

Race/Ethnicity

African American

Smoking Prevalence: 18.3 % of African American adults are current smokers. Smoking among African American men is higher than among African-American women (21.8% vs. 15.4%).¹

- African American high school students smoke at lower rates than their White and Hispanic/Latino peers. Currently, 8.2 % of African American high school students smoke, compared to 18.6 % of White high school students and 14 % of Hispanic/Latino high school students.¹¹

Cessation:

- Although African Americans tend to be lighter smokers, they have more difficulty quitting compared with other racial/ethnic groups. While more African American adult smokers want to quit and more make quit attempts than White or Hispanic/Latino smokers, African Americans successfully quit at a lower rate. Every year, 59.1% of African Americans make a quit attempt, but only 3.3% succeed in quitting compared with 6.6% of Whites.³ African Americans are 11 times more likely to smoke menthol cigarettes than Whites, with the highest rates of menthol smoking among African American youth aged 12-17.^{12,13} Despite starting smoking later and smoking fewer packs per day, African American menthol smokers successfully quit at a lower rate than non-menthol smoking African Americans.¹⁴

Health Effects:

- Heart disease and cancer, both tobacco-related diseases, are the top two leading causes of death among African Americans.¹⁵ African Americans, and particularly males, have experienced lung cancer at higher rates than Whites for many years. Experts believe that racial differences in smoking habits, socioeconomic factors, and the metabolism of tobacco carcinogens may all play a role.^{16,17}
- Lung cancer kills more African Americans than any other type of cancer.¹⁸ In 2013, more than 24,000 new cases of lung cancer were estimated to occur among African Americans and more than 16,000 African Americans were estimated to die from the disease.¹⁸
- The estimated number of smoking-attributable deaths and years of potential life lost among Whites and Blacks indicate that the average annual smoking-attributable mortality rate is 18% higher for Blacks (338 deaths per 100,000) than for Whites (286 deaths per 100,000).¹⁹

- Menthol cigarettes have higher carbon monoxide concentrations than regular cigarettes and may increase the risk of both lung and bronchial cancer more than regular cigarettes.^{12,20,21}

Hispanic and Latino

Smoking Prevalence: In 2013, smoking prevalence among Hispanic/Latino American adults was 12.1% compared with 19.4% among Whites.¹ However, wide variations exist in smoking prevalence across Hispanic/Latino subgroups. While data is limited, national surveillance from CDC collected between 2002 and 2005 found that Puerto Ricans had the highest rates of smoking at 31.5%, followed by Cubans (25.2%), Mexicans (23.8%), and Central and South Americans (20.2%).²²

- In 2013, 14.0 % of Hispanic/Latino high school students smoked (15.0% of males and 13.1% of females). Current smoking rates for Hispanic/Latino high school students are higher than smoking rates for African American students but lower than the rates of White students.¹¹

Cessation:

- Though Hispanic/Latino smokers have high motivation to quit, with concern for health effects on children and the family as a primary motivator, they mostly rely on themselves for cessation, with little use of cessation medication and support services.²³ Hispanic/Latino smokers also experience lower levels of practitioner intervention and physician advice to quit.^{3,24}

Health Effects: Hispanics/Latinos are the least likely of any racial/ethnic group to have health insurance.^{25,26} Cancer and heart disease are the first and second leading causes of death among Hispanics/Latinos, and tobacco use is a major risk factor.^{27,28}

- In 2012, over 8,000 new cases of lung cancer are expected to occur among Hispanics/Latinos; and more than 5,000 Hispanics/Latinos are expected to die from this disease.²⁹

American Indian/Alaska Native

Smoking Prevalence: 2013 smoking prevalence among American Indians and Alaskan Natives is 26.1% compared to 19.4% among U.S. adults, and is the highest among all racial/ethnic groups.¹

- According to National Survey on Drug Use and Health (NSDUH) 2008-2010, among both adolescents and young adults, American Indians/Alaska Natives had the highest prevalence of current smoking.³⁰
- American Indian women are the only group in whom smoking prevalence has increased over the past two decades.³¹

Cessation:

- According to the National Health Interview Survey (NHIS) in 2012, American Indians/Alaska Native had the lowest quit ratio at 48.2% compared to Whites at 57.1%.⁴

Health Effects: Cigarette smoking has become one of the leading causes of death and disability for the American Indian/Alaska Native population.³² Cardiovascular disease is the leading cause of death and lung cancer the leading cause of cancer death among American Indian/Alaska Native. Tobacco use is one of the major risk factors for both diseases.

- Overall, from 2001 to 2009, age-adjusted death rates, smoking-attributable fractions, and smoking-attributable mortality for all-cause mortality were higher among American Indian/Alaska Native than among Whites for adult men and women aged ≥ 35 years.³³
- Smoking caused 21% of ischemic heart disease, 15% of other heart disease, and 17% of stroke deaths in American Indian/Alaska Native men, compared with 15%, 10%, and 9%, respectively, for White men.³³
- Among American Indian/Alaska Native women, smoking caused 18% of ischemic heart disease deaths, 13% of other heart diseases deaths, and 20% of stroke deaths, compared with 9%, 7%, and 10%, respectively, among White women.³³

Resources:

- ?Drafting Tribal Public Health Laws and Policies [1]

Asian American

Smoking Prevalence: Smoking prevalence in 2013 was 9.6% among Asian American adults compared with 19.4% among Whites.¹ Asian American men smoke at a substantially higher rate ≥ 15.1%, compared with 4.8% of Asian American women.¹ Smoking prevalence varies greatly by gender, ethnicity, and language fluency across different Asian American communities. While data is limited, national surveillance from 1999-2001 found prevalence ranging from 12.3% among Chinese-Americans to 27.2% among Korean Americans.³⁴

- Local community studies have shown that males among certain Asian American ethnic groups actually have some of the highest smoking prevalence in the U.S.³⁵

Health Effects:

- Cancer is the second-leading cause of death for Asian Americans.³⁶
- Lung cancer rates among Southeast Asians are 18% higher than among White Americans.³⁷
- Chinese have the highest mortality rates for lung and bronchial cancer among all Asian subgroups.³⁸
- When data is disaggregated by ethnicity, it reveals that specific Asian American subgroups are at a higher risk and face higher mortality rates for cancer as compared to the general population. For example, lung cancer is the most common cause of cancer-related death among all Asian men with the exception of South Asian men, and the most common cause of cancer-related death for Chinese, Korean, Lao and Vietnamese

women.³⁶

Native Hawaiians and Pacific Islanders

Smoking Prevalence: Data have also shown very high smoking prevalence among Native Hawaiian and Pacific Islanders, particularly among Pacific Islander men (e.g., 37% among Palauan men and 36% among Marshallese men).³⁹

- Native Hawaiians consistently have one of the highest smoking prevalence among all ethnic groups in Hawaii and are the only group where women smoke more than men with a smoking prevalence of 23% and 20% among Native Hawaiian women and men, respectively.⁴⁰
- Statistics among Native Hawaiian and Pacific Islander youth are also disconcerting. Nationwide, Pacific Islander youth smokers start earlier than any other ethnic or racial group, with 31.1% starting to smoke in grade school.⁴¹
- The Global Youth Tobacco Survey [GYTS] conducted in the Pacific Islands revealed a high prevalence of smoking among Pacific Islander boys aged 13-15 years (58.6% in Palau, 51.9% in FSM, 43.1% in Guam, and 29.4% in Marshall Islands).⁴²
- Other forms of tobacco use have high impact in the Pacific. For some Pacific Islander communities, chewing betel nut with tobacco continues to be a common practice among both men and women in some jurisdictions like Palau.⁴³

Marketing to Racial and Ethnic Groups

- Several studies have found a greater number of tobacco advertisements and a larger presence of menthol cigarette advertising in African American neighborhoods.⁴⁴⁻⁴⁸
- A 2011 study of cigarette prices in retail stores across the U.S. found that Newport cigarettes are significantly less expensive in neighborhoods with higher proportions of African Americans.⁴⁹
- A study of neighborhoods with high schools in California found that as the proportion of African-American high school students rose, the proportion of menthol advertising increased, the odds of a Newport promotion were higher, and the cost of Newport cigarettes was lower.⁵⁰
- Tobacco-selling retailer density near schools is higher in minority or lower-income communities.⁴⁵ A higher density of such retailers near schools has been found to increase experimental smoking among high school students.^{47,51-54}
- The tobacco industry has targeted African American communities by using urban culture and language to promote menthol cigarettes, sponsoring hip-hop bar nights, and targeting direct-mail promotions.⁵⁵
- Marketing to Hispanics/Latinos and American Indians/Alaska Natives has included the promotion of cigarette brands with names such as Rio, Dorado, and American Spirit.⁵⁵
- Hispanic and Latino neighborhoods tend to have a high concentration of retail tobacco outlets, and these neighborhoods have significantly more businesses selling tobacco products to underage consumers.⁵⁶⁻⁵⁹
- Tobacco companies have sponsored cultural events tied to racial and ethnic culture, including Mexican rodeos; American Indian powwows; racial/ethnic minority dance companies, parades, and festivals; Tet festivals; Chinese New Year and Cinco de Mayo festivities; and activities related to Black History Month, Asian/Pacific American Heritage

month, and Hispanic Heritage Month.⁶⁰

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3333 California Street, Suite 430, San Francisco, CA 94143, Phone: (877) 509-3786
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Links

[1] <http://www.publichealthlawcenter.org/sites/default/files/resources/fs.tribal.health.policies.July2015.pdf>