



TOBACCO AND HEALTH IN ASIAN AMERICAN, NATIVE HAWAIIAN AND PACIFIC ISLANDER COMMUNITIES IN CALIFORNIA

TOWARDS HEALTH PARITY AND JUSTICE

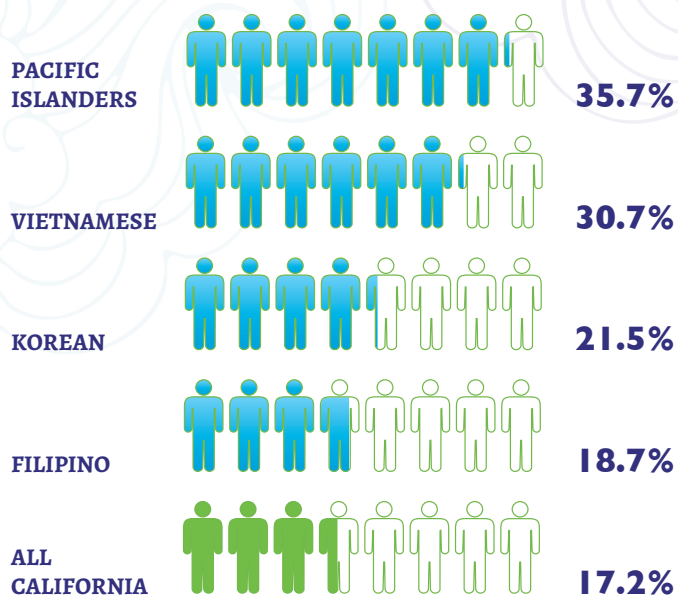
APPEAL

Asian American (AA), Native Hawaiian, and Pacific Islander (NHPI) communities are unequally burdened by tobacco use and tobacco-related diseases.

Although the California Health Interview Survey (CHIS) reports tobacco use data for each of the six largest Asian American groups, specific data on smaller Asian and NHPI ethnic subgroups – such as Cambodian, Hmong, Native Hawaiians, or Tongans – from large-scale studies are less readily available.

According to a community-based study, 24.4% of Cambodian men in Long Beach smoke (Friis et al., 2012).

Smoking rates among Asian American women have increased dramatically, given that they traditionally have been very low. Rates of smoking for Korean women (20.5%) and Pacific Islander women (23.0%) are more than double the rate of all California women (10.1%), and 13.0% of Japanese women smoke (CHIS, 2009).

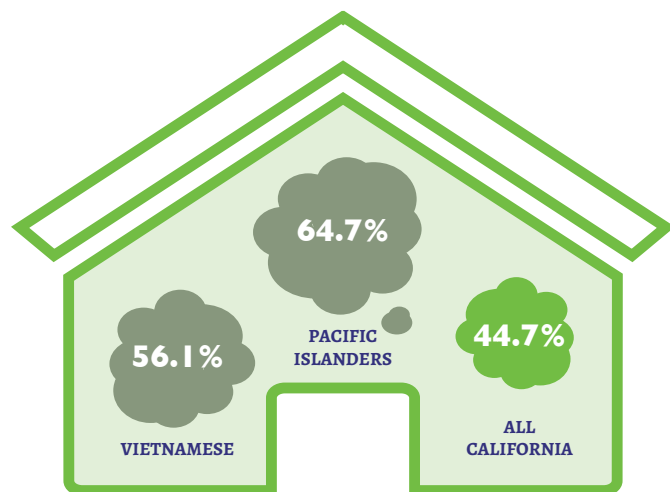


PERCENTAGE OF MEN WHO ARE CURRENT SMOKERS

According to the 2009 CHIS, men's smoking rates among Pacific Islanders and Vietnamese are around double those of all men in California, and are also high among Korean and Filipino men.



Forms of smokeless tobacco are also linked to increased risk of cancer. Among Pacific Islanders, Southeast Asians, and South Asians, chewing betel nut – also known as areca nut or paan masala – with tobacco leaves and other flavorings, is a common practice.



PERCENT EXPOSED TO SECONDHAND SMOKE AT HOME

Asian Americans and Pacific Islanders have the second highest rate of exposure to secondhand smoke at work of any group in California, at 10.5% (Max, Sung, and Shi, 2012).

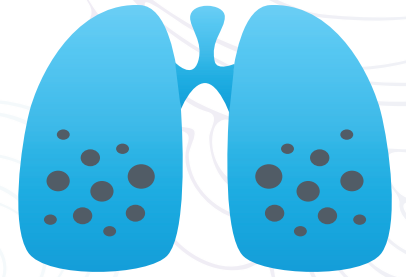
Vietnamese and Pacific Islanders are more likely to be exposed to the dangerous chemicals in secondhand smoke at home everyday than the general California population (CHIS, 2009).

The Impact of Tobacco-Related Disease

Tobacco use is the #1 cause of preventable disease, disability, and death for all groups, including AAs and NHPs. It kills more people each year than AIDS, alcohol and drug abuse, car crashes, injuries, murders and suicides combined (CDC, 2008; McGinnis and Foege, 1993).

Smoking and smokeless tobacco use is associated with the top three killers of Asian Americans and Pacific Islanders in California – heart disease, cancer, and stroke (Ponce et al., 2009).

Lung cancer is the leading cancer killer of Asian Americans. Smoking causes 80% of all lung cancer deaths, and also increases the risk for other types of cancer throughout the entire body (USDHHS, 1998; ACS, 2011).



Tobacco Use Among AA and NHPI Youth

Nationwide, Pacific Islander youth smokers start earlier than any other ethnic or racial group, with 31.1% starting to smoke in grade school (Chen, 2003).

Rates of smoking for Asian American high school youth (33.1%) are seven times higher than their rates of smoking in middle school (4.4%) (Kershaw, 2001).

AA and NHPI smokers nationwide, especially youth, are more likely to smoke menthol cigarettes than the general population. 51.5% of Asian American youth and 41.4% of Native Hawaiians and Pacific Islander youth, aged 12-17 years, report smoking a menthol brand (Caraballo and Asman, 2011).

Research shows that menthol cigarettes are marketed towards communities of color and are more addictive and harder to quit than regular cigarettes (Lee and Glantz, 2012).



Role of the Tobacco Industry

Internal industry documents show that since at least the mid-1980s, American tobacco companies have targeted Asian Americans and Pacific Islanders in their marketing campaigns. The tobacco industry considered AA and NHPs to be a “potential gold mine” because of high rates of smoking in Asia and the Pacific, concentration in certain geographic regions, and the high proportion of Asian retailers.

An internal document from Lorillard shows that in the early 1990s, tobacco industry marketing executives began to focus on Asian American women as they might be “smoking more as they believe they should enjoy the same freedom as men.” Soon after the Master Settlement Agreement placed restrictions on industry marketing and promotions, Virginia Slims launched a new “Find Your Voice” campaign that targeted Asian American and other ethnic minority women as potential new smokers by depicting smoking as a form of women’s empowerment (Muggli et al., 2002).

What is an Effective Way to Reduce Tobacco Use?

One of the most effective ways to prevent and reduce smoking, especially among youth, is to raise cigarette prices through taxes (Boonn, 2011). Over a four-year period, raising cigarette taxes by \$1 a pack could save approximately 4,174 lives AND save California \$3.35 billion in healthcare expenditures (Max, Sung, and Lightwood, 2012).

A cigarette tax should be used to help provide funding for the comprehensive and culturally targeted tobacco control programs and cancer research needed by Asian American, Native Hawaiian and Pacific Islander communities.

For more information on how you can learn more and get involved, join the APPEAL PROMISE Network at: www.appealforcommunities.org/appealpromisetwork

For full reference information, visit http://appealforcommunities.org/media/docs/2952_References_TobaccoandHealthinAAandNHPICommunitiesinCAFactsheet.pdf

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*Contributions to the California Cancer Research Fund are used to conduct research relating to the causes, detection, and prevention of cancer and to expand community-based education on cancer, and to provide prevention and awareness activities for communities that are disproportionately at risk or afflicted by cancer.

Look for the voluntary contribution lines or tell your tax preparer about donating to the California Breast Cancer Research Fund on line 405 and/or the California Cancer Research Fund on line 413 of your state tax Form 540.

To learn more information about California's Voluntary Contributions, see the Franchise Tax Board's FAQ Page.