

# Objective 1: Reduce Disparities Related to Commercial Tobacco Use

California has made remarkable progress in reducing the overall rate of tobacco use, but alarming disparities based on demographic, socioeconomic, and geographic differences remain.<sup>1</sup> For decades the tobacco industry has used predatory and manipulative marketing to unequally target different communities throughout the state, which has disproportionately impacted certain communities which suffer from higher-than-average tobacco use, exposure to secondhand smoke, and higher rates of tobacco-related death and disease.<sup>3, 10, 11</sup> To reverse the damage that the tobacco industry has inflicted on many of California's communities, it is critical to identify health disparities among priority populations and counter the tobacco industry's influence on them.

## Key Concepts:

- For decades, the tobacco industry has targeted historically marginalized communities through manipulative marketing and free or discounted products to addict communities.
- The tobacco industry's tactics include masquerading as support for social justice, civil rights, and cultural issues with the ultimate goal of selling more products and profiting off of these communities.<sup>12-15</sup>
- Many of California's priority populations suffer from higher rates of tobacco use, exposure to secondhand smoke at work and home, and higher rates of tobacco-related disease than the general population.<sup>1</sup>

## Key Themes

- Ensure equitable enforcement of policies.
- Conduct research, surveillance, and evaluation on disparities in tobacco use by population.
- Prioritize funding for programs that address priority populations.



# Strategies

## Policy

- Encourage and empower local jurisdictions to adopt strong flavored tobacco policies that include all tobacco products.
- Close policy loopholes that have allowed the sale of certain flavored tobacco products, like hookah and heated tobacco products.
- Reserve fines and other punishments for “upstream” violators, such as retailers who repeatedly sell to underage customers rather than consumers, or advertisers who use illegal marketing tactics.
- Avoid possession, use, and purchase (PUP) laws that punish youth for violating tobacco-related age restrictions.
- Ensure that policy compliance efforts emphasize education and social norm change rather than fines and penalties, and that policy enforcement does not exacerbate social injustice.

## Education

- Educate Californians on the difference between traditional and commercial tobacco use.
- Ensure that policymakers and stakeholders are educated on priority population data and research and what that means for Californians.



## Research

- Conduct research that focuses on community factors that contribute to higher tobacco use rates that create and sustain health disparities, including minority stress, industry targeting, and social norms.
- Prioritize research on disparities related to tobacco use by identifying disproportionately impacted populations based on demographic, socioeconomic, geographic, and other relevant characteristics.
- Invest in surveillance and rigorous evaluation to ensure that tobacco control programs are informed by evidence-based, up-to-date information about the populations they serve.
- Disaggregate data to show subgroup differences, as sample size permits.
- Consider intersectionality among priority populations when conducting research, as individuals belonging to two or more marginalized groups may experience additional factors that contribute to tobacco use.

## Action

- Develop, implement, and evaluate programs to reduce disparities and promote health equity, emphasizing culturally relevant activities that recognize the unique characteristics of each community.

## Partnerships

- Involve community members from populations that will be served by tobacco control interventions in the planning and implementation of such interventions including the drafting of requests for applications (RFAs).

## Funding

- Prioritize funding for programs and activities that address priority populations, recognizing how factors such as racism, homophobia, and other patterns of bias and exclusion contribute to tobacco-related health disparities.
- Allocate tobacco control funding to reduce tobacco-related disparities and promote health equity to address the root causes that have led to differential tobacco use rates.
- Appropriately allocate funds to communities disproportionately impacted by tobacco-related disparities.
- Prioritize awarding funding for RFA's to organizations that reflect communities that will be served by the RFA.

