



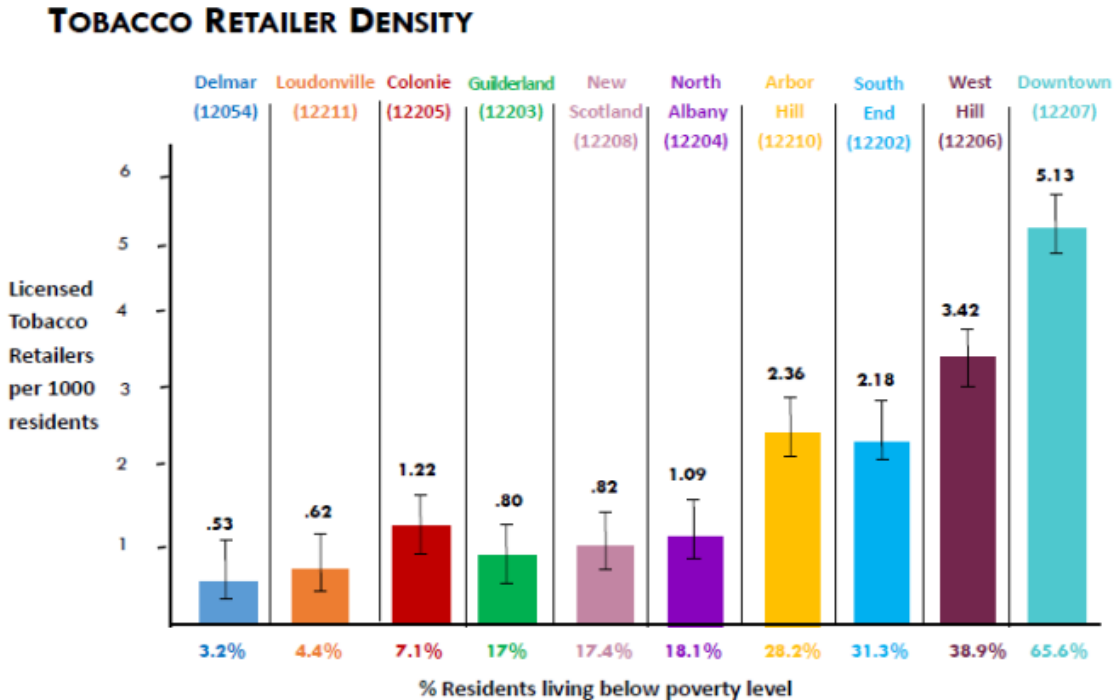
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NEW REPORT HIGHLIGHTS MAJOR REASON FOR INEQUITIES IN TOBACCO ADDICTION
Tobacco marketing concentrated in poorest Albany neighborhoods

(Albany, NY) February 13, 2017 – Capital District Tobacco-Free Communities (CDTFC) released a report today that highlights the striking disparities in tobacco use and marketing in low-income neighborhoods in the City of Albany. The report summarizes the findings from community conversations held with Arbor Hill, South End, West Hill and Downtown Albany residents and explores the reasons for and the possible solutions to the disproportionate impact of tobacco on these communities.

A recent comparison of several zip codes in Albany County shows a clear correlation between the percentage of residents living below the poverty level and the number of licensed tobacco retailers (LTR) per 1000 residents (see graph below). The higher the poverty level, the greater the density of tobacco retailers. In fact, the density of tobacco retailers is nearly ten times greater in zip code 12207 (Downtown Albany) with a poverty rate of 65.6 percent than in zip code 12054 (Delmar) with a poverty rate of 3.2 percent.



Poverty rates, 2010-2014 American Community Survey 5-Year Estimates
Licensed tobacco retailers, NYS Tax & Finance, May 2016
Population counts, U.S. Census Bureau, 2010 Census

The local picture reflects the national data. Numerous studies have shown that there are more tobacco retailers and more tobacco marketing in disadvantaged communities as compared with communities with more resources.ⁱ This disproportionate concentration of tobacco marketing creates an environment that increases the likelihood of youth smoking and makes it more difficult for smokers to quit successfully. Studies have directly linked higher neighborhood tobacco retailer density with higher odds of ever smoking.ⁱⁱ According to a 2012 Surgeon General report, tobacco marketing in stores is a primary cause of youth smoking.ⁱⁱⁱ Despite the adult smoking rate declining to 15.2% in New York State,^{iv} groups with less income and less education use tobacco products at significantly higher rates compared to people with higher levels of education and income.

“This report demonstrates that inner city Albany residents face a greater to risk their health and their lives because they are more aggressively targeted by tobacco marketing, “ said Judy Rightmyer, Director of Capital District Tobacco-Free Communities (CDTFC). “By meeting with residents of the neighborhoods most affected, we heard first hand the impact of this devastating addiction and their thoughts on what could create a lasting change.”

CDTFC met with City of Albany residents in November 2016 to gain a better understanding of how tobacco use and tobacco marketing are impacting their lives and their communities. Residents of the Arbor Hill, South End, West Hill and Downtown areas met in small groups of 10-15 participants at four locations to share their experiences and offer their thoughts on the problem of disproportionate tobacco marketing in their neighborhoods.

Residents express need for change

A common experience of several participants of the neighborhood conversations was their longtime struggle to quit smoking. Many expressed hope that making changes in the neighborhood could help. “If I had to walk farther to get tobacco, maybe it would help me quit,” said one participant. “If tobacco wasn’t sold at places with food or at pharmacies, if it was harder for me to buy loosies (single cigarettes) and cheap off-brand cigarettes, it could make a really big difference.”

Evidence-based strategies to reduce the negative impact of tobacco marketing were presented to the participants, including restricting the location of tobacco sales retailers, limiting the number of tobacco retailers in a specific geographic area, limiting the type of retailer that is allowed to sell tobacco products (e.g. pharmacies), and disallowing the use of price promotions and discounts. The majority of participants were supportive of all strategies:

- Eighty-two percent supported limiting the number of tobacco retailers in a specific geographic area and within a certain distance of schools.
- Seventy-six percent supported ending the sale of tobacco in pharmacies.
- Sixty-two percent supported disallowing the use of tobacco discounts and coupons.

“If we don’t stick up for what we want in our neighborhoods, it won’t happen,” said Mary Ann Hines, another participant and longtime resident of Albany. “We need to work together to fight for a change so it won’t be so easy for our young people to get addicted to tobacco.”

CDTFC will share this report and the findings from these conversations with city and county decision-makers.

The full report can be accessed at http://smokefreecapital.org/wp-content/uploads/Tobacco_Use_Inequities_Albany_FINAL.pdf

About Capital District Tobacco-Free Communities

The New York State Department of Health, Bureau of Tobacco Control funds Capital District Tobacco-Free Communities to increase support for New York State’s tobacco-free norm through youth action and community engagement. Efforts are evidence-based, policy-driven, and cost-effective approaches that decrease youth tobacco use, motivate adult smokers to quit, and eliminate exposure to secondhand smoke. Visit www.SmokeFreeCapital.org for more information.

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ⁱ Daniel Rodriguez et al., *Predictors of tobacco outlet density nationwide: a geographic analysis*, 22 Tobacco Control 349-355 (2013).

ⁱⁱ Lisa Henriksen, et al, *The Retail Environment for Tobacco*, Presentation at the Emerging Science in State and Community Tobacco Control Policy and Practice Forum (May 4, 2016), available at <https://www.eventbrite.com/e/emerging-science-in-state-and-community-tobacco-control-policy-and-practice-registration-19689007351>; Lisa Henriksen, et al., *Is adolescent smoking related to the density and proximity of tobacco outlets and retail cigarette advertising near schools?*, 47 Preventive Medicine 210-214 (2008)

ⁱⁱⁱ A Report of the Surgeon General: Preventing Tobacco Use Among Youth and Young Adults “Executive Summary” 2012, p. 1, 3: <http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/exec-summary.pdf>

^{iv} Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. 2015