

Appendix A. Oregon Tobacco Burden Data

Tobacco use is a major risk factor for developing chronic diseases such as cancer, cardiovascular disease, diabetes, and asthma, and worsens outcomes for people living with chronic diseases. Quitting tobacco use and reducing exposure to secondhand smoke decreases the risk of developing certain chronic diseases and improves the health outcomes of those already living with chronic diseases.

Additional data on the burden of tobacco use and the tobacco industry is below. For more detailed data on chronic disease in Oregon, please see the [Oregon Chronic Disease Data Portal](#). For additional data on population tobacco use, see [Oregon Tobacco Facts](#).

1. Tobacco use and the health problems it causes are not spread equally throughout Oregon's communities. The tobacco industry has intentionally targeted people facing systemic racism and other discrimination, people with lower incomes, people with mental health issues, and people who are stressed or struggling. For example:
 1. Studies show that neighborhoods with more Black residents have more tobacco ads and lower prices for menthol cigarettes.
 2. The tobacco industry has also targeted people with mental illnesses and addictions. They provided cigarettes to psychiatric facilities, sponsored research to show that nicotine alleviates negative mood, and blocked smoke-free property policies in mental health and substance use treatment settings.
 3. For more on industry targeting, visit the [targeted communities section](#) of the Smokefree Oregon website.
2. Many of these same communities do not have equal access to help to quit. For example:
 1. 65% of people in Oregon who smoke say that they want to quit. But many do not have access to culturally competent support. Racial discrimination from doctors or the health care system may also keep people from seeking help.
 2. People of color, Indigenous peoples and people living with low incomes are less likely to receive advice and help to quit from a health care provider.
 3. Less than half of mental health treatment centers in the U.S. offer cessation counseling services.
3. Policies that create healthier environments are not available to all people in Oregon. For example:
 1. Smoke-free homes and housing policies have expanded. But people who rent, people living with lower incomes and people who are unemployed or unable to work are still more often exposed to secondhand smoke.