
Smoking Cessation
Leadership Center



University of California
San Francisco

Tobacco Use Behavior among Race and Ethnic Populations

Eliseo Pérez-Stable, MD

Director of the National Institute on Minority Health and Health Disparities at the National Institutes of Health

February 10, 2022

Moderator

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University of California, San Francisco

A National Center of Excellence for Tobacco-
Free Recovery

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Disclosures

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Anita Browning, Christine Cheng, Brian Clark, Jennifer Matekuare, Ma Krisanta Pamatmat, MPH, Eliseo Pérez-Stable, MD, Jessica Safier, MA, Catherine Saucedo, and Aria Yow, MA.

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I COVID QUIT!

- Launched March 31, 2021



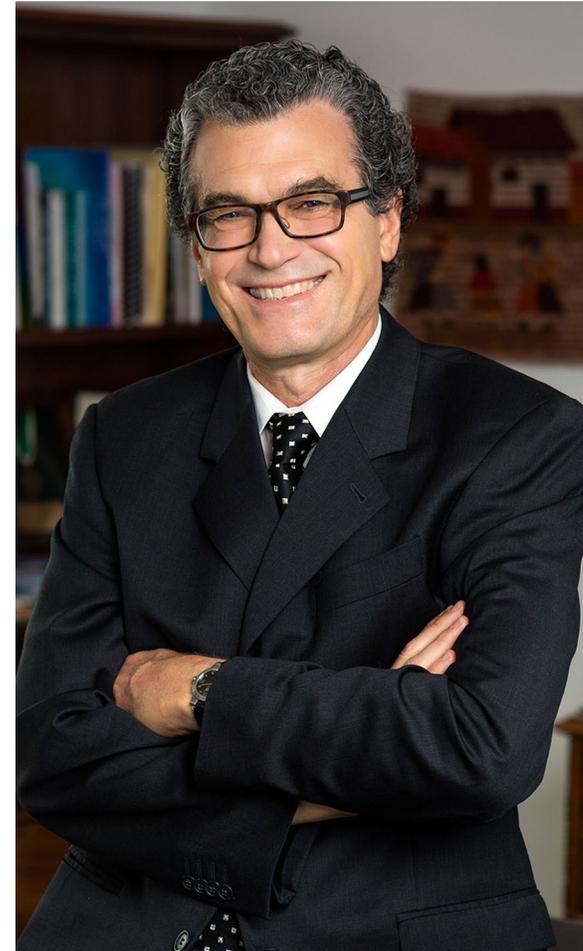
- SCLC's own campaign funded by Robert Wood Johnson Foundation
- Real people sharing their UNSCRIPTED experiences of improved mental health after quitting smoking—and they did it during the COVID-19 pandemic!
- FREE videos, digital images and toolkit for your use at ICOIDQUIT.org
- We continue to seek and share more stories, particularly from those who represent underserved communities! Please email anita.browning@ucsf.edu if you would like to share a story

Today's Presenter

Eliseo Pérez-Stable, MD

Director of the National Institute on
Minority Health and Health Disparities

National Institutes of Health





Tobacco Use Behavior among Racial and Ethnic Populations

February 10, 2022

**UCSF Smoking Cessation Leadership Center
Webinar**

Eliseo J. Pérez-Stable, M.D.

**Director, National Institute on
Minority Health and Health Disparities**

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and Health Disparities

Summary of Presentation

- **Minority Health and Health Disparities Science**
- **Tobacco use epidemiology**
- **COVID-19 and tobacco use**
- **Biological markers of tobacco use**
- **Smoking cessation interventions**
- **Structural determinants and policy**



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Populations with Health Disparities

- **Racial/ethnic minority populations defined by Census**
- **Less privileged socio-economic status**
- **Underserved rural residents**
- **Sexual and gender minorities**
- **Social disadvantage that results in part from being subject to discrimination or racism, and being underserved in health care**
- **A health outcome that is worse in these populations compared to a reference group defines a health disparity**



Census Race/Ethnic Classification

- **African American or Black**
- **American Indian and Alaska Native**
- **Asian American**
- **Native Hawaiian and Pacific Islander**
- **Latino or Hispanic**
- **White**
- **More than one race**

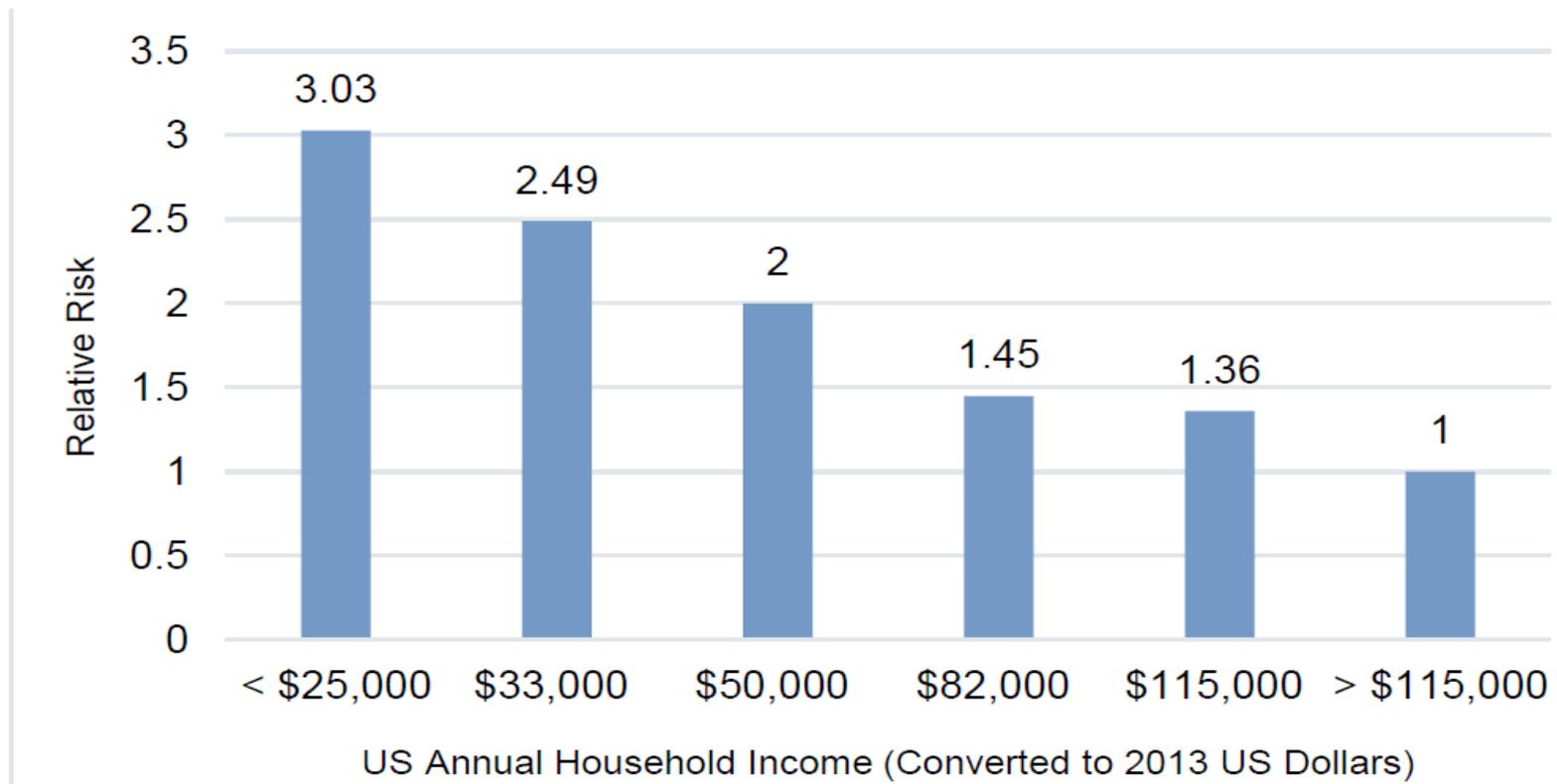


Race/Ethnicity and Socioeconomic Status are Fundamental in Determining Health

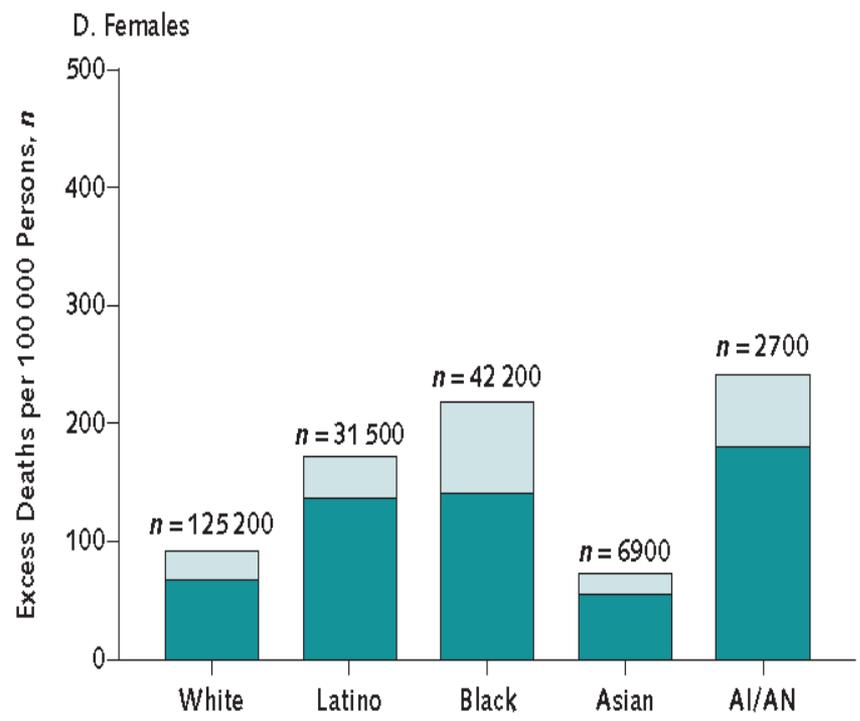
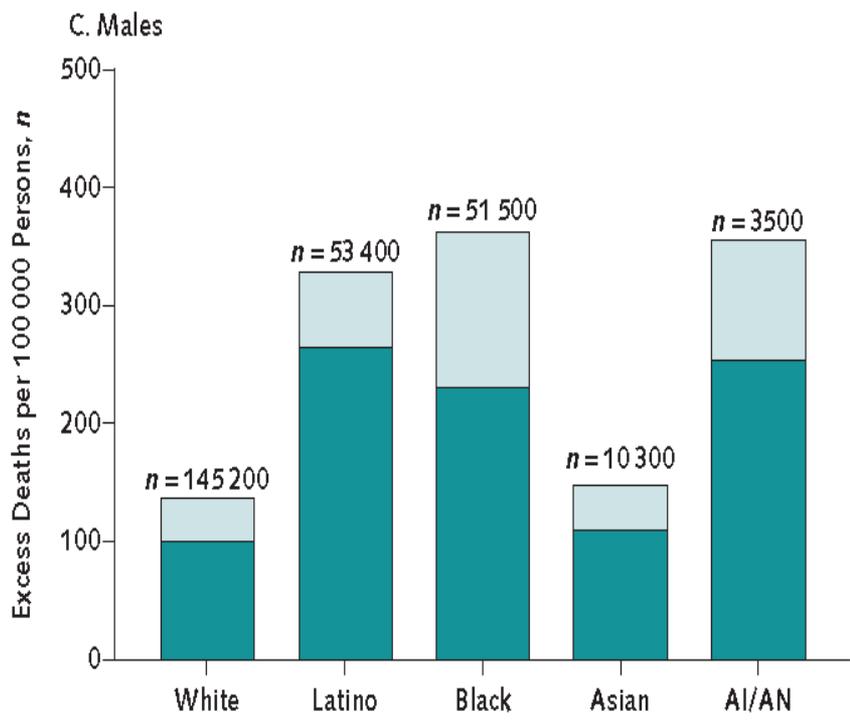
- **Race/ethnicity and SES predict life expectancy and mortality that are not fully explained**
- **African Americans have more strokes when compared to Whites for same level of SBP**
- **Most chronic diseases are more common in persons of less privileged SES**
- **Among persons with diabetes, all race/ethnic minority populations have less heart disease and more ESRD, compared to Whites**



Relative risk of All-Cause Mortality by US Annual Household Income Level



477,000 Excess Deaths, 74% from COVID, 2 to 4 Times more in AA/B, AI/AN, L/H, 2020



Shiels M, et al., *Ann Intern Med* 2021; doi:10.7326/M21-2134



National Institute on Minority Health and Health Disparities Research Framework

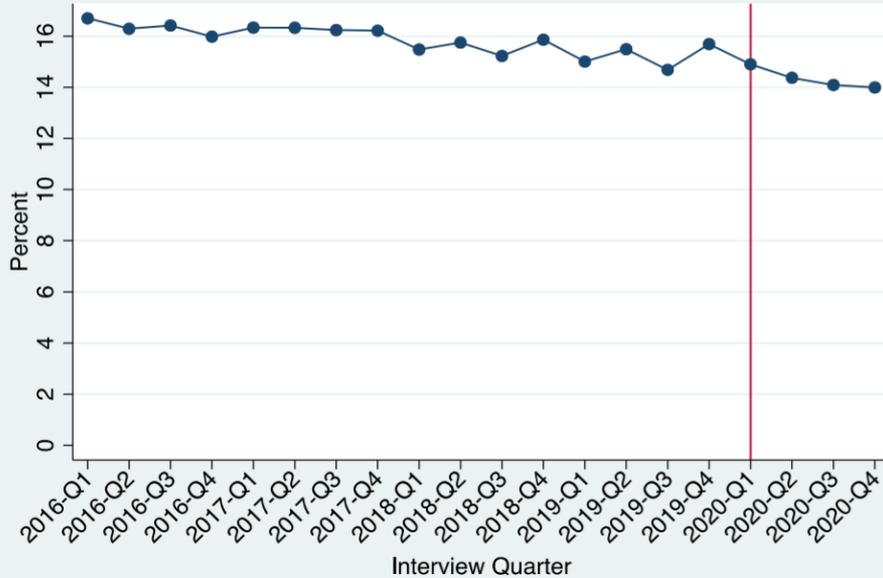
		Levels of Influence*			
		Individual	Interpersonal	Community	Societal
Domains of Influence <i>(Over the Lifecourse)</i>	Biological	Biological Vulnerability and Mechanisms	Caregiver–Child Interaction Family Microbiome	Community Illness Exposure Herd Immunity	Sanitation Immunization Pathogen Exposure
	Behavioral	Health Behaviors Coping Strategies	Family Functioning School/Work Functioning	Community Functioning	Policies and Laws
	Physical/Built Environment	Personal Environment	Household Environment School/Work Environment	Community Environment Community Resources	Societal Structure
	Sociocultural Environment	Sociodemographics Limited English Cultural Identity Response to Discrimination	Social Networks Family/Peer Norms Interpersonal Discrimination	Community Norms Local Structural Discrimination	Social Norms Societal Structural Discrimination
	Health Care System	Insurance Coverage Health Literacy Treatment Preferences	Patient–Clinician Relationship Medical Decision-Making	Availability of Services Safety Net Services	Quality of Care Health Care Policies
Health Outcomes		 Individual Health	 Family/ Organizational Health	 Community Health	 Population Health

Tobacco Use Epidemiology

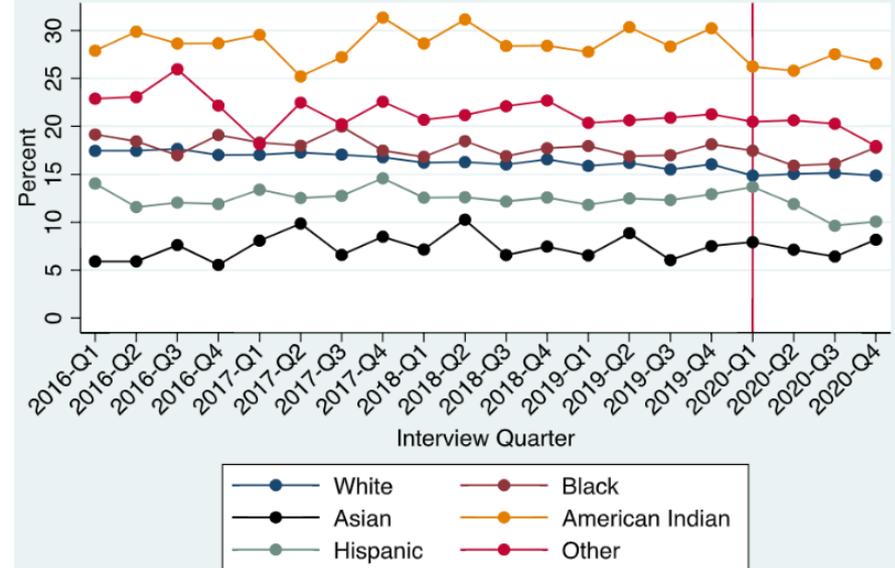


Smoking Prevalence by Interview Quarter, BRFSS, U.S., 2016-2020

Panel A: Overall population



Panel E: By Race / Ethnicity



The red line demarcates the beginning of the COVID-19 pandemic in the US. Quarter 1=Jan-Mar; Quarter 2=Apr-Jun; Quarter 3=Jul-Sep; Quarter 4=Oct-Dec

Gaffney A, et al. *Ann Am Thorac Soc.* 2022; Online ahead of print.



Cigarette Smoking in the U.S., 2019

Race/ethnicity	Percentage
AI/AN	20.9%
White	15.5%
Black	14.9%
Latino/a	8.8%
Asian	7.2%
Other or More than 1 race	19.7%
Gen. ed. development	35.3%
High school graduate	19.6%
Undergraduate degree	6.9%

National Health Interview Survey, MMWR-November 20, 2020; 69(46);1736-1742



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Tobacco Use in the U.S., Age ≥ 18 y, 2019

Race/ethnicity	Combustible	E-Cigs
AI/AN	22.3%	N/A
Black	18.6%	3.4%
White	18.3%	5.1%
Latino	11.2%	2.8%
Asian	8.6%	2.7%
Other	22.0%	9.3%
Lesbian, gay, bisexual	22.7%	11.5%
High school diploma	21.9%	4.3%
Undergraduate degree	10.0%	3.2%

National Health Interview Survey, MMWR-November 20, 2020; 69(46);1736-1742



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Very Light and Non-Daily Smokers

- **New paradigm: No physiological addiction**
- **53% Latinos, 44% Asians, 36% Blacks**
- **Smoke average 11.7 days / month**
- **Younger, more educated, more women, ethnic minority groups, people with mental health or substance use challenges**
- **Average 3.7 cigarettes on smoke days**
- **Cigarettes per month as a new metric?**
- **Tobacco control paradigm remains stuck**



Tobacco Product Use among Middle and High School Students, NYTS, US, 2019-20 (MMWR 2020 69(50);1881-1888)

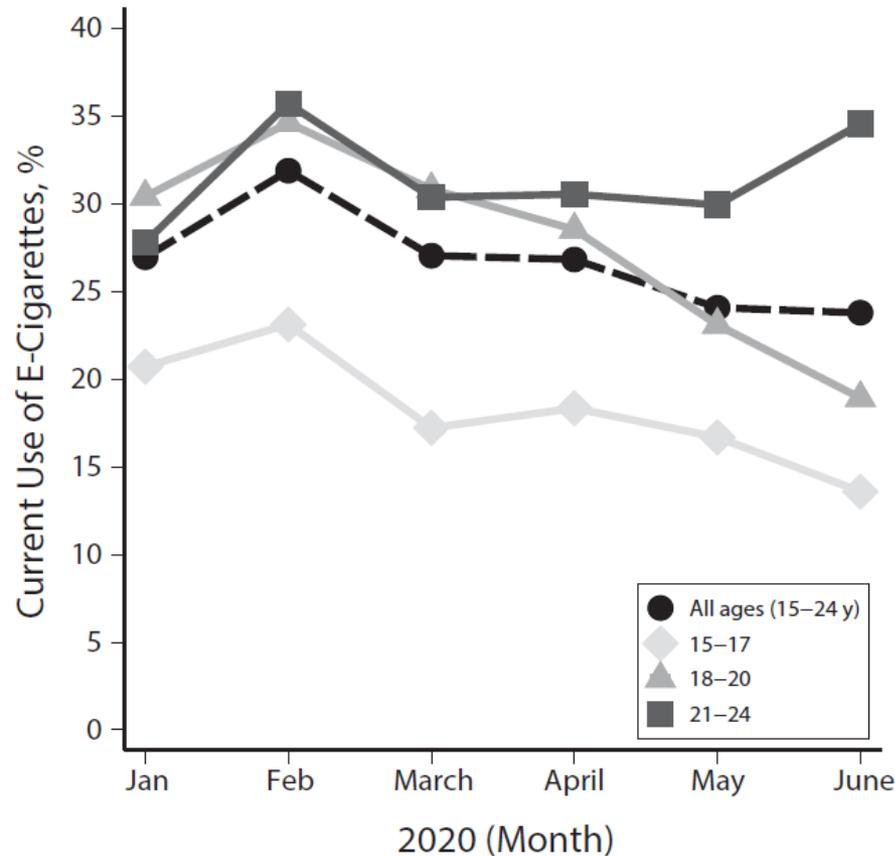
Race/ethnicity	Any tobacco	Cigarettes
White	17.8%	3.7%
Latino	17.2%	3.6%
Black	13.2%	2.5%
Other	10.1%	N/A

Sexual identity	Any tobacco	Cigarettes
Lesbian, gay, bisexual	25.5%	7.0%
Heterosexual	15.1%	2.7%



Estimated Monthly Prevalence of Past-30-Day E-Cigarette Use Among Youths and Young Adults

E-Cig Use Among Youths and Young Adults Before and During the COVID-19 Pandemic by Age Group (n = 5164): United States, January 1–June 29, 2020



Kreslake JM, et al. *Am J Public Health* 2021; 111(6): 1132-1140



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SHS Exposure in the U.S., 2013-4

Serum cotinine = 0.05-10 ng/ml in non-smokers

Demographic Factor	Percent
White	21.4%
Black	50.3%
Mexican American	20.0%
Age 3 to 11 y	37.9%
Below Poverty Level	47.9%
Above Poverty Level	21.2%
Lives with smoker	73.0%
High school graduate or equivalent	28.8%
Undergraduate degree or higher	10.8%

NHANES, MMWR, December 7, 2018; 67(48);1342-1346

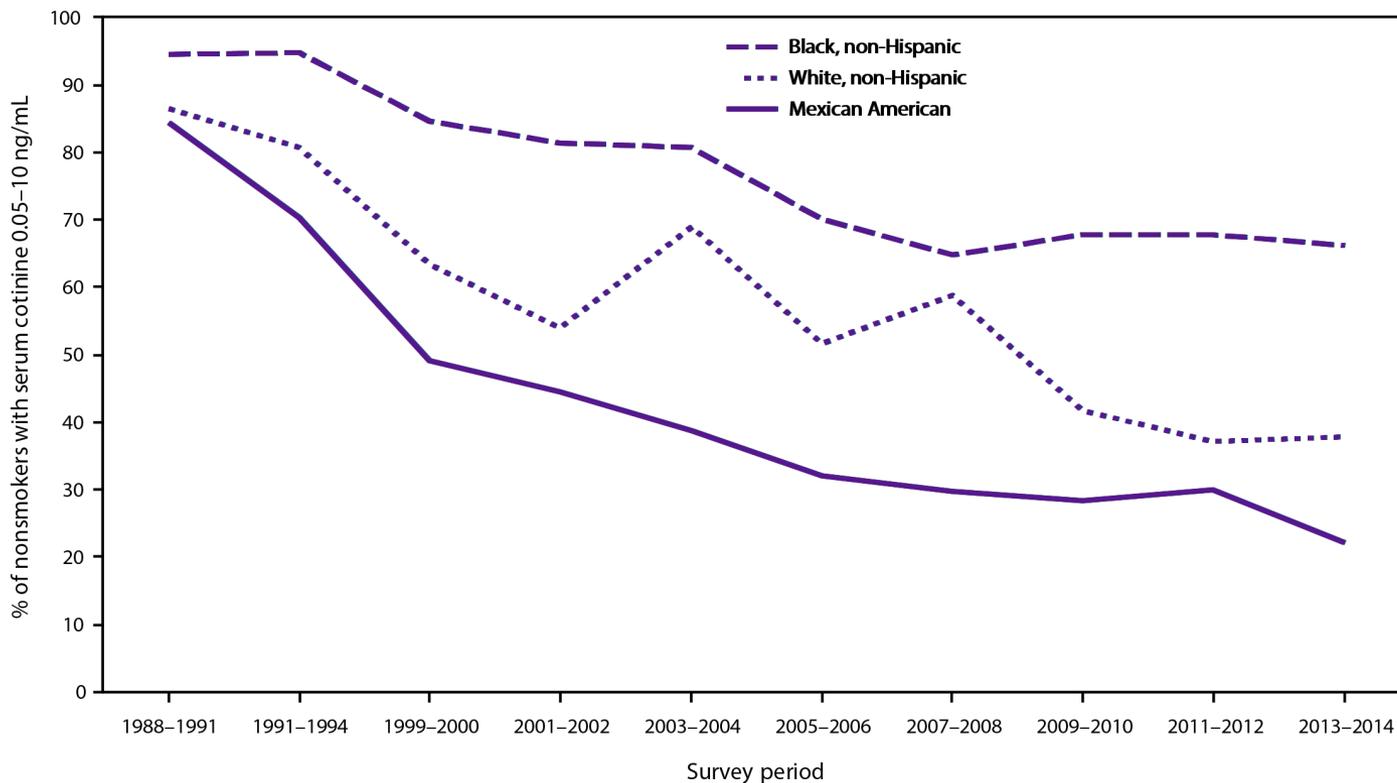


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Exposure to SHS by Race and Ethnicity, Ages 3-11 years, NHANES, 1988-2014

Percentage of nonsmokers aged 3–11 years* with evidence of secondhand smoke exposure (serum cotinine levels 0.05–10 ng/mL), by race and Hispanic origin† — National Health and Nutrition Examination Survey (NHANES), United States, 1988–2014



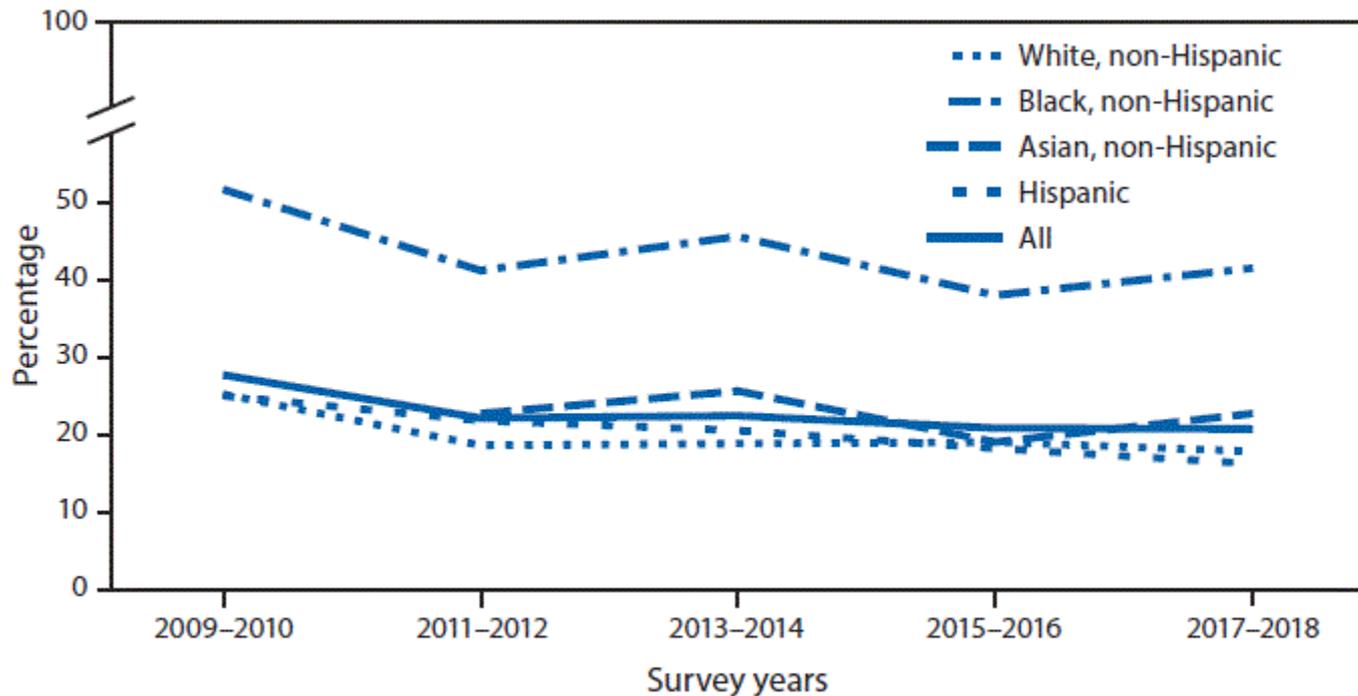
* Nonsmokers aged ≥ 4 years for NHANES III 1988–1994.

† Because of sample design, racial and Hispanic origin categories were limited to non-Hispanic whites, non-Hispanic blacks, and Mexican Americans across all survey cycles.



Exposure to SHS by Race and Hispanic Origin, NHANES, 2009-2018

Percentage of nonsmoking adults exposed to secondhand smoke (SHS)



* Secondhand smoke exposure was defined as serum cotinine level of 0.05–10 ng/mL.

† All includes persons reporting other races not shown separately or more than one race. Data are not available for 2009–2010 for non-Hispanic Asian.

NHANES, MMWR, February 12, 2021; 70(6);224



Tobacco Related Disparities

- **Gradual progress over past 30 years**
- **American Indian/Alaska Native higher**
- **Second-hand smoke exposure affects Blacks and poor disproportionately**
- **Are Mixed Race persons at higher risk?**
- **Dynamic of immigration and SES**
- **E-cigarettes > smoking in White youth**
- **LGBTQ+ have higher smoking rates**



COVID-19 and Tobacco Use



COVID-19 and Smoking

- **“Smoker’s paradox” myth**
- **Risk of smoking history**
 - **Higher risk of severe disease (OR = 1.53)**
 - **Higher relative risk of death (OR = 1.25)**
- **Patterns in smoking cessation**
 - **33% of cigarette users and 23% of e-cig users increased use due to stress**
- **Behavior common among smokers may heighten risk**
 - **Touching face, sharing e-cig devices**



COVID-19 and Youth Tobacco Users

- **Preliminary study shows e-cig use is an underlying risk factor for COVID-19**
- **Youth (aged 13-24) ever e-cig users 5x more likely to test positive**
- **Prevalence of e-cig use in youth (aged 13-24 y) decreased during stay-at-home orders: accessibility**
- **Current understanding on e-cig and COVID-19 is mostly based on preclinical studies and theoretical models**



Association between COVID-19 and use of inhaled tobacco products, adjusting for sociodemographic factors, weighted

National cross-sectional survey of adolescents and young adults aged 13-24 years (n = 4351): United States, May 6– May 14, 2020

* indicates statistical significance

	Ever-use of inhaled tobacco + COVID-19 symptoms	Ever-use of inhaled tobacco + COVID-19 diagnosis
Race/ethnicity	OR	OR
Asian/NH or PI	1.92	0.08*
Black	2.06*	1.18
Latino	2.01*	2.84*
White	Ref	Ref
Other/multi-race	1.89*	3.88*

Gaiha SM, et al. *J Adolesc Health* 2020; 67(4): 519-523



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Biological Markers of Tobacco Use



Optimal Serum Cotinine for Distinguishing Smokers and Nonsmokers

- **NHANES: 13,078 nonsmokers and 3,078 smokers; based on ROC curves**
- **Whites: 5.92 ng/ml**
- **African Americans: 4.85 ng/ml**
- **Mexican Americans: 0.84 ng/ml**
- **Overall cut point is 3.08 ng/ml; 96% sensitivity and 97% specificity**
- **14 ng/ml underestimates smokers**

Benowitz N, et al Am J Epidemiology 2009; 169: 236-248



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Nicotine Metabolism in Blacks, Whites, Chinese and Latinos

- **Metabolic clearance of nicotine and cotinine in 40 Latinos was similar to that in 40 Whites, higher among 40 Blacks and lower among 40 Chinese smokers**
- **Intake of nicotine (mg) per cigarette:**
 - **Chinese: 0.73**
 - **Latinos: 1.05**
 - **Whites: 1.10**
 - **Blacks: 1.41**
- **Nicotine intake = tobacco smoke**

Perez-Stable EJ, et al., JAMA 1999 280:152-156; Benowitz NL, JNCI 2002; 94:108-115



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Multiethnic Cohort Study Update: Racial/Ethnic Differences in Lung Cancer

- 4993 cases lung cancer ascertained by 2012
- Model Excess RR of smoking 50 y at 10 CPD
- **Native Hawaiians = 21.9**, African Americans = 19.1, Whites = 11.9, Japanese Americans = 10.1, **Latinos=8.0**
- After adjustment for predicted total nicotine equivalents, AA and JA did not differ from Whites
- Latino and NHOP risks are not explained



Genome-wide Association Study of Smoking in the HCHS/SOL

- **Hispanic Community Health Study / Study of Latinos: genetic associations with smoking behavior in 12,741 participants; 5119 ever smokers**
- **CHRNA5, encodes the $\alpha 5$ cholinergic nicotinic receptor subunit, associated with heavy smoking defined as ≥ 10 CPD at genome-wide significance ($p \leq 5 \times 10^{-8}$)**
- **Loci on chromosomes 2 and 4 — genome wide significance association with non-daily smoking**
- **Replication attempts were limited by small Latino samples and lack of items on non-daily use**

Saccone NL, et al, Nicotine and Tobacco Research, 2018; 20: 448-457



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Smoking Cessation Interventions: Gaps in the Evidence



Receipt of health professional advice to quit smoking among smokers aged ≥ 18 years, NHIS, US, 2015

Demographic Factor	Percent
White	60.2%
Black	55.7%
Latino	42.2%
AI/AN	38.1%
Asian	34.2%
Multiple race	69.6%

NHIS, MMWR, January 6, 2017; 65(52);1457-1464



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Smoking Cessation Interventions

- **Maximize reach and efficacy: Web, text**
- **Medication trials needed with minorities**
- **Implement electronic referrals from EHR to website or telephone help line**
- **Dependence measure predicts success in Blacks: Time to first cigarette**
- **Menthol smokers have less success**
- **We need trials with Non-Daily Smokers!**



Cessation Interventions for Minorities

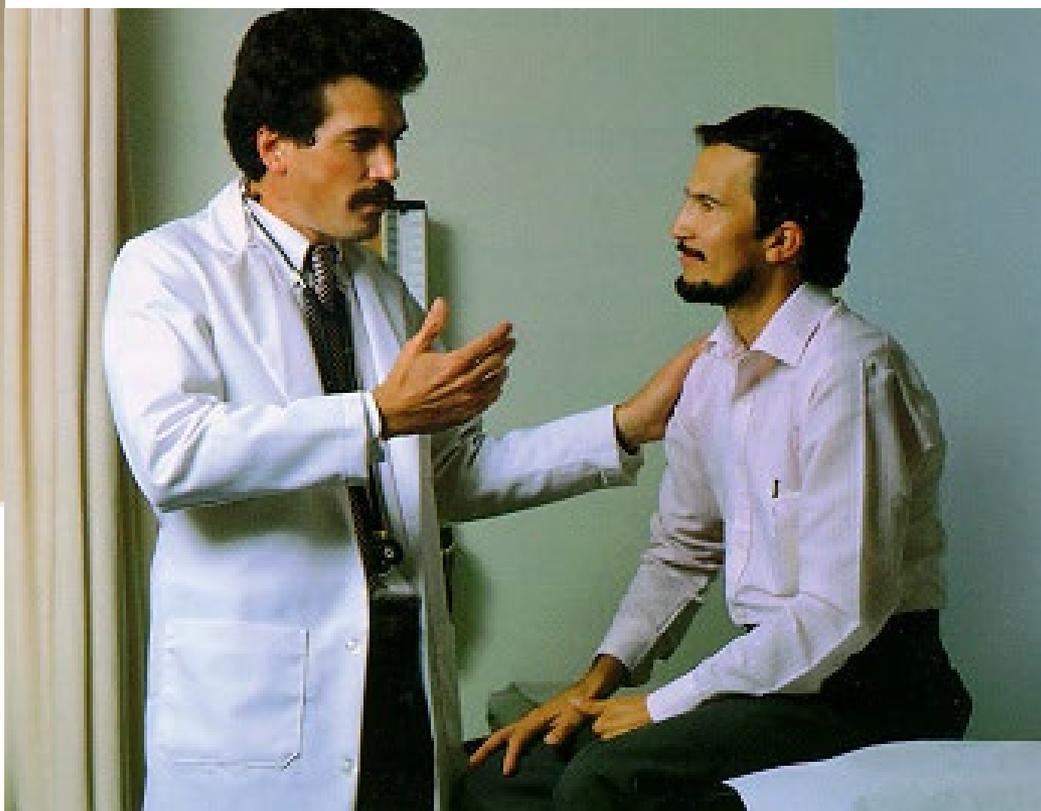
- **Motivations to quit vary by race, culture**
- **Effects on family is a major factor**
- **Magnified concern with personal health**
- **Adverse influence on interpersonal relations in Latinos and Asians**
- **Language specific tailored components needed**
- **Addiction paradigm may not apply**
- **Access to pharmacological aids limited**

Marin G, et al. Hispanic J Behavioral Sciences 1990; 12 (4): 422-436



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Tomando Control website: Results of RCT of 1000 smokers at one year

<u>Intervention</u>	<u>% Quit</u>
Guia alone	19.8%
Guia + ITEM	19.1%
Guia + ITEM + Mood	20.7%
Above + Virtual Group	22.7%

Muñoz RF, et al, Nicotine and Tobacco Research 2009; 11: 1025-1034



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Intervention Strategies for Nondaily Smokers

- **Less emphasis on pharmacological approaches**
- **Adapt cessation efforts to fit the needs of nondaily smokers, which differ from daily smokers**
- **Differ in their motives and personal goals**
- **Targeting vulnerable subpopulations, where nondaily smoking is prevalent**
- **Racial/ethnic minorities, people with mental health and substance use challenges**

Hoepfner B, et al. Nicotine and Tobacco Research 2021; 23 (6): 1038-1046



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Methods that may Enhance Cessation

- **African Americans: menthol smoking bans**
- **AI/AN: cessation interventions need to differentiate between traditional and recreational tobacco use**
- **Asians: using family and/or social support in cessation interventions**
- **Latinos: using text message interventions, adapt interventions to incorporate cultural characteristics (familism)**



Structural Determinants and Policy



Targeted by the Tobacco Industry



80% of blacks smoke menthol cigs compared to 30% of whites

Menthol marketing

In 1969 Lorillard increased its “Negro market budget” by 87% over 1968



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Trajectories of Cigarette Smoking Behaviors

- Cohort study to examine the effect of tobacco coupons and progression of smoking behaviors
- Current smokers with less education and higher poverty were more likely to have received these coupons
- Receipt of coupons associated with progression of smoking behaviors, lower likelihood of cessation, and higher likelihood of relapse



(Choi et al., [Tobacco Control](#), 2018)



Home Smoking Bans in US Households with Children and Smokers

Tobacco Use Supplement, Am J Prev Med 2011; 41: 559-65

	1992-1993	2006-2007
Total	14.1%	50%
Asian/PI	28.5%	65.9%
Whites	12.7%	48%
African Am	9.2%	32.8%
Latinos	26.7%	72.2%
HS Grad or <	11.1%	42%



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Policies to Limit Tobacco Use

- **Implement mobile and web-based technologies to promote quit attempts**
- **Taper nicotine content of tobacco to prevent addiction and promote cessation**
- **Ban on flavorings and menthol**
- **Control the wild west internet market**
- **Incorporate electronic cigarettes as pharmacological option**



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