TOBACCO AS A SOCIAL JUSTICE ISSUE

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LEGACY
FOR LONGER HEALTHIER LIVES

Dr. Cheryl Healton, president and CEO, first addressed the National Conference on Tobacco or Health on the subject, "Tobacco as a Social Justice Issue." Since then, she has spoken on this topic to numerous audiences. Dr. Healton describes the excess burden that tobacco places on society's poor and underserved populations and recommends ways to expand access to cessation services. She has called upon the federal government to hold the tobacco industry accountable for decades of deceptive business practices. And she urges the states to fulfill their moral obligation to use Master Settlement Agreement funds to protect their citizens from future harm from tobacco.

The full text of Dr. Healton's remarks follows.

TOBACCO AS A SOCIAL JUSTICE ISSUE

Dr. Cheryl Healton *President & CEO*

As a public health professional, I've gained a broad understanding of health as a social justice issue.

For more than a decade, I have strongly contended that tobacco is one of the most important ones facing our nation.

First, let's consider the current climate in America as it pertains to tobacco. Tobacco use remains the number one preventable cause of death, and tobacco-related lung cancer is the number one cancer killer. As of 2009, 47 million Americans smoke — one out of every five adults – a proportion that has sadly remained relatively unchanged for the past five years.

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Every day, 1,200 Americans die from tobacco-related causes. That is more than 443,000 people annually. To put that number in context, the largest jumbo jet, filled to capacity, would have to crash almost one and a half times every day for a year, killing all of its passengers, to equal the amount of deaths tobacco causes every year. The scope of the epidemic is tremendously challenging, and bringing social justice to socially disadvantaged communities will take a lot more than tobacco control. It will require our entire society to deal more effectively with broader issues such as poverty and education in all its manifestations. Some of our most vexing health problems are associated with low income and educational attainment, notably obesity, diabetes and tobacco-related illness and death.

Those of us in public health don't normally see ourselves as crusaders for social justice. But we are. The tobacco industry might like us to believe that tobacco use is a lifestyle choice of the rich and famous only made by adults. It spends $34 million *a day* to market and promote its products in the United States and has succeeded in addicting those who have the least information about the health risks of smoking, the fewest resources, the fewest social supports, and the least access to cessation services.

Tobacco use is not an equal opportunity killer, and the link between smoking and low income and lower levels of education cannot be overemphasized. Americans below the poverty line have a smoking prevalence 60 percent higher than those at or above the poverty line. Research shows that the poor are more likely to smoke, less likely to quit and more likely to lose their lives to lung cancer. I can tell you that in some poor communities, buying your

own cigarettes is a status symbol – showing that you have disposable income.

In the meantime, many low-income men and women addicted to nicotine must choose between buying cigarettes and purchasing family necessities. Their children, in turn, are more likely to grow up to be smokers, because they see their parents smoke. A smoking parent is a walking billboard for the tobacco industry. And while many youth try smoking for other reasons – peer pressure, glamorization in film, rebelliousness and for the thrill of trying something new and dangerous — tobacco still finds its way into the homes of the poor.

Educational level is highly correlated with smoking. Thirty-four percent of all Americans with only 9 to 11 years of education smoke, compared to the 11 percent who smoke and have undergraduate degrees. In 2006, girls and women who had 9 to 11 years of education were twice as likely to smoke during pregnancy as women with 13 to 15 years of education.

Teens who smoke in high school but attend good schools and go on to college are far less likely to smoke in adulthood than teens who are trapped in failing schools, do not go to college, and end up in low-paying jobs.

Secondhand smoke is also a major social justice issue. As of 2003, nearly 85 percent of all white-collar workers were covered by smoke-free policies in their work places, compared to 75 percent of all service workers and 63 percent of blue-collar workers. One study found that food service workers exposed to secondhand

smoke have a 50 percent increased risk of lung cancer. Being a server isn't a crime, and it shouldn't carry the death penalty.

The link between smoking and heart disease and cancers has serious health implications for the poor, women, and minorities. Multiple researchers have found that underserved women, minorities, and those of lower income are diagnosed later for heart disease and cancer than well-off white men and receive fewer interventions. The pattern is clear that these smokers are less likely to receive timely interventions and therefore more likely to die at a younger age.

There has been more focus on ending the tobacco epidemic in the last few years. In 2009, President Obama signed into law the regulation of tobacco by the U.S. Food and Drug Administration (FDA). One regulatory issue the new FDA's Center for Tobacco Products is required to address within its first year is menthol – the only characterizing flavor added to cigarettes that was *not* banned outright by the new law. This is a concern on several fronts, because menthol cigarettes have been targeted not only at young people generally, but at African-American youth specifically, as well as at the broader African-American community and other minority communities.

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Menthol tobacco products account for one-fifth of the U.S. cigarette market and approximately 80 percent of African-American smokers smoke menthol cigarettes. Menthol cigarettes are also the most popular among middle school youth.

Legacy has urged the FDA to prohibit adding menthol to cigarettes and other tobacco products as one of its first priorities related to the Family Smoking Prevention and Tobacco Control Act. In Legacy's comments submitted to the FDA, we noted:

"The success of menthol cigarettes is hardly an accident. Literally many hundreds of tobacco industry documents conclusively establish that the tobacco industry has for decades systematically developed and marketed menthol products to attract and keep as long-term customers millions of "starter" and youth smokers; racial minorities and African-Americans in particular; and smokers seeking health reassurances. One study demonstrated an 18.5 percent increase in youth menthol cigarette use between 2000 and 2002. Despite a 22 percent decline in overall packs of cigarettes sold in the United States between 2000 and 2005, menthol sales remained stable."

Menthol is also found in other new smokeless tobacco products. In these products, menthol is used to lure youth and younger tobacco users by masking the harsh flavor and feel of non-mentholated products, with the expectation that users will "graduate" to stronger, possibly unflavored products.

Legacy also urged the FDA to use its broad authority to extend its ban of flavored cigarettes to flavored cigars, especially little cigars and cigarillos given their appeal to young adults.

Additionally, we know that implementing clean indoor air initiatives, raising tobacco excise taxes and maintaining bold counter-marketing initiatives work well to drive down smoking prevalence both in youth and adults. It is important to ensure that tobacco excise tax increases are accompanied by steps to assure that smoking cessation and related services are made available to low-income smokers who need them the most.

As important as government is, public and private health care systems must also play a much larger role and now are mandated to do so under health reform. We have effective treatments that can dramatically increase the likelihood of long-term smoking cessation. These include the intensive treatments that low-income smokers often require. But our current health care system is

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simply not set up to deliver these interventions in a regular and efficient way. A number of steps must be taken.

Health care providers need more training in how to deliver these interventions. Every clinic should have a tobacco-user identification system, plus dedicated staff to provide treatments. Every HMO and private insurer should pay for and cover tobacco dependence treatments, and insurers should reimburse clinicians and specialists for delivery of treatments and include interventions among the defined duties of clinicians.

Despite the high cost to Medicaid of tobacco-attributable disease, not all states provide comprehensive treatment for tobacco use through Medicaid. From the most recent data available (2009), we know that 47 state Medicaid programs offered coverage for one form of tobacco-dependence treatment whether it was pharmacotherapies, counseling or both. The good news is that under the recently passed health care reform act, Medicaid now covers smoking cessation services for pregnant women across the country. We hope that this does not become an excuse for retrenchment among other populations who are currently covered by Medicaid.

Most importantly, the health care reform act passed into law this year begins the process of insuring the tens of millions of people who have no health insurance at all, a group that includes a large proportion of smokers.

Since 2001, Legacy has also awarded about $170 million through various grant initiatives for tobacco education, prevention,

cessation and research programs. Precisely because tobacco is a social justice issue, Legacy has been committed to helping community-based organizations, public health departments, stakeholders and underserved communities fight commercial tobacco product use. Our Priority Populations Initiatives have funded innovative programs serving low-socioeconomic groups, African Americans, Hispanics, Native Americans, Gays and Lesbians, Asian Americans, and Alaska Natives.

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Our multi-cultural **truth**® campaign is the largest counter-marketing campaign ever conducted to prevent youth smoking. We have invested hundreds of millions of dollars in the campaign and its evaluation. As a result, one study found that, in its first four years, **truth**® was directly responsible for keeping 450,000 teens from starting to smoke, while another study found that the campaign not only paid for itself in its first two years but also saved between $1.9 and $5.4 billion in medical care costs to society.

Our **EX**® campaign, when first launched nationally in 2008, marshaled the public health community's key leaders and 17 states to found the National Alliance for Tobacco Cessation. Together we are providing free, bilingual, state-of-the-art smoking cessation tools to smokers struggling to quit, in partnership with the Mayo Clinic's Nicotine Dependence Center.

The Centers for Disease Control and Prevention (CDC) has estimated that there would be five million fewer American smokers if all states acted aggressively, like the State of California has, to decrease smoking.

We know what works to decrease tobacco use, but we must collectively muster the political will to do it. Blessed with billions of Master Settlement Agreement dollars, the states had an historic opportunity to launch proven programs to prevent and reduce smoking. Unfortunately, most states have let this crucial opportunity slip away. The Centers for Disease Control and

Prevention (CDC) has estimated that there would be five million fewer American smokers if all states acted aggressively, like the State of California has, to decrease smoking. Many states have made little effort to provide even the minimal amount of dollars recommended by the CDC to advance tobacco control. This course of action is penny-wise and pound-foolish.

Legacy's mission—to build a world where young people reject tobacco and anyone can quit—is easily one we all can and should adopt. As we struggle every January to stick to the New Year's resolutions we've set for ourselves, we should each commit to help those who need the most help to finally quit smoking for good. The public health community and policy makers know what works to save lives from tobacco but, as the Institute of Medicine has recommended to Congress, it is critical to muster the political will to do it. That will help to bring us the social justice we seek on tobacco, at long last.

ABOUT LEGACY

Legacy is a national public health non-profit helping people live longer, healthier lives through tobacco prevention and cessation. Legacy's programs include truth, a national anti-youth smoking campaign that has been cited as contributing to significant declines in youth smoking, and EX, an innovative campaign designed to change the way smokers approach quitting. Other efforts include research initiatives exploring the causes, consequences and approaches to reducing tobacco use; grants; technical assistance and training; partnerships and youth activism. Legacy was created as a result of the November 1998 Master Settlement Agreement (MSA) reached between attorneys general from 46 states, five U.S. territories and the tobacco industry.

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