



## TOBACCO USE AND ETHNICITY

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Adult and youth tobacco use rates and related smoking-caused death rates vary considerably among different ethnic groups in the United States.

### **Adult Prevalence**

13.7 percent of American adults are current smokers, including 15.6 percent of men and 12.0 percent of women.<sup>1</sup>

#### ***African Americans***

- 14.6 percent of African American adults are current smokers.<sup>2</sup>
- 85 percent of all African American smokers smoke menthol cigarettes, compared to 29 percent of all Caucasian smokers.<sup>3</sup>
- African Americans tend to start smoking at a later age and are more likely to attempt to quit smoking but are less likely to succeed in quitting than their Caucasian counterparts.<sup>4</sup>

#### ***Hispanics***

- 9.8 percent of Hispanic adults are current smokers.<sup>5</sup>
- Among the major Hispanic subgroups, Puerto Ricans and Cubans have the highest rates of smoking (21.6 and 18.2 respectively), with rates being higher among men than women, and higher among U.S.-born than foreign-born populations.<sup>6</sup>

#### ***American Indian/Alaska Natives***

- American Indian/Alaska Native (AI/AN) adults have the highest tobacco use rates of all major racial/ethnic groups in America. 22.6 percent of AI/AN adults currently smoke.<sup>7</sup>

#### ***Asian Americans***

- Asian Americans have the lowest smoking rate of all major American racial/ethnic groups (7.1%), though smoking among Asian American men is significantly higher than smoking among Asian-American women.<sup>8</sup>

### **Youth Prevalence\***

Nationwide, 5.8 percent of all high school students are current smokers, including 7.3 percent of males and 4.1 percent of females.<sup>9</sup>

#### ***African Americans***

- African American high school students have traditionally smoked at lower rates than their white and Hispanic peers. In 2018, 3.2 percent of African American high school students were current smokers, compared to 8.1 percent of high school students overall.<sup>10</sup>

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\* The national youth prevalence rate and Hispanic rate are from the 2019 National Youth Tobacco Survey (NYTS). Youth prevalence data for African-Americans is from the 2018 NYTS. Youth prevalence data for American Indian/Alaska Natives and Asian Americans are from the 2019 Youth Risk Behavior Survey. Because of methodological differences, these surveys are not comparable.

- Smoking among African American high school students increased from 12.6 percent in 1991 to a high of 22.7 percent in 1997 before beginning to decline in 1999.<sup>11</sup>

### **Hispanics**

- In 2019, 3.8 percent of Hispanic high school students smoked, a 83 percent decrease from the 2000 smoking rate, when it was 22.6 percent.<sup>12</sup>

### **American Indian/Alaska Natives**

- AI/AN high school students have traditionally had the highest smoking prevalence of all racial/ethnic groups. In 2019, 20.6 percent of AI/AN high school students were current smokers.<sup>13</sup>

### **Asian Americans**

- In 2019, 2.3 percent of Asian American high school students were current smokers, the lowest smoking prevalence of all racial/ethnic groups.<sup>14</sup>

## **Morbidity/Mortality**

More than 480,000 people die each year from tobacco related diseases.<sup>15</sup> If current trends continue, 5.6 million kids under age 18 alive today will eventually die from smoking-related diseases.<sup>16</sup> Smoking causes nearly 90 percent of all cases of lung cancer and is a contributing factor in at least 30 percent of all cancer deaths.<sup>17</sup>

### **African Americans**

- More than 45,000 African Americans die from smoking-related illnesses annually.<sup>18</sup>
- Both the tobacco-related cancer incidence and death rates are higher for African Americans than other racial/ethnic groups. More than 72,000 African Americans are diagnosed with a tobacco-related cancer each year and more than 39,000 die from a tobacco-related cancer each year.<sup>19</sup>
- Both incidence and death rates for lung cancer are higher among African American men than among white men, partly because of differences in smoking behavior. Although African-American men begin smoking at a later age than white men and smoke fewer cigarettes per day, on average, than white men, they tend to smoke cigarettes more intensively and are more likely to smoke mentholated cigarettes.<sup>20</sup> 85 percent of African American smokers smoke mentholated cigarettes, compared to 29 percent of white smokers.<sup>21</sup> Because of the cooling sensation produced by menthol, smokers can inhale more deeply and hold the smoke inside longer than smokers of non-mentholated cigarettes. This inhalation pattern may cause greater harm to the smoker's health.
- Lung cancer is the second most common cancer in both African American men and women, but it kills more African Americans than any other type of cancer. It is estimated that more than 25,000 African Americans will be diagnosed with lung cancer and over 16,000 African Americans will die from it in 2019.<sup>22</sup>
- From 2007 to 2016, both the overall cancer and lung cancer-specific death rates for African Americans declined faster than for whites, greatly reducing disparities, especially among men. These declines are the result of a larger decrease in smoking initiation among young African-Americans over the previous 40 years. The average death rate for lung and bronchial cancers was 40 percent higher for African-American men than white men from 1990 to 1992, but declined to an 18 percent difference from 2012 to 2016. From 2011 to 2015, the average incidence rate of lung and bronchial cancers was still 15 percent higher in African-American men compared to white men.<sup>23</sup>

### **Hispanics**

- Cancer is the leading cause of death among Hispanics.<sup>24</sup> 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.<sup>25</sup>

- Lung cancer is the third most commonly diagnosed cancer in Hispanic men and the fifth most common in Hispanic women. More than 10,500 new cases of lung cancer were expected to occur among Hispanics/Latinos and more than 6,000 Hispanics/Latinos were expected to die from this disease in 2018.<sup>26</sup>
- Cardiovascular disease is the second leading cause of death among Hispanics.<sup>27</sup> Tobacco use is an important risk factor for cardiovascular disease.

### **American Indian/Alaska Natives**

- Cancer is the second leading cause of death among AI/ANs.<sup>28</sup> More than 3,800 AI/ANs are diagnosed with a tobacco-related cancer each year and more than 1,800 die from a tobacco-related cancer each year.<sup>29</sup> Lung cancer is the second leading cause of cancer incidence and the leading cause of cancer death.<sup>30,31</sup>
- Lung cancer rates among AI/ANs vary greatly by tribal region. Rates are highest in the Northern Plains, Alaska and the Southern Plains and lowest in the Southwest.<sup>32</sup> From 1994–1998, rates of lung cancer death among AI/ANs in the North Plains and Alaska regions were higher than the U.S. rate for all racial/ethnic populations combined.<sup>33</sup>
- Disparities in lung cancer rates persist. From 1999–2004, lung cancer rates among AI/AN males remained unchanged, while rates among non-Hispanic white males decreased significantly.<sup>34</sup>
- Heart disease is the leading cause of death among AI/ANs, for which tobacco use is an important risk factor.<sup>35</sup> Heart disease death rates for AI/ANs show geographic disparities, with the highest rates occurring primarily in Northern Plains states, including North and South Dakota, as well as Wisconsin and Michigan.<sup>36</sup> The CDC estimates that racial/ethnic disparities for smoking-attributable mortality are most pronounced for cardiovascular disease. From 2001–2009, smoking-attributable mortality for ischemic heart disease, other heart disease and stroke for AI/AN women over age 35 was double that of White women, among those living in 637 HIS CHSDA counties.<sup>37</sup>

### **Asian American, Native Hawaiians, and Pacific Islanders**

- Cancer is the leading cause of death among Asian Americans, Native Hawaiians and Pacific Islanders (AANHPIs).<sup>38</sup> More than 19,000 Asian American/Pacific Islanders are diagnosed with a tobacco-related cancer each year and more than 9,000 die from a tobacco-related cancer each year.<sup>39</sup>
- Although they have lower rates of lung cancer and lung cancer deaths than non-Hispanic whites, lung cancer still is a leading cause of suffering and death among AANHPIs.<sup>40</sup> In 2016, more than 6,000 new cases of lung cancer are expected to occur among AANHPIs.<sup>41</sup> Among both men and women, Samoans and Native Hawaiians have the highest rates of lung cancer, while Asian Indians and Pakistanis have the lowest.<sup>42</sup>
- Cardiovascular disease is the second leading cause of death among Asian Americans and Pacific Islanders.<sup>43</sup> As noted previously, tobacco use is an important risk factor for cardiovascular disease.

### **Campaign for Tobacco-Free Kids, August 21, 2020**

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<sup>1</sup> Centers for Disease Control and Prevention (CDC), "Tobacco Product Use and Cessation Indicators Among Adults—United States, 2018," *MMWR* 68(45): 1013-1019, November 15, 2019, <https://www.cdc.gov/mmwr/volumes/68/wr/pdfs/mm6845a1-H.pdf>.

Current smoking is defined as persons who reported having smoked  $\geq$  100 cigarettes during their lifetimes and, at the time of the survey, reported smoking every day or some days.

<sup>2</sup> CDC, "Tobacco Product Use and Cessation Indicators Among Adults—United States, 2018," *MMWR* 68(45): 1013-1019, November 15, 2019, <https://www.cdc.gov/mmwr/volumes/68/wr/pdfs/mm6845a1-H.pdf>.

Current smoking is defined as persons who reported having smoked  $\geq$  100 cigarettes during their lifetimes and, at the time of the survey, reported smoking every day or some days.

<sup>3</sup> Villanti, AC, et al., "Changes in the prevalence and correlates of menthol cigarette use in the USA, 2004-2014," *Tobacco Control*, published online October 20, 2016.

- <sup>4</sup> CDC, "Quitting Smoking Among Adults—United States, 2001–2010," *MMWR* 60(44):1513-151907, November 11, 2011, [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6044a2.htm?s\\_cid=%20mm6044a2.htm\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6044a2.htm?s_cid=%20mm6044a2.htm_w). 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/data\\_statistics/sgr/1998/index.htm](http://www.cdc.gov/tobacco/data_statistics/sgr/1998/index.htm). See also, 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/>.
- <sup>5</sup> CDC, "Tobacco Product Use and Cessation Indicators Among Adults—United States, 2018," *MMWR* 68(45): 1013-1019, November 15, 2019, <https://www.cdc.gov/mmwr/volumes/68/wr/pdfs/mm6845a1-H.pdf>.
- <sup>6</sup> 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," *Morbidity and Mortality Weekly Report*, 64(17): 469-478, May 8, 2015, [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6417a5.htm?s\\_cid=mm6417a5\\_w#Tab1](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6417a5.htm?s_cid=mm6417a5_w#Tab1).
- <sup>7</sup> CDC, "Tobacco Product Use and Cessation Indicators Among Adults—United States, 2018," *MMWR* 68(45): 1013-1019, November 15, 2019, <https://www.cdc.gov/mmwr/volumes/68/wr/pdfs/mm6845a1-H.pdf>.
- <sup>8</sup> CDC, "Tobacco Product Use and Cessation Indicators Among Adults—United States, 2018," *MMWR* 68(45): 1013-1019, November 15, 2019, <https://www.cdc.gov/mmwr/volumes/68/wr/pdfs/mm6845a1-H.pdf>.
- <sup>9</sup> CDC, "Tobacco Product Use and Associated Factors Among Middle and High School Students—United States, 2019," *MMWR*, 68, December 6, 2019, <https://www.cdc.gov/mmwr/volumes/68/ss/pdfs/ss6812a1-H.pdf>. The 2018 NYTS found an 8.1% high school smoking rate. The 2017 Youth Risk Behavior Survey, using a different methodology than the NYTS, found that 8.8% of high school students were current smokers. Current smoker defined as having smoked in the past month.
- <sup>10</sup> Data are for 2018 because in 2019, African American youth cigarette smoking data was not available. CDC, "Tobacco Product Use Among Middle and High School Students—United States, 2011-2018," *MMWR*, 68, February 12, 2019, <https://www.cdc.gov/mmwr/volumes/68/wr/pdfs/mm6806e1-H.pdf>.
- <sup>11</sup> CDC, "Cigarette Use Among High School Students—United States, 1991-2009," *MMWR* 59(26):797-801, July 9, 2010, <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5926a1.htm>.
- <sup>12</sup> CDC, "Tobacco Product Use and Associated Factors Among Middle and High School Students—United States, 2019," *MMWR*, 68, December 6, 2019, <https://www.cdc.gov/mmwr/volumes/68/ss/pdfs/ss6812a1-H.pdf>.
- <sup>13</sup> CDC. 2019 High School Youth Risk Behavior Survey Data. Available at <https://yrbs-explorer.services.cdc.gov/#/tables?questionCode=H32&topicCode=C02&year=2019>. Accessed on August 21, 2020.
- <sup>14</sup> CDC. 2019 High School Youth Risk Behavior Survey Data. Available at <https://yrbs-explorer.services.cdc.gov/#/tables?questionCode=H32&topicCode=C02&year=2019>. Accessed on August 21, 2020.
- <sup>15</sup> 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/>.
- <sup>16</sup> 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/>.
- <sup>17</sup> HHS, *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*, <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/>. See also, American Cancer Society, "Cancer Facts and Figures," 2014, <http://www.cancer.org/acs/groups/content/@research/documents/webcontent/acspc-042151.pdf>. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5745a3.htm>.
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- <sup>19</sup> 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>.
- <sup>20</sup> Villanti, A., et al., "Changes in the prevalence and correlates of menthol cigarette use in the USA, 2004–2014," *Tobacco Control*, published online October 20, 2016. Roberts, ME, et al., "Understanding tobacco use onset among African Americans," *Nicotine & Tobacco Research*, 18(S1): S49-S56, 2016; Alexander, LA, et al., "Why we must continue to investigate menthol's role in the African American smoking paradox," *Nicotine & Tobacco Research*, 18(S1): S91-S101, 2016. 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/data\\_statistics/sgr/1998/index.htm](http://www.cdc.gov/tobacco/data_statistics/sgr/1998/index.htm).
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- <sup>22</sup> American Cancer Society, "Cancer Facts & Figures for African Americans, 2019-2021," 2019, <https://www.cancer.org/content/dam/cancer-research/cancer-facts-and-statistics/cancer-facts-and-figures-for-african-americans/cancer-facts-and-figures-for-african-americans-2019-2021.pdf>.
- <sup>23</sup> American Cancer Society, "Cancer Facts & Figures for African Americans, 2016-2018," 2016, <http://www.cancer.org/acs/groups/content/@editorial/documents/document/acspc-047403.pdf>.
- <sup>24</sup> 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," *Morbidity and Mortality Weekly Report*, 64(17): 469-478, May 8, 2015, [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6417a5.htm?s\\_cid=mm6417a5\\_w#Tab1](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6417a5.htm?s_cid=mm6417a5_w#Tab1).
- <sup>25</sup> 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>.
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- <sup>27</sup> 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," *Morbidity and Mortality Weekly Report*, 64(17): 469-478, May 8, 2015, [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6417a5.htm?s\\_cid=mm6417a5\\_w#Tab1](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6417a5.htm?s_cid=mm6417a5_w#Tab1).
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- <sup>32</sup> Bliss, A, et al. "Lung Cancer Incidence Among American Indians and Alaska Natives in the United States, 1999–2004," *Cancer Supplement*, 113(5):1168–1178, September 1, 2008.
- <sup>33</sup> CDC, "Cancer Mortality Among American Indians and Alaska Natives—United States, 1994–1998," 52(30):704–707, August 1, 2003, <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5230a4.htm>.
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- <sup>35</sup> Deaths: Final Data for 2012. NVSR Volume 63, Number 9. 85 pp. (PHS) 2014 -1120. [http://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63\\_09.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63_09.pdf). See also, HHS, *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*, <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/>; HHS, "Tobacco Use Among U.S. Racial and Ethnic Minority Groups, Report of the Surgeon General," 1998, [http://www.cdc.gov/tobacco/data\\_statistics/sqr/sqr\\_1998/index.htm](http://www.cdc.gov/tobacco/data_statistics/sqr/sqr_1998/index.htm).
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- <sup>37</sup> Mowery, P.D., et al., "Disparities in Smoking-Related Mortality Among American Indian/Alaska Natives," *Am J Preve Med*, published online July 6, 2015.
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- <sup>40</sup> American Cancer Society, *Cancer Facts & Figures 2016*, <http://www.cancer.org/acs/groups/content/@research/documents/document/acspc-047079.pdf>.
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