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Addressing Tobacco Use with Newcomers

Nearly 1 in 4 adults worldwide and 1 in 5 adults in the U.S. use tobacco, a leading cause of preventable death and illness around the world. Tobacco damages nearly every bodily organ and causes cancer, heart disease, stroke, lung disease, reduced fertility, weakened immunity, and premature death while exacerbating mental health issues and exposing family members to secondhand smoke and unhealthy behaviors. Newcomers in the U.S. using tobacco likely face complications in their health, finances, and relationships. This tip sheet **highlights considerations in newcomers' tobacco use and introduces the A-B-C-D framework** to start a conversation.

Read Switchboard's guide An Introduction to Substance Use for more about culturally specific substances and strategies to support newcomers.

Consider your client's specific culture, context, and personal history.

- **Tobacco type.** Cigarettes are the most prevalent tobacco worldwide, but cigars, waterpipes, and chewing or snuffing tobacco are also common. Waterpipes are most used in the Middle East and North Africa, and over 80% of the world's tobacco chewing occurs in South Asia.
- **Cultural considerations and social dynamics.** Many newcomer clients were raised in homes and environments where tobacco was commonplace or socially encouraged. Over 20% of adults in Iraq, Afghanistan, Ukraine, and South Africa smoked according to 2024 data.
- **Sex.** Worldwide, smoking is more common among men, with more than 1 in 3 men and less than 1 in 10 women smoking, on average. Yet tobacco use by sex differs greatly across countries. Smoking can have adverse effects on fertility (in both men and women), on pregnancy and breastfeeding, and on infant and childhood health and mortality.
- **Age.** Most people who use tobacco start between ages 14 and 25; very few people start smoking after 25. Nicotine is especially addictive to the developing brain, and adolescents from minority or low-income backgrounds are more prone to social pressure to smoke.
- **Socioeconomic status.** Approximately 80% of the world's smokers live in low- and middle-income countries, where they often face disproportionate health and economic burdens. These include higher exposure to secondhand smoke, weaker anti-tobacco regulations, strain on limited household budgets from tobacco use, and reduced access to health care and support. In addition, corporate advertising often targets low-income populations.
- **Mental health and past trauma.** There is a higher likelihood of tobacco use among individuals with disabilities, severe anxiety or depression, or alcohol or drug dependence. Recent trauma, childhood trauma, and generational trauma—**which are all more common in refugee populations**—also increase the likelihood of tobacco use. In South Africa, where there are high smoking rates, research suggests smoking cessation interventions may be more successful if they address tobacco users' political trauma and residual stress.

Use the A-B-C-D framework to start a conversation about quitting tobacco.

As a service provider committed to client well-being, it's important to talk about tobacco cessation. When you have this potentially difficult conversation, use trauma-informed principles, consider the client's specific culture and context, and recognize that quitting is hard and ultimately the client's decision. The **A-B-C-D framework** can guide respectful, client-centered conversations, providing concise information about cessation benefits and options while supporting client autonomy.



The **CDC has many resources** in several languages to support newcomers who want to quit, including the **"Tips from Former Smokers"** campaign, which provides testimonials from many perspectives. **SmokeFree.Gov has customizable resources** to create a plan to quit smoking and vaping, and **MedlinePlus has tobacco fact sheets** in over 10 languages.

A **Ask.** Start a non-judgmental conversation. You can ask **open-ended questions**, such as, "What are your thoughts about your tobacco use?" or "How have your thoughts about tobacco use changed over time?"

B **Brief advice.** Use kind, plain language to explain how tobacco **affects health, including the risks of secondhand smoke to family members, especially** children.

C **Cessation.** Offer specific resources, explaining that a **combination** of pharmacological (nicotine replacement therapy (NRT), medicines) and behavioral interventions (counseling, support groups) is usually recommended for tobacco cessation. If a client is open to reducing use but hesitant to quit, encourage their openness and explore their outlook through Motivational Interviewing. Never shame them or try to force them to act. Consider connecting with your state's Refugee Health Coordinator to identify translated educational materials to support clients.

D **Discuss psychosocial context.** Explore when and why the client started using tobacco and how they feel about it now. See if you can identify people in their life who can support them in quitting and provide targeted information that relates to their specific concerns. For example:

1. **Finances.** Clients might say smoking is very expensive in the U.S. and their habit is hurting household finances. In this case, you can talk about how quitting might significantly save them money and help them visualize what they could do with that recovered income.
2. **Health and family well-being.** Explain how health benefits begin 20 minutes after stopping tobacco use, building significantly over months and years. Quitting protects the whole family from secondhand smoke and models healthy habits for younger members.
3. **Housing safety.** Smoking is the leading cause of fire deaths in the U.S. Tobacco at home can create conflicts with landlords and neighbors or difficulty securing suitable housing.

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