The Asian American (AA) population represents a diverse range of people with origins ranging throughout East to South Asia. High rates of tobacco use in AA’s are often overlooked because subgroups are lumped into one single AA population. However, when we look at disaggregated data, it reveals much higher smoking rates amongst AA subpopulations.

### Adult Cigarette: Past 30-Day Use Among Asian American Men & Women (PATH 2013-2014)

<table>
<thead>
<tr>
<th>Subgroup</th>
<th>Value (Men)</th>
<th>Value (Women)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-AANHPI</td>
<td>21.02%</td>
<td>26.69%</td>
</tr>
<tr>
<td>Other Asian</td>
<td>12.67%*</td>
<td>17.73%</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>8.43%*</td>
<td>18.86%</td>
</tr>
<tr>
<td>Korean</td>
<td>9.15%</td>
<td>18.83%</td>
</tr>
<tr>
<td>Japanese</td>
<td>12.17%</td>
<td>18.06%</td>
</tr>
<tr>
<td>Filipino</td>
<td>6.08%*</td>
<td>16.06%</td>
</tr>
<tr>
<td>Chinese</td>
<td>4.40%</td>
<td>16.06%</td>
</tr>
<tr>
<td>Asian Indian</td>
<td>13.25%</td>
<td>21.17%</td>
</tr>
<tr>
<td>All AANHPI</td>
<td>16.97%</td>
<td></td>
</tr>
</tbody>
</table>

**KEY**
- All
- Men
- Women

^ AANHPI (Asian American, Native Hawaiian, and Pacific Islander) - Disaggregated data for men and women not available.

*Estimate has a relative standard error that is larger than 30%. Interpret with caution.

^^ Non-AANHPI includes Hispanic, White, Black, and Other populations

### Smokeless Tobacco

Research on AA and tobacco use have mainly focused on cigarette use. Tobacco use is more than just smoking cigarettes. Cultural practices by Asian subgroups, particularly South Asians, influence their consumption of smokeless tobacco products such as paan, gutka and zarda.\(^1\)

As culture-specific tobacco products are not accounted for in standard tobacco prevalence research, we may be underestimating the consumption of tobacco in AA communities and its health effects.
TOBACCO USE IN ASIAN AMERICAN COMMUNITIES

BEYOND THE SMOKER

Secondhand smoke

Pregnant women, elders, babies, and children are most vulnerable to second-hand smoke. It can cause stroke, heart disease, sudden infant death syndrome (SIDS), and lung cancer in non-smokers. [6]

CANCER AND TOBACCO

- The three leading causes of death in AAs are cancer, heart disease, and stroke, all of which are linked to cigarette use. [3]
- Lung cancer causes more cancer deaths in AAs compared to other types of cancer. [4]
- Overall, 9/10 lung cancers are caused by smoking cigarettes. [5]

TOBACCO POLICY

Tobacco use and tobacco-related health disparities remain high among AA subpopulations, suggesting that AA communities do not receive substantial outreach from tobacco control movements.

Eliminating tobacco use and achieving health equity in our communities is not a one-size-fits-all approach.

APPEAL’s strategies for tobacco control include engaging AANHPIs to promote policy and environmental systems change around 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.appealforhealth.org

SOURCES:


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