



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

According to the National Youth Tobacco Survey (NYTS), released by the U.S. Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA), e-cigarettes are the most commonly used tobacco product among African-American youth. In 2021, 5.9% of African-American high schoolers and 4.3% of middle schoolers, were current e-cigarette users.⁴

African-American high school students reported the highest prevalence of current combustible tobacco product use (7.3%), and specifically cigar use. Cigars are the second most popular product among African-American youth. In 2021, 4.4 percent of African American high school students were current cigar users, compared to 2.1 percent of Whites and 1.2 percent of Hispanics.⁵

African-American high school students smoke cigarettes 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.⁶ In 2020, 2.8 percent of African American high school students smoked cigarettes⁷ compared to the 5.3 percent of Whites and 4.6 percent of Hispanics.⁷ However, as African American youth enter young adulthood, their smoking rates begin to mirror that of their White peers.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 2020 National Health Interview Survey (NHIS) of adults ages 18 and over, 14.4 percent of African-American adults in the United States are current smokers, compared to 13.3 percent of Whites, 8.0 percent of Hispanics, 27.1 percent of American Indian/Alaska Natives, and 8.0 percent of Asian Americans. Overall, 12.5 percent of US adults are current smokers. Nearly one in five (19.4%) African American adults are current users of any tobacco product, and they have the highest prevalence of cigar smoking. 4.6 percent of African American adults are current cigar smokers, compared to 3.5 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

* NYTS 2021 did not report a rate for current cigarette smoking among Black high school students as it had in previous years.

- 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 about thirty percent of all cancer deaths.¹⁹ African Americans have the highest death rates and shortest survival of any other racial or ethnic group for most cancers.²⁰ 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.²¹ Smoking is responsible for over 80 percent of lung cancer deaths.²²

- 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. For Black men, lung cancer is the leading cause of cancer death, and for Black women, it's the second-leading cause.²³ In 2022, it is estimated that 25,690 African Americans will be diagnosed with lung cancer and 14,160 African Americans will die from it.²⁴ The relative five year survival rate for lung cancer is lower among African Americans than among whites (20% compared to 22%).²⁵

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. In fact, the larger decline in smoking among African American youth have led to a convergence of lung cancer incidence overall and a near elimination of the racial disparity among those less than 50 years old. However, from 2014 to 2018, the average incidence rate of lung and bronchial cancers was still 12 percent higher in African-American men compared to White men.²⁶

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.²⁷ 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.²⁸ Smoking also causes worse health outcomes in cancer patients and survivors.²⁹

African Americans are also disproportionately affected by exposure to secondhand smoke. Nearly half (48.0%) of African Americans are still exposed to this preventable health hazard.³⁰ Rates are even higher among youth. Among African-American kids aged three to 11 years, two-thirds (66.2%) are exposed to secondhand smoke, compared to 38.1 percent of white kids of the same age.³¹ 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.³²

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.³³ Overall, 85% of African-American smokers smoke menthol cigarettes, compared to 29% of white smokers.³⁴ 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.³⁵

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.³⁶

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.”³⁷ 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.³⁸

Research published since FDA’s and TPSAC’s reports continue to bolster these findings:

- A 2014 randomized clinical trial of FDA-approved cessation treatments among 1,500 US adult smokers found that menthol smoking was associated with reduced likelihood of quitting, compared to non-menthol smoking. African American female menthol smokers had the lowest quit rates of all groups in the study.³⁹
- A meta-analysis of findings from nearly 150,000 smokers found that among African Americans, menthol smokers have a 12% lower odds of smoking cessation compared to non-menthol smokers.⁴⁰
- Relying on these studies as well as the FDA’s and TPSAC’s findings, the 2020 Surgeon General Report on Smoking Cessation determined that the evidence was suggestive, but not conclusive as to the role of menthol on smoking cessation, finding the strongest evidence for reduced likelihood of smoking cessation among African American menthol smokers.⁴¹ Due to the lower likelihood of smoking cessation among African American menthol smokers, the 2020 Surgeon General Report on Smoking Cessation concluded that, “Use of menthol cigarettes has been shown to contribute to tobacco cessation-related disparities in the United States.”⁴²
- Most recently, a study analyzing four waves of data from the government’s Population Assessment of Tobacco and Health (PATH) study found that among daily smokers, menthol cigarette smokers have a 24% lower odds of quitting as compared to non-menthol smokers (the study did not find a significant difference among quit rates for non-daily menthol and non-menthol smokers). Among daily smokers, African American menthol smokers had a 53% lower odds of quitting compared to African American non-menthol smokers and white menthol smokers had a 22% lower odds of quitting compared to white non-menthol smokers.⁴³

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.⁴⁴

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.⁴⁵

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.⁴⁶ 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.⁴⁷ 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.⁴⁸

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.⁴⁹ 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.⁵⁰

Campaign for Tobacco-Free Kids, March 18, 2022, Marela Kay Minosa

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>

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