

ASIAN AMERICANS, NATIVE HAWAIIANS & PACIFIC ISLANDERS AND TOBACCO

TOBACCO

Tobacco use is the most preventable cause of premature death in the U.S. and is responsible for at least 30% of all cancer deaths. There are about 14 other smoking-related cancers, including lung cancer, adult acute leukemia, adult chronic leukemia, cervical cancer, esophageal cancer, laryngeal cancer, kidney cancer, oropharyngeal cancer, pancreatic cancer, stomach cancer, and urinary bladder cancer. Smoking accounts for about 90% and 80% of lung cancer deaths in men and women, respectively, and is attributed with a tenfold increase in the risk of death from respiratory disease.¹ Oral or smokeless tobacco products are also harmful, having as much as a 50-fold increase in the risk of developing oral cancer.²

Tobacco-related cancer and cardiovascular disease are the top two causes of death among Asian Americans and Pacific Islanders, and are also leading causes of death among Native Hawaiians. For Asian American, Native Hawaiian and Pacific Islander (AA & NHPI) men and women, approximately 35% of total deaths are attributed to diseases of the heart and stroke and approximately 26% of total deaths are attributed to cancer.³ An estimated 15,000 to 20,000 AAs & NHPIs will die each year from tobacco-related illnesses.⁴

PREVALENCE

Nearly 17% of all AA & NHPI adults smoke.⁵ However, there are significant differences in smoking rates by gender and by ethnic group. Smoking rates are significantly higher among AA & NHPI men than among women, regardless of country of origin.⁶ In Southeast Asia, the adult male smoking rate is ten times that of adult females.²⁴

- 1 out of 4 AA & NHPI men are smokers (smoking rate 25%).⁷
- Among Asian ethnic groups, Filipinos, Japanese, Koreans, South Asians, and Vietnamese exceeded the Healthy People 2010 Objective of a cigarette smoking rate of 12%.⁸

Cigarette Smoking (Prevalence) Among Asian Americans and Pacific Islanders in CA^{8, 9}

	Males	Females	Overall
Cambodian	24.6%	7.9%	N/A
Chinese	15.3%	6.2%	7.6%
Filipino	23.7%	9.3%	16.4%
Japanese	13.2%	12.7%	20.1%
Korean	35.9%	9.2%	11.8%
Pacific Islander	32.3%	21.4%	N/A
South Asian	13.8%	2.6%	11.8%
Vietnamese	31.5%	1.1%	16.4%

- AAs & NHPIs who smoke habitually, smoke more cigarettes per day than any other group, i.e. 16.8 cigarettes a day.⁵
- Among Asian American males nationally, smoking rates are as high as 72% for Laotian, 71% for Cambodian Americans, and 43% for Vietnamese Americans in Ohio.⁴
- Among Pacific Islander males, smoking rates are as high as 65% for Tongans, 53% for Palauans, 55% for Fijians, 53% for Chuukese, 53% for Samoans, 46% Papa New Guinea, 42% for Native Hawaiians.⁴
- Among Pacific Islander women, smoking rates are as high as 28% for Papa New Guinea, 22% for Fijians, 19% for Samoans, 14% for Tongans, and 11% for Chuukese.⁴
- In 2005, past year tobacco use rates were higher for foreign-born immigrants from Japan (26.1%), Korea (33.4%), and Vietnam (27.3%), than those from China (13.5%) and the Philippines (16.7%).⁵

SECONDHAND SMOKE (SHS)

In 1993, the Environmental Protection Agency (EPA) officially declared secondhand smoke, or environmental tobacco smoke, as a "known human carcinogen." It was classified as an environmental toxin equal to asbestos and other hazardous substances. SHS is a serious and significant health risk for nonsmokers, particularly children.⁸

- SHS causes as many as 3,400 lung cancer deaths per year in nonsmoking adults and as many as 22,700 to 69,600 deaths from heart disease in nonsmoking adults.¹⁰
- 31% of Vietnamese American women are exposed to SHS at home everyday.¹¹
- 34% of Korean Americans reported that there is at least one person in their household that currently smokes.²²

TOBACCO AND AA & NHPI YOUTH

The tobacco industry has long targeted young people with its cigarette advertising and promotional campaigns.

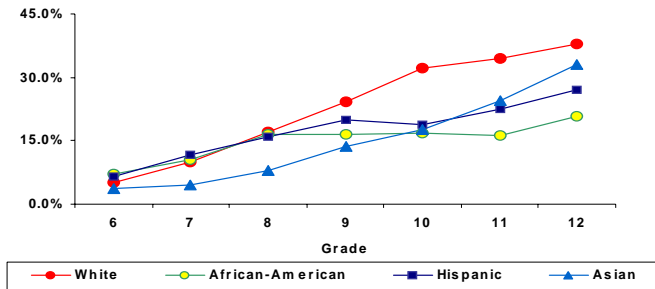
- The number of Asian American smokers increases seven-fold from middle school (4.4%) to high school (33.1%).^{5, 12}
- Smoking prevalence increases dramatically among Asians from 6th grade to 12th grade, at a rate much steeper than any other ethnic group.^{5, 12}
- Among AA & NHPI high school seniors, 4.4% of male students and 4.5% of female students report smoking at least half a pack of cigarettes per day.⁵
- Hawaiian or other Pacific Islander youths have a higher prevalence of cigarette smoking than Asians.²³
- More than 25% of female Hawaiian or Pacific Islander youth smoke during middle school, which is almost twice the rate for Hawaiian or Pacific Islander American middle school

Multiracial Asian American adolescents are 2.25 times more likely to smoke than adolescents who are mono-racial.⁵

males and five times the overall rate for Asian American middle school students.⁵

- Nearly 1 in 5 boys of Asian Indian ancestry and 11% of Asian Indian girls appear to be tobacco users in 11th grade.²¹
- In 2004, 11.2% and 2.2% of Asian American high school and middle school students smoked cigarettes, respectively.⁵

SMOKING PREVALENCE BY GRADE¹²



TOBACCO TARGETING OF AA & NHPI COMMUNITY

Since the 1980s, the tobacco industry has targeted and researched the AA & NHPI community to figure out effective methods of displaying advertisements to AAs & NHPIs. Tobacco billboard advertising and store displays are found more often in Asian neighborhoods in many U.S. cities. In San Diego, California, a higher number of tobacco displays are found in Asian American stores compared to Latino and African American stores, with the lowest number of tobacco displays in white neighborhoods.¹³ In addition, tobacco companies sponsor AA & NHPI organizations and cultural events in order to gain legitimacy within the AA & NHPI community, potentially making it difficult for AA & NHPI organizations to speak out against the tobacco industry.⁵

- 70% of California's AAs & NHPIs believe that it is "OK" to have tobacco companies sponsor community events.
- 73% preferred smoke-free community events and 82% preferred smoke-free public enclosed environments.
- 85% indicated that tobacco prevention and cessation services and programs should be available to their community in languages other than English.¹⁴

The tobacco industry has also specifically targeted the LGBTQI community through advertisements and sponsorships of community events. As a result, AAPI LGBTQIs are receiving an increased dosage of tobacco industry targeting. Smoking is being identified as a way to build social connections within the AAPI LGBTQI community, as well as being perceived as a mechanism to improve appearances, control weight, and display masculinity. The LGBTQI community is also at a greater risk for tobacco use and SHS exposure due to the lack of social spaces outside of places like bars and clubs where smoking is prevalent and heavily associated with alcohol.⁴

TOBACCO TARGETING OF AA & NHPI WOMEN

The tobacco industry has begun increased their targeting of AA & NHPI females, creating an increasing prevalence of tobacco usage. In 1999, approximately 165,000 women died prematurely from smoking-related diseases such

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as cancer and heart disease. Women face unique health effects from smoking, such as problems related to pregnancy. Nearly all women who smoke started as teenagers.¹⁶ As immigrant women assimilate into American culture, they become more vulnerable to advertising messages and are at an increased risk for smoking. Virginia Slims ads often target specific ethnic minority women and girls. One advertisement features a young Asian woman in traditional makeup and dress portraying Asian women as mysterious, exotic creatures. The caption reads, "In silence I see. With wisdom I speak."

- Research shows an association between cigarette smoking and acculturation among AAPI adults from Southeast Asia.¹⁵
- Death rates from tobacco-related cancers declined significantly by 15-25% among men from each race/ethnic group in California over the last ten years, but did not decline among women.¹⁷

TRANSNATIONAL TOBACCO TARGETING

Tobacco companies are aggressively targeting markets in developing countries. These countries have very high male smoking rates, especially in comparison to those in the U.S. In China, more than 300 million males are smokers. Traditional cultural restrictions on women's smoking are also decreasing as a result of this global targeting.¹⁵

- Results from the APITEN Opinion Poll found that 60% of respondents felt that it was "Not OK" for U.S. tobacco companies to advertise, promote, and market their tobacco products in countries in Asia and the Pacific.¹⁴
- China is the world's leading consumer of cigarettes (nearly 30%), followed by India (~10%), Indonesia (~5%), Russia, (~5%), and the United States (~5%).²⁴
- Medical expenses due to smoking have impoverished over 50 million people in China.²⁴
- Asia has been a major focus of expansion by the companies. "You know what we want," says a tobacco executive. "We want Asia."¹⁸

COMMUNITY SURVEYS AND FOCUS GROUPS ON TOBACCO ISSUES

A number of Asian American and Pacific Islander agencies have conducted surveys and focus groups on tobacco use within their communities. While some of these studies have not yet been published, they provide valuable insights into community attitudes and perceptions regarding tobacco use.

Hmong have noticed that more female youth are smoking.¹⁹

- Southeast Asians Against Tobacco discussed cultural factors that reinforce tobacco use in the Hmong community: weddings, offerings to shamans, medicinal use, and dying rituals. Hmong have noticed that more female youth are smoking.¹⁹
- APIAHF conducted a cardiovascular risk study with members from the Filipino American community and found many regard smoking as normal and socially acceptable. Despite an awareness of the hazardous effects of smoking, 35% still continue to smoke. However, many were concerned about Filipino American youth smoking.
- Korean Youth & Community Center surveyed Korean American youth and found 41% were smokers. Of those smokers, 75% started smoking due to stress, peer pressure, or curiosity and 86% started smoking between the ages of 11-16.

- The AAPI Partnership faith-based advocacy campaign conducted community opinion surveys with Chinese, Korean, Vietnamese and Samoan faith-based organizations, revealing that 95.2% of the faith members support smoke-free grounds policies at their respective faith-based organization.²⁰

CESSATION

Tobacco cessation can reduce the risks for cardiovascular disease and cancer. Targeting the family and friends of smokers may be the most effective method of encouraging cessation. Increasing awareness about the risks and effects of tobacco usage is also essential; nearly 1 in 5 Asian Americans are unaware of tobacco's responsibility in chronic health conditions.⁵

RESOURCES

For more information on tobacco in Asian and Pacific Islander communities, contact:

- Asian Pacific Partners for Empowerment, Advocacy, and Leadership (APPEAL)
510-272-9536, www.appealforcommunities.org
- California Smokers' Helplines
800-400-0866, Mandarin & Cantonese,
800-556-5564, Korean
800-778-8440, Vietnamese
800-766-2888, English
- National Asian Women's Health Organization (NAWHO)
415-989-9747
- National Coalition for Women Against Tobacco
www.womenagainst.org
- World Health Organization (WHO)
www.tobacco.who.int/en/fctc/kobe/kobereport.html
- Asian & Pacific Islander American Health Forum (APIAHF)
450 Sutter St., Ste. 600, San Francisco, California 94108
Tel: 415-954-9988
Fax: 415-954-9999
Website: www.apiahf.org

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- ⁷National Center for Health Statistics, CDC, and Bureau of Census.
- ⁸California Health Interview Survey, 2001
- ⁹California Health Interview Survey, 2006
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- ¹²American Legacy Foundation. *National Youth Tobacco Survey*. Washington, DC; 2000.

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Intercultural Cancer

Council Report; 1999.

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¹⁶*Women and Smoking, A Report of the Surgeon General*. Atlanta, GA: Centers for Disease Control; 2001.

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¹⁹Krenz V and Lee J. *Hmong Cultural Practices and Patterns of Tobacco Use*. Presented at TRDRP Annual Investigator Meeting; 2000.

²⁰AAPI Partnership Advocacy Campaign Community Opinion Survey, 2005.

²¹California Healthy Kids Survey, 2001

²²Korean American Community Health Survey, 2002

²³*Tobacco use among racial and ethnic population subgroups of adolescents in the US*. Preventing Chronic Disease, v3, April 2006

²⁴World Health Organization, 2008