Tobacco's Impact on Food Security

World No Tobacco Day 2023

May 25, 2023

Global Alliance for Tobacco Control

Dedicated to ZERO Tobacco Deaths
Speakers

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Assistant Professor, Case Western Reserve University School of Medicine

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Tobacco Control Program Manager, DC Department of Health

Moderator

Nicole Nguenha  
Policy and Advocacy Officer, Global Alliance for Tobacco Control

[Logos of ASH and Global Alliance for Tobacco Control]
Agenda

- Tobacco’s impact on food security.
- Tobacco farming’s impact on food security.
- Tobacco’s impact on food deserts – linkages between Poverty, Food Insecurity, Stress, and Tobacco Use.
- Local example – the work DC is starting on the overlap between tobacco use and food security, addressing tobacco use in food access.
Submitting Questions
What is food insecurity?

Based on the 1996 World Food Summit, food security is exists when

“all people, at all times, have physical and economic access to sufficient safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life.”
What is food insecurity?

**Availability**
Availability of quality and nutritious foods for everyone. It can be affected by Production, Distribution, and Exchange.

**Accessibility**
Ability of individuals and households to get required amount of food to have a healthy, nutritious meal. It can be affected by Affordability, Allocation and Preference.

**Food Security**
To meet their nutritional needs, people must have access to a sufficient quantity and diversity of foods. Not only that but also they should have a proper metabolism out of it. Food utilization can be affected by Nutritional value, Health status, Food safety and Preparation and consumption.

**Stability**
Food may be available and accessible to the people who are able to utilize it effectively.
• Tobacco production and consumption may negatively impact all of these dimensions.

• Research has demonstrated negative impacts on physical availability of food and the economic and physical access to food.

Food (in)security and tobacco control

Tobacco Consumption:

• Expenditure on tobacco, particularly on cigarettes represents a major burden for the poorest households.

• Tobacco expenditures exacerbate the effects of poverty and cause significant deterioration of living standards amongst the poor.

• A study found that an estimate 10.5 million people could have had adequate diets if money spent on tobacco were to be spent on food instead.

Source: https://www.aao.org/eye-health/tips-prevention/smokers
Food (in)security and tobacco control

Aside from consumption, studies on the impact of tobacco production on food security demonstrate:

• On one hand, tobacco has income from tobacco sales being used to purchase food in high yield years; **However**, tobacco production has also been linked to food insecurity in various countries.

• The link between tobacco and food insecurity has been attributed in part to:
  • the labor hours required to produce tobacco,
  • use of quality land that can be used to produce food;
  • as well as the harsh impact of tobacco production on soil which hinders food production.

Source: [https://tobaccotactics.org/article/tobacco-farming/](https://tobaccotactics.org/article/tobacco-farming/)
The role of FCTC implementation

• The Framework Convention for Tobacco Control (FCTC) is an evidence based global health treaty that tackles the causes of the tobacco epidemic, including cross broader effects such as trade liberation and direct investment, tobacco investment and more.

• This includes measures to decrease both supply and demand for tobacco; or in other words the production and consumption of tobacco.

• The FCTC presents opportunities to improve policy coherence between tobacco control and food security.
What conditions shape tobacco growing and how can we pursue alternatives?

Raphael Lencucha, PhD
McGill University
Montreal, Quebec, Canada
Where is tobacco grown?
Total Tobacco Production 2021 (Tonnes)

- China, mainland: 45%
- India: 16%
- Brazil: 16%
- Indonesia: 5%
- United States of America: 5%
- Pakistan: 4%
- Zimbabwe: 3%
- Malawi: 2%
- Argentina: 2%
- Mozambique: 2%

Global Food Security Index 2022


<table>
<thead>
<tr>
<th>Rank (113 countries)</th>
<th>Overall score</th>
<th>Fordability</th>
<th>Availability</th>
<th>Quality and Safety</th>
<th>Sustainability and Adaptation</th>
</tr>
</thead>
<tbody>
<tr>
<td>=91st Malawi</td>
<td>48.1</td>
<td></td>
<td>33.6</td>
<td>52.9</td>
<td>52.0</td>
</tr>
<tr>
<td>93rd Uganda</td>
<td>47.7</td>
<td></td>
<td>48.3</td>
<td>41.0</td>
<td>45.1</td>
</tr>
<tr>
<td>94th Mozambique</td>
<td>47.3</td>
<td></td>
<td>42.6</td>
<td>49.4</td>
<td>41.8</td>
</tr>
</tbody>
</table>
How do governments view tobacco?
We want businesses, such as BAT, to continue to grow. To make sure that the environment is conducive for them to continue to expand their business, so that if they win, we win” (BAT Distribution Hub Opening, Cabinet Secretary of the Ministry of Industrialization and Enterprise)

Zimbabwe’s minister of Agriculture, Anxious Jongwe Masuka, explains how the country will build a $5 billion tobacco industry by 2025.

By Taco Tuinstra

Following the resignation of Zimbabwe’s longtime president, Robert Mugabe, in late 2017, the new government invited private citizens to provide ideas on how to improve agriculture. Drawing on his extensive background in agriculture, policy and strategy, Anxious Jongwe Masuka wrote a letter in which he detailed the steps that he believed would help the nation achieve a prosperous, sustainable and competitive agricultural sector.
The representative of Zambia said that for many sub-Saharan African countries tobacco production and trade accounted for a large proportion of rural income.

The measure introduced by Canada would have a direct impact on the lives of these rural communities whose livelihood revolved around tobacco production (G/TBT/M/52).
Average profits and losses for individual tobacco farming households in USD. *Indonesia data include tobacco and non-tobacco farming profits.

### What are the key economic problems with tobacco growing?

<table>
<thead>
<tr>
<th>Type of farmer</th>
<th>Input cost</th>
<th>Levy</th>
<th>Transport</th>
<th>Interest</th>
<th>Household labour</th>
<th>Hired labour</th>
<th>Annual Income</th>
<th>Annual Profit</th>
<th>Monthly net income</th>
<th>International extreme poverty standard (2.15/person/day)</th>
<th>Monthly equivalent for 4-person household</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract</td>
<td>321.93</td>
<td>39.02</td>
<td>13.33</td>
<td>1.53</td>
<td>252.87</td>
<td>117.08</td>
<td>1349.9</td>
<td>604.14</td>
<td>50.35</td>
<td>258</td>
<td></td>
</tr>
<tr>
<td>Independent</td>
<td>257.31</td>
<td>7.26</td>
<td>10.24</td>
<td>0</td>
<td>338.72</td>
<td>109.95</td>
<td>1204.35</td>
<td>480.87</td>
<td>40.07</td>
<td>258</td>
<td></td>
</tr>
</tbody>
</table>

... [FCTC] ... was [seen as] a threat to tobacco producing countries and as you know members of SADC, mostly a number of them are involved in tobacco production and there was fear that regulations might affect tobacco-producing countries in terms of revenue (SADC Representative)

Why do some governments want tobacco production to grow?

Economy of the Country
## Tobacco’s contribution to GDP

<table>
<thead>
<tr>
<th>Country</th>
<th>The share of tobacco farming to GDP in 2018 (%)</th>
<th>Numbers of tobacco farmers by country</th>
<th>Share of tobacco farmers to total employment in agriculture sector (%)</th>
<th>Share of tobacco exports to total commodity export in 2018 (%)</th>
<th>Share of tobacco exports to overall exports in 2018 (%)</th>
<th>Share of agricultural land for tobacco farming in 2014 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>China</td>
<td>0.067480</td>
<td>947,000</td>
<td>1.926239</td>
<td>0.712706</td>
<td>0.055455</td>
<td>0.0539464</td>
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<tr>
<td>India</td>
<td>0.037924</td>
<td>488,036</td>
<td>1.353930</td>
<td>0.074426</td>
<td>0.313602</td>
<td>0.3078659</td>
</tr>
<tr>
<td>Brazil</td>
<td>0.073748</td>
<td>60,200</td>
<td>0.730289</td>
<td>0.162983</td>
<td>0.835188</td>
<td>0.8214403</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>2.881452</td>
<td>22,323</td>
<td>2.486294</td>
<td>1.830032</td>
<td>15.356882</td>
<td>13.8091314</td>
</tr>
<tr>
<td>USA</td>
<td>0.005314</td>
<td>150,200</td>
<td>0.037817</td>
<td>0.003806</td>
<td>0.107747</td>
<td>0.1157419</td>
</tr>
<tr>
<td>Indonesia</td>
<td>0.025456</td>
<td>27,688</td>
<td>0.117153</td>
<td>0.424889</td>
<td>0.401773</td>
<td>0.4022222</td>
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<tr>
<td>Zambia</td>
<td>1.250362</td>
<td>7,637</td>
<td>0.377520</td>
<td>0.270950</td>
<td>2.019208</td>
<td>1.5741121</td>
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<tr>
<td>Bangladesh</td>
<td>0.030106</td>
<td>900,000</td>
<td>0.311953</td>
<td>0.155010</td>
<td>0.345739</td>
<td>0.2576211</td>
</tr>
<tr>
<td>Tanzania</td>
<td>0.005314</td>
<td>40,005</td>
<td>0.310160</td>
<td>0.223762</td>
<td>9.624076</td>
<td>6.2570922</td>
</tr>
<tr>
<td>Argentina</td>
<td>0.041801</td>
<td>11,389</td>
<td>0.657132</td>
<td>0.1140339</td>
<td>0.610560</td>
<td>0.6136438</td>
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<tr>
<td>Kenya</td>
<td>0.023098</td>
<td>46,000</td>
<td>0.211297</td>
<td>0.1557356</td>
<td>2.545454</td>
<td>2.3123123</td>
</tr>
<tr>
<td>Malawi</td>
<td>0.201952</td>
<td>8,168</td>
<td>1.061168</td>
<td>0.669212</td>
<td>69.313797</td>
<td>58.9067308</td>
</tr>
<tr>
<td>Mozambique</td>
<td>0.399495</td>
<td>37,047</td>
<td>1.516790</td>
<td>1.145625</td>
<td>5.239942</td>
<td>3.168756</td>
</tr>
</tbody>
</table>

WHO IS WINNING?

Leading tobacco companies worldwide in 2021, based on market value (in billion U.S. dollars)

- Philip Morris International: 159.2 billion U.S. dollars
- Altria Group: 100.7 billion U.S. dollars
- British American Tobacco: 97.5 billion U.S. dollars
- ITC: 42.1 billion U.S. dollars
- Japan Tobacco: 30.5 billion U.S. dollars
- Imperial Brands: 20.6 billion U.S. dollars
- Swedish Match: 12.4 billion U.S. dollars

Source: Forbes
© Statista 2023
Additional Information: Worldwide; Forbes, 2021
If farmers aren’t winning, why do they continue to grow tobacco?
At least the tobacco farming has the technicians, the other farming of things like maize, beans you work it out on your own” (Farmer, Kenya)


Pursuing alternatives
... a note on agricultural subsidies and supports ... “For a Malawian farmer to compete with an American or European farmer who are heavily subsidized, it is very difficult.” (Government Official, Agriculture)
What can be done?
Financial support
- Facilitate access to individual or group loans to cover production costs
- Establish necessary infrastructure to ensure efficient movement from farm to market (local, national and international)
- Implement investment incentives and inducements to attract investment in non-tobacco crop production, processing and manufacturing, as well as alternative employment opportunities.
- Subsidized career development and education can help farmers move to other enterprises or employment opportunities.

Input support
- Oversee the supply of inputs and intervene with subsidies or other supports to ensure access to affordable inputs including seed, fertilizer, pesticides, herbicides and agricultural equipment
- Work with communities and suppliers to establish storage facilities for inputs to reduce transportation costs
- Participate in initiatives by community extension services to explore environmentally sustainable, financially accessible and productive alternatives to agrochemical cultivation.

Output support/restrictions
- Manage minimum crop pricing standards to ensure competitive and fair pricing
- Enforce predictable and comprehensible grading schemes for crop purchasing
- Establish and manage market information systems
- Ensure fair dealings in international markets
- Participate in trade and investment forums to ensure equal application of trade and investment laws.

Technical support
- Establish research facilities to inform choices about alternative crops
- Establish training facilities and processes to support farmers in the transition to alternative crops
- Support extension workers to provide on-farm support throughout the growing season.

Reduce tobacco industry influence

Support communities to identify sustainable and healthy food crops

Shift mandates to support sustainable, healthy, and just food systems

Identify and support local, national, and regional markets for sustainable and healthy food crops
Thank you
Intersections of Poverty, Food Insecurity, Stress, and Tobacco Use

Jin E. Kim-Mozeleski, PhD (she/her)
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Prevention Research Center for Healthy Neighborhoods
Case Western Reserve University, School of Medicine

May 25, 2023
WNTD 2023, Tobacco’s Impact on Food Security

No conflicts of interests to declare
Presentation Objectives

1. Explain linkages between food insecurity and tobacco use from a social ecological perspective

2. Provide a broad overview of public health research findings on food insecurity and tobacco use

3. Understand bidirectionality of food insecurity and tobacco use
In the U.S. context, socioeconomic disparities in smoking are widening.

Prevalence of Tobacco Use among U.S. adults by Income

Socioeconomic disparities in smoking exist for nearly all racial and ethnic groups in the U.S.

Cigarette smoking prevalence by race and ethnicity and poverty status
Data: National Survey on Drug Use and Health, 2011-2014

Legend:
Below 100% of federal poverty
At or above 100% of federal poverty

Disparities in Successful Quitting

• Most U.S. adults who smoke – regardless of socioeconomic circumstance – desire to quit and attempt to quit each year
  • However, success rates vary by socioeconomic status

• Existing tobacco control efforts have not been enough to address disparities
  “Tobacco control interventions are unlikely to be able to counter embedded life patterns and underlying stress-causing conditions such as income instability, poor housing, and run-down neighborhoods.”
  (Hiscock, Bauld, Amos, Fidler, & Munafò, 2012)

• Social drivers of poor health and tobacco use
Disparities in Successful Quitting

Fundamental Cause Theory (Link & Phelan, 1995)

- What are the risk factors for the risk factors?

- Systems of exposure; factors that shape or constrain health behavior
Fundamental causes of smoking

- Marginalization
- Discrimination
- Segregation
- Social capital
- Housing instability
- Structural racism
- Healthcare access
- Low-wage work
- Financial strain
- Targeted tobacco marketing
- Tobacco retailer density/proximity
- Access to culturally relevant cessation services

Although there are evidence-based strategies for reducing smoking prevalence overall, it is less clear how to reduce racial and socioeconomic disparities in smoking. 1 Tobacco control efforts have evolved from high-risk approaches targeting those identified at most risk to an emphasis on population-level interventions changing norms and environments that increase risk exposure. 2,3 Popular tobacco control strategies like education and awareness campaigns and smoke-free air laws may not impact all populations equally, however, possibly resulting in increased disparities. 4

Several theories provide insight into why racial and socioeconomic disparities in smoking persist. Fundamental cause theory defines root, or fundamental, causes of health disparities as factors that emerge or continue to be associated with poor health outcomes, even when proximal risk factors, like prevention and treatment interventions, are developed. 4,5 Such associations remain over time because fundamental causes limit access to key resources (eg, money, health services) necessary for maintaining health. Examples of fundamental causes include socioeconomic status, 6,7

Social stress theory argues that social hierarchies produce higher exposure to stress, including both experimental (eg, job loss) and structural (eg, discrimination) stress, among socially disadvantaged groups. 5,8 Both stress sources can negatively impact mental and physical health. Also, coping resources like social connections and personal resources, which can ameliorate the association of stress with health, are threatened to be socially distributed, such that people with lower social status may have less access to these resources. 9-14

Food Insecurity at the Household/Individual Level

*Food security* refers to access at all times to enough food for an active, healthy life.

*Food insecurity* occurs when there is limited or uncertain access to enough food due to lack of money or other resources.

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Percentage of U.S. Population (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>~10% in 2021</td>
</tr>
<tr>
<td>&lt; 100% of FPL</td>
<td>32%</td>
</tr>
<tr>
<td>&lt; 130% of FPL</td>
<td>31%</td>
</tr>
<tr>
<td>&lt; 185% of FPL</td>
<td>27%</td>
</tr>
<tr>
<td>≥ 185% of FPL</td>
<td>5%</td>
</tr>
</tbody>
</table>

(FPL = federal poverty level)

Smoking Prevalence Increases as the Severity of Food Insecurity Increases

Prevalence of Cigarette Smoking and Tobacco Use by Food Security Status
1999-2014 U.S. National Health and Nutrition Examination Survey

Food Insecurity and Smoking

- Review of 19 quantitative studies, published between 2008 and 2018
  - English-language peer reviewed articles, study samples from U.S. and Canada
- Study Participants: general populations, clinical samples, and specific health disparity groups
- Tobacco use and food insecurity are risk factors for each other
  - Potential mechanisms?

Bidirectional Conceptualization
A Working Model

- Nicotine addiction
- Coping with hunger
- Cost of smoking
- Financial strain
- Unmet basic needs as barriers to quitting
- Poor mental health, psychological stress
- Tradeoffs affecting dietary behaviors

Social and structural factors and inequities

Potential temporal ordering identified through cross-lagged analyses of population-level longitudinal data (U.S. Panel Study of Income Dynamics)

A Qualitative Investigation of the Experiences of Tobacco Use among U.S. Adults with Food Insecurity

Public Health Implications & Areas for Further Research

• Importance of structural interventions to eliminate tobacco-related health disparities
  • Addressing unmet basic needs to reduce food insecurity and related stress to enhance smoking cessation

• Utilizing multiple and multilevel research methodologies
Contact Info

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Jin.Kim-Mozeleski@case.edu
TOBACCO CONTROL & FOOD SECURITY IN DC

AN INITIATIVE TO SUPPORT CESSATION AND IMPROVE FOOD ACCESS

Carrie Dahlquist, MPH | May 25, 2023
COMPREHENSIVE TOBACCO CONTROL

The Objective

Tobacco control initiatives have been a success...

– Smoke-free laws
– Age restrictions to purchase – Tobacco 21
– Counter marketing mass media campaigns
– Cessation programs & support
COMPREHENSIVE TOBACCO CONTROL

The Objective

Tobacco control initiatives have been a success...

– Smoke-free laws
– Age restrictions to purchase – Tobacco 21
– Counter marketing mass media campaigns
– Cessation programs & support

...but the benefits are not shared across all communities
COMMUNITY-BASED WORK

The Mission & Objective

• Identify a population disproportionately affected by tobacco use
• Assess barriers to living tobacco/smoke-free
• Engage a community-based organization to serve as the local lead agency
  – Experience addressing a social determinant of health such as housing, healthcare access, food access, or job opportunities
• Implement sustainable high-reach strategies and activities to integrate tobacco control interventions in a program addressing at least one social determinant of health

What can we add to the tobacco control toolkit to reduce tobacco-related disparities in use and health outcomes?
SMOKING PREVALENCE TRENDS IN DC

![Graph showing smoking prevalence trends in DC and US from 2012 to 2021. The prevalence in DC decreases from 19.6% in 2012 to 9.5% in 2021, while the prevalence in the US decreases from 11.5% in 2012 to 9.5% in 2021.]

Behavioral Risk Surveillance System 2012-2019, Centers for Disease Control & Prevention
District of Columbia Behavioral Risk Factor Surveillance Systems, 2012-2021, DC Department of Health

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SMOKING PREVALENCE TRENDS IN DC

Behavioral Risk Surveillance System 2012-2019, Centers for Disease Control & Prevention
District of Columbia Behavioral Risk Factor Surveillance Systems, 2012-2021, DC Department of Health
SMOKING PREVALENCE TRENDS IN DC

29.1
19.6
10.7


DC – Black Residents
US
DC – White Residents

Behavioral Risk Surveillance System 2012-2019, Centers for Disease Control & Prevention
District of Columbia Behavioral Risk Factor Surveillance Systems, 2012-2021, DC Department of Health

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REDUCING DISPARITIES IN TOBACCO USE

Drivers of Tobacco Use

• Aggressive marketing by tobacco companies targeting vulnerable populations

• Environments without strong protections against secondhand smoke

• Social determinants of health that create barriers to cessation and living smoke-free


To address disparities in tobacco use, where can we have a significant impact aligned with a social determinant of health?
TOBACCO USE & DEMOGRAPHICS

Making the Connection

WARD 3

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black Residents</td>
<td>7%</td>
</tr>
<tr>
<td>White Residents</td>
<td>70%</td>
</tr>
<tr>
<td>Other</td>
<td>23%</td>
</tr>
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</table>

Smoking Rate: --%

Grocery Stores: 13
TOBACCO USE & DEMOGRAPHICS

Making the Connection

WARD 3

<table>
<thead>
<tr>
<th>Smoking Rate</th>
<th>Grocery Stores</th>
</tr>
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<tr>
<td>--%</td>
<td>13</td>
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WARD 7

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<th>Smoking Rate</th>
<th>Grocery Stores</th>
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<td>15.2%</td>
<td>13</td>
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WARD 8

<table>
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<th>Smoking Rate</th>
<th>Grocery Stores</th>
</tr>
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<tbody>
<tr>
<td>22.4%</td>
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DC Health Matters. dchealthmatters.org. Accessed 5/19/2023
FOOD ACCESS ENVIRONMENT

Making the Connection
TOBACCO USE & FOOD INSECURITY IN DC
Making the Connection

Black Residents | White Residents | Current Smoker | Never Smoked
---|---|---|---
19.5% | 1.9% | 48.5% | 17%
THE PROJECT
Addressing Tobacco Use through the Food Access Environment

• Goal
  – Reduced disparities in tobacco use and tobacco-related health outcomes in Black DC residents

• Strategy
  – Change the social norms of tobacco use

• Objective
  – Engage non-traditional tobacco control partners working to address food insecurity

• Performance Measures
  – Process: Organizations engaged, people referred to DCQuitNow, reported quit attempts
  – Outcome: Smoking prevalence & disparity gap, food security, morbidity & mortality
THE PROJECT
Stages of Implementation

Assess & Identify
Recruit
Build & Train
Monitor & Evaluate
Implement
Listen & Watch
Monitor & Evaluate
Assess & Identify
Build & Train
Recruit
WHERE WE ARE NOW: Building the Foundation

- **Partnerships & Training/Development**
  - Building the workgroup: Leadership Council for Healthy Communities (lead), DC Tobacco Free Coalition & 9 “non-traditional” partners
  - Providing capacity-building and communications technical assistance

- **The Cigarette and Food Retail Environment**
  - Assessing advertising, food access, tobacco product availability

- **The Community**
  - Listening sessions and town halls to learn about perceptions, barriers, what is needed, what works
  - Building relationships with business owners and community leaders

- **DCQuitNow Cessation Services**
  - Updated intake at registration to determine food security and refer to local resources
WHERE WE ARE GOING: Planning for Tomorrow

• Providing Technical Assistance to Food Access Programs & Agencies
  – Understanding the connection between tobacco use & food insecurity
    o Resources, stress, appetite suppression
  – Connecting organizations to cessation resources such as DCQuitNow

• Incorporating Mass Marketing Campaign

• Community Support for Cessation & Tobacco-free Living
  – Working with faith communities, government agencies, multi-unit housing to support tobacco control initiatives and policies

• Evaluation of Program Progress
  – Planning for Year 2 evaluation
    o Active partner engagement
    o Referrals to and utilization of DCQuitNow services
    o Feedback from the community: what can we do better?
DESIRED OUTCOMES

• Increased utilization of DCQuitNow
• Increase quit attempts

• Decreased tobacco use among Black residents who have experienced food insecurity
• Decreased disparity of tobacco use between White and Black residents
• Decreased food insecurity among Black residents

• Improved food access environments

• Reduced morbidity and mortality related to tobacco use
THANK YOU!

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Stay Involved

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ash.org/webinars

NEXT WEBINAR:
June 15, 2023
Combatting Tobacco Industry Lobbyists in Public Health

Tools for Advocates

Tobacco & Human Rights Hub
ash.org/hrhub

Have you seen tobacco industry interference in public health policymaking? Email us the details at info@ash.org!