobacco companies are still allowed to add fruit or candy flavors to products like cigars, e-cigarettes, and smokeless tobacco. States and communities can restrict the sale of flavored tobacco products, do away with price discounts, and take other actions to reduce the availability of these dangerous starter products.<sup>18</sup>
- *Extend smoke-free protections.* States can make all workplaces and all health care settings smoke-free, with no exceptions. Letting local governments adopt smoke-free policies would allow more communities to organize for stronger smoke-free air protections.

- *Expand access and use of effective treatment for nicotine dependence.* The majority of people who smoke want to quit. If we connected everyone who wants to quit to a program that makes sure they can quit, it would go a long way to achieving health equity. States can make sure that their public health insurance fully covers tobacco cessation services. And states and health care systems can increase clinical screening for tobacco use with all types of patients. Community health centers and low-cost health clinics serve the patients that are least likely to be offered professional support in quitting tobacco. Making conversations about tobacco a regular part of health care visits in these settings will go a long way toward making sure that all groups can get the latest, most effective treatments for quitting smoking.

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