



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 If current smoking rates persist, an estimated 1.6 million black Americans alive today under the age of 18 will become regular smokers, and about 500,000 will die prematurely from a tobacco-related disease.³

Tobacco Use Among African-American Youth

African-American high school students smoke at a much lower rate than their Hispanic and White peers, due to protective factors such as greater price sensitivity, religiosity, negative community attitudes towards smoking, parental opposition and sports involvement.⁴ 3.2 percent of African American high school students smoked in 2018, compared to 9.9 percent of Whites and 7.2 percent of Hispanics.⁵ However, as African American youth enter young adulthood, their smoking rates begin to mirror that of their White peers.⁶

Prevalence of cigar use is higher than that of cigarette use for African Americans. In 2018, African-American high school students smoked cigars at nearly triple the rate of cigarettes they smoked cigarettes (9.2% for cigars vs. 3.2% for cigarettes).⁷ In 2019, 12.3 percent of African American high school students were current cigar users, compared to 7.6 percent of Whites and 6.2 percent of Hispanics.⁸

Tobacco Use Among African-American Adults

In contrast to youth usage patterns, African American adult smoking rates are nearly equivalent to that of Whites. According to the 2018 National Health Interview Survey (NHIS) of adults ages 18 and over, 14.6 percent of African-American adults in the United States are current smokers, compared to 15.0 percent of Whites, 9.8 percent of Hispanics, 22.6 percent of American Indian/Alaska Natives, and 7.1 percent of Asian Americans. Overall, 13.7 percent of US adults are current smokers. Nearly one in five (19.3%) African American adults are current users of any tobacco product, and they have the highest prevalence of cigar smoking. 4.9 percent of African American adults are current cigar smokers, compared to 3.9 percent of adults overall.⁹

Despite these high smoking rates, research has shown that African-American smokers are more likely to think that smoking is socially unacceptable and are highly motivated to quit.¹⁰ In fact, more than 70 percent of current African-American smokers want to quit, and more than 60 percent made a quit attempt in the previous year.¹¹

Even though African Americans tend to initiate smoking later in life and African American smokers are more likely than White smokers to have used cessation counseling services in the previous year, they are less likely than White smokers to successfully quit smoking.¹²

- Data from the 2015 National Health Interview Survey show that, among smokers who made a quit attempt in the past year, only 4.9 percent of African Americans remained abstinent after 6 months, compared to 7.1 percent of Whites.¹³
- Another survey found that while the cessation rate for early- and late-onset white smokers as well as early-onset African American smokers was between 52-57%, it was only 33% for late-onset African American smokers.¹⁴

- African Americans may have lower cessation rates than whites because African Americans generally have higher levels of nicotine dependence as a consequence of their preference for mentholated cigarettes.¹⁵
- Compared to Whites, African-Americans are less likely to receive advice to quit from a health professional and are less likely to use proven cessation medication treatments which may also contribute to lower cessation rates.¹⁶

Disproportionate Health Burden of Tobacco Among African Americans

African Americans suffer tremendous tobacco-related morbidity and mortality despite the fact that they tend to smoke fewer cigarettes per day and begin smoking later in life.¹⁷ African Americans are less likely to quit smoking, which means that they ultimately smoke for a longer period of their life which, contributing to mortality disparities.¹⁸

Smoking is responsible for one-third of all cancer deaths.¹⁹ African Americans have the highest incidence and death rates and shortest survival of any other racial or ethnic group for most cancers. Each year, more than 72,000 African Americans are diagnosed with a tobacco-related cancer and more than 39,000 die from a tobacco-related cancer.²⁰ Smoking is responsible for 87 percent of lung cancer deaths.²¹

- 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.²²
- In 2019, it is estimated that 25,390 African Americans will be diagnosed with lung cancer and 16,550 African Americans will die from it.²³
- The relative five year survival rate for lung cancer is lower among African Americans than among whites (16% compared to 19%).²⁴

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.²⁵

Smoking 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.²⁶ 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, liver, colon and bladder.²⁷ Smoking also causes worse health outcomes in cancer patients and survivors.²⁸

African Americans are also disproportionately affected by exposure to secondhand smoke. Half (50.3%) of African Americans are still exposed to this preventable health hazard. Rates are even higher among youth. Among African-American kids aged three to 11 years, two-thirds (66.1%) are exposed to secondhand smoke, compared to 37.8 percent of white kids of the same age.²⁹ Exposure to secondhand smoke is known to cause sudden infant death syndrome (SIDS), respiratory infections, ear infections and more severe asthma attacks in children, as well as heart disease, stroke and lung cancer in adults.³⁰

Impact of Disproportionate Use of Menthol Cigarettes Among African Americans

The higher rates of some tobacco-caused disease among African Americans than whites may result, in part, from the greater use of menthol cigarettes among African-American smokers.³¹ Overall, 85 percent of African-American smokers (ages 12+) smoke menthol cigarettes, compared to 29 percent of white smokers. 71.3 percent of African American youth smokers (12-17) use menthol cigarettes, compared to 51.6% of white youth smokers.³² The popularity of menthol is also evident in the cigarette brand preferences of African American youth who smoke. More than two-thirds (69.1%) of African-American

youth ages 12-17 prefer Newport brand cigarettes. In contrast, the predominant brand among white youth who smoke is non-menthol Marlboro.³³ Data from a nationally representative cross-sectional study found that 44.5 percent of African American menthol smokers would quit smoking in response to a prohibition on menthol cigarettes.³⁴

In 2013, the U.S. Food and Drug Administration (FDA) released a report finding that menthol cigarettes lead to increased smoking initiation among youth and young adults, greater addiction, and decreased success in quitting smoking. The agency concluded that, “these findings, combined with the evidence indicating that menthol’s cooling and anesthetic properties can reduce the harshness of cigarette smoke and the evidence indicating that menthol cigarettes are marketed as a smoother alternative to nonmenthol cigarettes, make it likely that menthol cigarettes pose a public health risk above that seen with nonmenthol cigarettes.”³⁵ The Tobacco Products Scientific Advisory Committee (TPSAC), in its 2011 report to the FDA, estimated that by 2020, 4,700 excess deaths in the African American community will be attributable to menthol cigarettes, and over 460,000 African Americans will have started smoking because of menthol cigarettes.³⁶

Reducing Tobacco Use among African Americans

Services and policies to help people quit using tobacco consist of a variety of evidence-based, individual and population-level approaches. 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 African American tobacco users.³⁷

Public education campaigns reduce the number of youth who start smoking, increase the number of smokers who quit, and make tobacco industry marketing less effective, saving lives and health care dollars. Research from the 2013 *Tips From Former Smokers (Tips)* campaign shows that these campaigns can be particularly effective for and well-received by African Americans. The quit attempt rate for African American smokers in media markets with higher doses of the *Tips* campaign was 60 percent higher than that of smokers in standard dose media markets.³⁸

Policy interventions can also help people quit smoking. Research studies have established that cigarette price increases are particularly effective in preventing and reducing smoking among African Americans, youths, males, and persons in low-income households.³⁹ 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.⁴⁰ 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.⁴¹

Finally, research indicates that African Americans have benefited less than other racial and ethnic groups from the spread of smokefree laws across the country, contributing to their disproportionate exposure to secondhand smoke.⁴² The 2012 Surgeon General’s Report concluded that in combination with sustained programs and mass media campaigns, tax increases, and other regulatory initiatives, smokefree laws effectively reduce smoking among youth and young adults.⁴³

Campaign for Tobacco-Free Kids, April 15, 2020 / Laura Bach

More information on Tobacco and African Americans is available at

<https://www.tobaccofreekids.org/fact-sheets/tobaccos-toll-health-harms-and-cost/toll-of-tobacco-on-specific-populations-african-americans>

¹ US 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/data_statistics/sgr/1998/complete_report/pdfs/complete_report.pdf.

² American Cancer Society, “Cancer Facts & Figures for African Americans, 2013–2014,” 2013, <http://www.cancer.org/acs/groups/content/@epidemiologysurveillance/documents/document/acspc-036921.pdf>. American Heart Association, “African Americans and Cardiovascular Diseases: Statistical Fact Sheet, 2012 Update,” http://www.heart.org/idc/groups/heart-public/@wcm/@sop/@smd/documents/downloadable/ucm_319568.pdf.

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/data_statistics/sgr/1998/complete_report/pdfs/complete_report.pdf.

- ⁴ Garrett, BE, et al., "The African American Youth Smoking Experience: An Overview," *Nicotine & Tobacco Research*, 18(S1): S11-S15, 2016.
- ⁵ Data are for 2018 because in 2019, African American youth cigarette smoking data was not available. In 2019, 7.1% of White and 3.8% of Hispanic high schoolers smoked cigarettes. Centers for Disease Control and Prevention (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>. Current smoker defined as having smoked in the past month. For white and Hispanic rates: 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>.
- ⁶ 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; ⁶ Roberts, ME, et al., "Understanding tobacco use onset among African Americans," *Nicotine & Tobacco Research*, 18(S1): S49-S56, 2016.
- ⁷ Data are for 2018, because in 2019, African American youth cigarette smoking data was not available. In 2019, 12.3% of African American high schoolers were current cigar smokers. 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>.
- ⁸ 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>.
- ⁹ 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>.
- ¹⁰ Royce, J, et al., "Smoking cessation factors among African Americans and Whites: COMMIT Research Group," *American Journal of Public Health* 83(2):220-6, February 1993.
- ¹¹ CDC, "Quitting Smoking Among Adults—United States, 2000-2015," *MMWR*, 65(52): 1457-1464, January 6, 2017, <https://www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6552a1.pdf>;
- ¹² CDC, "Current Cigarette Smoking Among Adults—United States, 2005-2015," *Morbidity & Mortality Weekly Report*, 65(44): 1205-1211, November 11, 2016, http://www.cdc.gov/mmwr/volumes/65/wr/mm6544a2.htm?s_cid=mm6544a2_w.
- ¹³ CDC, "Quitting Smoking Among Adults—United States, 2000-2015," *MMWR*, 65(52): 1457-1464, January 6, 2017, <https://www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6552a1.pdf>.
- ¹⁴ Roberts, ME, et al., "Understanding tobacco use onset among African Americans," *Nicotine & Tobacco Research*, 18(S1): S49-S56, 2016.
- ¹⁵ Royce, J, et al., "Smoking cessation factors among African Americans and Whites: COMMIT Research Group," *American Journal of Public Health* 83(2):220-6, February 1993.
- ¹⁶ CDC, "Quitting Smoking Among Adults—United States, 2000-2015," *MMWR*, 65(52): 1457-1464, January 6, 2017, <https://www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6552a1.pdf>; Giovino GA, et al. Differential Trends in Cigarette Smoking in the USA: Is Menthol Slowing Progress? *Tobacco Control*, August 30, 2013.
- ¹⁷ 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; Roberts, ME, et al., "Understanding tobacco use onset among African Americans," *Nicotine & Tobacco Research*, 18(S1): S49-S56, 2016.
- ¹⁸ Holford, TR, et al., "Comparison of Smoking History Patterns Among African American and White Cohorts in the United States Born 1890 to 1990," *Nicotine & Tobacco Research*, 18(S1): S16-S29, 2016. See also, Kulak, JA, et al., "Differences in Quit Attempts and Cigarette Smoking Abstinences Between Whites and African Americans in the United States: Literature Review and Results from the International Tobacco Control US Survey," *Nicotine & Tobacco Research*, 18(S1):S79-S87, 2016.
- ¹⁹ 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, *The Health Consequences of Smoking. A Report of the Surgeon General*, 2004, <http://www.surgeongeneral.gov/library/smokingconsequences/>
- ²⁰ 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>.
- ²¹ 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, *The Health Consequences of Smoking. A Report of the Surgeon General*, 2004, <http://www.surgeongeneral.gov/library/smokingconsequences/>
- ²² 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>.
- ²³ American Cancer Society, "Cancer Facts & Figures for African Americans, 2019-2021," 2019, <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/cancer-facts-and-figures-for-african-americans/cancer-facts-and-figures-for-african-americans-2019-2021.pdf>.
- ²⁴ DeSantis, CE, et al., "Cancer Statistics for African Americans, 2019," *Cancer Journal*, 2019, <https://onlinelibrary.wiley.com/doi/full/10.3322/caac.21555>.
- ²⁵ 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>.
- ²⁶ American Cancer Society, "Cancer Facts & Figures for African Americans, 2019-2021," 2019, <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/cancer-facts-and-figures-for-african-americans/cancer-facts-and-figures-for-african-americans-2019-2021.pdf>.
- ²⁷ HHS, *The Health Consequences of Smoking: A Report of the Surgeon General*, 2004, http://www.cdc.gov/tobacco/data_statistics/sgr/2004/index.htm. 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/>.
- ²⁸ 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/>.
- ²⁹ CDC, "Exposure to Secondhand Smoke Among Nonsmokers—United States, 1988-2014," *MMWR* 67(48): 1342-1346, December 7, 2018, <https://www.cdc.gov/mmwr/volumes/67/wr/pdfs/mm6748a3-H.pdf>.

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- ³⁰ 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/>.
- ³¹ 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/complete_report/pdfs/complete_report.pdf. HHS, *Reducing the Health Consequences of Smoking: 25 Years of Progress: A Report of the Surgeon General*, 1989, <http://sgreports.nlm.nih.gov/NN/B/B/X/S/>. See also 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.
- ³² 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.
- ³³ Substance Abuse and Mental Health Services Administration (SAMHSA)'s public online data analysis system (PDAS), National Survey on Drug Use and Health, 2015. http://pdas.samhsa.gov/#/survey/NSDUH-2015-DS0001/crosstab?row=CIG30BR2&column=CATAG3&control=NEWRACE2&weight=ANALWT_C&results_received=true.
- ³⁴ Pearson, JL, et al., "A Ban on Menthol Cigarettes: Impact on Public Opinion and Smokers' Intention to Quit," *American Journal of Public Health*, 102(11): e107-e114, 2012.
- ³⁵ FDA, "Preliminary Scientific Evaluation of the Possible Public Health Effects of Menthol Versus Nonmenthol Cigarettes," <http://www.fda.gov/downloads/ScienceResearch/SpecialTopics/PeerReviewofScientificInformationandAssessments/UCM361598.pdf>, 2013.
- ³⁶ Tobacco Products Scientific Advisory Committee, FDA, "Menthol Cigarettes and Public Health: Review of the Scientific Evidence and Recommendations, 2011," <http://www.fda.gov/downloads/AdvisoryCommittees/CommitteesMeetingMaterials/TobaccoProductsScientificAdvisoryCommittee/UCM269697.pdf>.
- ³⁷ Fiore, MC, et al., *Treating Tobacco Use and Dependence: 2008 Update—Clinical Practice Guideline*, U.S. Department of Health and Human Services. Public Health Service, May 2008, http://www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf.
- ³⁸ McAfee, T, et al., "Increasing the dose of television advertising in a national antismoking media campaign: results from a randomised field trial," *Tobacco Control*, published online December 16, 2015.
- ³⁹ CDC, "Responses to Cigarette Prices By Race/Ethnicity, Income, and Age Groups – United States 1976-1993," *MMWR* 47(29):605-609, July 31, 1998. See also, Chaloupka, F & Pacula, F, "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, April 1998, www.uic.edu/~fjcl/.
- ⁴⁰ Chaloupka, F & Pacula, F, "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, April 1998, www.uic.edu/~fjcl/.
- ⁴¹ Chaloupka, F & Pacula, F, "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, April 1998, www.uic.edu/~fjcl/.
- ⁴² Gonzalez, M, et al., "Strong Smoke-Free Law Coverage in the United States by Race/Ethnicity: 2000-2009," *American Journal of Public Health* 103(5): e62-e66, 2013.
- ⁴³ U.S. Department of Health and Human Services (HHS), Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General, HHS, U.S. Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2012.