Taking a Stand Against Commercial Tobacco in Tennessee

Liz Johnson, MPH
Director, Tobacco Control Program

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Learning Objectives

- Recognize the burden of commercial tobacco use on Tennesseans
- Explore how populations are disproportionately affected by commercial tobacco
- Identify opportunities for policy interventions
- Identify and connect commercial tobacco and e-cigarette users with evidence-based programs to support quitting

Put a finger down if....

- An adult living in a rural area
- An adult living in a traditional tobacco-growing state (KY, TN, GA, NC, SC, VA)
- Living with a behavioral health condition
- Under the age of 35
- Male
- An adult living in public housing
- Hispanic
- Indigenous
- Educational level less than an associate's degree
- Military veteran
- Identify as LGBTQ+
- Make less than $35K
- Uninsured

Tobacco in Tennessee

American Lung Association.

State of Tobacco Control 2023

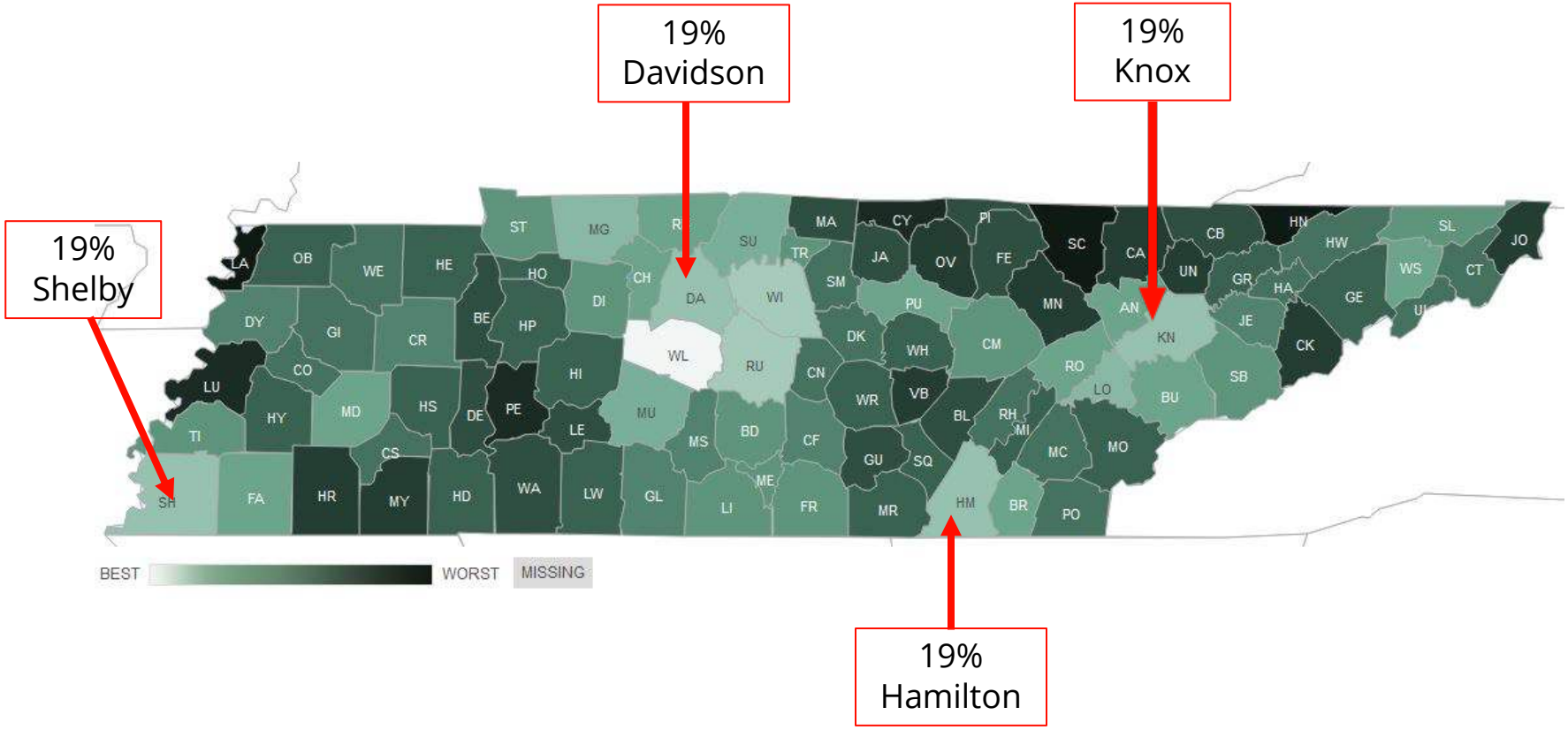
Proven Policies to Prevent and Reduce Tobacco Use

Tobacco Prevention and Cessation Funding	Smokefree Air	Tobacco Taxes	Access to Cessation Services	Flavored Tobacco Products
F	C	F	F	F

47th According to America's Health Rankings, TN ranks 47th for smoking

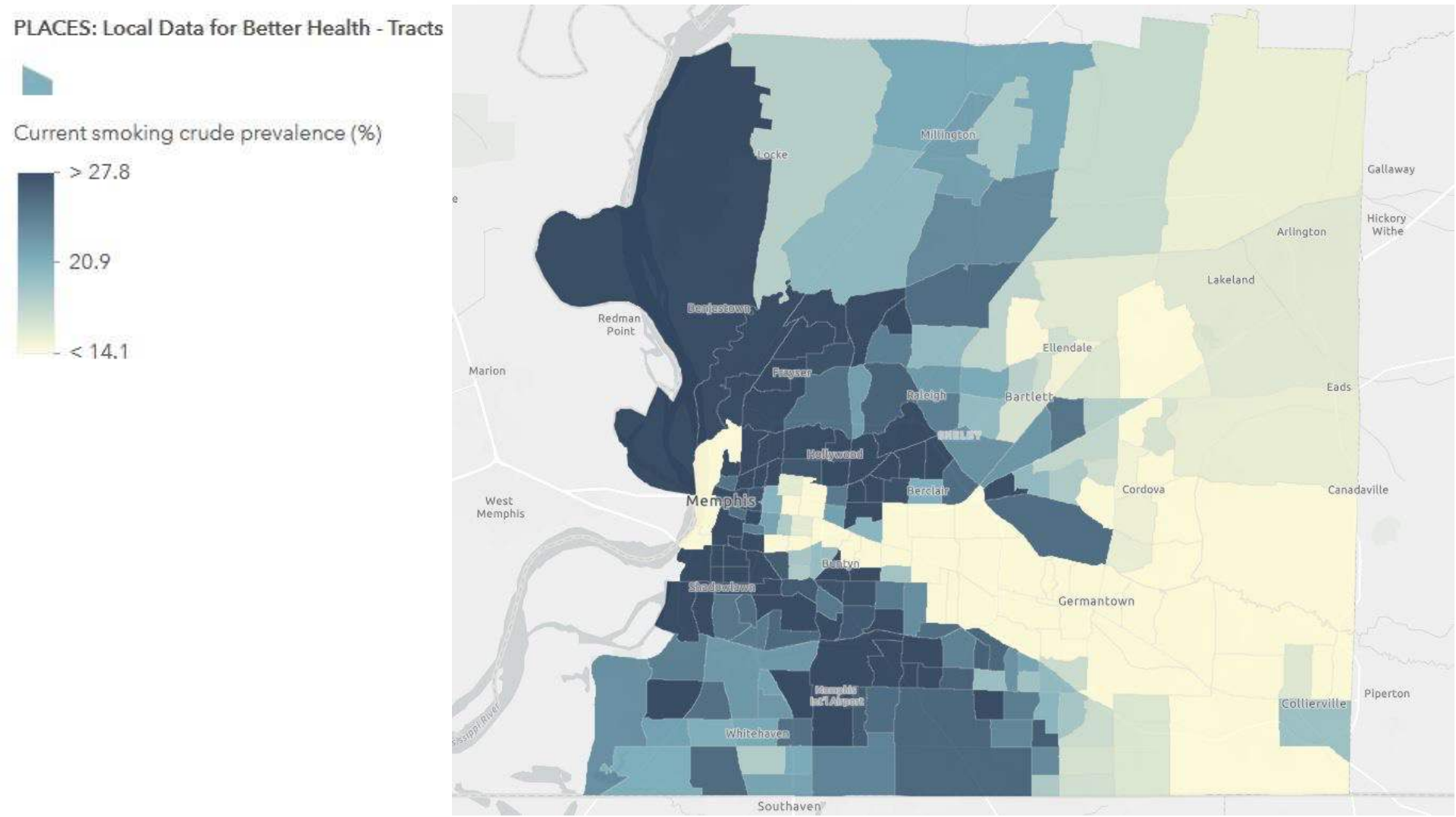
American Lung Association. State of Tobacco Control-Tennessee. 2023 https://www.lung.org/research/sotc/state-grades/tennessee
United Health Foundation. America's Health Rankings-Annual Report Tennessee. 2023. https://www.americashealthrankings.org/explore/states/TN

Smoking Rates in Tennessee



University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2023. https://www.countyhealthrankings.org *Accessed 2023.*

Tobacco in Shelby County



Tennessee Department of Health. Behavioral Risk Factor Surveillance System Survey Data, 2021. Nashville, Tennessee . Map:PLACES. Centers for Disease Control and Prevention. Accessed April 2023. https://www.cdc.gov/places

Tobacco-Related Disparities

What are tobacco-related health disparities?

- Tobacco-related health disparities are differences in health stemming from tobacco use and exposure
- Groups facing disadvantage - *African Americans*, Native Americans, people who identify as LGBTQ+, *people with behavioral disorders*, people with low incomes, *youth, and young adults*
- Tobacco-related health disparities result from differences in use and from social and environmental inequalities that impact how use affects people

Reasons Behind Disparity

- Tobacco Industry targeting of vulnerable populations
- Community-specific stressors
- Individual and intersectional stressors
- Social norms

Industry Targeting- African American Population

Industry Targeting- Behavioral/Mental Health Population

CounterTobacco.org. *Understanding the Intersections of Mental Health and the Tobacco Retail Environment, Accessed 2023.*

Industry Targeting- Youth & Young Adults

Is this candy or tobacco?

Campaign for Tobacco-Free Kids. *E-Cigarettes: Flavored Products Fuels a Youth Addiction Crisis*, April 2023. Accessed 2023.

Commercial Tobacco Use in Communities of Color

- Higher death rates from tobacco-related disease
- More likely to be exposed to secondhand smoke
- Nearly 90% of all African American smokers use menthol cigarettes
- African American menthol smokers quit smoking at a lower rate than non-menthol smoking African Americans

Truth Initiative. Tobacco Use in the African American Community, 2020. Accessed 2023.

Behavioral Health & Commercial Tobacco Use

- Approximately 1 in 4 adults in the US have a behavioral health condition
- These adults consume approximately 40% of all cigarettes smoked by adults
- Nicotine dependency rates for individuals with behavioral health disorders is 2-3 times higher than the general population

American Lung Association. *Behavioral Health & Tobacco Use, 2022.* Accessed 2023.

Behavioral Health & Commercial Tobacco Use

Recovery

- 70 to 80% of individuals receiving substance use disorder treatment have expressed an interest in tobacco cessation
- Participation in smoking cessation efforts while engaged in substance use treatment has been associated with a 25% greater likelihood of long-term abstinence
- Historically, individuals living with a behavioral health condition have not routinely been offered specialized support to quit

American Lung Association. *Behavioral Health & Tobacco Use, 2022.* Accessed 2023.

Youth & Young Adult E-Cig Use

- Flavored products are STILL driving youth use
- Shift in use to disposable and menthol[1]
- E-cigarette use in adolescents increases risk of cigarette use during adulthood[2]
- Nicotine harms the brain development of teenagers
- Most e-cigarettes, e-hookahs, mods, vape pens, vaporizers, vapes, and tank systems contain:
  - Nicotine
  - Flavoring chemicals
  - Formaldehyde
  - VOCs[3]

1 Campaign for Tobacco-Free Kids. *E-Cigarettes: Flavored Products Fuels a Youth Addiction Crisis*, April 2023. Accessed 2023.
2 Truth Initiative. Young people who vape are much more likely to become smokers, new research confirms. Accessed 2023
3ACS. What Do We Know About E-cigarettes?. Accessed 2023.

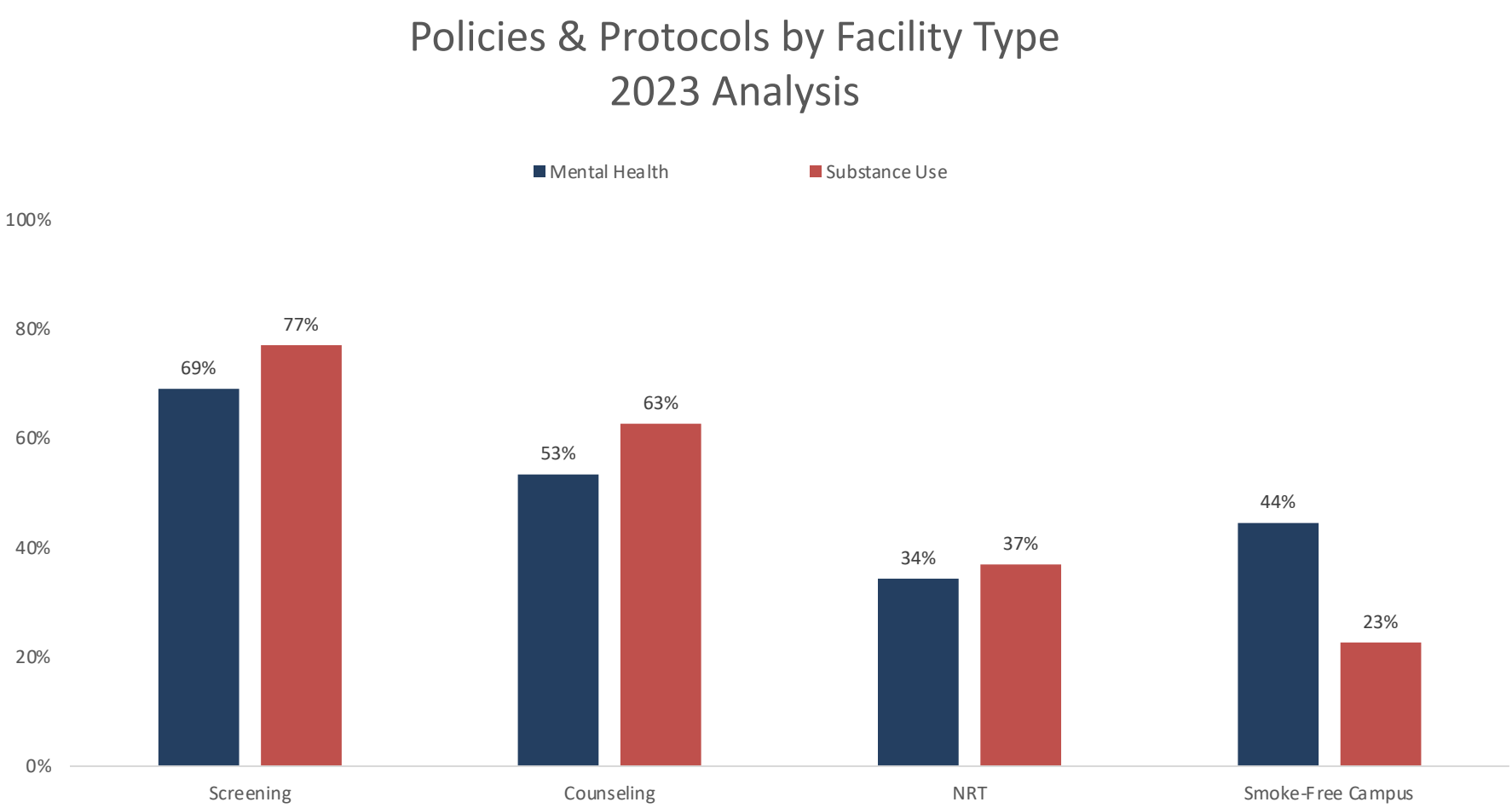
Youth & Young Adult E-Cig Use

"...the potential benefit of e-cigarettes for cessation among adult smokers cannot come at the expense of escalating rates of use of these products by youth."

-United States Surgeon General Jerome M. Adams, MD, MPH

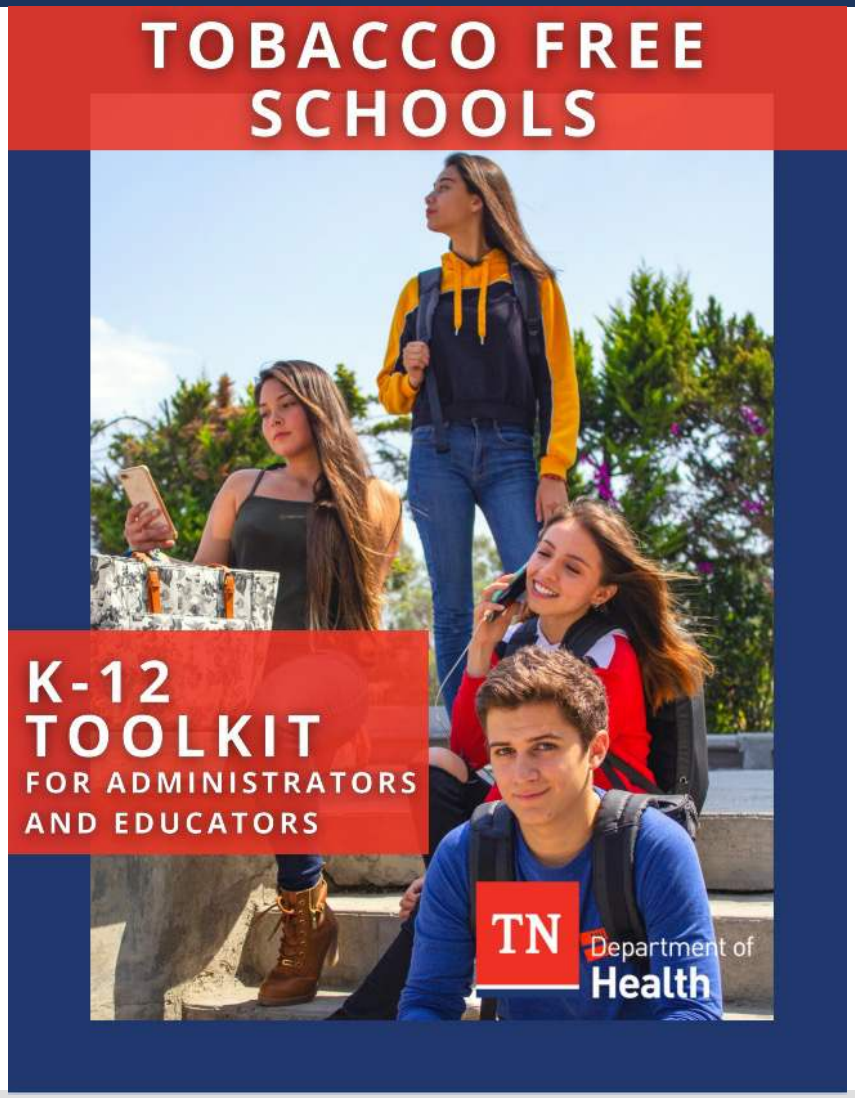
Opportunities for Policy Intervention

Mental Health & Substance Use Facilities in TN



Opportunities for Policy Intervention

- K-12 School Policy
  - Tobacco Free Schools Toolkit
  - K-12-Toolkit-with-Digital-Authorization.pdf (tn.gov)
  - Supportive discipline processes with cessation integrated
- Higher Education Institutions
  - ALA & the Pennsylvania Dept of Health Toolkit
  - CampusToolKit_FIN.pdf (rptfc.org)



Evidence-Based Quit Support

Tennessee Tobacco QUITLINE

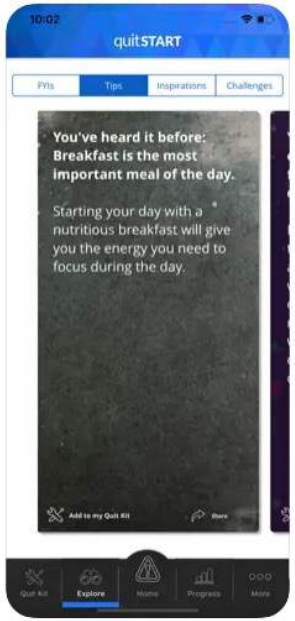
Call 1-800-QUIT-NOW

or TEXT "QUIT" to 615-795-0600

www.tnquitline.com

Baby & me Tobacco Free

Healthy Babies. Born on Time.



Liz Johnson, MPH
Director, Tobacco Control Program
615-253-2991
liz.johnson@tn.gov