Disparities in tobacco use rates, exposure to secondhand smoke, and the health outcomes of these exposures exist. For example, among adults, non-Hispanic American Indian/Alaska Native adults, those whose highest level of educational attainment was a General Educational Development certificate, those with an annual household income <$35,000, those that identify as lesbian, gay, or bisexual, those that are uninsured or with Medicaid, those with a disability, or those who’ve experienced behavioral health issues are more likely to smoke cigarettes.

These disparities are caused by complex, interrelated factors including social, economic, cultural, geographic, environmental and health system elements. Most notably, there is ample evidence of the tobacco industry’s intentional marketing to specific populations, including communities of color, low-income communities, and youth which has contributed to these disparities. Additionally, systematic racism has led to worse health outcomes for certain populations, especially Black Americans.

Comprehensive tobacco control policies have been proven to reduce tobacco use in all populations, including low-income populations and certain communities of color. Yet not all communities have benefited from tobacco control policies because not all communities are not covered by these laws. Without ensuring the populations that experience the greatest burden of tobacco use and its disease and death are also covered by comprehensive tobacco control laws, disparities related to tobacco will persist and potentially widen. In addition to ensuring all communities are covered, policies that specifically address tobacco-related disparities are needed.

ACS CAN advocates for tobacco control policies that reduce tobacco-related disparities

ACS CAN is fighting to achieve health equity, the just and fair opportunity for everyone to prevent, find, treat and survive cancer - regardless of how much money they make, the color of their skin, their sexual orientation, their gender identity, their disability status, or where they live.

Tobacco Control Policies

Tobacco Taxes

Tobacco taxes can help reduce tobacco-related disparities across income groups and may reduce tobacco-related racial and ethnic disparities.1 Lower income populations are more sensitive to price than higher income populations and quit tobacco at greater rates after a tax increase. Therefore, lower income populations would realize greater health benefits from the reduced tobacco use resulting from higher tobacco taxes. The potentially positive effects of tobacco taxes at reducing tobacco-related income disparities can be even greater if tax revenues are dedicated to programs that serve low-income populations. Youth (relative to adults) are particularly sensitive to tobacco price increases, and price increases reduce tobacco use initiation and fewer youth smoke over their life course as they age.2

ACS CAN strongly advocates for increases in federal, state, and local taxes on all tobacco products. We advocate for a tax rate of at least $1 per pack of cigarettes and for parity among taxes on cigarettes and other tobacco products.

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2 Ibid
Smoke-Free Laws
Smoke-free policies are proven to protect nonsmokers from secondhand smoke and reduce rates of cigarette smoking. Yet, smoke-free laws appear to have a weaker effect on smoking among low-income individuals and communities of color, in part because policies may not be as stringently enforced where they work and individuals in these groups are less likely to work in venues covered by these policies.³

Currently almost 40 percent of the U.S. population is not covered by a comprehensive smoke-free law, with major gaps in the South. Implementing smoke-free policies in an equitable way in settings where populations may not be reached, such as in hospitality, gaming facilities, outdoor workplaces, public housing, multi-housing, and mental health and substance abuse facilities, can reduce tobacco-related disparities.⁴

ACS CAN is committed to the advancement of 100 percent smoke-free communities, including workplaces, restaurants, bars, and gaming facilities.

Insurance Coverage of Tobacco Cessation
Medicaid recipients have a disproportionately higher smoking rate and smoking-related disease is a major driver of costs to Medicaid programs.⁵ A Medicaid comprehensive tobacco cessation benefit can potentially reduce tobacco use in low-income populations and reduce the disparity with higher income populations. In addition, funding for quitlines could play an important role in reducing tobacco-related disparities as several studies have shown that African Americans who smoke are more likely to use quitlines than whites who smoke.⁶

ACS CAN advocates for all public and private health insurance coverage to include a comprehensive tobacco cessation benefit with access to both counseling and FDA-approved medications, at no cost to the patient and without other barriers. ACS CAN also advocates for both federal and state funding for quitlines, promotion of available cessation services, and other cessation services resources.

Mass Media Campaigns
Mass media campaigns are effective at reducing smoking in all populations. It is critical that messages are evidence-based to reach the intended audience. Messages that are emotional, graphic and share personal stories may be more effective for low socioeconomic populations, due in part to these populations having less exposure to information about the health harms of tobacco.⁷ The Tips from Former Smokers campaign, the first paid national tobacco public education campaign, features real smokers telling their stories of the consequences they have experienced because of smoking or exposure to secondhand smoke and has helped hundreds of thousands of individuals who smoke quit.

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ACS CAN advocates for federal funding for the Tips from Former Smokers campaign, as well as state funding for comprehensive tobacco control program that includes media campaigns.

Point-of-Sale Restrictions
Several studies have shown that point-of-sale advertising and price discounting is higher in lower income neighborhoods and in communities of color. As such, point-of-sale restrictions, such as prohibiting price discounts, and limiting the number of tobacco retailers have the potential to reduce tobacco-related disparities.

ACS CAN advocates for the elimination of price discounting and limiting the number of tobacco retailers, particularly in communities that already experience the greatest burden of tobacco use and its associated disease and death.

Flavored Tobacco Product Prohibitions
Decades of industry documents show how the tobacco industry deliberately targeted African Americans with menthol cigarettes. Studies indicate that African American menthol smokers are less able to quit than African American non-menthol smokers, therefore a prohibition on menthol can reduce health disparities.

Prohibiting flavors in all tobacco products has the potential to aid in health equity. One study concluded that use of flavors by adults could be associated with greater nicotine dependence for users of cigarettes, cigars, and e-cigarettes. Among current adults who smoke cigar, those who used flavored products were more likely to be non-Hispanic Black, with a high school diploma only, and younger.

ACS CAN advocates for the prohibition of all flavors in all tobacco products, including menthol. FDA has the authority to prohibit flavors in products and states and localities can prohibit the sale of such products in their jurisdictions.

FDA Regulation
The FDA has the potential to reduce health disparities through its authority over tobacco control products. The FDA can prevent the introduction of new tobacco products that manufacturers intentionally tailor product design, marketing, and availability to specific populations. The FDA also has the authority to require warnings on tobacco products. Large, rotating pictorial health warning labels on cigarette packs are more effective than text-only labels at increasing knowledge of the harms of smoking, stimulating quitting and reducing tobacco use, especially among populations with low literacy rates.

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ACS CAN advocates for the FDA to use the full weight of its authority to reduce tobacco-related disparities, including denying the sale of products that are designed to target specific communities, prohibiting tobacco industry advertising that is attractive to youth, prohibiting flavors, and requiring large, pictorial health warnings on cigarette packs.