

ASIAN AMERICANS AND PACIFIC ISLANDERS AND TOBACCO

TOBACCO

Tobacco use is the most preventable cause of premature death in the U.S. and is responsible for about 30% of all cancer deaths. Several smoking related cancers are 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 87% of lung cancer deaths in the U.S. In 1993, lung cancer was the leading cause of cancer death (22%) among Asian Americans and Pacific Islanders (AAPIs).¹

Tobacco-related cancer and cardiovascular disease are the top two causes of death among Asian and Pacific Islanders. For AAPIs, approximately 35% of total deaths are attributed to diseases of the heart and stroke and approximately 26% of total number of deaths is attributed to cancer.² An estimated 15,000 to 20,000 AAPIs will die each year from tobacco-related illnesses.³

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PREVALENCE

Nearly 17% of all AAPI adults smoke.⁴ However, there are significant differences in smoking rates by gender and by ethnic group. Smoking rates are significantly higher among AAPI men than among women, regardless of country of origin.⁵

- 1 out of 4 AAPI men are smokers (smoking rate 25%).⁶
- More Native Hawaiians are smokers than the national norm, and only Native Americans report a higher level of current smokers.⁷

Cigarette Smoking (Prevalence) Among AAPIs in California⁸

| | Males | Females |
|------------------|-------|---------|
| Cambodian | 24.6% | 7.9% |
| Chinese | 15.3% | 6.2% |
| Filipino | 23.7% | 9.3% |
| Japanese | 13.2% | 12.7% |
| Korean | 35.9% | 9.2% |
| Pacific Islander | 32.3% | 21.4% |
| South Asian | 13.8% | 2.6% |
| Vietnamese | 31.5% | 1.1% |

- Among AAPI males nationally, smoking rates are as high as 72% for Laotian, 71% for Cambodian Americans, and 43% for Vietnamese Americans in Ohio.³
- Among Pacific Islander males, smoking rates are as high as 65% for Tongans, 59% for Palauans, 55% for Fijians, 53% for Chuukese, 53% for Samoans, 46% Papa New Guinea, 42% for Native Hawaiians.³

- 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.³

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.⁹

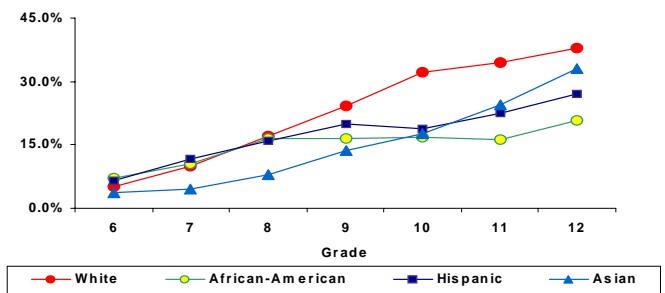
- Among AAPI nonsmokers, women had more prolonged exposure to SHS than men.¹⁰
- 31% of Vietnamese American women are exposed to SHS at home everyday.¹¹
- 34% of Korean Americans reported that there is at least one person in their household that currently smokes.²²

TOBACCO AND AAPI 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 to high school.¹²
- Smoking prevalence increases dramatically among Asians from 6th grade to 12th grade, at a rate much steeper than any other ethnic group.¹²
- Hawaiian or other Pacific Islander youths have a higher prevalence of cigarette smoking than Asians.²³
- Nearly 1 in 5 boys of Asian Indian ancestry and 11% of Asian Indian girls appear to be tobacco users in 11th grade.²¹

SMOKING PREVALENCE BY GRADE¹²



TOBACCO TARGETING OF AAPI COMMUNITY

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

- 70% of California’s AAPIs 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

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- 85% indicated that tobacco prevention and cessation services and programs should be available to their community in languages other than English¹⁴

TOBACCO TARGETING OF AAPI WOMEN

In 1999, approximately 165,000 women

died prematurely from smoking-related diseases such 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.¹⁵ 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."

As immigrant women assimilate into American culture, they become more vulnerable to advertising messages and are at an increased risk for smoking.

- Research shows an association between cigarette smoking and acculturation among AAPI adults from Southeast Asia.¹
- 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.¹⁶

TRANSNATIONAL TOBACCO TARGETING

Tobacco companies are aggressively targeting markets in developing countries. These countries have very high male smoking rates. Traditional cultural restrictions on women's smoking are also decreasing as a result of this global targeting.

- 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 (31%), followed by the United States (10%), Commonwealth of Independent States (7%), and Japan (6%).¹⁷
- 52% of all cigarettes are consumed in Asia.¹⁷
- Asia has been a major focus of expansion by the companies. "You know what we want," says a tobacco executive. "We want Asia."¹⁸

AAPI COMMUNITY SURVEYS AND FOCUS GROUPS ON TOBACCO ISSUES (Unpublished data)

A number of AAPI 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.

RESOURCES

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

- Asian Pacific Partners for Empowerment and Leadership
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 Coalition for Women Against Tobacco
www.womenagainst.org
- World Health Organization (WHO)
www.tobacco.who.int/en/fctc/kobe/kobereport.html
- Asian American & Pacific Islander Partnership
Asian & Pacific Islander American Health Forum
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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- ⁶National Center for Health Statistics, CDC, and Bureau of Census.
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- ⁸California Health Interview Survey, 2001.
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- ¹¹National Asian Women's Health Organization, *Smoking Among Asian Americans*. Available at: <http://www.nawho.org>.
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- ¹⁷World Bank Organization. *Tobacco Death Toll*. 1993.
- ¹⁸Hammond R and Rowell A. *Trust Us We're the Tobacco Industry*. Washington, DC: Campaign for Tobacco-Free Kids and Action on Smoking and Health; 2000.
- 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