

Massachusetts Department of Public Health

RACIAL EQUITY IN TOBACCO PREVENTION

June 24, 2022

Doris Cullen, Massachusetts Tobacco Cessation & Prevention Program
In partnership with
Public Health Institute of Western MA &
Women of Color Health Equity Collective

"If you are neutral in situations of injustice, you have chosen the side of the oppressor."

Desmond Tutu

Massachusetts

Exceptional AND No Exception

What is racism?

A system of advantage based on race.

David Wellman, Portraits of White Racism

Levels of Racism

MICRO LEVEL





MACRO LEVEL





Adopted from the Applied Research Center

Why We Focus on Racial Equity/Structural Racism

The history of structural racism – the public policies, institutional practices, and social norms that together maintain racial hierarchies – and its impact across the country and within the Commonwealth is often overlooked or unacknowledged, yet it is pervasive and unmistakably harmful to everyone,

The social marginalization and inequities that racism cultivates in housing, education, employment, the built and social environments, and healthcare are felt across generations, most acutely in communities of color.

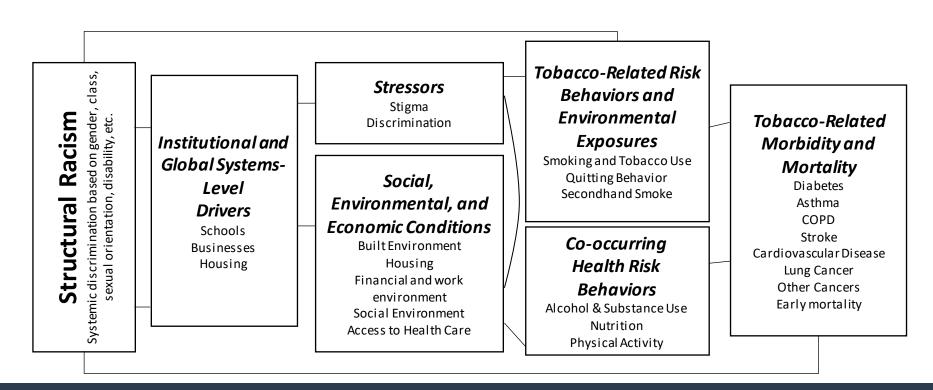
Why We Focus on Racial Equity/Structural Racism

MTCP recognizes that systems of cultural oppression need to be acknowledged and repaired by entities that helped create them.

MTCP is committed to improving the quality of life for all Commonwealth residents while eliminating the marginalization and inequities that threaten the lives of communities of color who are disproportionately affected by tobacco-related exposure, disease and death.

Upstream factors that impact tobacco-related outcomes

Structural racism and other systems of discrimination have led to inequities in social, environmental, and economic conditions, including the built environment.



Massachusetts Department of Public Health mass.gov/dph 8

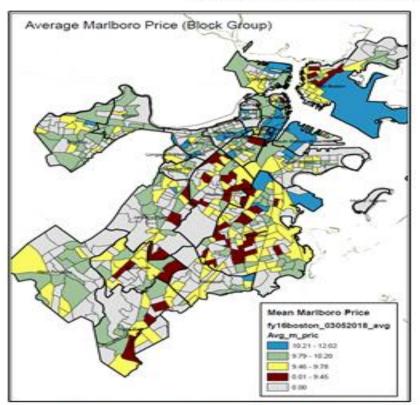
Why Lead with Racism?

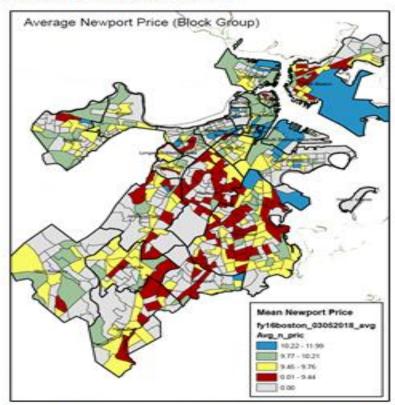
- Race is a primary indicator of someone's health status.
- We lead with race explicitly, but not exclusively
- Racial inequities persist in and across systems (education, housing, employment, healthcare, criminal justice, etc.)
- Other forms of identity alone do not explain the inequities
- We need to address inequities that are perpetuated by systems and institutions that we operate in, in order to affect change
- There is no health equity without racial equity

How does history relate to our work today in Massachusetts?

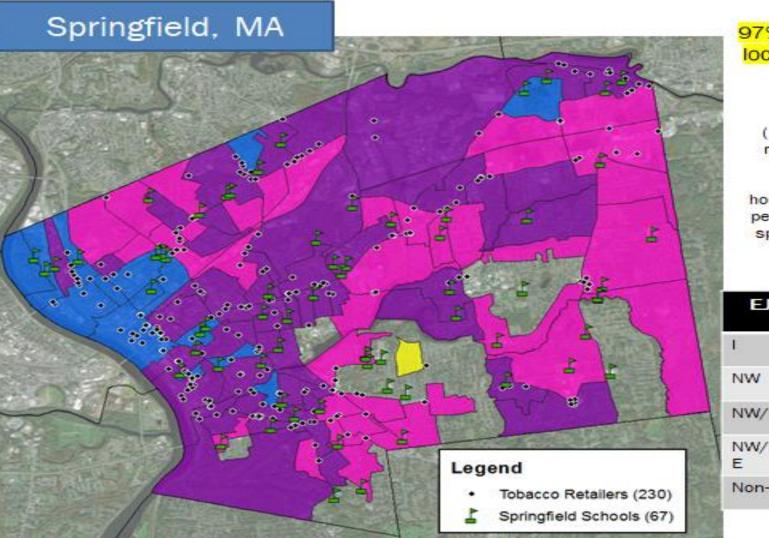
Price and Retail Availability of Tobacco & Nicotine Products

Lower prices for Newport in Neighborhoods with more Black residents





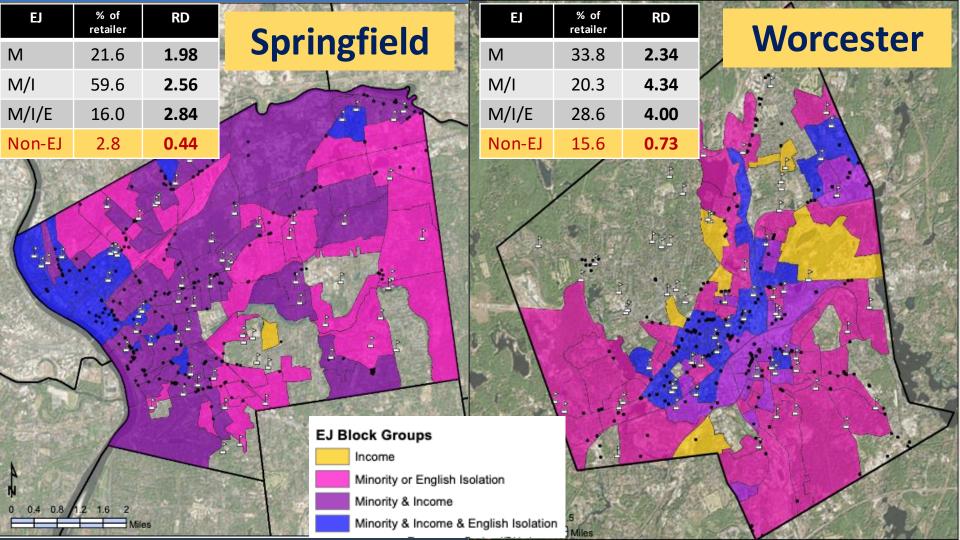
Lower cigarette prices for Newport mentholated cigarettes (red block groups) in neighborhoods in Boston with more Black residents (right) than Marlboro cigarettes (left)



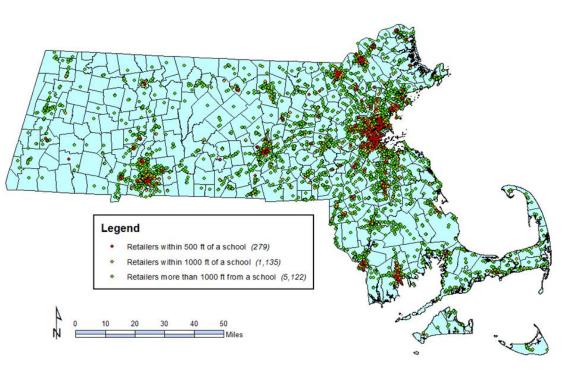
97% of retailers are located in EJ block groups

(> 25% non-White; median household income < \$40,673; &/or household in which no person > 13 years old speaks English well)

EJ	% of retailer	RD
1	0	127
NW	21.6	1.98
NW/I	59.6	2.56
NW/I/ E	16.0	2.84
Non-EJ	2.8	0.44



Inequities in retailer proximity to schools



- In Massachusetts, about 1 in 5
 retailers (21%) are located within
 1000 feet of a school.
- In the five largest cities in Massachusetts, at least 1 in 4 retailers are located within 1000 ft of a school:

Boston: 40%

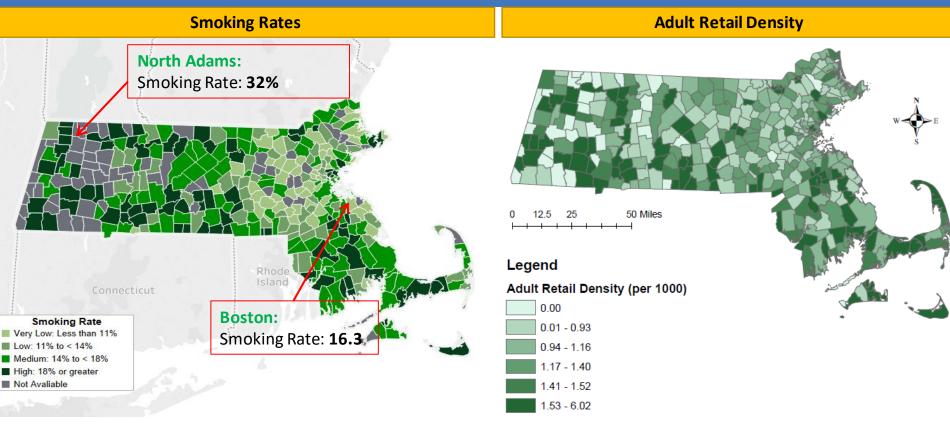
Worcester: 26%

Springfield: 24%

Cambridge: 33%

Lowell: 33%

In Massachusetts, communities with higher smoking rates tend to have higher retail density



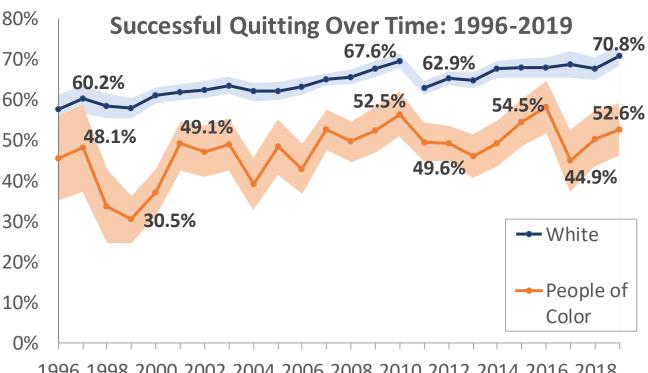
Quitting Smoking

Menthol is a Racial Justice Issue: Cessation

Mint and menthol cigarettes are biologically more addictive and harder to quit.

Despite having similar rates of smoking and quit attempts compared to Whites, Blacks and Hispanics/Latinx in Massachusetts 40% consistently have lower rates of **successful quitting**, even after adjusting for income.

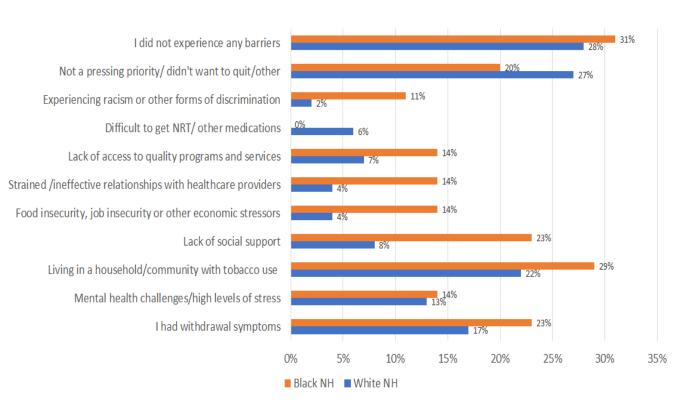
Beyond menthol use, racial inequities in cessation have resulted from racism and marginalization in housing, education, employment, built and social environments, and



1996 1998 2000 2002 2004 2006 2008 2010 2012 2014 2016 2018

Note: Shaded areas represented 95% confidence intervals. Break in trend due to a change in survey weighting methodology in 2011 Source: Massachusetts BRFSS

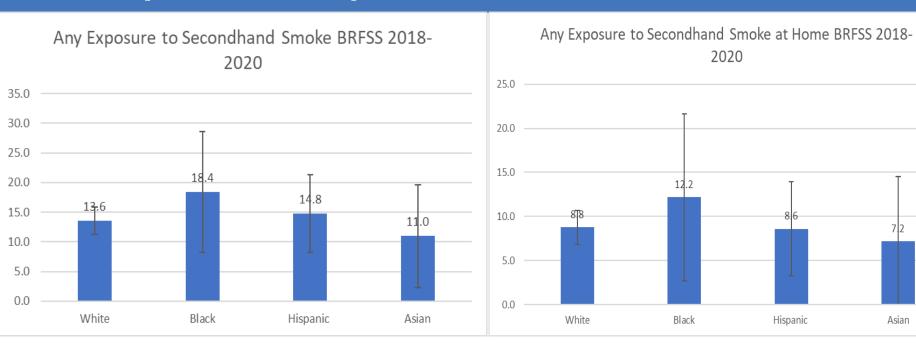
Black Smokers of Flavored/ Menthol Products Experience More Barriers to Quitting



- In general, black smokers reported higher rates of barriers to quitting smoking than their white counterparts
 - Except for difficulty getting NRT and not wanting to quit
- Data from panel survey

Exposure to Toxic Smoke

Inequities in Exposure to Secondhand Smoke



- In Massachusetts there are racial inequities in exposure to secondhand smoke
 - Black residents are more likely to report general exposure to secondhand smoke as well as exposure to secondhand smoke at home

Asian

Menthol is a Racial Justice Issue: Policy



President Obama signing the "Family Smoking Prevention and Tobacco Control Act" (2009)

Banned the sale of any flavored cigarettes except mint and menthol as flavored cigarettes are appealing to youth



Massachusetts Governor Charlie Baker signing "An Act Modernizing Tobacco Control" (2019)

Effectively closes loophole in the FSPTCA by restricting the sale of menthol tobacco products, including menthol cigarettes, to smoking bars for on-site consumption, only.

Law Overview - An Act Modernizing Tobacco Control

On November 27, 2019, Governor Baker signed into law An Act Modernizing Tobacco Control.

The law took full effect on June 1, 2020. It includes the following measures:

Sales Restrictions

- The sale of ALL flavored (including menthol) combustible cigarettes, cigars, chewing tobacco, and flavored nicotine vape products are restricted to licensed smoking bars where they may be sold only for on-site consumption
- Retail stores licensed to sell tobacco products, such as convenience stores, gas stations, and other retail outlets, are restricted to the sale of non-flavored nicotine products with a nicotine content of ≤ 35 milligrams per milliliter
- ➤ The sale of non-flavored nicotine vaping products (with a nicotine content > 35 milligrams per milliliter) is restricted to licensed, adult-only retail tobacco stores and smoking bars
- Retailers cannot advertise tobacco products they're not allowed to sell (eliminate flavor product ads, reduce vape ads)

Taxation on Vape Products

A 75 percent excise tax on the wholesale price of nicotine vaping products, in addition to the state's 6.75 percent sales tax

Access to Cessation Resources

Requires private insurers, the Group Insurance Commission, & MassHealth to provide coverage for tobacco use cessation counseling and all generic FDA approved tobacco cessation products with at least 1 product available @ no out-of-pocket costs

Who benefits?

Who is harmed?

What are the data showing?

YOUTH (including youth of color and other marginalized youth)

- Youth (adults) living with ACEs (adverse childhood experiences & adverse childhood environments)
 may continue to seek out nicotine (and/or other substances) to soothe themselves in the absence of
 appropriate and equitable system change to support them and their emotional and physical
 wellbeing.
- Youth addicted to nicotine may continue to seek out products instead of quitting, especially in the absence of appropriate and equitable cessation resources.
- Potential increase in "of the street" and/or online sources of nicotine that perpetuate youth access to and use of tobacco
- Youth in border communities may continue to access flavored products and vape products from neighboring states of NY, VT, NH, CT, and RI.

COMMUNITIES OF COLOR

- With the history of tobacco industry targeting & respected black leaders speaking against menthol restrictions, people of color may see a menthol restriction as unfair.
- Menthol smokers may switch to other combustible tobacco products or ecigarettes, instead of complete cessation, especially if inadequate access to and inadequate development of appropriate cessation resources persist.
- Concerns of racial profiling for illicit sale, possession or use of menthol cigarettes.

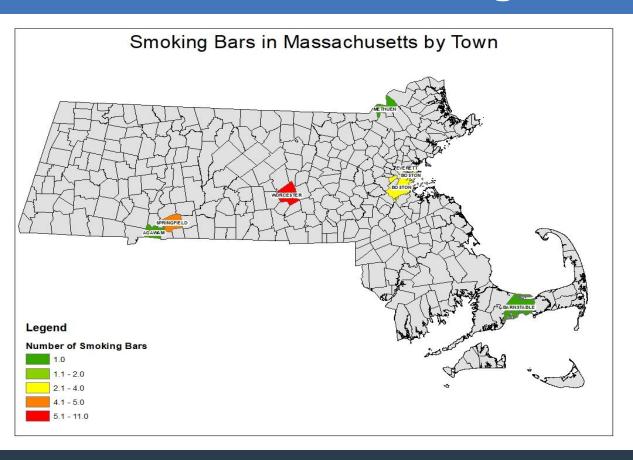
HARM REDUCTION(?)

• Some adult smokers who use menthol vape products as a means of switching or of quitting combustibles may have harder time accessing menthol vape products

OVERALL

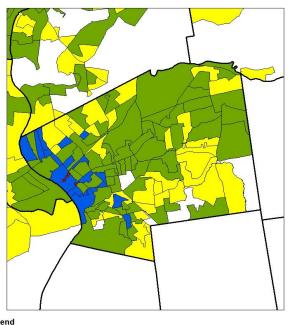
 Tobacco industry will introduce new products to get around regulations (e.g. menthol flavored capsules)

Smoking Bars



- As of June 1, 2020, the sale of flavored and menthol tobacco products are restricted to licensed smoking bars where they may be sold only for on-site consumption
- As of April 2022, there are 25 licensed smoking bars in the state
- They are located in the following communities:
 - Worcester:11
 - Springfield: 5
 - Boston: 4
 - Everett: 2
 - Agawam: 1
 - Barnstable: 1
 - Methuen: 1

Smoking Bars and EJ Regions in Springfield and Worcester



Legend

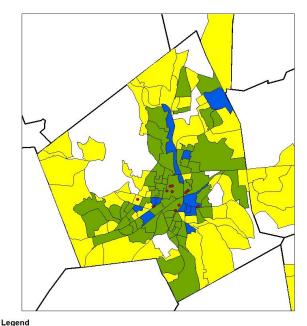
Smoking Bars

2020 Environmental Justice blockgroups

Minority; Income; English isolation

Minority and Income: Minority and English isolation: Income and English isolation

Minority, Income and English isolation



2020 Environmental Justice blockgroups

Minority; Income; English isolation

Minority and Income: Minority and English isolation: Income and English isolation

Minority, Income and English isolation

- In Springfield, all 5 smoking bars are located in Block groups with three EJ criteria
- In Worcester
 - 2 smoking bars are located in Block groups with 1 EJ criteria
 - 8 smoking bars are located in Block groups with 2 EJ criteria
 - 1 smoking bar is located in a Block group with 3 EJ criteria

Connections





Cannabis

Tobacco

Beyond the Menthol Restriction: What's Next?

- Trustworthiness
- Implicit Bias
- Intentional Structural Change Treatment
- Adverse Childhood Experiences/Adverse Childhood Environments
- History Lessons
- Retailers: Density, Location
- Exemptions

Next Steps

"Not everything that is faced can be changed, but nothing can be changed until it is faced."

-James Baldwin

Homework

What can I do within my sphere of influence?

while prioritizing and centering racial equity & supporting each person to achieve their optimal health