Tobacco use remains the nation’s leading cause of preventable premature death, including death from cancer, and progress in reducing tobacco use and related disease and death has not been equally distributed across population groups. This monograph examines the current evidence surrounding tobacco-related health disparities (TRHD) across the tobacco use continuum—initiation, secondhand smoke exposure, current use, frequency and intensity, cessation, relapse, morbidity, and mortality—and the implications for future research and implementation of effective strategies.

As this monograph demonstrates, a central challenge for cancer control is to ensure that all Americans benefit from advances in tobacco control research and practice.

Major Conclusions

1. Enormous progress has been made in reducing overall tobacco use. However, some population groups have benefited less or at a slower pace from efforts to reduce tobacco use. As a result, they experience higher tobacco-related morbidity and mortality, including mortality from cancer. Progress in reducing tobacco use has been uneven in the United States, and substantially higher rates of tobacco use persist among population groups defined by race/ethnicity, occupation, socioeconomic status, sexual orientation, and other factors.

2. Many factors at multiple levels contribute to TRHD. Our understanding of TRHD is enhanced by considering the interaction of factors at the individual, interpersonal, community/neighborhood, and societal/policy levels and by considering the impact of diverse factors across the tobacco use continuum over the life span.

3. Research, including simulation modeling, indicates that broader implementation of known effective strategies to reduce tobacco use would contribute substantially to reducing TRHD. However, it is likely that additional strategies will be needed to accelerate reductions in tobacco use among all population groups. The Family Smoking Prevention and Tobacco Control Act (2009), which gives the FDA the authority to regulate the manufacture, marketing, and distribution of tobacco products to protect public health and to reduce tobacco use, has strong potential to reduce TRHD. In addition, continued innovation in policies and programs at the state and local level holds promise to address TRHD.

4. Research to understand and address TRHD is of increasing importance to reducing the burden of tobacco use and tobacco-related cancer in the United States. Disparities in tobacco use contribute substantially to disparities in the burden of cancer by race/ethnicity, socioeconomic status, and other demographic factors. As overall tobacco use rates have declined, the persistence of higher rates of tobacco use among groups based on demographic factors plays a larger role in slowing progress towards ending the tobacco epidemic.

5. Improved surveillance of individual populations and factors that contribute to TRHD will increase our ability to understand and address TRHD. The marketplace of tobacco products is increasingly diverse, and youth and adult patterns of tobacco use—including light and intermittent use and dual/poly use—are complex and dynamic. Communications technologies continue to evolve at a rapid pace, increasing the need for surveillance of tobacco industry communication strategies. Enhancing surveillance to allow population-wide categories (such as race/ethnicity) to be disaggregated by sub-groups will facilitate research to understand TRHD.
Overview

The research summarized in this monograph demonstrates that continued efforts are needed to accelerate declines in tobacco use and secondhand smoke exposure in order to reduce current TRHD and to prevent future increases in TRHD.

The monograph

• Synthesizes research literature on the many factors that influence and contribute to TRHD across the tobacco use continuum
• Presents evidence on the extent of TRHD for specific populations and highlights the multiple factors associated with TRHD
• Provides guidance for future research studies and the implementation of known effective tobacco control strategies.

Monograph Topics

• Patterns of tobacco use by race/ethnicity, sex, and socioeconomic status for youth, young adults, and adults
• Relationships between genetic factors and tobacco use behaviors and tobacco-related cancers
• Chemosensory effects of flavors in cigarettes, particularly menthol
• Stress processes, physiological responses to stress, and the effects of specific stressors such as racism and discrimination on tobacco use
• Social relationships effects on the tobacco use continuum and TRHD
• The relationship between immigration status, nativity, sex, socioeconomic status, ethnicity and smoking behavior
• Occupational status and the work environment’s effect on tobacco use patterns
• The relationship between socioeconomic status and TRHD, including educational attainment and other measures
• The impact of pro- and anti-tobacco communication and marketing
• Influence of diverse tobacco control policies on TRHD
• The SimSmoke tobacco control simulation model and effects of various policies

About Monograph Development and the NCI Monograph Series

This monograph is the 22nd volume in the series of monographs on tobacco control produced by the National Cancer Institute (NCI) of the National Institutes of Health, an agency of the U.S. Department of Health and Human Services. This monograph was developed by the NCI with scientific leadership from Linda Alexander, Ph.D. and Pebbles Fagan, Ph.D. This effort drew upon the expertise of more than 50 subject matter specialists and was peer-reviewed by nearly 50 scientific experts. All NCI Tobacco Control Monographs are available at http://cancercontrol.cancer.gov/brp/tcrb/monographs/.

To download the executive summary or the full monograph, visit http://cancercontrol.cancer.gov/monograph22.

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