Exploring Tobacco Use Through a Social Justice Lens

Presenters:

Lynzy Abress, RN – People Incorporated

Vic Larson, MA – Touchstone Mental Health

July 15, 2026

Lung Mind Alliance

Lung Mind Alliance

A commercial tobacco-free future for Minnesotans with mental illness or substance use disorders

Who We Are

The Lung Mind Alliance is a statewide coalition with the goal of **reducing disparities related to the impact of commercial tobacco* on people with mental illness and/or substance use disorders**.

The Lung Mind Alliance is led by the American Lung Association in Minnesota and includes partners from mental health, substance use treatment, and public health organizations, as well as the Minnesota Department of Health and the Department of Human Services.

MEET THE PRESENTERS

PEOPLE INCORPORATED MENTAL HEALTH SERVICES

Lynzy Abress, RN
She/her/hers

- Crisis/IRTS Nurse Manager
- Tobacco Treatment Specialist
- Queer
- AuDHD
- Indigenous, Middle Eastern, White
- Educated
- Former Smoker

Vic Larson, MA
They/Them/Theirs

- Health Coach
- Tobacco Treatment Specialist
- Art Therapist
- Wounded Healer
- Queer & Gender Queer
- White
- Educated
- Former Smoker

TOUCHSTONE mental health

SESSION OBJECTIVES

01

Gain knowledge of the tobacco industry's harmful practices to enhance work with clients diagnosed with Tobacco Use Disorder.

02

Identify at least two historical ways in which the tobacco industry has targeted marginalized populations.

03

Identify at least two ways in which the tobacco industry continues to target marginalized populations.

Prevention is often viewed as an individual concern. This presentation will highlight the benefits and need for prevention at a broader, systemtic scale, as well as enhance knowledge and empathy around why some indvidiuals may have a more difficult time stopping tobacco use than others.

TRIGGER WARNING

The tobacco industry has and continues to use harmful language, slurs, and racially insensitive imagery when referencing various marginalized communities.

To maintain authenticity, language and imagery used by the tobacco industry is shown in its entirety within this presentation.

Please be gentle with yourself when viewing and listening and take space as needed.

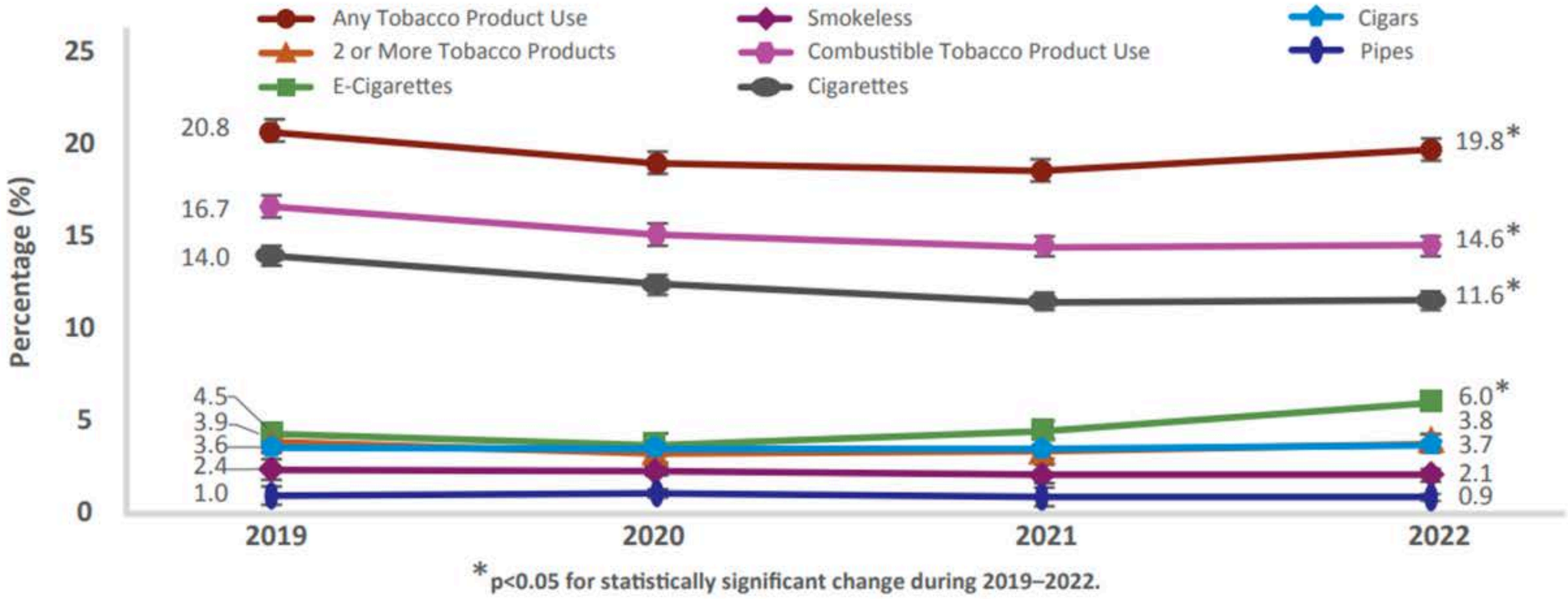
“WE DON’T SMOKE THAT SHIT.
WE JUST SELL IT.
WE RESERVE THE RIGHT TO SMOKE
FOR THE YOUNG, THE POOR,
THE BLACK AND STUPID.”

R.J. Reynolds Tobacco Company Executive, 1992[12]

A NOTE ON INTERSECTIONALITY

- Many clients we serve likely hold more than one identity that was highlighted In this presentation and are therefore targeted by the tobacco industry on multiple fronts.
    - For example, LGBTQ+ adults are twice as likely to experience mental health concerns.[18]
    - Consider the impact of stigma, discrimination, poverty, and the minority stress model.[18]

Current use of any tobacco product, combustible tobacco products, and cigarettes among U.S. adults decreased from 2019 to 2022. However, use of e-cigarettes increased during this time. Nearly 15 million adults currently used e-cigarettes in 2022.



Note. Image from U.S. Centers for Disease Control & Prevention (2024).

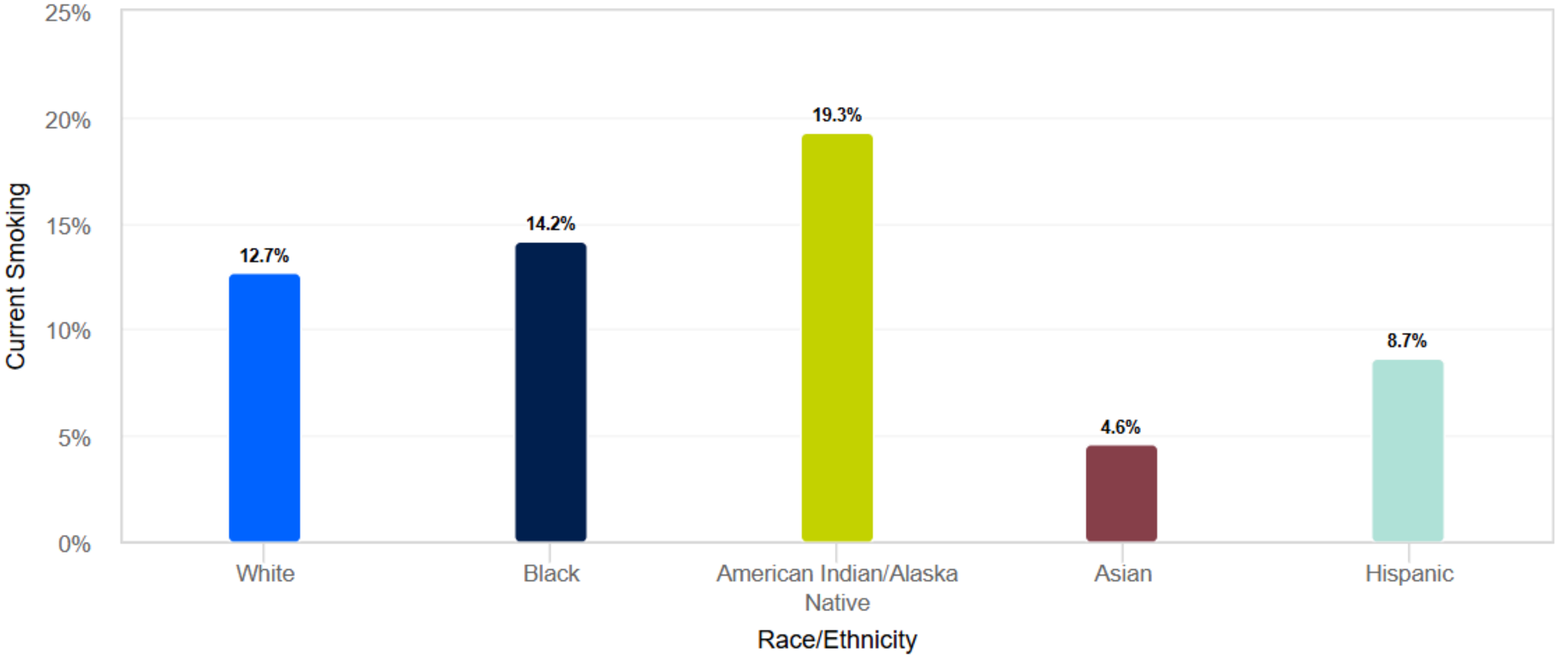
“TOBACCO PRODUCT USE REMAINS THE LEADING CAUSE OF PREVENTABLE DISEASE AND DEATH IN THE UNITED STATES.”

U.S. Centers for Disease Control & Prevention (2024)[35,36,37]

CURRENT RACIAL DISPARITIES IN TOBACCO USE

Smoking rates are highest among American Indian/Alaska Natives and lowest among Asians

American Lung Association analysis of CDC data: NHIS 2022.



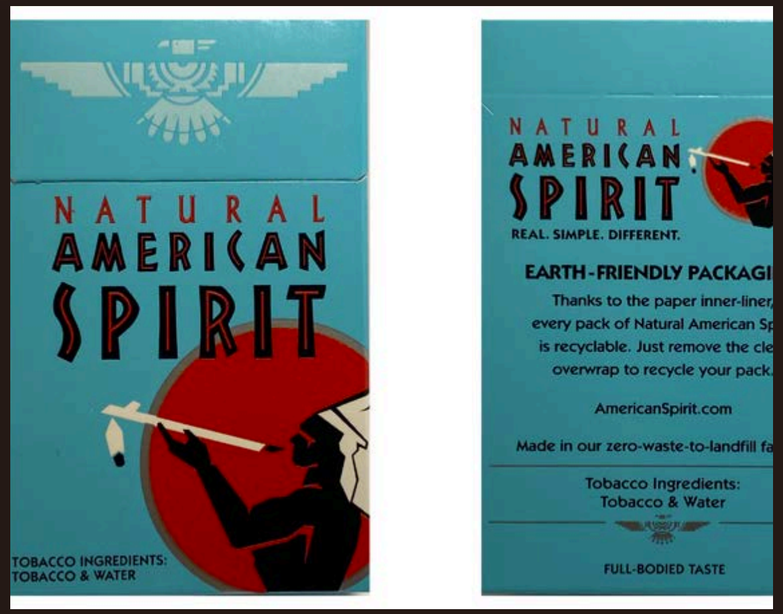
Note. Image from Minnesota Department of Health (2022)

WHY SUCH HIGH RATES OF USE AMONG INDIGENOUS/ NATIVE AMERICANS?

- Sacred tobacco used as medicine and in ceremonies[7, 33, 38]
  - Separate use and production than commercial tobacco
- Laws banning sacred practices restricted production of sacred tobacco use[7, 33,38]
  - Traditional tobacco crops & lands also stolen from tribes[38]
- Exploitation of sovereign treaties led to illegal discounting practices within tribal lands[38]

PROFITING OFF STEREOTYPES: PAST & PRESENT

Note. Image from Tobacco Free Colorado (2025).



Note. Image from UC Merced (2022).

"There is this idea that if it's grown or owned by tribes, then it must mean it's safer," said Epperson.

"There is a common American Indian theme linking the land and the people. American Indians are viewed as in touch with nature, engaging in natural practices. Associating a tobacco brand with American Indians promotes the idea that the brand must be organic and grown responsibly" (Flores, 2022). [7,8,9,16,19,21,33]

SPECIAL CONSIDERATIONS WHEN WORKING WITH INDIGENOUS CLIENTS

SUPPORTIVE RESOURCES

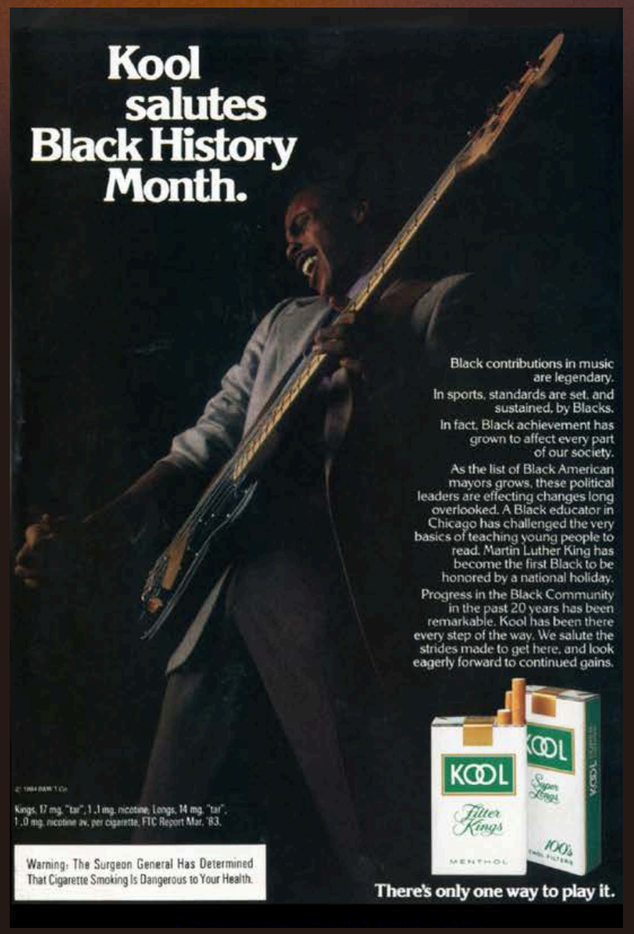
- Keep it Sacred
- American Indian Quitline
- Lung Mind Alliance Toolkit
- Preserving Tradition
- Addressing Tobacco Industry Targeting of Tribes

- Holding space for and acknowledge the unique role of traditional/sacred tobacco [7, 33,38]
  - Recognize that tobacco may be referred to as “medicine”[38]
  - Separation of commercial tobacco/Nicotine & traditional/sacred tobacco
- Connecting/re-connecting clients with cultural practices relating to tobacco[38]

EXPLOITATION DISGUISED AS INCLUSIVITY

Note. Image from Stanford: Research into the Impact of Tobacco Advertising (2025).

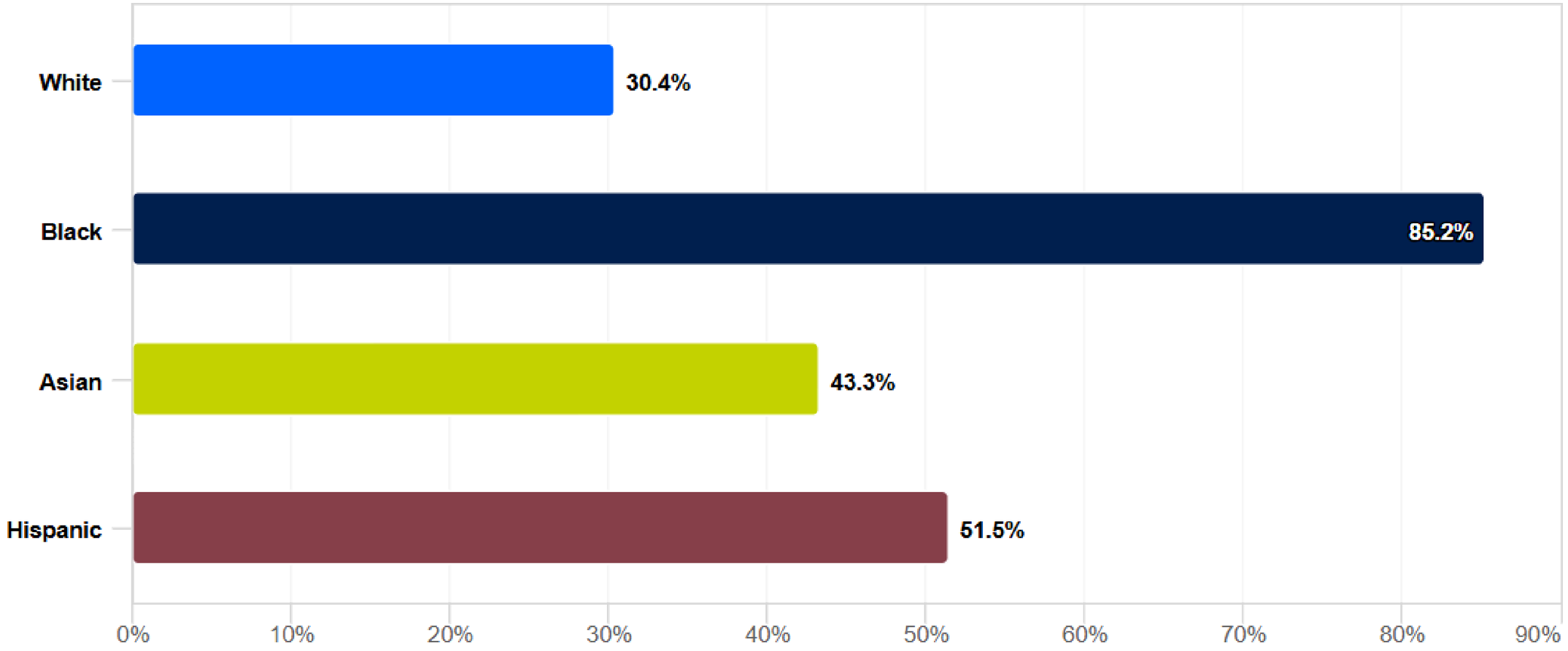
- Started as use of enslaved peoples to pick tobacco crops[10,30]
- Targeted advertising of menthol cigarettes to Black communities beginning after WWII[5, 25]
  - Almost 9/10 present Black smokers are menthol smokers[25]
  - Story of Marie Evans[32]
- Studies in 2015 and 2018-2019 found that neighborhoods with a larger Black American population had a higher chance of exterior advertisements and price promotions and greater chance of availability of flavored cigar products, including little cigars and cigarillos[1,5,13]
- Tobacco Industry then donates to the NAACP and other specifically Black/African American organizations[15,25,30]
  - Prevention measure against legislation against menthol products[15,25]
  - False claims that eliminating menthol will lead to greater risk from law enforcement for Black Americans are protecting the commercial gain of the tobacco industry[25]



Note. Image from Campaign for Tobacco-Free Kids (2023)

More than three quarters of Black current smokers report that their usual cigarette brand is menthol, much higher than the next highest rate

American Lung Association analysis of CDC data: NSDUH 2021.



SPECIAL CONSIDERATIONS WHEN WORKING WITH BLACK/ AFRICAN AMERICAN CLIENTS

SUPPORTIVE RESOURCES

- Lung Mind Alliance Toolkit
- Black Lives, Black Lungs
- “Up in Smoke” Webinar

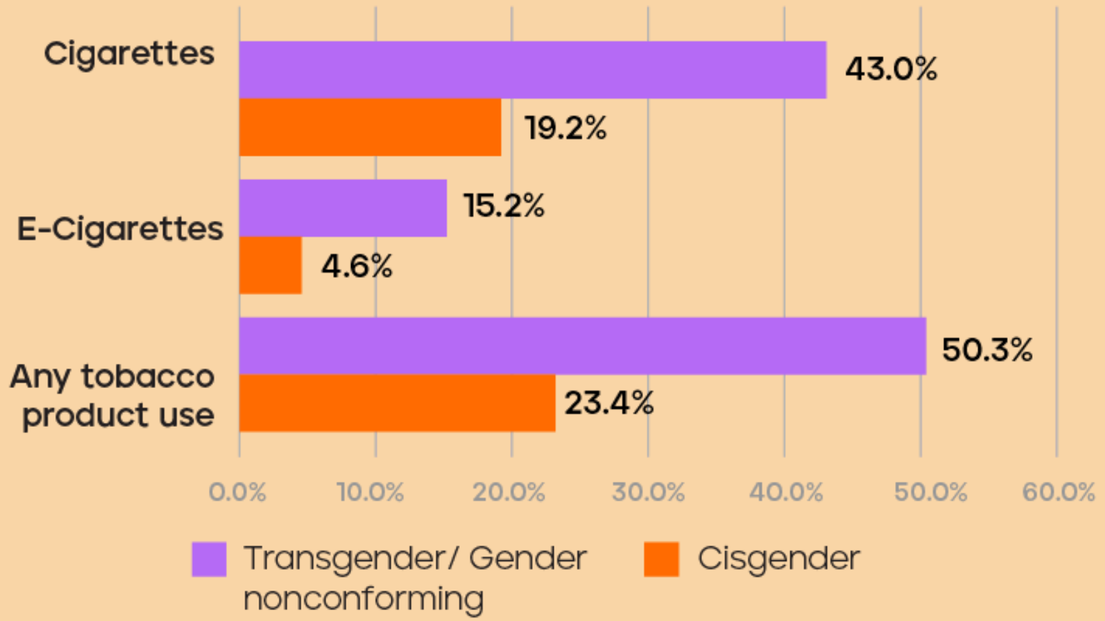
- Acknowledge the unique risks of menthol cigarettes[5]
- Encourage transitioning away from menthol cigarettes, even if not ready to stop use, for harm reduction

- Generations of systemic racism, discrimination & trauma may have impacts on trust for the medical system
- Explore additional available support systems (peer, family, & community-based supports)

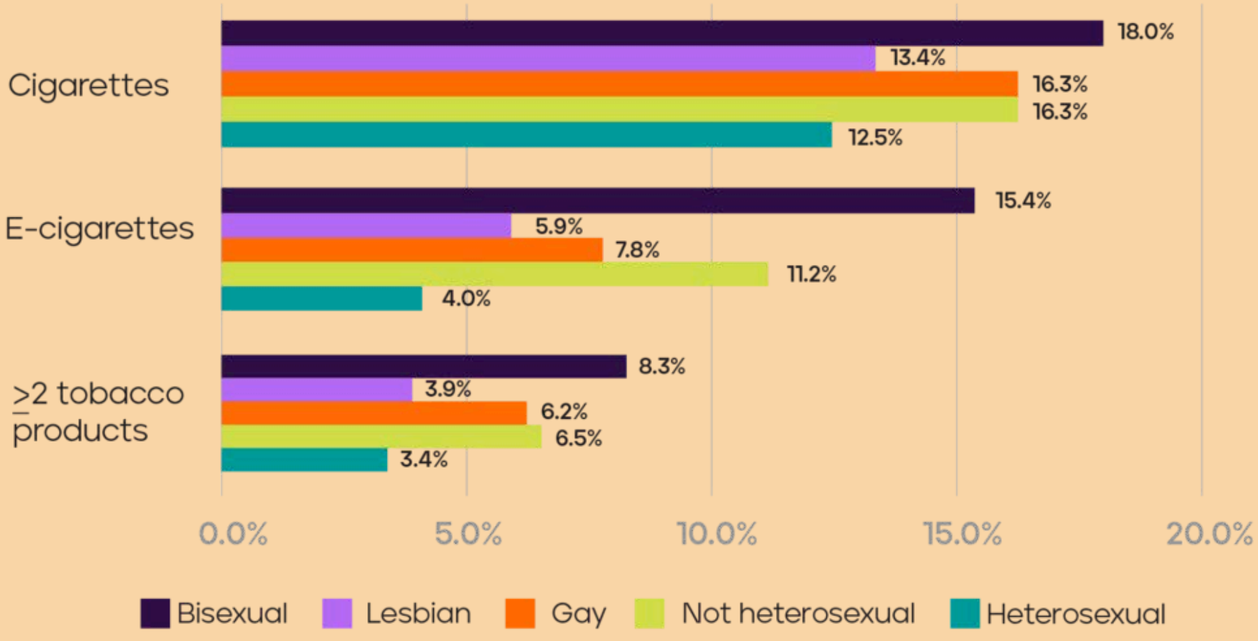
- Enhance client awareness of presence of commercial tobacco within their community/neighborhood (advertisements, coupons, etc.) to normalize experiences

CURRENT DISPARITIES IN TOBACCO USE ACROSS THE LGBTQIA+ COMMUNITY

Adult cigarette, e-cigarette and any tobacco product use among U.S. adults by transgender identity; PATH 2016-2018



Prevalence of current cigarette and e-cigarette use among U.S. adults by sexual orientation; NHIS 2019-2021 combined data



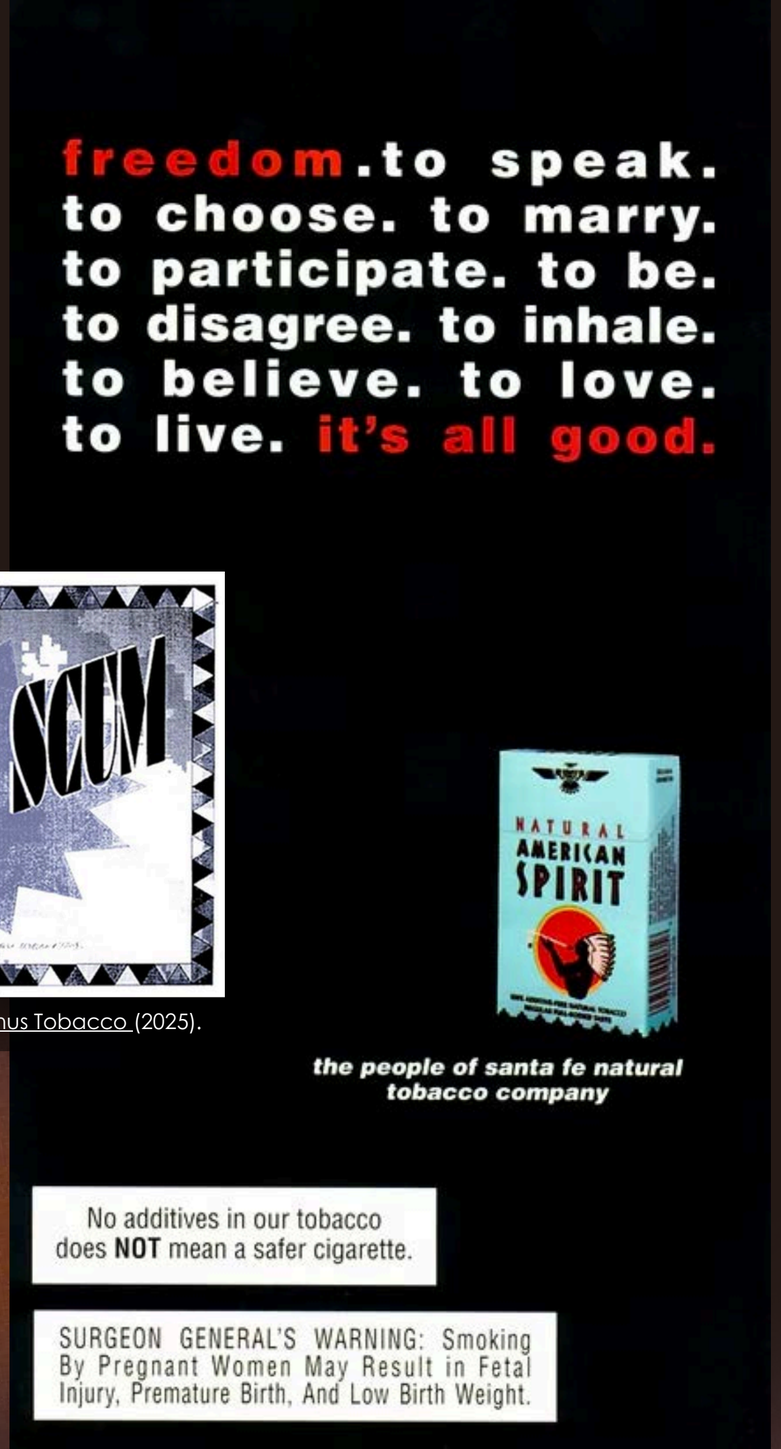
Note. Images from Truth Initiative (2025).

truth initiative
freedom from nicotine addiction

PRIDE OR PROFIT?

- Exploiting LGBTQ+ people who were also using substances[39]
  - “SCUM” = “Sub Culture Urban Marketing”
  - Targeted queer & unhoused individuals
- Donating to PRIDE parades & AIDS organizations to gain trust of the LGBTQ+ community[17]
- Higher rates of advertisements to queer folks, targeted at queer folks[17, 20,22]
  - LGBTQ+ individuals more likely to smoke first cigarette younger[27]
  - Safe spaces have often included bars and clubs[20]

Note. Images from LGBTQ Minus Tobacco (2025).



LGBTQ MINUS Tobacco

Note. Image from LGBTQ Minus Tobacco (2025).

SPECIAL CONSIDERATIONS WHEN WORKING WITH LGBTQIA+ CLIENTS

SUPPORTIVE RESOURCES

- Two-Spirited and LGBTQ+ Indigenous Health
- LGBTQ Healthlink
- Truth Initiative
- LGBT Minus Tobacco

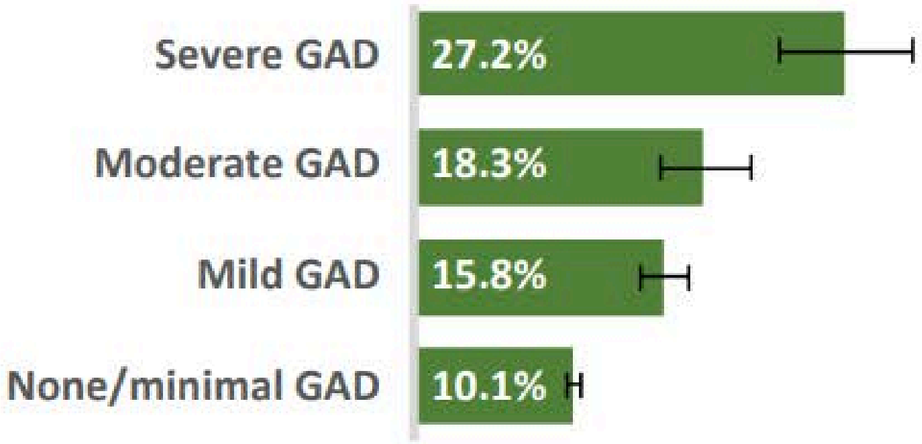
- Address clients with their preferred name and pronouns
- Recognize commercial tobacco use as a unique source of belonging & strategy for coping with stress from discrimination[22]
- Explore additional available support systems (peer, family, & community-based supports) as traditional resources may not be welcoming[27]
- Acknowledge that people with HIV controlled by medications are more likely to die to complications from tobacco use than HIV[20]

CURRENT DISPARITIES IN TOBACCO USE FOR ADULTS WITH MENTAL HEALTH DIAGNOSES

Studies have shown high prevalence of current cigarette smoking among people with mental health conditions.[9] This includes people with generalized anxiety and/or depression.

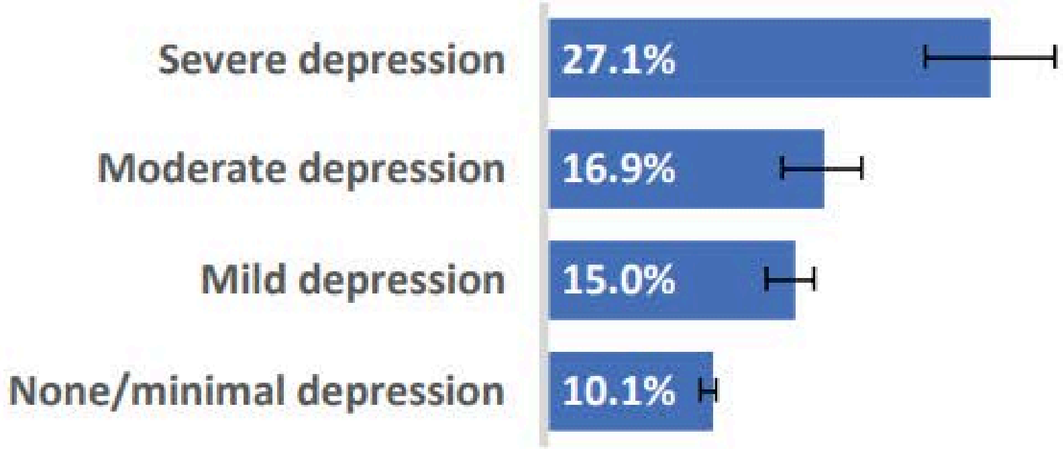
By Current Generalized Anxiety Disorder (GAD)[f]:

Current cigarette smoking ranged from 10 in 100 among adults with no or minimal GAD to 27 in 100 among adults with severe GAD.



By Current Depression[g]:

Current cigarette smoking ranged from 10 in 100 among adults with no or minimal depression to 27 in 100 among adults with severe depression.

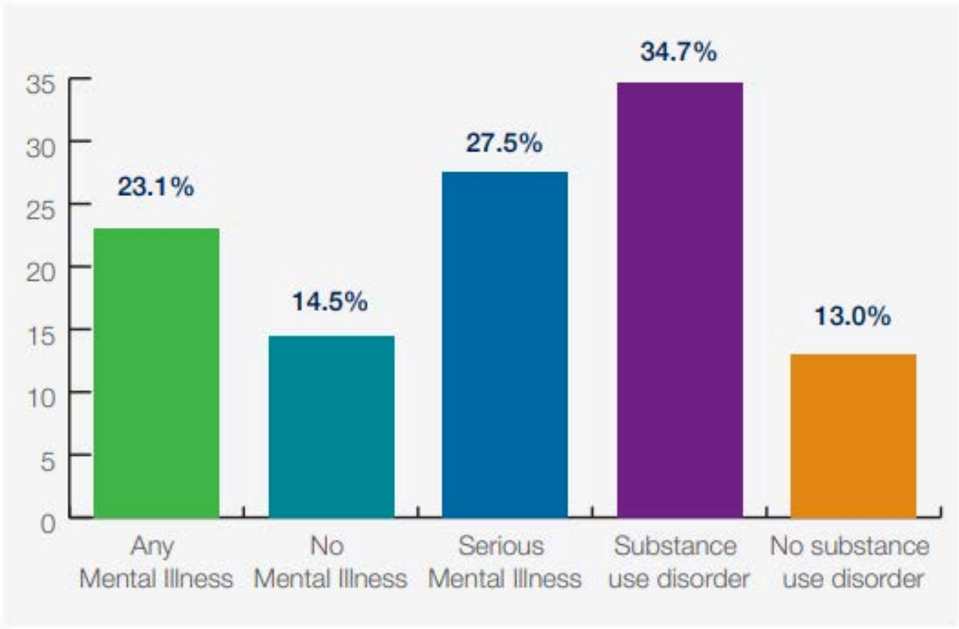


Note. Image from U.S. Centers for Disease Control & Prevention (2024).

DELIBERATE DEPENDENCE: TARGETING THE MOST VULNERABLE

- Individuals with behavioral health conditions smoke at more than 2x the rate of those without behavioral health conditions[28]
  - More prevalent tobacco use across individuals with psychosis, major depressive episodes & PTSD[3,11]
  - Shared genetic risk across smoking and psychosis[1]

Smoking Prevalence among U.S. Adults with Past Year Any Mental Illness, No Mental Illness, Serious Mental Illness, Substance Use Disorder, and No Substance Use Disorder, 2020



Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2021). National Survey on Drug Use and Health 2020 (NSDUH-2020-DS0001). Retrieved/analyzed from https://datafiles.samhsa.gov

- Greater presence of tobacco stores in areas with high populations of adults with SMI/SPMI[6]
- The tobacco industry has supplied free/low-cost/tax-free cigarettes to inpatient mental health facilities[24]
- Tobacco industry hired legal counsel to argue against hospitals going tobacco free[24]

TOBACCO USE & SCHIZOPHRENIA: A UNIQUE DYNAMIC

Note. Image from Stanford: Research into the Impact of Tobacco Advertising (2025).

- Individuals with schizophrenia use tobacco at nearly three times the rate of the general population[14]
- Tobacco companies began targeting individuals with schizophrenia in the 1950's, seeing them as an untapped market[24]

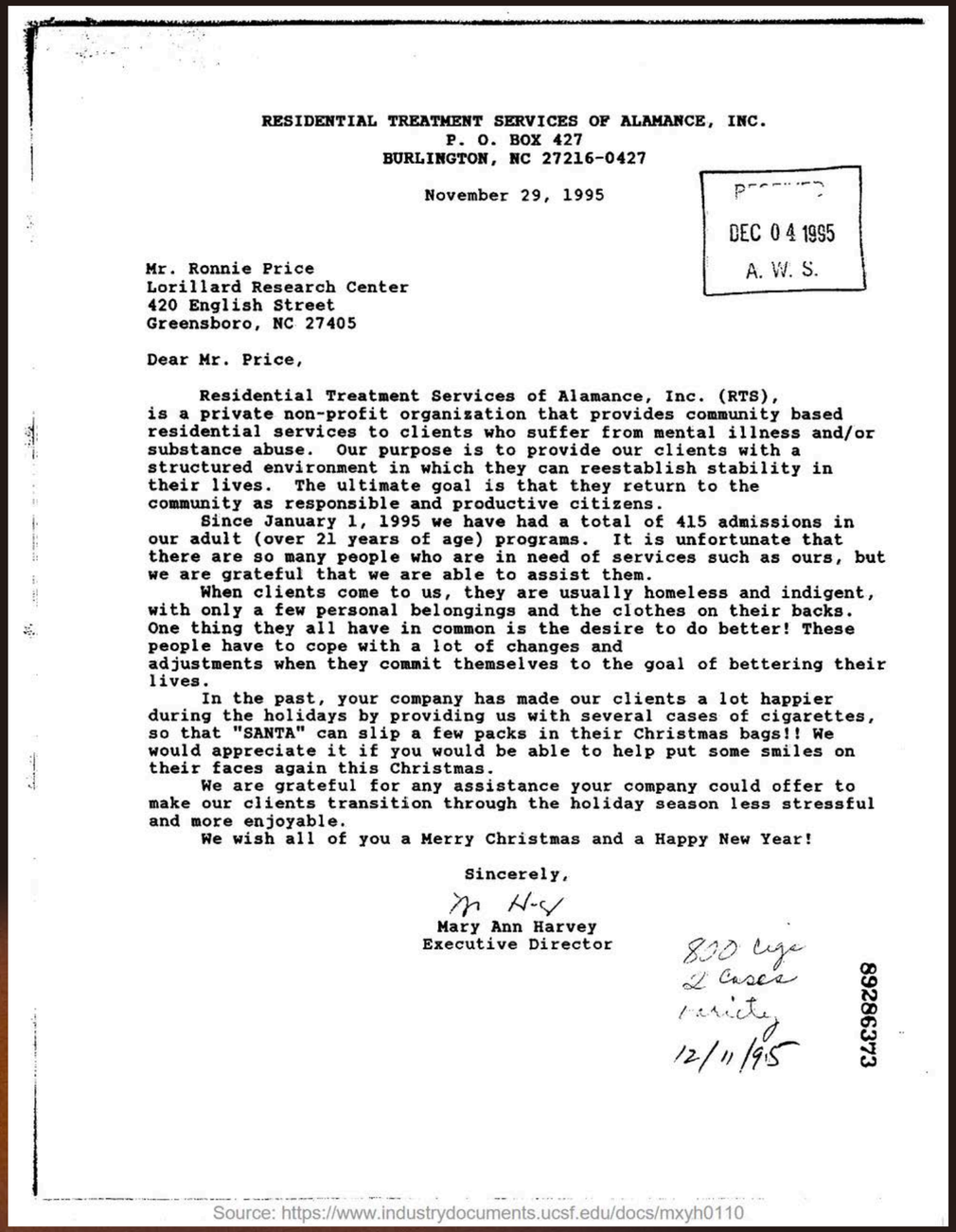
- Phillip Morris backed unfounded claims that individuals with schizophrenia are less likely to develop cancer from tobacco use[11,24]
  - The opposite is true higher rates of lung cancer, cardiovascular disease, respiratory disorders[2]
    - Inhale deeper and for longer periods of time

- Investments made by tobacco companies in research developing narrative of tobacco use as self-medication for schizophrenia[11, 24]
  - Clients given opportunity to be paid in cash or cigarettes for participating
  - Documented instances of research bypassing animal test subjects

- Physical differences in the brains of individuals with schizophrenia who experience negative symptoms have a unique interaction with nicotine that the tobacco industry has been attempting to exploit[14]

INDUSTRY DOCUMENT (1995)[26]

Mental Health facility petitioning for cigarettes for clients to make their holiday season “less stressful” and “more enjoyable”



RESIDENTIAL TREATMENT SERVICES OF ALAMANCE, INC.
P. O. BOX 427
BURLINGTON, NC 27216-0427

November 29, 1995

RECEIVED
DEC 04 1995
A. W. S.

Mr. Ronnie Price
Lorillard Research Center
420 English Street
Greensboro, NC 27405

Dear Mr. Price,

Residential Treatment Services of Alamance, Inc. (RTS), is a private non-profit organization that provides community based residential services to clients who suffer from mental illness and/or substance abuse. Our purpose is to provide our clients with a structured environment in which they can reestablish stability in their lives. The ultimate goal is that they return to the community as responsible and productive citizens.

Since January 1, 1995 we have had a total of 415 admissions in our adult (over 21 years of age) programs. It is unfortunate that there are so many people who are in need of services such as ours, but we are grateful that we are able to assist them.

When clients come to us, they are usually homeless and indigent, with only a few personal belongings and the clothes on their backs. One thing they all have in common is the desire to do better! These people have to cope with a lot of changes and adjustments when they commit themselves to the goal of bettering their lives.

In the past, your company has made our clients a lot happier during the holidays by providing us with several cases of cigarettes, so that "SANTA" can slip a few packs in their Christmas bags!! We would appreciate it if you would be able to help put some smiles on their faces again this Christmas.

We are grateful for any assistance your company could offer to make our clients transition through the holiday season less stressful and more enjoyable.

We wish all of you a Merry Christmas and a Happy New Year!

Sincerely,

Mary Ann Harvey
Executive Director

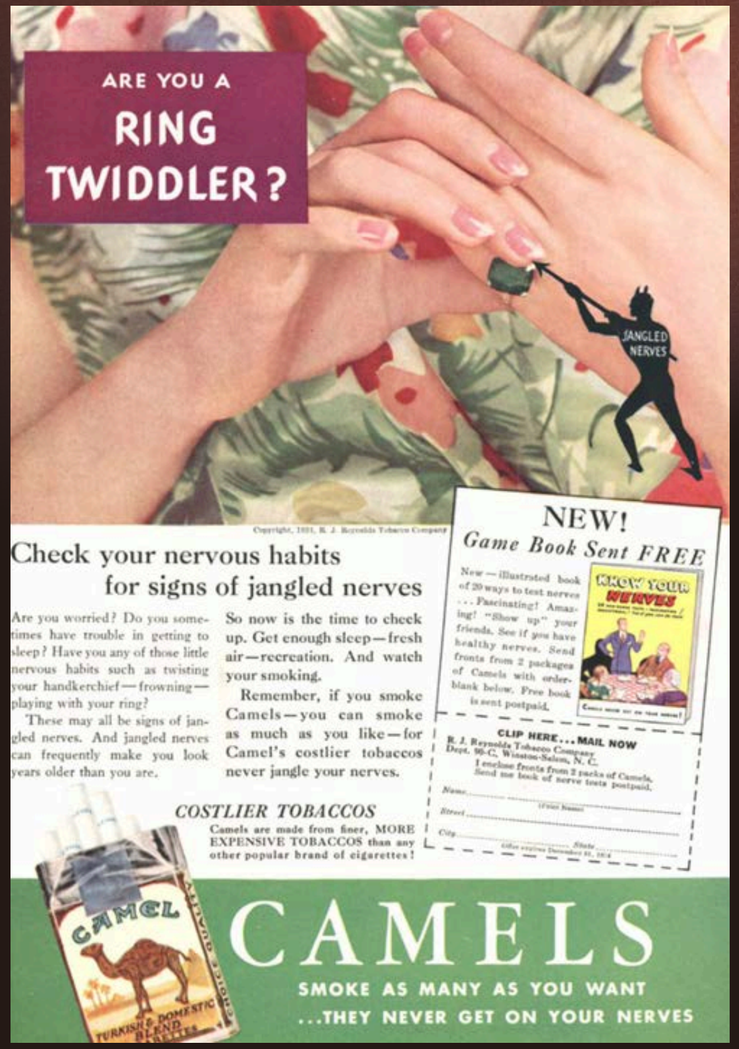
800 Cigs
2 Cases
Variety
12/11/95

89266373

Source: https://www.industrydocuments.ucsf.edu/docs/mxyh0110

INDUSTRY DISGUISING HARM AS "SELF-HELP"

Note. Images from Stanford: Research into the Impact of Tobacco Advertising (2025).



SPECIAL CONSIDERATIONS WHEN WORKING WITH CLIENTS WITH SMI

SUPPORTIVE RESOURCES

- Quit Partner Behavioral Health Program
- SAMHSA National Center of Excellence for Tobacco-Free Recovery: Tobacco-free Toolkit for Behavioral Health Agencies

- Focus on fostering motivation & relapse prevention planning
  - Statistically will experience more quit attempts[3,11]
  - Persistent myth of low capacity to make change
- Assess for co-morbidity with substance use
- Consider increased risk if housing instability or isolation are present
- Explore purpose of smoking/tobacco use with curiosity to identify specific alternative strategies
- Connect with medical providers and psychiatrists for medication adjustments across quit attempts

Additional Supportive Resources

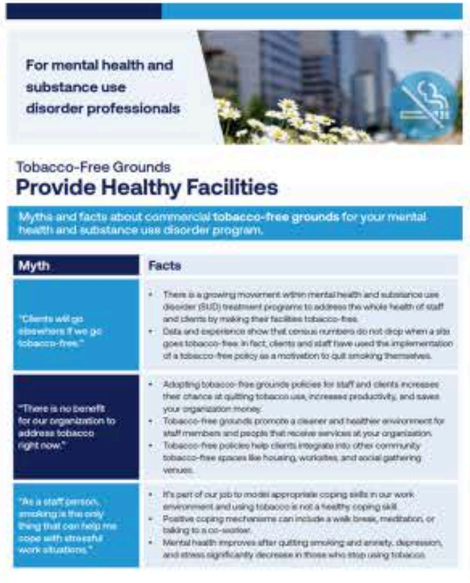
SMOKE-FREE.GOV

NATIONAL BEHAVIORAL HEALTH NETWORK-RESOURCES

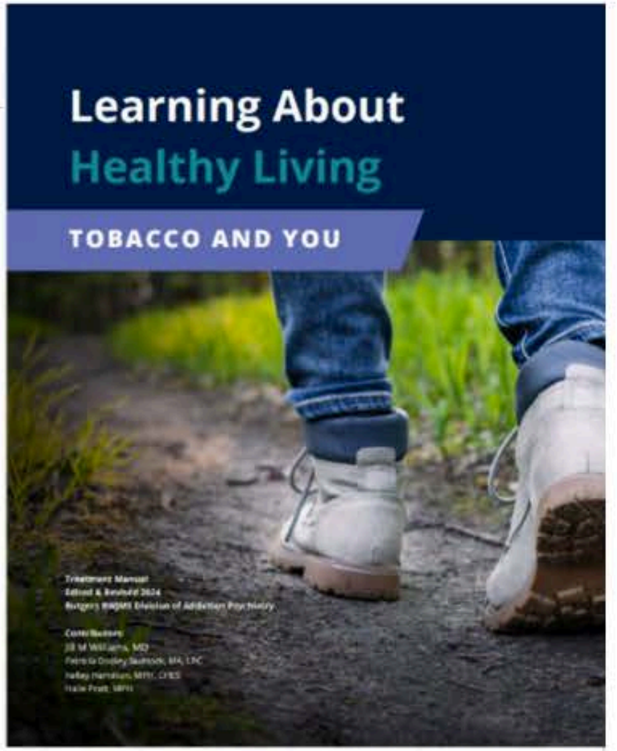
QUIT PARTNER MN

LungMindAlliance.org

Free Resources/ Technical Assistance



Lung Mind Alliance Links to Resources:



Learning About Healthy Living
– free group treatment curriculum

Tips from the Field
– implementation guide written my MN mental health and SUD professionals

On-demand webinars
- Harm Reduction
- Advanced Pharmacotherapy
- New Triangulum of Cannabis, Tobacco and Vaping
- Intersection of Commercial Tobacco, E-Cigs and Cannabis

QUESTIONS & REFLECTIONS?

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Multi-organization collaboration supported by the Lung Mind Alliance

Lung Mind Alliance
A commercial tobacco-free future for Minnesotans with mental illness or substance use disorders

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