

Why Social Disparities Matter for Tobacco-Control Policy

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It has long been recognized that social disparities are central to understanding what Lopez et al.¹ call “the cigarette epidemic.” In countries where tobacco companies first marketed their new product, cigarette smoking was promoted as the lifestyle choice of the rich and powerful. In the U.S. and the UK for example, it was affluent white men who took up the habit. Having and smoking cigarettes conveyed their economic and social privilege. When cigarette smoking became a widespread social practice, its symbolic value inevitably declined. Today, cigarette smoking in high-income countries is a marker of social disadvantage, increasingly confined to areas and communities scarred by long-term unemployment, poor housing, and limited public services.²

In recent decades, the tobacco companies have sought markets beyond the early-industrializing countries where the cigarette epidemic initially took hold. In the developing economies of central Europe, Asia and South America, social inequalities are again a central dynamic of the cigarette epidemic. However, there are important national and regional variations in the social patterning of cigarette smoking. For example in China, there is evidence that negative socioeconomic gradients in cigarette smoking are emerging more rapidly than they did in North America and northern Europe.^{3,4}

Tobacco-control policies are known to play a key role in the changing social profile of cigarette smoking. Analyses of high-income countries have concluded that policies in the 1960s, 1970s, and 1980s were differentially effective. Limited and under-funded, they were associated with faster rates of decline in smoking rates among advantaged social groups; in consequence, tobacco-control policies contributed to steepening social gradients in tobacco use. In middle- and low-income countries, weak regulation of the promotional activities of tobacco companies has been linked to a rapid increase in smoking prevalence among women, particularly among the economically vulnerable.^{5,6} Such evidence has been part of the case for strong and comprehensive tobacco-control policies of the kind

now enshrined in the WHO Framework Convention on Tobacco Control (FCTC).

It is against this background that the articles in this supplement to the *American Journal of Preventive Medicine*^{7–15} explore current tobacco-control policies. Its nine papers investigate whether, and in what ways, policies can have unintended consequences for those experiencing gender and socioeconomic disadvantage.

A cluster of papers detail the impact of policies regulating smoking in enclosed public places on low-income female smokers. Papers by Greaves and Hemming¹⁵ and by Moore et al.¹⁰ discuss the gendered implications of smoke-free policies that leave female smokers standing outside bars and on the street to smoke. The authors note how women can find themselves perceived as “easy targets” and vulnerable to harassment. The paper by Paul et al.¹² suggests that smoke-free policies in healthcare settings may differentially influence the length of in-patient stays of smokers and nonsmokers: In their study of maternity care, smokers left the hospital sooner after giving birth than nonsmokers, and heavier smokers had shorter hospital stays than lighter smokers.

The papers by Yao et al.¹³ and Fang et al.⁸ investigate how smoke-free policies can indirectly affect women, through changes in the behavior of the men with whom they live. Here, the unintended effects of tobacco-control policies are mediated by the woman’s position in the domestic sphere. In these two studies in China, women reported that workplace restrictions on smoking resulted in their husbands “shifting” their smoking to the home, a consequence that they found difficult to challenge without risking marital discord. The way in which gender works within the home to influence the effects of tobacco-control policies is further discussed by Tong et al.¹¹ In their study of smoke-free policies in California, women from poorer backgrounds were as likely as those in more advantaged circumstances to have instituted a smoke-free policy for their homes. However, there were socioeconomic inequalities in women’s exposure to secondhand smoke that may, they suggest, reflect inequalities in the extent to which poorer women can enforce smoke-free policies within the home.

The perception that the tobacco-control community is out of touch with what it means to be living under the yoke of gender and socioeconomic disadvantage is

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another theme highlighted in this supplement. Burgess and colleagues¹⁴ explore the stigmatizing effects on smokers of policies that seek to “denormalize” smoking, an issue increasingly recognized by the tobacco-control community.^{16,17} They describe how the stigma of being a smoker can be experienced in particularly negative ways by poor mothers. The paper by Balbach and Campbell⁷ documents how a failure to acknowledge the needs and perspectives of disadvantaged groups can open up a political space for the tobacco industry to enter. The authors take the example of an alliance forged with a women’s labor union in the U.S. against increases in excise taxes on tobacco, and note the importance of anticipating how the tobacco industry can exploit smokers’ resistance to policies that appear to compound the hardships of their daily lives.

Both singly and together, these papers convey an important message. They make clear that gender and socioeconomic inequalities shape women’s lives in the home, on the street, and in the workplace—and therefore mediate the effects of tobacco control policies. In highlighting these mediating processes, the papers in this supplement pave the way for a new approach to tobacco-control research.

The new approach situates tobacco-control policies in their societal contexts, and pays close attention to the ways in which context influences policy effects. It begins with the assumption that, in unequal societies, overarching strategies and individual interventions are unlikely to have a uniform impact across social groups: Differential effects are to be expected. A major priority is therefore for studies to document these effects and the mechanisms through which they operate. As these papers demonstrate, a failure to anticipate differential effects and to understand underlying mechanisms results in unintended consequences. It means that tobacco-control policies can expose women who are already experiencing multiple disadvantages to additional health risks and to further exploitation.

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