

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.**

The adult cigarette smoking rate in California has declined since the creation of California's comprehensive outdoor tobacco control program in 1989. Between 1988 and 2016, smoking rates declined by 51.9%, then from 23.7% to 11.4% in 2016. 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're also aggressively targeted by the tobacco industry.¹

The Tobacco Education and Research Oversight Committee (TEROC), a legislatively mandated body responsible for overseeing tobacco programs funded by Proposition 99 and Proposition 56, has identified achieving equity in all aspects of tobacco control among California's diverse populations as a priority. TEROC recommends that all 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.¹

The following pages provide details about how eight diverse populations identified by the California Tobacco Control Program are impacted by the tobacco industry and the use of tobacco products.¹



Population Targeting + Addictiveness = Deadly

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.²

Addictive: Smoking prevalence is higher in the African American population than in the general population (20.7% in the African American community compared to 12.4% of U.S. adults overall). Smoking prevalence is significantly higher among African American men (20.2%) than among African American women (13.5%).²

Deadly: African Americans using tobacco are most susceptible to heart disease, cancer and stroke—which are the three leading causes of death among this minority group. African Americans are 30-40% more receptive to diabetes when smoking cigarettes.²

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.³

Addictive: 33.9% of American Indians and Alaskan Native adults in the U.S. smoke cigarettes. In 2016, American Indian/Alaska Native youth and adults had the highest rates of cigarette smoking in all racial/ethnic groups in the United States.³

Deadly: Cardiovascular disease and lung cancer are the leading causes of death among American Indians in California. Tobacco use is a major risk factor for both diseases.³

Asian Americans, Pacific Islanders, & Native Hawaiians

Targets: The tobacco industry sponsors many events such as Chinese New Year and Vietnamese New Year festivals as well as Asian Pacific Islanders (API) heritage activities. There are more tobacco advertisements in these Asian American communities along with the Industry supporting many Asian American business owners through business workshops and sales.⁴

Addictive: In certain API populations, cigarette smoking prevalence is much higher. For example, the smoking rate is 26.6% for Korean males, 23.7% for Vietnamese males, and 18.3% for Native Asian Hawaiian/Pacific Islanders.⁴



Deadly: Tobacco-related cancer and cardiovascular disease are the top two causes of death among API individuals. 35% of total deaths among API individuals are attributed to stroke and heart disease and 27% to cancer.⁴

Latinos/Hispanics

Targets: The tobacco industry has financially supported primary and secondary schools, funded universities and colleges, and supported scholarship programs targeting Latinos. Tobacco companies have also placed advertising in Latino/Hispanic community publications and sponsored Latino/Hispanic cultural events.⁵

Addictive: In 2016, cigarette smoking prevalence was significantly higher among Puerto Ricans (28.5%) compared to the overall Hispanic/Latino group (16.6%).⁵ Casual cigarette smoking is most common with Mexican men (15.5%).⁵

Deadly: Lung cancer is the leading cause of cancer deaths among Latinos and accounts for 17% of all cancer diagnoses among Latinos. Lung cancer is the leading cause of cancer deaths among Hispanics.⁵

Lesbian, Gay, Bisexual, Transgender, and Queer Individuals

Targets: Tobacco industry advertising has openly targeted the lesbian, gay, bisexual, transgender, and queer (LGBTQ) population since the mid-1990s, when R.J. Reynolds created *Project SCUM* promoting tobacco use in LGBTQ and homeless groups.⁶

Additive: In 2016, the prevalence of current cigarette smoking among LGBTQ individuals was 18.5% compared with 13.0% of their heterosexual counterparts. This may be in part due to the aggressive marketing of tobacco products to this community. LGBTQ individuals are also likely to have risk factors for smoking that include daily stress related to prejudice and stigma that they may face.⁶



Addictive: Smoking prevalence in adults below the poverty line was 32% in 2016. Groups below the poverty line are more prone to smoking cigarettes, and even at a younger age.

Deadly: Lower SES individuals are twice as likely to die from lung cancer and COPD, even after adjusting for age, race/ethnicity, sex, and smoking status.⁷

Mental Health and Substance Abuse Populations

Targets: The tobacco industry has targeted populations with behavioral health concerns by providing free and reduced cost cigarettes and tobacco company merchandise to mental health facilities.⁸ They funded research to promote smoking such as saying that cessation would be detrimental to their mental health, and provided discounted cigarettes to psychiatric facilities.⁸

The research claimed that cessation would slow down the recovery process of mental health or even worsen their condition. The research promoted that smoking would relieve symptoms from mental illnesses, and cigarette companies provided the facilities discounted cigarettes for patients.⁹

Addictive: Nationally, nearly 1 in 4 adults have some mental health condition and almost 40% of these individuals smoke cigarettes. In 2016, 32% of people with mental illness used tobacco and 63.5% of adults that smoke cigarettes also co-use alcohol as well as other drugs.⁸

Deadly: The lives of people with serious mental illness are cut short, often due to a range of tobacco related causes.⁸ Drug users who also smoke are four times more likely to die prematurely and can risk increasing or creating new addictions.⁸

Deadly: Tobacco use remains the leading cause of preventable disease and death in the United States. The LGBTQ community may also be at higher risk for health conditions that are related to smoking cigarettes, such as heart disease. LGBTQ men have higher rates of HPV infection which, when coupled with tobacco use, increases their risk for other cancers.⁶

Low Income Californians

Targets: In California, low economic status is defined as individuals with low education, low income, and low opportunities for education and income advancement. This community is targeted by the tobacco industry with media messages that appear at the small convenience stores and corner grocers that are prevalent in low-income neighborhoods. Tobacco companies have, in the past and present, targeted low-income women through discounts and coupons of various brands.⁷ To promote smoking, the industry placed more tobacco retailers and advertising in low income and minority neighborhoods.⁷

Rural Residents

Targets: The tobacco industry has used activities popular in rural areas, such as rodeos and racing events, to market their product and gain a foothold in rural communities.¹⁰

Addictive: Rural smokers tend to smoke more heavily than their urban counterparts and are more likely to start smoking at a young age due to less comprehensive smoke free laws and aggressive advertising towards the youth.¹⁰ With these aggressive marketing tactics, they are three times more likely to smoke compared to urban kids and 37.4% of these adolescents became daily smokers. Young adults ages 18 to 34 are 27% more likely to smoke compared to young adults living in the city.¹¹

Deadly: Individuals living in rural areas have a higher chance of cardiovascular and respiratory diseases and are almost 20% more likely to develop lung cancer.¹¹ Because these rural areas have a lack of resources and income, many of these rural residents are uninsured which may stop them from seeking treatment from these preventable smoking-related diseases.¹¹

1. CDPH. Smoking Prevalence in Adults, 1984-2015. <https://chhs.data.ca.gov/Diseases-and-Conditions/Smoking-Prevalence-in-Adults/r3x3-5ydr/data>
2. Burden of Tobacco Use in the U.S. Data and Statistics. <https://www.cdc.gov/tobacco/disparities/african-americans/index.htm>
3. Burden of Tobacco Use in the U.S. Data and Statistics. <https://www.cdc.gov/tobacco/disparities/american-indians/index.htm>
4. Burden of Tobacco Use in the U.S. Data and Statistics <https://www.cdc.gov/tobacco/disparities/asian-americans/index.htm>
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