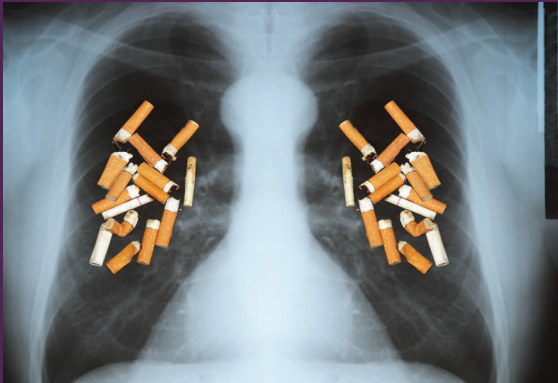




## TOBACCO USE IN ASIAN AMERICAN COMMUNITIES

### HOW TOBACCO HARMS ASIAN AMERICAN COMMUNITIES



Tobacco use is the #1 cause of preventable disease, disability, and death for all groups, including Asian Americans (Centers for Disease Control and Prevention, 2008). It is associated with the top three killers of Asian Americans nationwide – heart disease, cancer, and stroke (National Center for Health Statistics, 2012).

Smoking causes cancer almost anywhere in the body – and 80% of all lung cancer deaths. Lung cancer is the leading cancer killer of Asian Americans (Miller et al., 2008).

### HIGH PREVALENCE OF TOBACCO USE HIDDEN BY LACK OF DATA ON ASIAN AMERICAN SUBGROUPS

High rates of smoking in Asian American communities, especially among men, are usually not captured by standard research practices, such as lumping together all Asian subgroups into one category and conducting surveys only in English.

Smoking prevalence is extremely high among Vietnamese American and Korean American men across the U.S. – around 1 in 3 Vietnamese and Korean American men smoke, according to disaggregated data collected in-language for the National Latino and Asian American Study (Chae et al., 2006).

Community-based studies conducted in Asian languages show considerable variation by ethnic subgroup and geographical region, and reveal high smoking prevalence rates among Cambodian (13–58%), Chinese (11–36%), Korean (22–37%), Lao (32%), and Vietnamese (24–41%) men (APPEAL, 2013).

Internal tobacco industry documents from the early 1990s reveal a concerted effort to target Asian American women with advertisements. An industry consultant commented that Asian American women might connect smoking with a sign of gender equality and start “smoking more as they believe they should enjoy the same freedom as men” (Muggli et al., 2002).

Today, higher prevalence of smoking among women in some Asian American subgroups – including Chinese, Filipino, Korean, South Asian and Vietnamese women – is linked to higher levels of acculturation to U.S. norms (An et al., 2008).

Smoking isn't the only form of tobacco that is dangerous – forms of smokeless tobacco widely used in Southeast Asian and South Asian communities cause cancer too (Glenn et al., 2009).

Researchers estimate that nearly one third of South Asian Americans use smokeless tobacco, such as betel nut combined with tobacco leaves and other flavorings and spices, known as *paan* or *gutka* (Glenn et al., 2009).



## MENTHOL AND ASIAN AMERICAN YOUTH SMOKING

The tobacco industry targets neighborhoods with higher concentrations of Asian Americans, other communities of color, low income, and youth residents with higher rates of menthol advertising (Widome et al., 2013).

Menthol cigarettes are easier to start smoking and harder to quit than regular cigarettes. Menthol is the only cigarette flavor not banned in the U.S. (Lee and Glantz, 2011).

Smokers in Asian American communities and other communities of color are more likely to smoke menthol cigarettes than White Americans. 31.2% of Asian American smokers report using a menthol brand, as compared to 23.8% of White American smokers (Caraballo and Asman, 2011).

Over half (51.5-58%) of Asian American youth smokers report smoking a menthol brand – a rate second only to that of African American youth (71.9%) (Caraballo and Asman, 2011).



*Children and elders are especially vulnerable to the dangers of secondhand smoke.*

## SECONDHAND SMOKE – DANGEROUS IN ANY AMOUNT

Asian Americans are exposed to secondhand smoke at high rates at work, at home, and at restaurants – even where there are smoke-free policies. Overall, workers in factories, plants, and the service industry have the highest levels of exposure. Pregnant women, children, and elders are the most vulnerable to the toxic chemicals in secondhand smoke (Ma et al., 2005; Ellis et al., 2007; Max et al., 2012).

### Asian Pacific Partners for Empowerment, Advocacy & Leadership

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## PERSISTENT DISPARITIES FOR CALIFORNIA'S ASIAN AMERICAN COMMUNITIES DESPITE TOBACCO CONTROL PROGRESS

Even in states that have been highly successful in decreasing smoking prevalence through policy change and social norm change, tobacco disparities continue to exist.

- The California Health Interview Survey has shown that between 2001 and 2009, smoking prevalence among Filipino, Korean, and Vietnamese men has been consistently and disproportionately high as compared to the general California population.
- Smoking among young adults is also a major concern – nearly 1 in 4 Korean Americans between the ages of 18-24 are smokers (Carr et al., 2005).

In-depth studies of Korean American and Vietnamese American communities sponsored by the California Department of Health suggest that diverse communities do not benefit equally from tobacco control policy changes (Carr et al., 2005; Tong et al., 2009). This indicates that there is need for culturally-tailored education about tobacco and that policy changes should be critically examined to determine whether they promote or undermine health equity (Tong et al. 2009).

## PROTECTING OUR COMMUNITIES FROM TOBACCO

Despite substantial successes in the broader tobacco control movement, tobacco-related disparities between racial and ethnic groups persist, which suggests that Asian Americans are not being reached by mainstream approaches to tobacco control.

APPEAL's strategies for tobacco control include engaging Asian Americans to promote policy change and social norm change around tobacco at the community, legislative, corporate, and mainstream levels in order to eliminate tobacco-related disparities for Asian Americans.

To learn more and find out how you can get involved in the fight against tobacco, please visit [www.appealforcommunities.org/appealpromisenetwork](http://www.appealforcommunities.org/appealpromisenetwork) and become a member of the APPEAL PROMISE Network.

For full reference information, visit: [http://appealforcommunities.org/media/docs/8914\\_APPEAL\\_AsianAmerican\\_factsheet\\_references.pdf](http://appealforcommunities.org/media/docs/8914_APPEAL_AsianAmerican_factsheet_references.pdf)