



TOBACCO USE AND HISPANICS

Despite reductions in smoking prevalence achieved since the first Surgeon General's report on the consequences of smoking in 1964, smoking remains the leading cause of preventable death in the United States.¹ Smoking accounts for more than 480,000 deaths in the United States each year and is a major risk factor for four of the leading causes of death: heart disease, cancer, chronic obstructive pulmonary disease, and stroke.²

Tobacco Use Among Hispanic Adults

According to the 2021 National Health Interview Survey (NHIS) of adults ages 18 and over, 12.4 percent of Hispanic adults in the United States use any tobacco products and 7.7 percent are current smokers.³ Overall, 11.5 percent of U.S. adults are current smokers.⁴ Current smoking prevalence among Hispanics reflects a 52 percent decrease from 2005, when the rate was 16.2 percent. Hispanic smokers also tend to consume fewer cigarettes per day than non-Hispanic white smokers and are less likely to be daily smokers than smokers of all other racial/ethnic groups.⁵ However, research also shows that—as with other immigrant groups—smoking behavior trends toward that of non-Hispanic whites as Hispanics acculturate to the United States, particularly for female Hispanics.⁶

While Hispanic smoking rates are low overall, differences exist within Hispanic subpopulations that are masked when surveys group Hispanics as a single population. For example, according to combined NHIS data from 2009-2013, 21.6 percent of Puerto Ricans, 18.2 percent of Cubans, 13 percent of Mexicans, and 9.2 percent of Central or South Americans are current smokers (the overall smoking prevalence for Hispanics during this time period was 13.5%).⁷ In addition, smoking rates are significantly higher for U.S.-born Hispanics than for foreign-born Hispanics in the U.S. A 2014 study of Hispanics/Latinos in Chicago, Miami, San Diego and the Bronx found current smoking rates as high as 35% among Puerto Rican men (32.6% for women) and 31.3% for Cuban men (21.9% for women).⁸ Smoking rates are also higher among Hispanics of lower socioeconomic status. More research is needed to understand and monitor trends among these Hispanic subpopulations.

Tobacco Use Among Hispanic Youth

Overall, one in eight (12.4%) Hispanic high school students are current users of any tobacco product.⁹ E-cigarettes are the most commonly used tobacco product among Hispanic high school students. In 2023, 9.7 percent of Hispanic high school students currently used these products. The rate of e-cigarette use is lower than the rate for White students (11.3%), but higher than the e-cigarette use rate for African American students (5.6%).¹⁰

Cigars are the second most popular product among Hispanic youth, after e-cigarettes. In 2023, Hispanic high school students reported the highest prevalence of cigar use (2.3%), compared to 1.9 percent of African American and 1.4 percent of White high school students. Both current smoking and any combustible tobacco product use rates for Hispanic high school students were equal to the rates for White high school students (2.2% and 3.8%, respectively).¹¹

According to the 2021 National Survey of Drug Use and Health, 93.6 percent of Hispanic youth smokers (ages 12-17) prefer Camel, Marlboro, and Natural American Spirit —three heavily advertised brands. The most popular brand among Hispanic youth is Camel.¹² Another survey, the 2016 National Youth Tobacco Survey, found that 78.8% of Hispanic high school students prefer these three brands.¹³

Health Consequences of Tobacco Use Among Hispanic Americans

Tobacco use is the leading cause of preventable death in the United States.¹⁴ Smoking harms nearly every organ of the body and, according to the 1998 Surgeon General's Report, smoking and other tobacco use takes

its toll on the health of Hispanic Americans. Cancer, heart disease, and stroke – all of which can be caused by cigarette smoking – are leading causes of death among Hispanic Americans.¹⁵

More than 43,000 Hispanics are diagnosed with a tobacco-related cancer each year and more than 18,000 die from a tobacco-related cancer each year.¹⁶ Lung cancer is the leading cause of cancer death among Hispanic men and the second leading cause among Hispanic women. Smoking is responsible for 81 percent of lung cancer deaths (84% in men, 78% in women).¹⁷ More than 11,500 new cases of lung cancer were expected to occur among Hispanics/Latinos and more than 5,000 Hispanics/Latinos were expected to die from this disease in 2021.¹⁸ Further, lung cancer death rates within Hispanic subpopulations differ according to differences in smoking patterns. For example, Cubans historically have been more likely to smoke and to be heavy smokers.¹⁹ In Florida, the lung cancer mortality rates among Cuban men are more than 50% higher than in Puerto Rican men and almost double the rate in Mexican men.²⁰ Tobacco use is also a major cause of chronic bronchitis, emphysema, gastric ulcers, and cancers of the mouth, pharynx, larynx, esophagus, pancreas, uterine cervix, kidney, stomach, colon and rectum, liver, blood, and bladder.²¹

In addition to tobacco use, economic, social, and cultural factors influence cancer incidence and survival rates. In the US, Hispanics have lower levels of education than non-Hispanic whites and are more likely to live in poverty.²² Hispanics are the least likely of any racial or ethnic group to have health insurance.²³ With limited access to health care, it is less likely that Hispanic smokers will be advised by a health care provider to quit smoking or have access to cessation treatments.²⁴

Tobacco Industry Targeting of Hispanics

As early as the 1980s, the tobacco industry has attempted to capture the Hispanic market. Tobacco industry documents reflect the industry's early enthusiasm for the Hispanic market, as a young, growing, geographically concentrated and brand loyal market. As R.J. Reynolds noted, "Second only to [the] growth [of this population], the reason for targeting Hispanics lies in their geographic concentration."²⁵ In the late 1980s, R.J. Reynolds began to promote Winston through its *Nuestra Gente* (our people) campaign, using print advertisements promoting traditional Hispanic cultural values. The success of this campaign was limited, so R.J. Reynolds turned their focus toward targeting young adult Hispanic populations by promoting Camel through with its "Un Tipo Sauve" ("Smooth Moves") advertisements, concentrating efforts in geographic areas with large Hispanic populations and promoting products at events featuring Hispanic entertainers. In 2005, R.J. Reynolds launched the "Kool Be True" music-themed campaign targeted at African American and Hispanic youth. The campaign featured ads with young, cool, multiethnic models and appeared in magazines popular with young African Americans and Hispanics.²⁶

The tobacco industry also frequently provides large cash contributions to organizations representing ethnic minorities, including Hispanics. Through its contributions (and its media efforts to promote them), the tobacco industry is able to improve its image, cultivate local and political allies, and gain political influence. For example, in 1994 Philip Morris and R.J. Reynolds each gave the U.S. Hispanic Chamber of Commerce \$75,000. That same year, the Hispanic Chamber of Commerce mailed 92,000 letters urging business owners and employees to lobby against a proposed tobacco tax increase.²⁷ The Congressional Hispanic Caucus' political action committee "Building our Leadership Diversity" or "BOLD PAC" has received campaign contributions from the tobacco industry.²⁸ Altria has been donating to Hispanic and Latino scholarship funds, chambers of commerce, caucuses and other civic and business groups for many years.²⁹ In these ways, the tobacco companies use civic organizations to indirectly market their names and products to Hispanic communities and reduce the perceived need for effective tobacco control laws.

Helping Hispanics Quit Smoking

Services and policies to help people quit using tobacco consist of a variety of evidence-based, individual and population-level approaches aimed at reducing the toll of tobacco use by helping individual users quit. According to the U.S. Public Health Service Clinical Practice Guideline, tobacco cessation treatments are effective across a broad range of populations. It is critical that health care providers screen for tobacco use and provide advice to quit to tobacco users.³⁰ Unfortunately, data from the National Ambulatory Medical Care Survey demonstrate that only 57.8 percent of Hispanics received screening for tobacco use during physician office visits, less than non-Hispanic white patients (64.1%).³¹ Earlier data from the Behavioral Risk Factor Surveillance Survey

indicates that only half of Hispanic smokers had received advice to quit from a health care provider, significantly less than Whites (72%), with even wider disparities among those of lower education.³² A 2004 Colorado study also found that Latinos are significantly less likely to use nicotine replacement therapy (NRT) as a cessation aid, compared to non-Latinos.³³ Culturally sensitive cessation resources may be needed for this population.

Policy interventions can also help people quit smoking. Research among Hispanics echoes decades of findings indicating that increasing the price of tobacco products is an effective way to encourage cessation and prevent initiation. In fact, Hispanic smokers in all age groups are more likely than non-Hispanic blacks or whites to quit or cut back their smoking in response to increases in cigarette prices.³⁴

Campaign for Tobacco-Free Kids, February 21, 2024, Marela Minosa

¹ *Smoking and Health: Report of the Advisory Committee to the Surgeon General of the Public Health Service*, PHS publication 1103, 1964, http://www.cdc.gov/tobacco/sgr/sgr_1964/sgr64.htm. McGinnis, JM, et al., "Actual causes of death in the United States," *Journal of the American Medical Association (JAMA)* 270:2207-2212, 1993.

² HHS, *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*, 2014, <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/>; Curtin SC, et al. Deaths: Leading causes for 2020. National Vital Statistics Reports; vol 72 no 13. Hyattsville, MD: National Center for Health Statistics. 2023. DOI: <https://dx.doi.org/10.15620/cdc:133059>. See Table C. Deaths and percentage of total deaths for the 10 leading causes of death: United States, 2019 and 2020.

³ Cornelius ME, Loretan CG, Jamal A, et al. Tobacco Product Use Among Adults – United States, 2021. *MMWR Morb Mortal Wkly Rep* 2023;72:475–483. DOI: <http://dx.doi.org/10.15585/mmwr.mm7218a1>. Current smoking is defined as persons who reported having smoked ≥ 100 cigarettes during their lifetimes and, at the time of the survey, reported smoking every day or some days.

⁴ Cornelius ME, Loretan CG, Jamal A, et al. Tobacco Product Use Among Adults – United States, 2021. *MMWR Morb Mortal Wkly Rep* 2023;72:475–483. DOI: <http://dx.doi.org/10.15585/mmwr.mm7218a1>. Current smoking is defined as persons who reported having smoked ≥ 100 cigarettes during their lifetimes and, at the time of the survey, reported smoking every day or some days.

⁵ HHS, "The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General," 2014, <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/>. See also, HHS, "How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease. A Report of the Surgeon General," 2010, http://www.surgeongeneral.gov/library/reports/tobaccosmoke/full_report.pdf.

⁶ See, e.g., Bethel & Schenker, "Acculturation and smoking patterns among Hispanics: a review. *Am J Prev Med*, 29(2): 143-148, 2005. Kaplan, R.C., et al., "Smoking Among U.S. Hispanic/Latino Adults: The Hispanic Community Health Study/Study of Latinos," *Am J Prev Med*, 46(5): 496-506, 2014.

⁷ CDC, "Vital Signs: Leading Causes of Death, Prevalence of Diseases and Risk Factors, and Use of Health Services Among Hispanics in the United States—2009-2013," *MMWR*, 64(17): 469-478, May 8, 2015, http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6417a5.htm?s_cid=mm6417a5_w#Tab1.

⁸ Kaplan, R.C., et al., "Smoking Among U.S. Hispanic/Latino Adults: The Hispanic Community Health Study/Study of Latinos," *Am J Prev Med*, 46(5): 496-506, 2014.

⁹ Birdsey J, et al. "Tobacco Product Use Among U.S. Middle and High School Students — National Youth Tobacco Survey, 2023." *MMWR* 72(44):1173–1182, November 3, 2023, <https://www.cdc.gov/mmwr/volumes/72/wr/pdfs/mm7244a1-H.pdf>.

¹⁰ Birdsey J, et al. "Tobacco Product Use Among U.S. Middle and High School Students — National Youth Tobacco Survey, 2023." *MMWR* 72(44):1173–1182, November 3, 2023, <https://www.cdc.gov/mmwr/volumes/72/wr/pdfs/mm7244a1-H.pdf>.

¹¹ Birdsey J, et al. "Tobacco Product Use Among U.S. Middle and High School Students — National Youth Tobacco Survey, 2023." *MMWR* 72(44):1173–1182, November 3, 2023, <https://www.cdc.gov/mmwr/volumes/72/wr/pdfs/mm7244a1-H.pdf>.

¹² Substance Abuse and Mental Health Services Administration (SAMHSA)'s public online data analysis system (PDAS), National Survey on Drug Use and Health, 2021. https://datatools.samhsa.gov/#/survey/NSDUH-2021-DS0001/crosstab/?row=CIG30BR2&column=CATAG3&control=NEWRA2&weight=ANALWT_C&results_received=true.

¹³ CDC, "Cigarette Brand Preference and Pro-Tobacco Advertising Among Middle and High School Students—United States, 2012-2016," *MMWR*, 67(4): 119-124, February 2, 2018, <https://www.cdc.gov/mmwr/volumes/67/wr/pdfs/mm6704a3-H.pdf>.

¹⁴ HHS, "The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General," 2014, <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/>. See also, HHS, "How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease. A Report of the Surgeon General," 2010, http://www.surgeongeneral.gov/library/reports/tobaccosmoke/full_report.pdf.

¹⁵ Curtin SC, et al. Deaths: Leading causes for 2020. National Vital Statistics Reports; vol 72 no 13. Hyattsville, MD: National Center for Health Statistics. 2023. DOI: <https://dx.doi.org/10.15620/cdc:133059>. See Table D. Deaths and percentage of total deaths for the 10 leading causes of death, by race and Hispanic origin: United States, 2020.

¹⁶ CDC, "Vital Signs: Disparities in Tobacco-Related Cancer Incidence and Mortality—United States, 2004-2013," *Morbidity & Mortality Weekly Report*, 65(44): 1212-1218, <http://www.cdc.gov/mmwr/volumes/65/wr/mm6544a3.htm>.

¹⁷ Siegel, RL, et al. Cancer statistics, 2023. *CA Cancer J Clin*. 2023; 73(1): 17- 48. doi:10.3322/caac.21763; Islami F, et al. Proportion and number of cancer cases and deaths attributable to potentially modifiable risk factors in the United States. *CA: a cancer journal for clinicians*. 2018 Jan;68(1):31-54.

¹⁸ American Cancer Society. Cancer Facts & Figures for Hispanic/Latino People 2021-2023. Atlanta: American Cancer Society, Inc. 2021.

¹⁹ Kaplan RC, et al. Smoking among US Hispanic/Latino adults: the Hispanic community health study/study of Latinos. *Am J Prev Med*. 2014;46:496-506.

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- ²⁸ Campaign for Tobacco Free Kids, "Campaign Contributions by Tobacco Interests - Quarterly Report," October 2001.
- ²⁹ Altria, *2022 Recipients of Charitable Contributions from the Altria Family of Companies*, <https://www.altria.com/-/media/Project/Altria/Altria/people-and-careers/our-people-and-communities/community-engagement-and-partnership/grantees-list-for-altriacom.pdf>. Earlier years on file with Campaign for Tobacco-Free Kids.
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- ³⁴ CDC, "Responses to Cigarette Prices By Race/Ethnicity, Income, and Age Groups—United States 1976-1993," *MMWR* 47(29):605-609, July 31, 1998.