

You're listening to the Counter Tobacco Podcast. For this bonus episode of the podcast following up on our episode on African American tobacco use and industry targeting, two Counter Tools staff members, Jackie Boards and Rose DeLeon-Foote, had the opportunity to interview Dr. Phillip Gardiner, co-chair of the African American Tobacco Control Leadership Council (AATCLC) while he was in the Triangle of North Carolina for a number of speaking engagements around menthol and tobacco as a social justice issue. Dr. Gardiner is a public health activist, administrator, evaluator and researcher. Dr. Gardiner received his doctorate in behavioral sciences from the University of California at Berkeley, where he focused on youth violence as a public health issue. Throughout his research career, Dr. Gardiner has maintained his community activism to address racial disparities in health through writing, organizing, evaluating, and public speaking. In addition to his role with the African American Tobacco Control Leadership Council, Dr. Gardiner is the social and behavioral sciences and neurosciences and nicotine dependence research administrator for the Tobacco-Related Disease Research Program or the TRDRP, University of California Office of the President.

Our apologies in advance, as the sound quality isn't the best because this interview was conducted after an event, so there is a fair amount of background noise. But, we thought this was too important not to share. We hope you enjoy!

- Jackie Boards:** What makes tobacco a social justice issue? And I know you're going to be talking about this a little bit tomorrow during the event. But, what makes tobacco, in itself, a social justice issue to you?
- Dr. Gardiner:** Specifically, the tobacco industry uses what I would call "predatory marketing" tactics to push their products on the most vulnerable in our society, particularly African Americans, other folks of color, women, the mentally ill, the LGBT community. It's a classic case of the people who don't have, who have few resources or education, being preyed upon by multi-billion-dollar organizations. It's not only a social justice issue, it's a racist issue, frankly, as it relates specifically to African Americans and what they've done to them over the last 50 years. That's why it is a social justice issue to me.
- Rose DeLeon-Foote:** Where do you feel that you are seeing the greatest successes around menthol reduction in communities?
- Dr. Gardiner:** I think where tobacco control activists have the ability to pass local ordinances restricting the sale of these products, we are seeing things move forward. Be appraised that a lot of these laws have only been passed in the last year or so, so there is no big data showing that this has gone down or this has gone up. But, where we see advances, are where people can restrict, and there are a lot of ways to restrict. Cities have passed what we call buffer zones, that you can't sell within a certain number of feet. Cities have passed where you can restrict,

you can only buy at a certain place. And now, what we are trying in some parts of California and in some other cities, is to have places where you can't even buy in that city. So, there are going to be different levels.

Let me give you the most positive thing that we know of right now. In Ontario, that passed their ordinance last year, we actually have data that shows that menthol use has gone down by youth over the last year. That's data. Secondly, in New York City that passed flavor restrictions, that didn't include menthol in 2010, they looked at data from 2010 to 2013 and that all flavored cigarette sales and youth use of those cigarettes had gone down. I've argued with them, and we're going to try it. If we include menthol, we could get those similar results. So, we have some limited data that shows that this works. The key thing is local tobacco control activists working with national groups can actually have some impact on their communities.

Jackie Boards:

So, for communities working on this issue, like at Counter Tools we work with a lot of different states – I think it's 21 now – and we work with a lot of different local communities, and they are trying to enact laws, and we kind of help them through that process. So, what should their first steps be, like you know, if you could think of something they should do first to kind of tackle these menthol-related policies, where should they go?

Dr. Gardiner:

First step is you have to put together a broad coalition of folks at the local level that includes community people, clergy, youth groups. You have to get, what do you call it – if you could get unions and churches. You have to get a broad coalition, it'll be different in each place. The next step, though, is to identify at the city government level who's the champion. There's a lot, you know, there's 13 people on the city council and 4 are progressive, but in those 4, who is going to carry the water? That becomes the question.

So, coalition, actually knowing your city government, who is going to carry the water, and then third, is getting allies from the national tobacco movement, whether it's the National African American Tobacco Prevention group that Mike works with or my group the African American Tobacco Control Leadership Council, getting help from CDC, getting help from Tobacco-Free Kids, getting some help nationally. Build a coalition, identify a leader. This will take time. Let me just also say that. This will take a little bit more time, but that's how I would answer.

Rose DeLeon-Foote:

Menthol products are highly advertised in predominately African-American areas at the point of sale. With increasing rates of youth adoption of e-cigarettes with flavors (including menthol), how do you think we can counter this issue from an individual and policy perspective?

Dr. Gardiner: That was one of the last questions that was asked there. From a policy perspective, so the different flavor restrictions that I've been involved with included it for electronic cigarettes also. So, if you look at the restrictions in Duluth, Minnesota, in Minneapolis, in St. Paul, in Berkeley, in Oakland, they not only include for cigarettes, but they include for e-cigarettes. So, from a policy level, that makes sense.

I think you ask a much harder question when you ask about the individual level, how do you get kids to not like flavors, and we are not going to get kids to not like flavors. What we can do, I hope, is that we can get the education. So, what I did today for education to adults. This type of thing needs to be made for youth, there has to be a way to show kids that this is not good for you, and you shouldn't do it. Part of the problem, and this is a much larger existential problem, if you say it's just for adults, then they definitely want to do it (i.e. "that's what I want to do, you know, if they're doing it, I want to do it."). So, I think we have to find a new level of argumentation, not just for adults. It's bad for adults too.

Jackie Boards: I mean with our organization, so we work with Minnesota, and we kind of help them along that process when they are passing, you know, flavor policies. And I think one thing that has stood out to me with them is just watching the youth stand up and speak for what they believe in and say this is bad, like they had a very much focus on getting youth involved and that's what I really admire about them and their work. And I think just generally with our states, we try to advocate for getting youth involved in going to stores and seeing what's being sold and helping to collect data on that. So, I think it's really important to, like you mentioned, get youth involved and helping build that.

Dr. Gardiner: ¿Qué más?

Rose DeLeon-Foote: What do you think the end goal should be for menthol tobacco?

Dr. Gardiner: We might look at it as the arch of history bends, human beings have been using drugs for a long time, and using cigarettes was a way that allowed people to get high and still be productive. It's not like alcohol. If I sat here and drink this much alcohol {sound effects}. But I could sit here and smoke a cigarette, and that wouldn't happen. Trying to move people away from substance abuse and into other uses of things, I think is the question.

I think the point here is getting poison – getting flavors out of poison is the way you have to put it. We can't be making poison taste good. So, that's what I think. When we will get rid of menthol, ad gummy bears, and strawberries, and all of that is when the underlying thing is that cigarettes kill you and by putting flavors in them is, what I use the term, it "helps the poison go down easier."

That's the problem. That's what I'd like the history to be. I'd like it to be short, but unfortunately things are moving very fast, so these IQOS that I talked about at the end, they already have menthol versions of them, and they are already selling them all around the world.

Rose DeLeon-Foote: So, what strategies do you see as having the best chance at reducing disparities in tobacco use and reducing the influence of the tobacco industry's targeted marketing?

Dr. Gardiner: Well, I think the restriction of selling flavored tobacco products in the African American community is a must. I mean, this is a 50-year thing. Even doing that would be the first step in curbing the health disparities associated with it. I'm going to step outside the box here a little though. If there was healthcare for all, if people had guaranteed housing, if people were given jobs, you might not feel so oppressed, and then maybe we can actually be human beings and not rely on drugs so much. So, yes, I think we should attack the drugs specifically, but at some point, we are going to have to deal with the mud hole that we find ourselves in. And we are in a mud hole and we have been in a mud hole

You know, I got my undergraduate degree in European History and got an M.A. in African American history and even though I have a Doctorate in public health, I'm a historian. This has been going on since Day One. If we could change the world – and that's what I have spent my adult life trying to do – I think that would have an impact. I'd like to restrict the sale of menthol, but I'd also like people to live in decent housing and have it affordable and be able to use it. Excuse me for being myself.

Rose DeLeon-Foote: No, no, especially coming from the Bay area, it's really, in the last couple of years, it's been housing especially.

Dr. Gardiner: Hey, I had to move out of Oakland.

Rose DeLeon-Foote: Me too, why do you think I'm here?

Dr. Gardiner: I mean I'm a doctor, I mean it's like.

Rose DeLeon-Foote: I have a master's degree.

Dr. Gardiner: But, let me just say, damn, you know what I mean, it's like geez.

Rose DeLeon-Foote: And I think that a lot of this is, especially when your looking at the data correlating, like marijuana use with alcohol use, like there's ways that we can say, "Oh, we want to get people to stop, and we want to offer alternatives, and we want to do these things, but at the end of the day, these are coping

mechanisms, and how do you deal with the issues that are causing people to need to cope?

Dr. Gardiner: If you treat people like dogs long enough, some of them are going to act like dogs. You know let's treat people as human beings and maybe they will be more human in their undertaking. They will not need to go home and get drunk all the time and be living in some coupé up...alright, alright, alright.

Jackie Boards: I think it's that stress factor and you know there are so many studies that have looked at stress and how that plays into health. And just in my life, you know getting stressed, I can just see it taking a toll. So, people having to go through these stressful situations, not having housing and not having certain things, it contributes to these patterns of tobacco use and alcohol use and everything.

Rose DeLeon-Foote: Thank you so much for that, we don't want to take up too much more of your time, is there anything else you want to add?

Dr. Gardiner: I want to encourage you guys. This is not a sprint. This is a marathon. Take 10-15 years from now, what you might be doing, it may not be tobacco. I want to encourage you for it to be tobacco, but you should be in the fight regardless of what it's about, cause it's going to be a fight. If you want to treat people as human beings, you are going to have to do something about it. I'm going to leave it at that, I've already got my foot in my mouth.

End of transcript.