



Making Tobacco Relevant for Asian American and Pacific Islander Communities



This kit is designed to aid those working in tobacco prevention and control within the Asian American and Pacific Islander (AAPI) community. The goals are threefold:

- to increase awareness of Asian American and Pacific Islander tobacco issues
- to provide methods for making tobacco issues relevant to diverse communities
- to motivate advocates to address tobacco control issues in the Asian American and Pacific Islander community

The kit is divided into an informative question and answer section, some case studies, a checklist designed to help readers integrate tobacco issues into Asian American and Pacific Islander communities, and a list of other resources that might be especially helpful for you.

Questions and Answers

◆ Why should we be concerned about tobacco?

Tobacco is the single most preventable cause of death and disease in our society. Tobacco use is responsible for more than one out of every five deaths in the United States, exceeding the total number of deaths each year from AIDS, alcohol, drug use, homicide, suicide, motor vehicle crashes, and fires combined. Tobacco use causes 87% of lung cancer deaths, as well as mouth, larynx, esophagus, and bladder cancer, stroke, emphysema, and chronic bronchitis. In addition, smoking doubles the risk of dying from heart disease.

Smoking and diabetes are a deadly combination. Diabetics who smoke are more likely to develop several diabetes-related complications than their non-smoking counterparts due to poor diabetes control, and are at higher risk for early death.

Smoking cigarettes is dangerous for HIV-positive individuals because it increases the risk of oral candidiasis (a fungal infection of the mouth) and bacterial pneumonia, as well as magnifying complications of upper respiratory disorders.

Studies show that 80% of adult smokers started before the age of eighteen, and 40% of high school seniors who smoke daily have tried to quit and failed. Teens make up 90% of all new smokers, with more than 3,000 young people becoming regular smokers each day.

◆ Why are cigarettes so bad for us?

Cigarette smoke contains over 4,800 chemicals, 69 of which are known to cause cancer, such as cyanide

and formaldehyde. Tobacco use is addictive. In fact, the U.S. Food and Drug Administration (FDA) has declared nicotine, a primary ingredient in cigarettes, to be as addictive as heroin and cocaine.

◆ I thought tobacco use was decreasing in the U.S.

Although smoking has decreased among the general population, studies have shown that it has not for Asian Americans and Pacific Islanders. While the national smoking rate is currently about 24% for U.S. males (2000), local studies have shown an alarming smoking prevalence of 48-72% for adult Laotian males, 33-71% for Cambodian males, and 42% for Native Hawaiian males.

In addition, tobacco use takes on many forms in the AAPI community. Many Pacific Islanders chew tobacco with betel nut. A study conducted in Palau showed that 76% of both male and female adults chewed betel nut, and 83% of those mixed tobacco with betel nut.

Smoking is also increasing among Asian American youth. The 2000 National Youth Tobacco Survey showed a seven-fold increase, the largest increase among any ethnic group, in smoking rates among Asian American youth from seventh to 12th grade — 4.4% to 33.1%. While Asian American teens had the lowest smoking rates in middle school, they had the second highest smoking rates by senior year.

While tobacco use among Asian American females has traditionally been low, increased targeting of minority women and girls by the tobacco industry has resulted in increased prevalence. The 2002 National Youth Tobacco Survey also showed that 25.4%



of Hawaiian/Pacific Islander girls smoke during middle school — the highest of any ethnic group.

◆ **Why is tobacco use so high in the Asian American and Pacific Islander community? Does the tobacco industry play a role?**

Tobacco has been used in Asia and the Pacific Islands since the 17th century. However, in the past 30 years, Asians and Pacific Islanders, both in the U.S. and Asia, have been specifically targeted by the tobacco industry to attract and hook new consumers.

In addition, the tobacco industry sends a large percentage of their exports to Asia. In the 1980's, the tobacco industry played a crucial role in the U.S. trade sanctions threatening Japan, South Korea, Taiwan, and Thailand unless they accepted American tobacco products, lifted tariffs against imported cigarettes, and allowed cigarette advertising.

◆ **But I don't smoke. Why should I care whether others use tobacco?**

The smoke that cigarettes produce can also kill non-smokers. In 1990, the U.S. Environmental Protection Agency (EPA) classified secondhand smoke a Class A carcinogen. In the U.S., secondhand smoke alone kills about 50,000 people annually.

The high numbers of AAPI men who smoke also endanger their families. Women are not the only ones who are negatively impacted by men's high smoking rates; children are also exposed to secondhand smoke in their homes and communities. Infants and children exposed to secondhand smoke experience higher

Facts About Tobacco and AAPIs

- Tobacco use is the number one preventable cause of death among AAPIs in the United States.
- Local studies have shown a smoking prevalence of 48-72% for adult Laotian males, 33-71% for Cambodian males, and 42% for Native Hawaiian males.
- Betel nut mixed with tobacco is used by more than 2/3 of all males and females in some Pacific Island jurisdictions, such as the Republic of Palau.
- Smoking rates among Asian American youth increase seven-fold from seventh to 12th grade (from 4.4% to 33.1%). While Asian American teens had the lowest smoking rates in middle school compared to African Americans, Hispanics, and Whites, their smoking rates were second only to Whites by senior year.
- 25.4% of Hawaiian/Pacific Islander girls smoke during middle school.
- In 2000, tobacco companies spent \$9.57 billion (more than \$26.2 million every day) on advertising and promotion in the United States alone.
- A 1992 study by the University of Southern California found that Asian neighborhoods had the greatest concentration of tobacco billboards of all ethnic groups, 17 times that of white neighborhoods.
- According to the World Health Organization, tobacco kills 4.9 million people worldwide each year. The toll will continue to increase dramatically in Asia due to high smoking rates and aggressive advertising.
- Teens make up 90% of all new smokers.
- For every 3,000 teens who smoke, 20 will be murdered, 40 will be killed in a traffic crash, and 750 will be killed by a tobacco-related disease during their lifetime.



rates of both ear infections and lower respiratory tract infections. Secondhand smoke can trigger asthma attacks and worsen other respiratory conditions. Furthermore, exposing babies to secondhand smoke increases their risk of dying from sudden infant death syndrome (SIDS).

◆ **I heard tobacco companies are advertising to our kids. Why would they do that if it is illegal to sell cigarettes to minors?**

With 440,000 adult customers dying each year and many smokers quitting, tobacco companies need to recruit teenagers to replace them. In 2000, tobacco companies spent \$9.57 billion (more than \$26.2 million every day) on advertising and promotion in the United States alone.

Internal tobacco industry documents have revealed a conscious strategy to market cigarettes specifically to youth, using themes that appeal to teens — rebellion, independence, glamour, adventure, and maturity. An independent study conducted with six year-old children found that they were as familiar with "Joe Camel" (the cartoon character used to sell Camel cigarettes) as they were with the Mickey Mouse logo.

◆ **Haven't the tobacco industry tactics been brought under control with the 1998 tobacco settlement?**

While it is true that the 1998 Master Settlement Agreement resulted in the banning of cigarette billboards in the U.S., the tobacco industry has transferred their monies into promoting the image of their companies in television advertisements. The industry has increased targeting of minority women and girls through magazine advertisements (e.g., Virginia Slims ads) and other creative strategies. Furthermore, they have stepped up their advertisements and promotions in other parts of the world, particularly in developing countries.

◆ **How can I think about tobacco when my community is trying to deal with more important issues like poverty, violence, hard drug use, alcoholism, and civil rights?**

All of these issues are important. Immigration, welfare reform, mental health, and economic survival are all pressing issues facing Asian Americans and Pacific Islanders today. However, most people do not realize that smoking and other uses of tobacco silently contributes to family disease, economic hardship, fires, and substance abuse. Tobacco use prevention and cessation need to be addressed within the context of community issues.

Economic Costs of Smoking: Smoking places large economic burdens on families and businesses. The \$4.50 pack a day smoker will in his or her lifetime spend \$82,125 on cigarettes alone.* Smokers cost the United States over \$100 billion per year in health care costs and lost productivity, dollars and time which could be spent contributing to their communities or families. Beyond the smoker, secondhand smoke greatly impacts the entire family's health, the costs of which can be immeasurable.

* Based on a 50 year period

Gateway Drug: Tobacco is often referred to as a "gateway drug" because of its tendency to encourage young smokers to further experiment with harder drugs and move on to other destructive behaviors. Youth who smoke are three times more likely to use alcohol and eight times more likely to smoke marijuana than nonsmoking youth.

Death and Emotional Suffering: Smoking and other forms of tobacco use kills through lengthy, painful and debilitating diseases such as cancer, emphysema, and heart disease. Fires resulting from cigarettes have also resulted in death.

Poverty: Tobacco advertisements glamorize tobacco use, and often portray smokers as successful and powerful individuals. In reality, smokers tend to be individuals who are poorer and less educated than nonsmokers. The tobacco industry targets individuals who are of lower socioeconomic status.

Labor: An increasing number of AAPIs work in the service industry in hotels, restaurants, bars, and casinos. Although many states and local communities have passed laws that ban smoking in public places and in the workplace, some specifically exempt these workplaces. Thus, AAPIs who work in the service industry do not fully benefit from these workplace protections and are exposed daily to secondhand smoke.

Environmental Impact: Tobacco farming in developing countries is linked to deforestation, hunger, and pesticide poisoning. Deforestation occurs because trees are cut down to increase the amount of land available for tobacco farming. Hunger results when arable land is used to grow tobacco instead of food for communities. In addition, tobacco companies often require tobacco farmers to use certain pesticides. Entire families are often involved in tobacco farming, including young children.

Civil Rights/Social Justice Issue: The targeting of AAPI communities by tobacco companies has often been described as a civil rights issue. As early as the 1980's, the tobacco industry recognized the importance of the AAPI community as a potential business market. When a major multibillion dollar industry consciously markets a proven harmful substance, like tobacco, to certain ethnic groups, such as AAPIs, the resulting silence and killing of members of our community makes it a social justice issue.

◆ **Tobacco companies have sponsored our festivals, newspapers, and community groups, including health and minority rights' groups. Aren't tobacco companies really helping our communities?**

Sponsorship is a well-planned business strategy which allows tobacco companies to build relationships with AAPI organizations and to buy legitimacy in diverse communities. However, tobacco companies and their products kill more members of our communities than almost all causes of death combined. Organizations that accept tobacco industry funding may find it difficult to speak out against the tobacco industry.

AAPI Women and Smoking

Young women are America's fastest-growing population of smokers. Between 1960 and 1980, lung cancer death rates among women smokers soared 600%, surpassing breast cancer mortality rates.

Asian American and Pacific Islander women and girls are turning out to be the tobacco industry's new target. Tobacco ads developed to hook AAPI women and girls reinforce a glamorous Western allure tied to smoking cigarettes. One example is tennis star Michael Chang, who has played in tobacco sponsored tournaments. He is also a teen idol among AAPI girls, and a symbol of athletic influence and Western lifestyle. Cigarette ads and brands, such as Virginia Slims and Newport Lights, also associate smoking with thinness, sex appeal, empowerment, and an escape from the multiple demands placed on AAPI women by their families and society.

In some AAPI communities, the stigma against women who smoke is so great that data most likely underreport AAPI female smoking rates, making this new group of smokers unreachable by health education efforts. For example, in Korean communities both in Korea and in the U.S., women and girls frequently are found smoking only within the privacy of second-floor coffeehouses, and rarely admit to their habit.

AAPI women also occupy a higher proportion of service industry jobs and are less able to control the smoke in their environment at home and at work. Waitresses are four times as likely to die from lung cancer and 2.5 times as likely to die from heart disease compared to other women.

Finally, since many AAPI males smoke, their spouses and families are also negatively impacted. AAPI women with spouses who smoke are at an increased risk for disease and death resulting from secondhand smoke.

How Can I Make My Community Care?

- 1 Identify community leaders.
- 2 Cultivate relationships within your community.
- 3 Find out what is important to your community.
- 4 Find ways to relate tobacco issues to their concerns.
- 5 Identify your target audience and provide information as appropriate.
- 6 Provide opportunities for community participation and activism.



The following section provides information on how you can involve your community in tobacco control. It is designed to be used only as a guide as you begin to evaluate your own community's need for tobacco awareness and advocacy and what approaches you can take to address these issues. The key to making tobacco relevant to your community is to tie it into other issues that your community cares about.

1. Identify community leaders.

Tobacco impacts many sectors of society. Identify the group of people that you would like to reach, and contact persons within that group who can influence community norms and create policies. These persons may or may not be the recognized leaders. The group you choose will determine the scope, content, and delivery of your message. For example, chambers of commerce may prove to be invaluable in educating merchants to not sell cigarettes to minors or sponsor tobacco-free events. Examples of different groups within your communities are teenagers, educators, business owners, faith and spiritual leaders, recent immigrants, artists, politicians, celebrities, expectant and new mothers, and family members of smokers.

Whenever possible, involve AAPI youth. Prevention of the smoking habit before it starts among our youth is a crucial step in making our communities tobacco-free. Moreover, teens and children will continue the educational process with those they come in contact with for years to come.

Very Useful People . . .

There are many groups within your community that may prove invaluable to making your community tobacco-free. The following is a list to get you thinking about the individuals, clubs, and organizations that may be available to help you in a particular project or willing to join in a coalition:

youth

school paper staff, student government, athletes, teen parents, at-risk youth, teachers, guidance counselors

influence community norms

journalists, spiritual leaders, smokers and ex-smokers, families of smokers, naturalization teachers, traditional leaders, doctors and medical associations, celebrities, police, athletic clubs, teams, new and expecting parents

policy makers

political leaders, chambers of commerce, ministers or directors of health

event planners, participants

new year festivals, beauty pageants, karaoke contests, fundraisers, business and trade conventions, wedding consultants, teen prom, dances

Integrating Tobacco Control into the lu-Mien Community

In the lu-Mien and Southeast Asian community, hearing AAPI tobacco control messages is often rare, especially from women. However, Maichew Chao, a community health worker with the Southeast Asian Health Project in Long Beach, California, has been able to get her community to not only accept her as a health advocate but also to take on tobacco control issues using creative and effective methods.

In 1990, Maichew was the first woman chosen to serve on the board of the lu-Mien American National Coalition, a community organization created to strengthen the ties between different lu-Mien communities around the country. She used her role to get the coalition to take up second hand smoke as a focus of their annual conference.

Maichew's experience encompasses both advocacy on the national level and painstaking door-to-door outreach. Realizing her efforts required a new tool other than brochures to reach a wider audience and individuals with lower literacy, Maichew developed Laotian and Hmong music tapes with anti-tobacco lyrics. The long lasting success of these tapes represents the ingenuity and insight she brings to tobacco control.

Maichew serves as an example of leadership not only for AAPI women, but for AAPIs committed to grassroots and national advocacy. Her successes provide many lessons to other AAPIs on how to involve their communities in tobacco control.

"Know what your community needs," Maichew said. "Make the time to help if someone needs you. Above all, earning the trust from your community is the most important step in leadership."

2. Cultivate relationships within your community.

Once you have determined who you want to approach, take as many opportunities as you can to become involved with them. Attend social functions, other agency events, festivals, get-togethers, introductory sessions, pageants, or fundraising events. Sponsor informational sessions for the groups you are interested in. Consider building coalitions of individuals from your group as well as any other groups that share your concerns. These opportunities will allow you to build relationships and partnerships that will help you reach many goals much more effectively.

3. Find out about what is important to your community.

Find out basic practical information about your group. Where does most of your group live? Do they live in an urban or rural area? How old are they? What is the range in financial stability and education? How fluent is their English? Such questions will help you better understand the background and experiences of the group you want to approach.

Identify the issues most important to the group you have chosen. Some issues which concern AAPI communities include urban or domestic violence, youth success, health and safety, economic success, substance abuse, crime, welfare and immigration reform, teen pregnancy, gambling addiction, and mental health.

Determine how much your community already knows about tobacco and its health hazards. What percentage of your group smokes or uses tobacco? Are they aware of the rates of smoking and tobacco use within their own community? Do they know smoking can cause lung cancer and heart disease and is a leading killer? Do they realize secondhand smoke can kill? Do youths have access to the purchase of tobacco products?

This research may take form in many ways. A phone or written survey can include questions about what issues most concern your community as well as their level of smoking awareness. Sometimes there are key informants or individuals in a community who may be able to fill you in quickly on what worries the group the most. These may be informal leaders ranging from neighborhood organizers to spiritual



leaders. More formally recognized leaders such as elected officials will also be useful to speak with. Alternatively, you can hold a reception or meeting to bring interested people to the discussion table. Involving yourself in the activities of your selected group will allow you opportunities to talk directly with many individuals.

4. Find ways to relate tobacco issues to their concerns.

The most successful way to get your community involved is to tie tobacco issues into other issues of concern and to tailor your approach to those whom you are targeting.

For concerns about the health of our families, the dangers of smoking and other forms of tobacco can be incorporated with other information about exercise, diet, and stress. Some communities are not aware that smoking is addictive and directly related to lung cancer and heart disease.

New business managers and owners may need to be reminded that selling tobacco to minors is illegal which results in heavy fines, and also the toll that

tobacco takes on an individual and the greater community. Also, smoking in their workplace can add to the companies' costs in disability insurance and sick leave.

Parents can be made aware that a teen culture of tobacco is oftentimes the first step to drugs and other forms of substance abuse. Parents' influence as role models is crucial in assuring that their children make healthy choices.

Community workers and health educators can be reminded about the pervasive dangers that exist in a community that uses tobacco, and encouraged to incorporate tobacco education materials in their work where possible. The relationship between tobacco, substance abuse, and violence should also be heavily emphasized.

Expectant/new parents can be educated about the harmful effects of tobacco and secondhand smoke on the developing fetus as well as the continued effect of their smoking on the health of their new children. Teens concerned about appearance can be told of the health hazards as well as how smoking yellows teeth, causes bad breath, and encourages the



skin to wrinkle quickly. You can also emphasize the financial cost of a daily smoking habit.

Young athletes can be reminded how smoking causes decreased lung capacity and adversely affects their performance.

Civil rights activists can incorporate into their work the tobacco industry's unfair targeting of AAPI communities in the U.S. and their cigarette dumping in Asia and the Pacific Islands.

5. Identify your target audience and provide information as appropriate.

Spreading information is the most powerful way to raise your community's awareness. Your local health agency, community clinics, and groups

like APPEAL have fact sheets, newsletters, news articles, and culturally specific health education materials in different AAPI languages. Share this information with schools, outreach programs, churches, homes, and social and business groups.

Media: Contact ethnic and community newspapers, TV and radio stations, magazines, and student publications. Develop personal relationships with reporters assigned to cover health issues. As you encourage media to run stories on the health effects of smoking, the prevalence of cigarette advertising and tobacco sponsorship, or the sale of cigarettes to minors, remember to present fresh angles to the reporters. Utilize educational kits on preparing news releases and public service announcements (PSAs).

News stories can include statistics, current events or personal accounts. Often the ethnic media will run your story with very few changes, reaching a large audience.

6. Provide opportunities for community participation and activism.

Involving your community will not only make your work easier and more enjoyable, it may be the best way to integrate pro-health and anti-tobacco attitudes into our lives. Find out what your community members think would work to get other community people involved and encourage their active participation in developing events, leading training sessions, or running petitions. A few ideas for getting your community involved:

- Form coalitions, youth groups, support groups, or community watchdog organizations.
- Sponsor training sessions for interested community members and offer ways that they can help.
- Hold tobacco-free sports tournaments.
- Start an anti-tobacco arts/music/video/writing contest and involve the schools and media
- Encourage tobacco-free policies for spiritual places, community organizations, schools, and businesses.
- Organize petition drives against tobacco-sponsorship of community festivals, pageants, organizations, fundraising drives, etc.
- Sponsor prenatal classes or support groups and incorporate information about tobacco and its impact on pregnancy.
- Encourage community activism on all issues important to the community and tie in tobacco education and outreach.
- Coordinate a tobacco-free related event or contest with World No Tobacco Day (May 31) and the Great American Smoke Out and contact the ethnic and mainstream media.
- Involve the youth through coalitions, school outreach, health workshops, contests, student leadership, student newspapers, and video classes.

The King of Tonga Takes Action

Up until recently, the people of Tonga, a small island with a population of 97,000 located in the South Pacific, looked down on exercise as a silly activity. The current King of Tonga, Taufaahau Tupou IV, has changed that attitude significantly by developing his personal interest in health into a public campaign.

Several years ago, due to his own health concerns, the King began biking and running in public, often with crowds of Tongans and media in tow. For a country that regarded exercising as ridiculous, this was a big step.

"Our level of awareness about smoking and even just general health issues such as exercise was zero." Percival Leha'uli, the Director of the Tobacco Control Program at the Tongan Community Center in Los Angeles, was able to take advantage of the King's interest in raising health awareness and encouraged him to incorporate anti-tobacco messages into his work. "The King is such a figurehead and role model that people will listen to what he has to say."

The King has withdrawn tobacco sponsorship of a national boat race and spoken publicly on the health impact of tobacco. The princess of Tonga has also worked with the Tongan department of health on breast cancer and tobacco issues. Currently, Percival hopes the King will participate in a tobacco video for youth in Tongan and English. "He still has great influence among the Tongans in the U.S."

Percival has worked hard to get his community in the U.S. and Tonga to create smoke-free churches, kaba meetings, and Pacific Islander festivals. Thanks to the King of Tonga raising general health awareness in the homeland, Percival's work in the U.S. has received some royal assistance.

Steps I will take

to make tobacco more relevant

- 1 Have I identified the people in my community I would like to approach about tobacco and smoking? If yes, list them. If no, who in my community should I approach and when?
- 2 Have I cultivated relationships with this group? If yes, what were key events that built these relationships? If no, who are some of my contacts that I can collaborate with? What are local events that I can participate in?
- 3 Do I know my community? Do I have knowledge about their concerns? If yes, list methods that I used and the results that I have learned. If no, what methods will I use and what do I want to learn about? What group(s) can I work with for this project?
- 4 Have I found ways to relate tobacco to their concerns? If yes, which issues were successfully related to tobacco? If no, for each group that I work with, with which issues can I try to incorporate tobacco?
- 5 Have I provided information about tobacco control in a way that will interest my group? If yes, how have I done this? If no, what specific information is appropriate for the groups that I have selected?
- 6 Have I provided opportunities for my group to be involved in tobacco control? If yes, what activities have I facilitated? If no, what activities should I plan given the resources and timelines?

Notes:



APPEAL

Have questions? Call, write, or e-mail us at:

APPEAL 439 – 23rd Street, Oakland, CA 94612

Phone: (510) 272-9536, FAX: (510) 272-0817, e-mail: appeal@aapcho.org

Also check APPEAL's web page at <http://www.appealforcommunities.org>



APPEAL

Asian Pacific Partners for Empowerment and Leadership (APPEAL) is a national network of individuals and organizations committed to working towards a tobacco-free Asian American and Pacific Islander (AAPI) community. APPEAL's mission is to prevent tobacco use and improve the health status in the AAPI community through network development, capacity building, education, advocacy, and leadership.

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