



Eliminating Tobacco-Related Disease and Death: Addressing Disparities

A Report of the Surgeon General



Report Overview



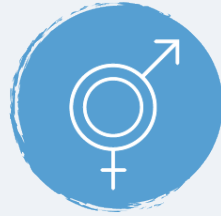
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U.S. Surgeon General

- 35th tobacco-related report published since 1964.
- Most comprehensive investigation of commercial tobacco-related health disparities in a single Surgeon General's report to date.
- Summarizes progress toward eliminating tobacco-related disparities.
- Examines patterns and trends in:
 - use of commercial tobacco products;
 - exposure to secondhand tobacco smoke;
 - exposure to marketing of tobacco products; and
 - tobacco-related health outcomes.
- Outlines vision to eliminate tobacco-related health disparities.

Demographic Factors of Focus in Report



**Race and
ethnicity**



**Sexual orientation
and gender
identity groups**



Income



**Educational
attainment**



Occupation



**Mental health
conditions or
substance use disorders**



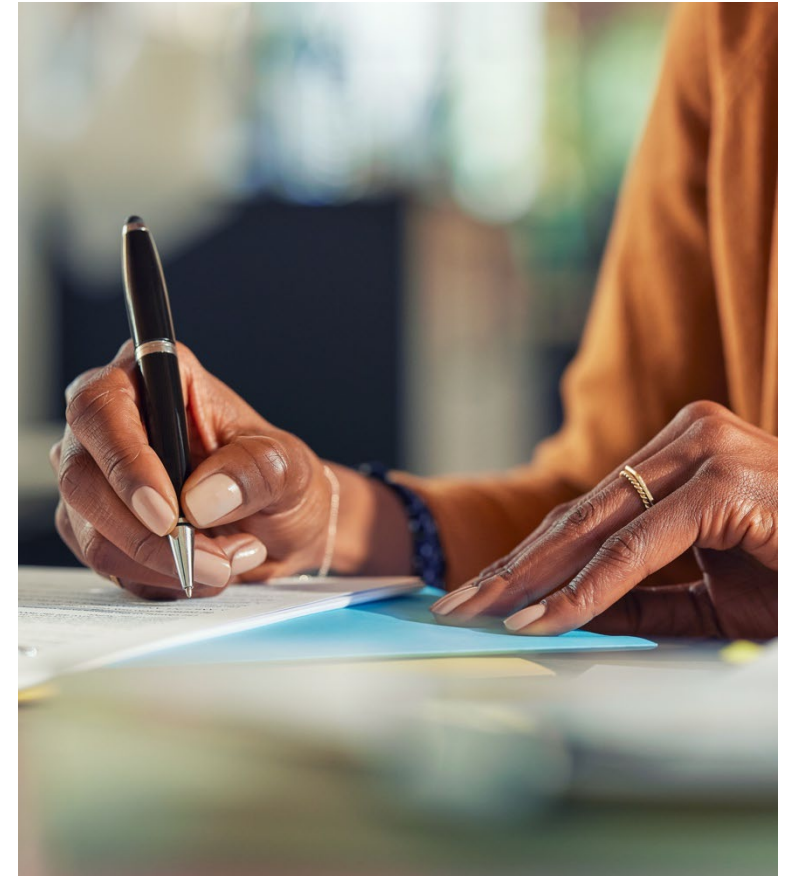
Geography

The Bottom Line on Tobacco Disparities

- Commercial tobacco use is the leading cause of preventable disease and death in the U.S.
- The U.S. has made progress reducing tobacco use in the overall population. But that progress has not been the same across all population groups.
- Cigarette smoking and exposure to secondhand smoke is much higher among some groups than others.
- Many of these disparities have persisted for decades.
- It doesn't have to be this way.
- We can and must do more to put an end to disparities once and for all.

Surgeon General's Report Preparation Process

- Reports are compiled using a longstanding, balanced, and comprehensive peer-reviewed process.
- Chapters written by established experts who provide an unbiased and scientifically rigorous synthesis of the most current evidence.
- Editorial team includes four external scientific experts selected for their knowledge of the report topic.
- Report undergoes multiple stages of peer review.





Surgeon General's Report at a Glance

More than **150** individuals involved, including authors, editors, and peer reviewers

8 comprehensive chapters consisting of more than **800** pages of the latest scientific evidence on tobacco-related health disparities

More than **3,200** references

10 major conclusions

53 chapter conclusions

Report Chapter Outline

1

Chapter 1

Introduction, Overview, Conclusions, and History of Tobacco-Related Health Disparities

2

Chapter 2

Disparities in Tobacco Use and Exposure to Secondhand Tobacco Smoke

3

Chapter 3

Physiological, Chemosensory, and Genetic Influences of Menthol and Other Flavors in Tobacco Products

4

Chapter 4

Social and Environmental Influences on Tobacco-Related Health Disparities

5

Chapter 5

Tobacco Industry Influences on Tobacco-Related Health Disparities

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Chapter 6

Disparities in Smoking-Caused Disease Outcomes and Smoking-Attributable Mortality

7

Chapter 7

Promising Interventions to Reduce Tobacco-Related Health Disparities

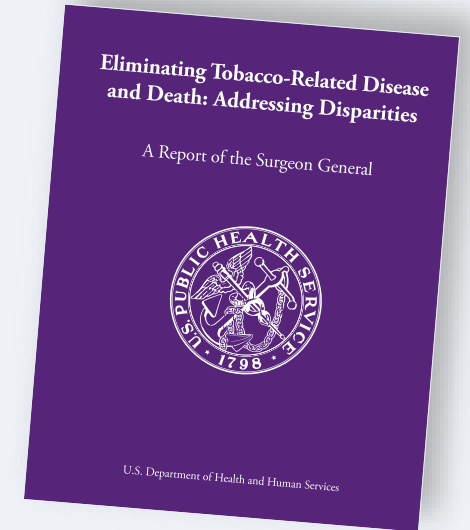
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Chapter 8

A Vision for Eliminating Tobacco-Related Health Disparities

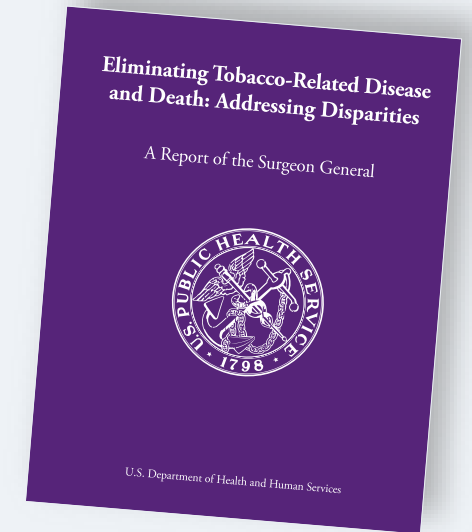
10 Major Conclusions

1. Despite strong progress in reducing tobacco use at the population level, disparities in use persist by race and ethnicity, level of income, level of education, sexual orientation, gender identity, type of occupation, geography, and behavioral health status. Exposure to secondhand tobacco smoke remains disproportionately higher among Black people than among people in other racial and ethnic groups, youth than among adults, and people from lower socioeconomic backgrounds than among those from higher socioeconomic backgrounds.
2. Tobacco-related health disparities are a social injustice, in addition to an economic and health burden. Addressing disparities requires reflection on the complex history of the commercialization of tobacco and both past and present-day experiences of racism, discrimination, and targeted marketing by the tobacco industry.



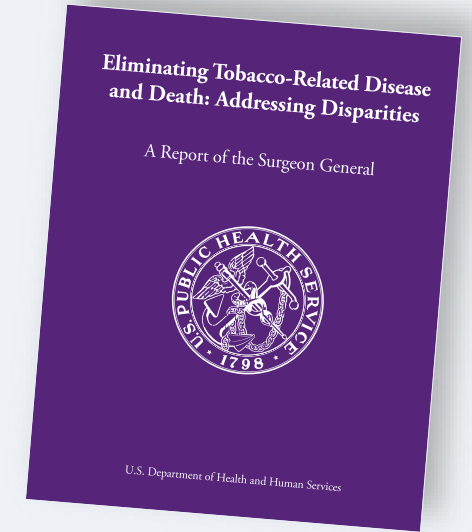
10 Major Conclusions

3. Social, structural, and commercial determinants of health—such as persistent poverty and inequitable economic and social conditions—lead to inequitable opportunities for living a life free from tobacco-related death and disease. Racism, discrimination, and targeted marketing by the tobacco industry; geographic disparities in evidence-based policy protections; preemptive laws that thwart communities from protecting their residents' health and safety; and financial and other structural barriers to accessing cessation treatments also drive tobacco-related health disparities.
4. The tobacco industry has designed, engineered, and marketed menthol cigarettes and other tobacco products that deliver multisensory flavor experiences which increase the likelihood of tobacco initiation, addiction, and sustained use. Policies that restrict the availability of menthol cigarettes can reduce smoking initiation and prevalence among adolescents, young adults, Black people, and other population groups that have disproportionately higher use of menthol cigarettes.



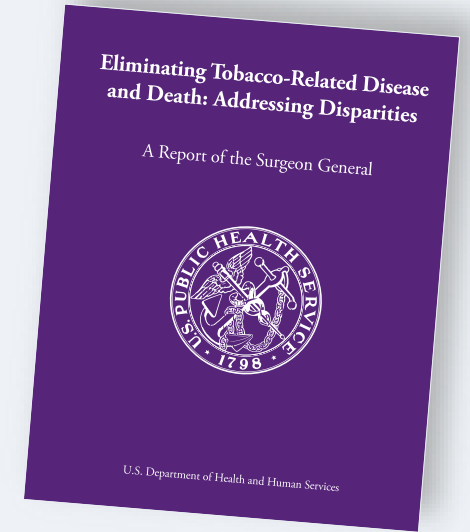
10 Major Conclusions

5. For decades, the tobacco industry has targeted its products and marketing to specific groups, including through concentrated marketing in neighborhoods with greater percentages of Black people, Hispanic people, and residents with lower incomes. Tobacco companies employ multiple tactics to undermine tobacco prevention and control efforts and enhance their corporate image.
6. Cigarette smoking remains a major cause of death and disease—including cancer, cardiovascular disease, and chronic obstructive pulmonary disease (COPD)—among all racial and ethnic groups. More than 490,000 deaths attributable to cigarette smoking and exposure to secondhand tobacco smoke are estimated to occur in the United States each year—about one in five of all deaths in the United States. This includes more than 473,000 deaths attributable to cigarette smoking and more than 19,000 deaths attributable to exposure to secondhand tobacco smoke.



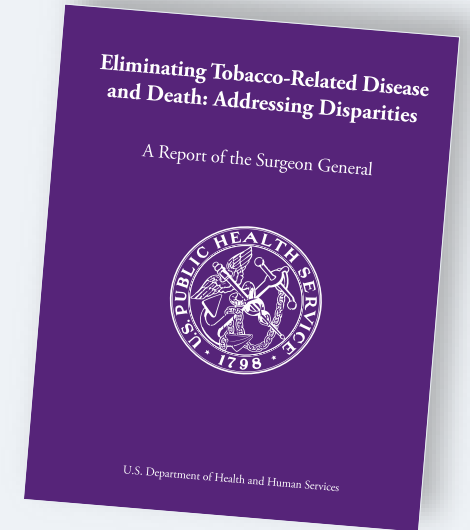
10 Major Conclusions

7. Each year, more than 50,000 Black adults, 15,000 Hispanic adults, and 400,000 White adults are estimated to die from causes attributable to cigarette smoking. Despite large absolute differences in the numbers of smoking-attributable deaths by race and ethnicity, smoking accounts for a similar proportion of deaths among non-Hispanic Black (18%) and non-Hispanic White (20%) people and about 10% of deaths among Hispanic people.
8. Data from surveillance and intervention research are limited for many groups known to be at high risk for tobacco use, exposure to secondhand tobacco smoke, and targeted marketing by the tobacco industry. While protecting recent gains in measurement, further efforts are warranted to assess structural and social determinants of health across the lifespan, disaggregate data, oversample disparate populations, and increase understanding of the impact of interventions on tobacco-related health disparities.



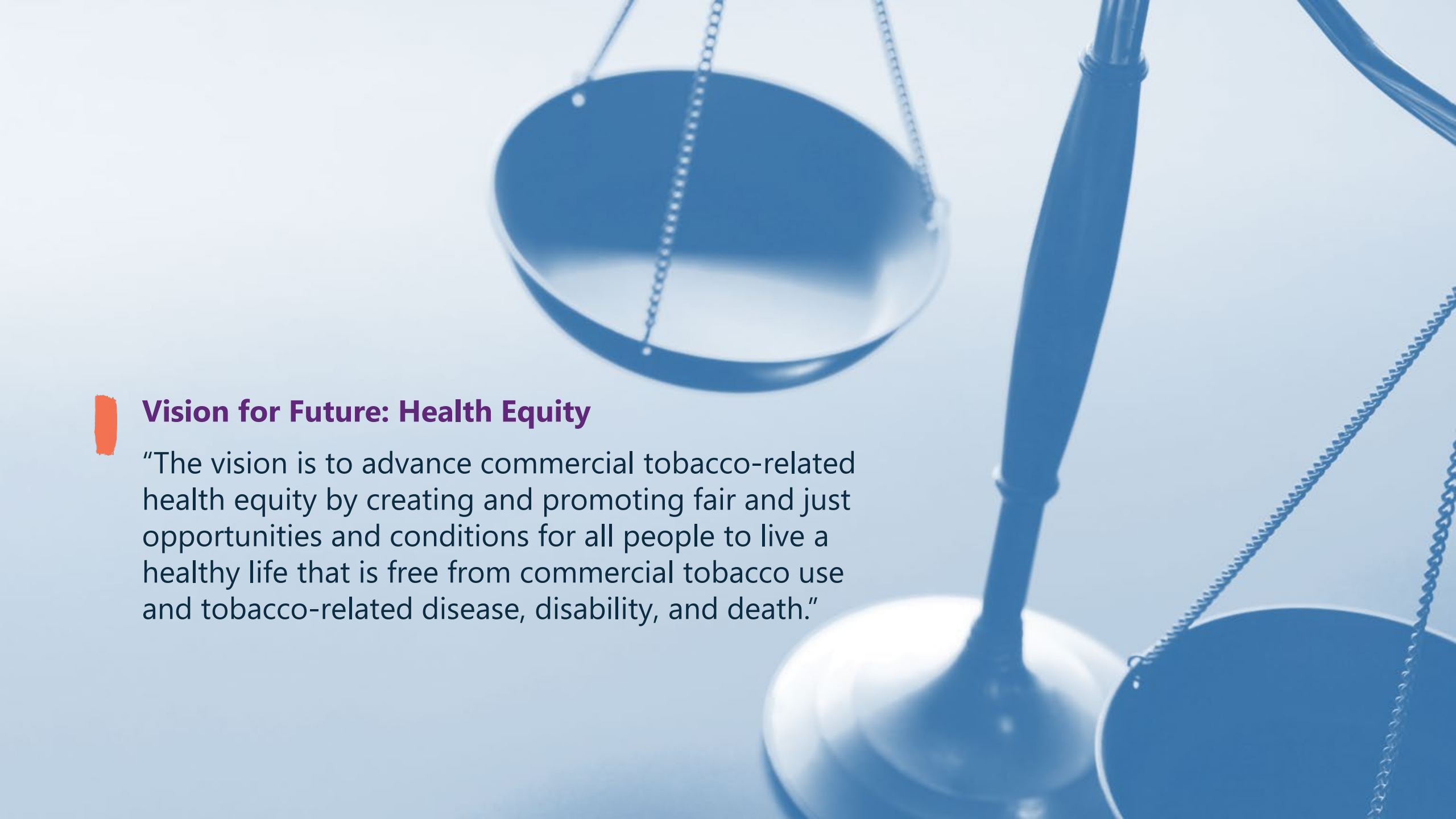
10 Major Conclusions

9. Endgame efforts to eliminate tobacco-related disease, disability, and death should create opportunities and conditions for all people to live healthy lives that are free from commercial tobacco. Interventions designed to reduce the use of tobacco products and the influences of the tobacco industry on society should accompany efforts to remove the underlying social, structural, commercial, and political drivers of health inequities.
10. In addition to social and structural interventions, a comprehensive and multilevel effort toward health equity must include a combination of complementary approaches to reduce the affordability, accessibility, appeal, and addictiveness of tobacco products; eliminate exposure to secondhand tobacco smoke; conduct high-impact media campaigns; and promote barrier-free access to cessation support with broad reach to disparate populations. Strategies should be implemented equitably and with fidelity in all jurisdictions.



Key Takeaways

1. Despite progress in reducing tobacco use at a population level, disparities in tobacco use persist by certain population groups.
2. Tobacco-related health disparities are a social injustice, in addition to an economic and health burden.
3. All commercial tobacco products pose health risks. But flavored tobacco products, such as menthol cigarettes and flavored cigars, merit special attention for their disproportionate burden on specific population groups.
4. The time is now to accelerate a whole-of-society effort to reach the tobacco “endgame”—a world in which zero lives are harmed by or lost to tobacco.



Vision for Future: Health Equity

"The vision is to advance commercial tobacco-related health equity by creating and promoting fair and just opportunities and conditions for all people to live a healthy life that is free from commercial tobacco use and tobacco-related disease, disability, and death."

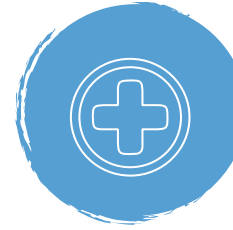
A Whole of Society Approach for Action



**Local, State,
Territorial, Tribal, and
Federal Governments**



**Funders and
Foundations**



**Public Health
Practitioners**



**Healthcare
Professionals
and Organizations**



**Research
Organizations**



**Schools and
Academic Institutions**



**Businesses
and Employers**



**Individuals, Families,
and Communities**

What Everyone Can Do

- Everyone has a role to play to eliminate commercial tobacco-related disparities.
- Actions that *everyone* can take include:
 - Collaborate to advance a commercial tobacco endgame with the goal of enabling all people to live a healthy life that is free from tobacco use and exposure and from tobacco-related disease, disability, and death.
 - Work together to be accountable and ensure resources, stated commitments, and actions align with advancing health equity.
 - Measure progress, reward successes, acknowledge and learn from mistakes, and deploy resources when shortcomings need to be addressed.
 - Encourage friends, family members, and coworkers—including youth—to quit the use of tobacco products and support them in getting help to quit through resources such as **1-800-QUIT-NOW** and **smokefree.gov**.

Resources Available

To read the full report and access related materials, visit: [SurgeonGeneral.gov
CDC.gov/EndTobaccoDisparities](https://www.surgeongeneral.gov/CDC.gov/EndTobaccoDisparities)

To learn more about commercial tobacco control and prevention and quitting smoking, visit:

- [CDC.gov/tobacco](https://www.cdc.gov/tobacco)
- [CDC.gov/quit](https://www.cdc.gov/quit)
- [CDC.gov/tobacco-health-equity](https://www.cdc.gov/tobacco-health-equity)

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