



TOBACCO USE AMONG AFRICAN AMERICANS

Each year, approximately 45,000 African-Americans die from smoking-related disease.¹ Smoking related illnesses are the number one cause of death in the African-American community, surpassing all other causes of death, including AIDS, homicide, diabetes, and accidents.² Death from smoking-caused disease is higher among African-Americans than among whites, despite the fact that African-Americans typically smoke less.³ An estimated 1.6 million black Americans alive today, who are now under the age of 18, will become regular smokers, and about 500,000 of these will die prematurely from a tobacco-related disease.⁴

Current Use Rates & Disturbing Trends

- 23.0 percent of African-American adults are current smokers, which is higher than the national rate of smoking (20.8%). Smoking among African-American men is considerably higher than among African-American women (27.6% vs. 19.2%).⁵
- One in every 10 pregnant African-American women reports smoking during pregnancy.⁶
- African-American high school students have smoked at lower rates than their White and Hispanic peers. Currently, 11.6 percent of African-American high school students are current smokers, compared to 23.2 percent of white high school students and 16.7 percent of Hispanic high school students.⁷
- African-American middle school students also smoke at lower rates than their White and Hispanic peers, although the differences in smoking between the groups are not that large. 5.5 percent of African-American, 6.8 percent of Hispanic and 6.5 percent of White middle school students smoke.⁸
- Smoking among African-American tenth, and twelfth graders increased steadily throughout the 1990s and peaked in the late nineties. Since 1998, smoking among African-American youth has decreased, but smoking rates are still higher than they were in the early nineties.⁹
- According to a recent study, 42 percent of low-income African-Americans smoke; half of those who did not graduate from high school smoked, compared with 33.5 percent who were high school graduates, and 36 percent who had some college education.¹⁰

Disproportionate Harms to African Americans from Smoking

African Americans tend to smoke fewer cigarettes per day and begin smoking later in life than whites, but their smoking-related disease mortality is still significantly higher.¹¹ As a result of this disturbing paradox, the years of potential life lost before the age of 65 is two times higher in black smokers than white smokers.¹² Furthermore, African-American teen smokers have a greater risk of developing long-term consequences from smoking than other ethnic groups, and are in danger of experiencing the negative effects of tobacco earlier in their lifetimes.¹³

Smoking is responsible for almost 90 percent of all lung cancer cases and is also a major cause of heart disease and stroke -- the only conditions that kill more people in the African-American community than lung cancer.¹⁴ Smoking is also a major cause of chronic bronchitis, emphysema, gastric ulcers, and cancers of the mouth, pharynx, larynx, esophagus, pancreas, uterine cervix, kidney, stomach, and bladder.¹⁵

African-Americans are more likely to develop and die from cancer than persons of any other racial or ethnic group. Lung cancer is the second most common cancer in both African-American men and women and it kills more African-Americans than any other type of cancer. In fact, in 2007, over 21,000 new

cases of lung cancer are expected to occur among African-Americans and more than 16,000 African-Americans are expected to die from this disease.¹⁶ African-American men appear to bear the biggest burden in terms of tobacco-related morbidity and mortality. During 2002 and 2003, the average incidence rate of lung and bronchus cancers was almost 40 percent higher in African-American men than in white men. The average death rate was 30 percent higher among African-American men compared to white men.¹⁷

African Americans & Menthol Cigarettes

The higher rates of some tobacco-caused disease among African Americans than whites may result, in part, from African-American smokers being much more likely to smoke menthol cigarettes than whites.¹⁸ More than 75 percent of African American smokers smoke menthol cigarettes, as compared to 23 percent of white smokers.¹⁹ The popularity of menthol cigarette brands appears to be continuing among African-American teens, with 80.4 percent preferring Newport.²⁰ In contrast, the predominant brand among white youths is non-menthol Marlboro.

Mentholated cigarettes may increase the risk of both lung and bronchial cancer more than regular cigarettes by promoting lung permeability and diffusability of smoke particles.²¹ Menthol cigarettes have also been shown to have higher carbon monoxide concentrations than regular cigarettes, and may be associated with a greater absorption of nicotine.²² In fact, smokers of menthol cigarettes do have higher levels of cotinine (the most common chemical produced by the body from nicotine) in their bloodstream than non-menthol smokers.²³ Among other harms, the high levels of cotinine among menthol smokers may cause smoking among Black women during pregnancy to have a greater adverse effect on infants than smoking among white pregnant women.²⁴ Smoking during pregnancy is related several adverse health outcomes, including low birth weight and premature births, of which African Americans have the highest rates among all ethnic groups in the United States.²⁵

Reducing Tobacco Use Among African-Americans

Seventy percent of current African American smokers want to quit; and African American smokers are more likely than white smokers to have quit for at least one day in the previous year. In fact, research has shown that African-American smokers are more likely to think that smoking is socially unacceptable and are highly motivated to quit.²⁶ Nevertheless, the percentage of African American smokers who ultimately quit smoking is lower than among whites (50.5 percent vs. 35.4 percent).²⁷ African Americans may have lower cessation rates than whites because African Americans generally have higher levels of nicotine dependence, as a consequence of the high cotinine levels in mentholated cigarettes.²⁸

Research studies have established that cigarette price increases prevent and reduce smoking especially well among African Americans, youths, males, and persons in low-income households.²⁹ For example, a 10 percent increase in cigarette prices will reduce overall youth smoking by about seven percent but will reduce smoking among African-American male teenagers by 16 percent.³⁰ Although price increases are the most powerful anti-smoking factor among all youths, enforcing laws that prohibit sales of cigarettes to kids have also been found to be especially effective in reducing smoking among African American teens.³¹

Campaign for Tobacco-Free Kids, June 23, 2008 / Meg Riordan

¹ U.S. Centers for Disease Control and Prevention (CDC), "African Americans and Tobacco," 1998, http://www.cdc.gov/tobacco/sgr/sgr_1998/sgr-min-fs-afr.html; U.S. Department of Health and Human Services (HHS), *Tobacco Use Among US Racial/Ethnic Minority Groups – African Americans, American Indians and Alaskan Natives, Asian Americans and Pacific Islanders, and Hispanics: A Report of the Surgeon General*, 1998. http://www.cdc.gov/tobacco/sgr/sgr_1998/index.htm

² American Heart Association, *African Americans and Cardiovascular Diseases Biostatistical Fact Sheet 1998*,

www.americanheart.org/statistics/biostats/bioafr.htm; American Cancer Society, "Leading Causes of Death Among African Americans, US, 1997," *Cancer Facts and Figures For African Americans, 2000 Statistics*, www.cancer.org.

³ HHS, *Tobacco Use Among US Racial/Ethnic Minority Groups – African Americans, American Indians and Alaskan Natives, Asian Americans and Pacific Islanders, and Hispanics: A Report of the Surgeon General*, 1998. http://www.cdc.gov/tobacco/sgr/sgr_1998/index.htm

⁴ CDC, "African Americans and Tobacco," 1998; <http://www.cdc.gov/tobacco>

⁵ U.S. Centers for Disease Control and Prevention (CDC), "Cigarette Smoking Among Adults - United States, 2006," *Morbidity and Mortality Weekly Report (MMWR)*, Vol. 56 No. 44, November 9, 2007. <http://www.cdc.gov/mmwr/PDF/wk/mm5644.pdf>

⁶ HHS, "Prenatal Substance Exposure," Ch. 16, *Healthy People 2010*, 2000 November, www.health.gov/healthypeople.

-
- ⁷ U.S. Centers for Disease Control and Prevention (CDC), "Youth Risk Behavior Surveillance, United States, 2007," *Morbidity and Mortality Weekly Report (MMWR)*, June 6, 2008 55 SS-4 http://www.cdc.gov/healthyyouth/yrbss/pdf/yrbss07_mmwr.pdf.
- ⁸ CDC, 2006 National Youth Tobacco Survey http://www.cdc.gov/tobacco/data_statistics/surveys/NYTS/00_pdfs/table_1_06.pdf.
- ⁹ University of Michigan, Institute for Social Research. *Monitoring the Future Study*, 2007, <http://monitoringthefuture.org/>.
- ¹⁰ Delva, J, et al., "Cigarette Smoking Among Low-Income African-Americans," *American Journal of Preventive Medicine*, 2005; 29(3).
- ¹¹ HHS, Surgeon General Report, 1998. <http://www.cdc.gov/tobacco/sgr/index.htm>
- ¹² CDC, "Smoking-attributable mortality and years of potential life lost – United States, 1998," *MMWR*, 1991 February 1, 40(4): 62-63, 69-71.
- ¹³ Moolchan E, et al., "African-American teen smokers: issues to consider for cessation treatment," *Journal of the National Medical Association*, 2000 December, 92(12): 558-62.
- ¹⁴ American Cancer Society, 2005. *Cancer Facts & Figures for African-Americans 2005-2006*, Atlanta, GA. <http://www.cancer.org/downloads/STT/CAFF2005AACorrPWSecured.pdf>
- ¹⁵ HHS, *The Health Consequences of Smoking: A Report of the Surgeon General*, 2004. <http://www.cdc.gov/tobacco/sgr/index.htm> <http://www.cancer.org/downloads/STT/CAFF2003PWSecured.pdf>
- ¹⁶ American Cancer Society, 2007. *Cancer Facts & Figures for African-Americans 2007-2008*, Atlanta, GA. <http://www.cancer.org/downloads/STT/CAFF2007AAcspdf2007.pdf>
- ¹⁷ American Cancer Society, 2007. *Cancer Facts & Figures for African-Americans 2007-2008*, Atlanta, GA.
- ¹⁸ HHS, *Reducing the Health Consequences of Smoking: 25 years of Progress: A Report of the Surgeon General*, 1989. http://www.cdc.gov/tobacco/sgr/sgr_1989/index.htm
- ¹⁹ HHS, *Reducing the Health Consequences of Smoking: 25 years of Progress: A Report of the Surgeon General*, 1989.
- ²⁰ HHS, Substance Abuse and Mental Health Services Administration (SAMHSA), Results from the 2005 National Survey on Drug Use and Health, NSDUH: Detailed Tables <http://www.oas.samhsa.gov/nsduh/2k5nsduh/tabs/Sect7peTabs58to67.pdf>.
- ²¹ Jarvik M.E., et al., "Mentholated cigarettes decrease puff volume of smoke and increase carbon monoxide absorption," *Physiology and Behavior*, 1994 September, 56(3): 563-70. See, also, McCarthy W.J., et al., "Menthol v. Nonmenthol Cigarettes: Effects on Smoking Behavior," *American Journal of Public Health*, 1995 January, 85(1): 67-72. Clark P.I., et al., "Effect of Menthol Cigarettes on Biochemical Markers of Smoke Exposure Among Black and White Smokers." *Chest*, 1996 November, 110(5): 194-8. HHS, Surgeon General Report, 1998.
- ²² Clark P.I., et al., "Effect of Menthol Cigarettes on Biochemical Markers of Smoke Exposure Among Black and White Smokers." *Chest*, 1996 November, 110(5): 194-8.
- ²³ Clark P.I., et al., "Effect of Menthol Cigarettes on Biochemical Markers of Smoke Exposure Among Black and White Smokers." *Chest*, 1996 November, 110(5): 194-8. See, also, Caraballo R, "Racial and ethnic differences in serum cotinine levels of cigarette smokers: The National Health and Nutrition Examination Survey, 1998-1991," *Journal of the American Medical Association*, 1998 July, 280(2): 135-9.
- ²⁴ English P, et al., "Black-white differences in serum cotinine levels among pregnant women and subsequent effects on infant birthweight," *American Journal of Public Health*, 1994 September, 84(9): 1439-43.
- ²⁵ See, HHS, "Risk factors: Reduce low birth weight and preterm births," Tables 16-10 and 16-11, Chapter 16, *Healthy People 2010*, 2000 November. See, also, CFTFK fact sheet, *Harm Caused by Pregnant Women Smoking or Being Exposed to Secondhand Smoke*.
- ²⁶ Royce J, et al., "Smoking cessation factors among African Americans and Whites: COMMIT Research Group," *American Journal of Public Health*, 1993 February, 83(2): 220-6.
- ²⁷ CDC, "Smoking Cessation During Previous Year Among Adults – United States, 1990 and 1991," *MMWR*, 1993 July 9, 42(26): 504-507; HHS, (1998).
- ²⁸ Royce J, et al., "Smoking cessation factors among African Americans and Whites: COMMIT Research Group," *American Journal of Public Health*, 1993 February, 83(2): 220-6.
- ²⁹ CDC, "Responses to Cigarette Prices By Race/Ethnicity, Income, and Age Groups – United States 1976-1993," *MMWR*, 1998 July 31, 47(29): 605-609. See, also, Chaloupka, F. & R. Pacula, "An Examination of Gender and Race Differences in Youth Smoking Responsiveness to Price and Tobacco Control Policies," *National Bureau of Economic Research*, Working Paper 6541, 1998 April, www.uic.edu/~fjcl/.
- ³⁰ Chaloupka, F. & R. Pacula, "An Examination of Gender and Race Differences in Youth Smoking Responsiveness to Price and Tobacco Control Policies," *National Bureau of Economic Research*, Working Paper 6541, 1998 April, www.uic.edu/~fjcl/.
- ³¹ Chaloupka, F. & R. Pacula, "An Examination of Gender and Race Differences in Youth Smoking Responsiveness to Price and Tobacco Control Policies," *National Bureau of Economic Research*, Working Paper 6541, 1998 April, www.uic.edu/~fjcl/.