Dear Maine Legislators,

We write to you as public health professionals with concerns about the disproportionate marketing and consequential use and health harms of flavored tobacco products on communities under stress, including people with lower income, African Americans, and the LGBTQ+ community. Decades of research show the consistent and persistent targeting of these populations through aggressive advertising practices, increased retail density, and heavily discounted pricing.[1]

Income

People with low-income are the target of aggressive marketing tactics by tobacco companies. This marketing works – the use of tobacco products is almost three times higher in lower-income populations than in more affluent ones.[2] People who smoke tend to miss more work days due to sickness and spend a greater portion of their income on tobacco products, increasing their economic instability and reinforcing the cycle of poverty.[3] Lower-income populations, especially those in rural areas, have less access to health care, making it more likely they are diagnosed at later stages of diseases and conditions, compared with people who have higher income and live in suburban or urban areas.[3] Moreover,

- People with family incomes of less than $12,500 had lung cancer incidence rates that were more than 1.7 times the incidence rate of those with incomes of $50,000 or higher.
- People living in rural areas have 18–20% higher rates of lung cancer than people living in urban areas.[4]

Race/Ethnicity

For decades, tobacco companies have implemented advertising strategies focused on Black, Indigenous, Hispanic, and other People of Color.[1] The industry has sponsored community events, political groups, and scholarships to tighten its relationship with these populations.[5,6] In particular, the tobacco industry has marketed menthol cigarettes to these populations.[1] Due to the ability to mask the undesirable, harsh taste of tobacco, flavored products, especially menthol cigarettes, make it easier for individuals to start using tobacco and harder for them to quit.[7] While the 2009 Tobacco Control Act ended the sale of flavored combustible cigarettes nationwide, it exempted menthol cigarettes, which allowed the tobacco industry to continue the targeted marketing of these products. These efforts have resulted in higher smoking rates, and higher rates of menthol cigarette use, among industry-targeted populations. The data show:

- 34% of White adults who smoke use menthol, compared to:
- 81% of Blacks, 77% of non-Hispanic Native Hawaiian and Pacific Islanders, and 51% of Hispanics.

Tobacco use is the leading cause of preventable death among Black Americans, claiming 45,000 Black lives each year.[8] It is estimated that approximately 40% of excess deaths due to menthol cigarette smoking in the U.S. between 1980 - 2018 were those of African Americans, despite African Americans making up only about 12% of the U.S. population.[1] The U.S. Food and Drug Administration estimates that ending the sale of menthol cigarettes nationwide could decrease the preventable deaths of African Americans by as many as 200,000.[9]

Sexual Orientation

The tobacco industry exploits stigma, discrimination, and systemic exclusion mechanisms by targeting vulnerable populations with messages that associate "tobacco use with freedom, power, and social acceptance."[2] For this reason, it is not surprising that there are higher rates of flavored tobacco use among LGBTQ+ people who smoke: Nationally, 54% of lesbian or gay people and 49% of bisexual people who smoke use menthol cigarettes, compared to 42% of heterosexual people who smoke.[1]

LGBTQ youth are at a higher risk of substance use, cancers, cardiovascular diseases, anxiety, depression, and other health issues compared to the general population. They receive poorer quality of care due to stigma, lack of healthcare providers' awareness, and insensitivity to their unique needs.[7] And, a 2017 study found that while 92% of surveyed oncologists (across 7 cancer types) reported being comfortable treating LGBTQ patients, fewer than half of respondents correctly answered knowledge questions about this population.[10]

The long-term health effects of smoking are highlighted by the U.S. Centers for Disease Control and Prevention's statement that "for every person who dies because of smoking, at least 30 people live with a serious smoking-related illness."[11] Measures should be put in place to stop tobacco companies from intentionally pursuing kids and communities under stress. Ending the sale and marketing of flavored tobacco products is an important step forward to reduce smoking rates, increase successful quitting attempts, improve health and personal financial security, and reduce health care costs. Thus, decreasing health disparities related to tobacco use and promoting health equity among vulnerable populations.[12,13,14]

This sign-on letter was researched, written, and organized by the Maine Public Health Association's Health Equity Member Section

Sincerely,

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[1] U.S. Centers for Disease Control and Prevention. (2023). Menthol smoking and related health disparities. https://www.cdc.gov/tobacco/basic_information/menthol/related-health-disparities.html.
[2] Sheffer CE, Williams JM, Erwin DO, Smith PH, Carl E, & Ostroff JS. (2022). Tobacco-related disparities viewed through the lens of intersectionality. *Nicotine & Tobacco Research*, 24(2), 285-288.
[3] Marbin JN, & Gribben V. (2019). Tobacco use as a health disparity: What can pediatric clinicians do? *Children (Basel)*, 6(2), 31.
[4] U.S. Centers for Disease Control and Prevention. (2019). Tobacco use by geographic region. https://www.cdc.gov/tobacco/disparities/geographic/index.htm.
[5] Truth Initiative (2024). Tobacco use among Hispanic and Latino Americans. https://truthinitiative.org/research-resources/targeted-communities/tobacco-use-hispaniclatino-american-community.
[6] Bach L. (2023). Marketing menthol: A history of tobacco industry targeting of African Americans. Campaign for Tobacco-Free Kids. https://assets.tobaccofreekids.org/factsheets/0400.pdf.
[7] Bach L. (2023). Flavored tobacco products attract kids. Campaign for Tobacco-Free Kids. https://www.tobaccofreekids.org/us-resources/fact-sheet/flavored-tobacco-products-attract-kids.
[8] Mullins & Bassett. (2020). To tobacco companies, Black lives don't matter. *The Hill*. https://thehill.com/changing-america/opinion/516531-to-tobacco-companies-black-lives-dont-matter/.
[9] Angelino O, et al (2021). How new tobacco control laws could help close the racial gap on U.S. cancer. Council of Foreign Relations. https://www.cfr.org/article/how-new-tobacco-control-laws-could-help-close-racial-gap-us-cancer.
[10] Tamargo CL, Quinn GP, Sanchez JA, & Schabath MB. (2017). Cancer and the LGBTQ population: Quantitative and qualitative results from an oncology providers' survey on knowledge, attitudes, and practice behaviors. *Journal of Clinical Medicine*, 6(10), 93.
[11] U.S. Centers for Disease Control and Prevention. (2020). Smoking & tobacco use: Health effects. https://www.cdc.gov/tobacco/basic_information/health_effects/index.htm#:~:text=Smoking%20causes%20cancer%2C%20heart%20disease,includes%20emphysema%20and%20chronic%20bronchitis.
[12] Delnevo CD, Ganz O, & Goodwin RD. (2020). Banning menthol cigarettes: A social justice issue long overdue. *Nicotine & Tobacco Research*, 22(10), 1673-1675.
[13] Levy DT, Pearson JL, Villanti AC, Blackman K, Vallone DM, Niaura RS, Abrams DB. (2011). Modeling the future effects of a menthol ban on smoking prevalence and smoking-attributable deaths in the United States. *American Journal of Public Health*;101(7), 1236-1240.
[14] Rose SW, Ickes M, Patel M, Rayens MK, van de Venne J, Annabathula A, & Schillo B. (2022b). Centering equity in flavored tobacco ban policies: Implications for tobacco control researchers. *Preventive Medicine*, 165(Pt B), 107173-107173.