



## TOBACCO USE AND HISPANICS

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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.<sup>1</sup> Smoking accounts for more than 480,000 deaths in the United States each year, and is a major risk factor for the four leading causes of death: heart disease, cancer, chronic obstructive pulmonary disease, and stroke.<sup>2</sup>

### Tobacco Use Among Hispanic Adults

According to the 2015 National Health Interview Survey (NHIS) of adults ages 18 and over, 10.7 percent of Hispanic adults in the United States are current smokers (14.5% of men and 7.0% of women), compared to 31.8 percent of American Indian/Alaska Natives, 16.5 percent of African Americans, 16.6 percent of Whites and 9.0 percent of Asians. Overall, 15.5 percent of U.S. adults are current smokers.<sup>3</sup> Current smoking prevalence among Hispanics reflects a 34 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.<sup>4</sup> 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.<sup>5</sup>

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%).<sup>6</sup> 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).<sup>7</sup> 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

In 2016, 6.4 percent of Hispanic high school students smoked. Current smoking rates for Hispanic high school students are higher than smoking rates for African American students (3.9%) but lower than the rates of White students (9.9%). The overall current smoking rate for high school students is 8.0 percent. Smokeless tobacco use follows a similar pattern, with 4.4 percent of Hispanic students reporting current use, compared to 7.4 percent of White students and 2.1 percent of Black students. Hispanic high school students have the lowest smoking rate for cigars. 7.2 percent of Hispanic high school students currently smoke cigars, compared to 7.9 percent of White students and 9.5 percent of African American students.<sup>8</sup>

According to the 2015 National Survey of Drug Use and Health, 80.9 percent of Hispanic youth smokers (ages 12-17) prefer Marlboro, Newport, and Camel—three heavily advertised brands. The most popular brand among Hispanic youth is Marlboro.<sup>9</sup> Another survey, the 2016 National Youth Tobacco Survey, found that 78.8% of Hispanic high school students prefer these three brands.<sup>10</sup>

### Health Consequences of Tobacco Use Among Hispanic Americans

Tobacco use is the leading cause of preventable death in the United States.<sup>11</sup> 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 and heart disease are the first and second leading causes of death, respectively, among Hispanic Americans; and tobacco use is an important risk factor.<sup>12</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>13</sup> Lung cancer is the leading cause of cancer death among Hispanic men and the second leading cause among Hispanic women. In 2015, more than 9,500 new cases of lung cancer are

expected to occur among Hispanics/Latinos; and more than 5,500 Hispanics/Latinos are expected to die from this disease.<sup>14</sup> Lung cancer death rates within Hispanic subpopulations differ according to differences in smoking patterns. 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.<sup>15</sup>

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.<sup>16</sup> Hispanics are the least likely of any racial or ethnic group to have health insurance.<sup>17</sup> 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.<sup>18</sup>

### **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."<sup>19</sup> 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.<sup>20</sup>

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.<sup>21</sup> The Congressional Hispanic Caucus' political action committee "Building our Leadership Diversity" or "BOLD PAC" has received campaign contributions from the tobacco industry.<sup>22</sup> In 2013, Altria made donations to Hispanic scholarship funds, chambers of commerce, caucuses and other civic and business groups.<sup>23</sup> 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.<sup>24</sup> 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%).<sup>25</sup> 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.<sup>26</sup> 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.<sup>27</sup> 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.<sup>28</sup>

- <sup>1</sup> *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](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.
- <sup>2</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/>. CDC, "Deaths: Leading Causes for 2010," Table D, *National Vital Statistics Reports*, 62(6), December 20, 2013, [http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62\\_06.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_06.pdf).
- <sup>3</sup> Centers for Disease Control and Prevention (CDC), "Current Cigarette Smoking Among Adults – United States, 2016," *MMWR* 67(2):53-59, January 19, 2018. <https://www.cdc.gov/mmwr/volumes/67/wr/pdfs/mm6702a1-H.pdf>. 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.
- <sup>4</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/>. 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](http://www.surgeongeneral.gov/library/reports/tobaccosmoke/full_report.pdf).
- <sup>5</sup> 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.
- <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," *MMWR*, 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> 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.
- <sup>8</sup> CDC, "Tobacco Use Among Middle and High School Students—United States, 2011-2016," *MMWR*, 66(23): 597-603, June 15, 2017, <https://www.cdc.gov/mmwr/volumes/66/wr/pdfs/mm6623a1.pdf>. Current use defined as past month.
- <sup>9</sup> 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/?column=CATAG3&control=NEWRACE2&results\\_received=true&row=CIG30BR2&weight=ANALWT\\_C](http://pdas.samhsa.gov/#/survey/NSDUH-2015-DS0001/crosstab/?column=CATAG3&control=NEWRACE2&results_received=true&row=CIG30BR2&weight=ANALWT_C).
- <sup>10</sup> 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>.
- <sup>11</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/>. 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](http://www.surgeongeneral.gov/library/reports/tobaccosmoke/full_report.pdf).
- <sup>12</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," *MMWR*, 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>14</sup> American Cancer Society, "Cancer Facts & Figures for Hispanics/Latinos 2015-2017," 2015 <http://www.cancer.org/acs/groups/content/@research/documents/document/acspc-046405.pdf>.
- <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/>. See also, HHS, "The Health Consequences of Smoking: A Report of the Surgeon General," 2004, [http://www.cdc.gov/tobacco/data\\_statistics/sgr/2004/index.htm](http://www.cdc.gov/tobacco/data_statistics/sgr/2004/index.htm).
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- <sup>23</sup> See "2013 Recipients of Charitable Contributions from Altria Family of Companies," <http://www.altria.com/Responsibility/Investing-In-Communities/Documents/2013GranteeList.pdf>.
- <sup>24</sup> 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](http://www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf).
- <sup>25</sup> Jamal, Ahmed et al., "Tobacco Use Screening and Counseling During Physician Office Visits Among Adults – National Ambulatory Medical Care Survey and National Health Interview Survey, United States 2005-2009," *MMWR* Vol. 61, June 15, 2012.
- <sup>26</sup> Houston, T.K., et al., "Patient Smoking Cessation Advice by Health Care Providers: The Role of Ethnicity, Socioeconomic Status, and Health," *Am J Pub Health*, 95(6): 1056-1061, 2005.
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