



TOBACCO USE AMONG AFRICAN AMERICANS

Each year, approximately 45,000 African Americans die from smoking-related disease.¹ Death from smoking-caused disease is higher among African Americans than among whites, despite the fact that African Americans typically smoke less.² An estimated 1.6 million black Americans alive today, who are now under the age of 18, will become regular smokers, and about 500,000 of these will die prematurely from a tobacco-related disease.³

Current Use Rates & Disturbing Trends

- 21.3 percent of African American adults are current smokers, which is slightly higher than the national rate of smoking (20.6 percent). Smoking among African American men is considerably higher than among African-American women (25.6 percent vs. 17.8 percent).⁴
- One in every 10 pregnant African American women reports smoking during pregnancy.⁵
- African American high school students have smoked at lower rates than their White and Hispanic peers. Currently, 11.6 percent of African American high school students are current smokers, compared to 23.2 percent of white high school students and 16.7 percent of Hispanic high school students.⁶
- African American middle school students also smoke at lower rates than their White and Hispanic peers, although the differences in smoking between the groups are not that large. 5.5 percent of African American, 6.8 percent of Hispanic and 6.5 percent of White middle school students smoke.⁷
- According to a recent study, 42 percent of low-income African Americans smoke; half of those who did not graduate from high school smoked, compared with 33.5 percent who were high school graduates, and 36 percent who had some college education.⁸

Disproportionate Harms to African Americans from Smoking

African Americans tend to smoke fewer cigarettes per day and begin smoking later in life than whites, but their smoking-related disease mortality is still significantly higher.⁹ African American adults are more likely to die from the three leading causes of smoking-related death – coronary heart disease, stroke and lung cancer – than other adults.¹⁰ As a result of this disturbing paradox, the years of potential life lost before the age of 65 is two times higher in black smokers than white smokers.¹¹ Furthermore, African American teen smokers have a greater risk of developing long-term consequences from smoking than other ethnic groups, and are in danger of experiencing the negative effects of tobacco earlier in their lifetimes.¹²

Smoking is responsible for almost 90 percent of all lung cancer cases and 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.¹³ 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, and bladder.¹⁴

African Americans are more likely to develop and die from cancer than persons of any other racial or ethnic group. Lung cancer is the second most common cancer in both African American men and women and it kills more African Americans than any other type of cancer. In fact, in 2009, over 22,000 new cases of lung cancer are expected to occur among African Americans and more than 16,000 African Americans are expected to die from this disease.¹⁵ African American men appear to bear the biggest burden in terms of tobacco-related morbidity and mortality. From 2001 to 2005, the average incidence

rate of lung and bronchus cancers was 36 percent higher in African American men than in white men. The average death rate was 30 percent higher among African American men compared to white men.¹⁶

African Americans & Menthol Cigarettes

The higher rates of some tobacco-caused disease among African Americans than whites may result, in part, from African American smokers being much more likely to smoke menthol cigarettes than whites.¹⁷ More than 75 percent of African American smokers smoke menthol cigarettes, as compared to 23 percent of white smokers.¹⁸ The popularity of menthol cigarette brands appears to be continuing among African-American teens, with 80.4 percent preferring Newport.¹⁹ In contrast, the predominant brand among white youths is non-menthol Marlboro.

Mentholated cigarettes may increase the risk of both lung and bronchial cancer more than regular cigarettes by promoting lung permeability and diffusability of smoke particles.²⁰ Menthol cigarettes have also been shown to have higher carbon monoxide concentrations than regular cigarettes, and may be associated with a greater absorption of nicotine.²¹ In fact, smokers of menthol cigarettes do have higher levels of cotinine (the most common chemical produced by the body from nicotine) in their bloodstream than non-menthol smokers.²² Among other harms, the high levels of cotinine among menthol smokers may cause smoking among Black women during pregnancy to have a greater adverse effect on infants than smoking among white pregnant women.²³ Smoking during pregnancy is related several adverse health outcomes, including low birth weight and premature births, of which African Americans have the highest rates among all ethnic groups in the United States.²⁴

Reducing Tobacco Use among African Americans

Seventy percent of current African American smokers want to quit; and African American smokers are more likely than white smokers to have quit for at least one day in the previous year. In fact, research has shown that African American smokers are more likely to think that smoking is socially unacceptable and are highly motivated to quit.²⁵ Nevertheless, the percentage of African American smokers who ultimately quit smoking is lower than among whites (50.5 percent vs. 35.4 percent).²⁶ African Americans may have lower cessation rates than whites because African Americans generally have higher levels of nicotine dependence, as a consequence of the high cotinine levels in mentholated cigarettes.²⁷

Research studies have established that cigarette price increases prevent and reduce smoking especially well among African Americans, youths, males, and persons in low-income households.²⁸ 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.²⁹ 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.³⁰

Campaign for Tobacco-Free Kids, December 7, 2009

More information on Tobacco and African Americans is available at
<http://www.tobaccofreekids.org/research/factsheets/index.php?CategoryID=4>.

¹ U.S. Centers for Disease Control and Prevention (CDC), "African Americans and Tobacco," 1998, http://www.cdc.gov/tobacco/sgr/sgr_1998/sgr-min-fs-afr.html; U.S. 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/sgr/sgr_1998/index.htm

² 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/sgr/sgr_1998/index.htm.

³ CDC, "African Americans and Tobacco," 1998; <http://www.cdc.gov/tobacco>

⁴ CDC, "Cigarette Smoking Among Adults - United States, 2008," *Morbidity and Mortality Weekly Report (MMWR)* 58(44), November 13, 2009. <http://www.cdc.gov/mmwr/PDF/wk/mm5844.pdf>.

⁵ HHS, "Prenatal Substance Exposure," Ch. 16, *Healthy People 2010*, November 2000, www.health.gov/healthypeople.

⁶ CDC, "Youth Risk Behavior Surveillance, United States, 2007," *MMWR*, 55(SS-4), June 6, 2008

http://www.cdc.gov/healthyyouth/yrbs/pdf/yrbss07_mmwr.pdf.

⁷ CDC, 2006 National Youth Tobacco Survey http://www.cdc.gov/tobacco/data_statistics/surveys/NYTS/00_pdfs/table_1_06.pdf.

- ⁸ Delva, J, et al., "Cigarette Smoking Among Low-Income African-Americans," *American Journal of Preventive Medicine* 29(3), 2005.
- ⁹ 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/sgr/sgr_1998/index.htm.
- ¹⁰ U.S. 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.
- ¹¹ CDC, "Smoking-attributable mortality and years of potential life lost—United States, 1998," *MMWR* 40(4): 62-63, 69-71, February 1, 1991.
- ¹² Moolchan, E, et al., "African-American teen smokers: issues to consider for cessation treatment," *Journal of the National Medical Association* 92(12):558-62, December 2000.
- ¹³ American Cancer Society, *Cancer Facts & Figures for African-Americans 2005-2006*, 2005. <http://www.cancer.org/downloads/STT/CAFF2005AACorrPWSecured.pdf>
- ¹⁴ HHS, *The Health Consequences of Smoking: A Report of the Surgeon General*, 2004, <http://www.cdc.gov/tobacco/sgr/index.htm>.
- ¹⁵ American Cancer Society, *Cancer Facts & Figures for African-Americans 2009-2010*, 2009. http://www.cancer.org/downloads/STT/cfaa_2009-2010.pdf.
- ¹⁶ American Cancer Society, *Cancer Facts & Figures for African-Americans 2009-2010*, 2009. http://www.cancer.org/downloads/STT/cfaa_2009-2010.pdf.
- ¹⁷ HHS, *Reducing the Health Consequences of Smoking: 25 Years of Progress: A Report of the Surgeon General*, 1989, http://www.cdc.gov/tobacco/sgr/sgr_1989/index.htm
- ¹⁸ HHS, *Reducing the Health Consequences of Smoking: 25 Years of Progress: A Report of the Surgeon General*, 1989.
- ¹⁹ HHS, Substance Abuse and Mental Health Services Administration (SAMHSA), *Results from the 2005 National Survey on Drug Use and Health, NSDUH: Detailed Tables*, <http://www.oas.samhsa.gov/nsduh/2k5nsduh/tabs/Sect7peTabs58to67.pdf>.
- ²⁰ Jarvik, ME, et al., "Mentholated cigarettes decrease puff volume of smoke and increase carbon monoxide absorption," *Physiology and Behavior* 56(3): 563-70, September 1994. See also, McCarthy, WJ, et al., "Menthol v. Nonmenthol Cigarettes: Effects on Smoking Behavior," *American Journal of Public Health* 85(1):67-72, January 1995. Clark, PI, et al., "Effect of Menthol Cigarettes on Biochemical Markers of Smoke Exposure Among Black and White Smokers," *Chest* 110(5):194-8, November 1996, 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/sgr/sgr_1998/index.htm.
- ²¹ Clark, PI, et al., "Effect of Menthol Cigarettes on Biochemical Markers of Smoke Exposure Among Black and White Smokers," *Chest* 110(5):194-8, November 1996.
- ²² Clark, PI, et al., "Effect of Menthol Cigarettes on Biochemical Markers of Smoke Exposure Among Black and White Smokers," *Chest* 110(5):194-8, November 1996. See also, Caraballo, R, "Racial and ethnic differences in serum cotinine levels of cigarette smokers: The National Health and Nutrition Examination Survey, 1998-1991," *Journal of the American Medical Association* 280(2):135-9, July 1998,
- ²³ English, P, et al., "Black-white differences in serum cotinine levels among pregnant women and subsequent effects on infant birthweight," *American Journal of Public Health* 84(9):1439-43, September 1994.
- ²⁴ See, HHS, "Risk factors: Reduce low birth weight and preterm births," Tables 16-10 and 16-11, Chapter 16, *Healthy People 2010*, 2000 November. See also, CFTFK factsheet, *Harm Caused by Pregnant Women Smoking or Being Exposed to Secondhand Smoke*, <http://www.tobaccofreekids.org/research/factsheets/pdf/0007.pdf>.
- ²⁵ 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.
- ²⁶ CDC, "Smoking Cessation During Previous Year Among Adults – United States, 1990 and 1991," *MMWR* 42(26): 504-507 July 9, 1993; 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.
- ²⁷ 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.
- ²⁸ 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/.
- ²⁹ 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/.
- ³⁰ 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/.