SRNT
Society for Research on Nicotine & Tobacco • 2424 American Lane • Madison, WI 53704-3102
Tel: 1-608-443-2462 • Fax: 1-608-443-2474 • E-Mail: info@srnt.org • Website: http://www.srnt.org

SRNT is Committed to Anti-Racism and Social Justice through Research and Action

SRNT is an international organization with shared values including, social justice and respect for all persons, regardless of race, religion, gender, sexual orientation, culture, language, abilities, age or national origin. SRNT stands in solidarity with other public health and medical professional societies and organizations to denounce racism in any form and recognizes it as a significant public health issue.

On June 4, 2020 SRNT issued a statement on the recent tragic events in the US involving the senseless deaths of members of the Black community that have led to global actions including peaceful marches. We reaffirm this statement on solidarity and a call to action on the importance of research addressing tobacco-related disparities among disadvantaged communities. In that spirit, below we highlight tobacco-related health disparities, including the influence of racism and social injustice, as well as specific action steps that can help us move to a society that is more equitable for all.

As nicotine and tobacco researchers, we are acutely aware of evidence from across the world that link race/ancestry, culture and race-/ancestry-based discrimination to mental stress and commercial tobacco use, and how this contributes to tobacco-related health disparities. For example, while US blacks are more likely than whites to attempt to quit smoking cigarettes, they are less likely to succeed [1]. Additionally, prevalence of cigarette smoking is highest among American Indian and Alaska Natives (23%) and those reporting multiple races (19%) compared with 15% among White Americans [2]. In Canada, 40% of Canadian First Nations adults report smoking cigarettes compared to 18% of the Canadian general population [3]. In Australia, adult smoking prevalence amongst Aboriginal and Torres Strait Islander people is 39% compared with 12% amongst the general Australia population [4]. In New Zealand, Maori smoking prevalence is 35% compared with the general population rate of slightly less than 16% [5]. Research has also linked stress associated with colonization and racism to increased commercial tobacco use and tobacco-related health disparities among racial minority and indigenous populations. Within the US, racial discrimination is associated with cigarette smoking among Black men and women [6]. In Canada, Blacks and other people of color experience discrimination more frequently than

Whites, and these experiences are associated with a higher risk of smoking [7]. In the UK, experience of racism was associated with cigarette smoking during adolescence and young adulthood among ethnic minorities [8]. Additionally, structural risk factors of commercial tobacco use disproportionately burden Black communities such as, higher tobacco outlet density [9] and higher availability of retail price promotions for tobacco products [10]. Further, studies across the globe have documented that the tobacco industry has a long history of targeted marketing of menthol cigarettes and flavored cigars in Black neighborhoods, as well as areas with low socioeconomic status [11,12].

SRNT encourages our members to:

- Conduct transdisciplinary and cross-country research to further elucidate how structural racism, racial discrimination, social injustice, and targeted tobacco marketing contribute to disproportionate commercial tobacco use and subsequent tobacco-related health disparities throughout the life course.
- Engage with underserved, diverse groups as meaningful partners in all phases of the research including, assessment of community research priorities and interests for tobacco-related research.
- Make concerted and increased efforts to recruit and retain racial/ethnic and culturally/linguistically diverse groups in all tobacco-related studies, and prioritize opportunities to conduct separate sub-group or moderator analyses.
- Use existing research evidence and frameworks [13,14] to develop, support, and partner with other organizations to implement interventions aimed at dismantling structural racism and social injustice related to tobacco use in a culturally relevant manner. For example, interventions supporting the implementation of national, state and local menthol cigarette bans.

Many SRNT members, including those involved in the Health Disparities network, have worked tirelessly over the past years to highlight the abovementioned issues. Strategies have included providing annual meeting travel scholarships, networking, and mentoring opportunities for researchers from underserved groups. SRNT will also work with the members of the network, and through the SRNT 2025 initiative to ensure that we:

- Create and participate in providing structured mentoring for trainees and early career investigators, who are currently underrepresented within the field and Society, and find opportunities to involve them and promote them to positions of leadership within government agencies and academic institutions.
- Amplify the voices of racially and culturally diverse scholars conducting nicotine and tobacco research (e.g., cite studies, engage in collaborative research activities, devoting a new section in Nicotine & Tobacco Research to health disparities).
- Promote cross-country and diversity of race, culture and language in our membership and leadership of our Society, including selected speakers.

- Promote inclusion of non-academic individuals from diverse backgrounds and communities in our membership and as selected speakers at annual meetings and webinars.
- Ensure a diverse and scientifically robust annual conference with a strong focus on racial equity and social justice. Demonstrate a commitment, as part of the annual meetings, to acknowledging the diverse traditions, culture, and language of the people residing in the host country.

Racism hurts everyone in our communities. We stand with communities across the globe, and within our membership that are hurt, angry, frustrated, and sad. SRNT, and especially the Health Disparities Network, strives to be a safe place for researchers at all levels of training who are impacted by experiences with racism and other forms of discrimination. We realize these experiences have a role in your work and your career trajectory. Please visit this **link** for resources that are available to you. If you have questions or concerns, would like more information, or have ideas for how SRNT can improve our operations, please contact your SRNT president (suchitra.krishnan-sarin@yale.edu) and Health Disparities Network (Co-chairs: Kelvin Choi, kelvin.choi@nih.gov; Christi Patten, patten.christi@mayo.edu). The steps outlined above are only initial steps. We will continue to seek guidance from our members and the greater communities we are embedded in through our SRNT 2025 initiatives.

Together, we will work to achieve equity and social justice.

SRNT Board of Directors
July 13, 2020

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