Disparities in Tobacco Use

Fightcancer.org

Tobacco use and exposure to secondhand smoke is responsible for 480,000 deaths each year in the U.S., including 30 percent of all cancer deaths. Although tobacco-related cancer incidence and mortality have declined in the U.S., we continue to see disparities by socioeconomic status (SES), race, ethnicity, educational level, gender, sexual orientation, and geographic location.

All individuals should have equitable access to quality cancer care and equal opportunity to live a healthy life. Our ability to continue to make progress against cancer relies heavily on eliminating the inequities that exist in cancer prevention and care, including tobacco policies.

Who uses tobacco?

3/10

of American Indian and Alaska Native (AIAN) individuals use tobacco products, the highest rate of any racial/ethnic group.[1]

Tobacco use by adults with household income < $35,000/year is about

2X

higher than adults with household income ≥ $100,000.[1]

3/10

of lesbian, gay, and bisexual individuals use tobacco products, compared to about 2/10 of heterosexual individuals.[1]

The prevalence of tobacco use among individuals with a high school education or less is threefold that of those with a college education.[2]

Currently, more than 23% of high school students and more than 6% of middle school students use tobacco.[3]

How do health outcomes compare across groups?

Smoking increasing the risk of at least 13 different types of cancer and is responsible for 80% of all lung cancer deaths. Current lung cancer patterns reflect historical smoking prevalence.[2]

- While lung cancer is the leading cause of cancer death in the U.S. in both sexes and across racial and ethnic groups, cancer death rates are higher among males than females and among non-Hispanic Black individuals compared to other racial and ethnic groups.[2,4]
- Death rates from lung cancer are highest in the South and part of Appalachia for both men and women.[2]
- The 5-year relative survival rate for all stages of lung and bronchial cancer is lower in Black individuals than in white individuals.[2]
- Asian American and Alaska Native individuals have a higher risk of experiencing tobacco-related disease and death due to higher use of tobacco products.[5]

Barriers to Tobacco-Free Living

Tobacco Industry Targeting

Tobacco industry marketing strategies have led to disparities in tobacco use, including higher use of tobacco products in lower-income communities and among people of color and members of the LGBTQ community.[4,5] The tobacco industry has used menthol for decades to intentionally and aggressively target certain communities for addiction to their addictive and deadly products. As a result, Black individuals consistently report the highest prevalence of menthol cigarette use.

Weak or No Tobacco Control Laws

The lack of comprehensive tobacco control laws and funding in a locality or state can contribute to disparities in tobacco use. In fact, about **40%** of the U.S. population is not protected by comprehensive smoke-free policies. The availability of cheap tobacco products makes it easy for people, in particular youth, to start and continue to use tobacco products. The $739.7 million that states have budgeted for tobacco prevention amounts to just **22%** of the $3.3 billion that the Centers for Disease Control and Prevention recommends for all states combined.[6]

Lack of Access to Care

- Individuals who receive health insurance through Medicaid have higher rates of tobacco use (28%) compared to those with private insurance (17%).[1] Yet, only **1 in 3** Medicaid recipients who smoke have received smoking cessation medication or counseling, partially due to gaps in coverage in the traditional Medicaid program.[6]
- Four out of every nine adult cigarette smokers who saw a health professional during the past year did not receive advice to quit.[7]
- Members of the LGBTQ community are less likely to have health insurance compared to heterosexual individuals, which can hinder their access to cessation treatments, including counseling and medication.[5]

ACS CAN is Taking Action

ACS CAN is pursuing evidence-based policies at the local, state, and federal levels that aim to reduce disparities and improve health outcomes for all individuals

Implementing comprehensive smoke-free policies in all workplaces, including restaurants, bars, and gaming facilities.

Increasing the price of tobacco products through regular and significant tobacco tax increases of at least $1 per pack of cigarettes with an equivalent tax on all other tobacco products.

Adequately funding evidence-based tobacco prevention and cessation programs, including the Centers for Disease Control and Prevention's national Tips from Former Smokers campaign and state-based programs.

Advocating for the Food and Drug Administration to use its full authority to regulate tobacco products and prohibit all flavored products, including menthol.

Increasing access to comprehensive cessation coverage in Medicaid and private insurance plans that encompass individual, group, and telephone counseling, including reimbursement through the state quitline and all seven FDA-approved tobacco cessation medications.

[1] Creamer MR, Wang TW, Babb S, et al. Tobacco Product Use and Cessation Indicators Among Adults – United States, 2018. *MMWR Morb Mortal Wkly Rep* 2019;68:1013-1019.
[2] American Cancer Society Cancer Action Network. Cancer Disparities: A Chartbook. Washington, DC: ACS CAN, Inc. 2018.
[3] Gentzke AS, Wang TW, Jamal A, et al. Tobacco Product Use Among Middle and High School Students – United States, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1881-1888.
[4] American Cancer Society. Cancer Facts & Figures 2021. Atlanta: American Cancer Society, 2021.
[5] Centers for Disease Control and Prevention. Smoking & Tobacco Use. Updated March 7, 2018. Accessed December 2019. https://www.cdc.gov/tobacco/disparities/lgbt/index.htm; https://www.cdc.gov/tobacco/disparities/american-indians/index.htm; https://www.cdc.gov/tobacco/disparities/african-americans/index.htm
[6] American Cancer Society Cancer Action Network. How Do You Measure Up? Washington, DC: ACS CAN, Inc. 2019.
[7] U.S. Department of Health and Human Services. Smoking Cessation: a Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, 2020.