



## TOBACCO USE AND ETHNICITY

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Tobacco use remains the leading cause of preventable disease and death in the United States. Smoking harms nearly every organ in the body and increases the risk for many types of cancer, heart attack, stroke, COPD, and other diseases. Disparities among adult and youth tobacco use rates and related smoking-caused death rates continue to persist between different ethnic groups across the nation.

**Adult Prevalence:** 11.5 percent of American adults currently smoke cigarettes, including 13.1 percent of men and 10.1 percent of women.<sup>1</sup>

### African Americans

- 11.7 percent of African American adults currently smoke cigarettes.<sup>2</sup>
- 85 percent of all African American smokers smoke menthol cigarettes, compared to 29 percent of all Caucasian smokers.<sup>3</sup>
- African Americans tend to start smoking at a later age and are more likely to attempt to quit smoking but are less likely to succeed in quitting than their Caucasian counterparts.<sup>4</sup>

### Hispanics

- 7.7 percent of Hispanic adults currently smoke cigarettes.<sup>5</sup>
- Among the major Hispanic subgroups, Puerto Ricans and Cubans have the highest rates of smoking (21.6 and 18.2 respectively), with rates being higher among men than women, and higher among U.S.-born than foreign-born populations.<sup>6</sup>

### American Indian/Alaska Natives

- American Indian/Alaska Native (AI/AN) adults have the highest tobacco use rates of all major racial/ethnic groups in America. 27.1<sup>\*</sup> percent of AI/AN adults currently smoke.<sup>7</sup>

### Asian Americans

- Asian Americans have the lowest smoking rate of all major American racial/ethnic groups (5.4%).<sup>8</sup>
- The smoking rate is notably higher among Asian American men compared to smoking among Asian American women.<sup>9</sup>

**Youth Prevalence<sup>†</sup>:** Nationwide, 1.9 percent of all high school students currently smoke cigarettes, including 2.3 percent of males and 1.5 percent of females.<sup>10</sup>

### African Americans

- African American high school students have traditionally smoked at lower rates than their White and Hispanic peers. In 2021, 1.7 percent of African American high school students were current smokers.<sup>11</sup>

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<sup>\*</sup> The national adult prevalence, African American, Hispanic, and Asian American rates are from the 2021 National Health Interview Survey (NHIS). Adult AI/AN smoking prevalence is from the 2020 NHIS because 2021 NHIS estimates for AI/AN adults were statistically unreliable.

<sup>†</sup> The national youth prevalence rate and Hispanic rate are from the 2021 National Youth Tobacco Survey (NYTS). Youth prevalence data for AI/AN, African Americans, and Asian Americans are from the 2021 Youth Risk Behavior Survey. Because of methodological differences, these surveys are not comparable.

### Hispanics

- In 2023, 2.2 percent of Hispanic high school students were current smokers.<sup>12</sup>

### American Indian/Alaska Natives

- AI/AN high school students have traditionally had the highest smoking prevalence of all racial/ethnic groups. In 2021, 6.7 percent of AI/AN high school students were current smokers.<sup>13</sup>

### Asian Americans

- In 2021, 0.6 percent of Asian American high school students were current smokers. Historically, Asian American youth have had the lowest smoking rates among all racial/ethnic groups.<sup>14</sup>

**Morbidity/Mortality:** More than 480,000 people die each year from tobacco related diseases.<sup>15</sup> If current trends continue, 5.6 million kids under age 18 alive today will eventually die from smoking-related diseases.<sup>16</sup> Smoking causes over 80 percent of all cases of lung cancer deaths and about 30 percent of all cancer deaths.<sup>17</sup> In addition, smoking causes nearly 80 percent of all COPD deaths and 32 percent of all coronary heart disease deaths.<sup>18</sup>

### African Americans

- More than 45,000 African Americans die from smoking-related illnesses annually.<sup>19</sup>
- While declines in smoking prevalence have led to a narrowing of the racial disparities in cancer incidence and death rates, tobacco-related cancer mortality continues to be higher among Black Americans compared to White Americans.<sup>20</sup> More than 72,000 African Americans are diagnosed with a tobacco-related cancer each year and more than 39,000 die from a tobacco-related cancer each year.<sup>21</sup>
- 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.<sup>22</sup> It is estimated that more than 25,000 African Americans will be diagnosed with lung cancer and over 14,000 African Americans will die from it in 2022.<sup>23</sup>
- Both incidence and death rates for lung cancer are higher among African American men than among White men, partly because of differences in smoking behavior.<sup>24</sup> Although African-American men begin smoking at a later age than white men and smoke fewer cigarettes per day, on average, than White men, they tend to smoke cigarettes more intensively and are more likely to smoke mentholated cigarettes.<sup>25</sup> 85 percent of African American smokers smoke mentholated cigarettes, compared to 29 percent of White smokers.<sup>26</sup> Because of the cooling sensation produced by menthol, smokers can inhale more deeply and hold the smoke inside longer than smokers of non-mentholated cigarettes. This inhalation pattern may cause greater harm to the smoker's health.
- 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. From 2016 to 2020, the average incidence rate of lung and bronchial cancers was still 10 percent higher in African American men compared to White men.<sup>27</sup>
- Smoking is also a major cause of heart disease, and stroke —conditions that kill more people in the African-American community than lung cancer.<sup>28</sup> Compared to non-Hispanic Whites, African-Americans are 40% more likely to die from heart disease, about 50% more likely to have a stroke, and 50% more likely to die from a stroke.<sup>29</sup>

### Hispanics

- Cancer is a leading cause of death among Hispanics.<sup>30</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>31</sup>

- Lung cancer is the third most commonly diagnosed cancer in both Hispanic men and women.<sup>32</sup> More than 11,500 new cases of lung cancer were expected to occur among Hispanics/Latinos and more than 5,000 Hispanics/Latinos were expected to die from this disease in 2021.<sup>33</sup>
- Cardiovascular disease is the second leading cause of death among Hispanics.<sup>34</sup> Tobacco use is an important risk factor for cardiovascular disease.

### **American Indian/Alaska Natives**

- Cancer is the third leading cause of death among AI/ANs.<sup>35</sup> More than 3,800 AI/ANs are diagnosed with a tobacco-related cancer each year and more than 1,800 die from a tobacco-related cancer each year.<sup>36</sup> Lung cancer is the second leading cause of cancer incidence and the leading cause of cancer death.<sup>37</sup>
- Lung cancer rates among AI/ANs vary greatly by tribal region. Rates are highest in the Northern Plains, Alaska and the Southern Plains and lowest in the Southwest.<sup>38</sup> From 1994–1998, rates of lung cancer death among AI/ANs in the North Plains and Alaska regions were higher than the U.S. rate for all racial/ethnic populations combined.<sup>39</sup>
- Disparities in lung cancer rates persist. From 1999–2004, lung cancer rates among AI/AN males remained unchanged, while rates among non-Hispanic White males decreased significantly.<sup>40</sup> Overall, the 5-year relative survival rate for lung cancer is lower among AI/ANs compared to Whites (19% versus 22%).<sup>41</sup> AI/ANs are 14% more likely to die from lung cancer than Whites.<sup>42</sup>
- In 2018, AI/ANs were 1.5 times more likely to be diagnosed with a coronary heart disease than their White counterparts.<sup>43</sup> Further, heart disease is the second leading cause of death among AI/ANs, for which tobacco use is an important risk factor.<sup>44</sup> Heart disease death rates for AI/ANs show geographic disparities, with the highest rates occurring primarily in Northern Plains states, including North and South Dakota, as well as Wisconsin and Michigan.<sup>45</sup> The CDC estimates that racial/ethnic disparities for smoking-attributable mortality are most pronounced for cardiovascular disease. From 2001–2009, smoking-attributable mortality for ischemic heart disease, other heart disease and stroke for AI/AN women over age 35 was double that of White women, among those living in 637 HIS CHSDA counties.<sup>46</sup>

### **Asian American, Native Hawaiians, and Pacific Islanders**

- Cancer is the leading cause of death among Asian Americans and the second-leading cause among Native Hawaiians and Pacific Islanders (NHPs).<sup>47</sup> More than 19,000 Asian American/Pacific Islanders are diagnosed with a tobacco-related cancer each year and more than 9,000 die from a tobacco-related cancer each year.<sup>48</sup>
- Although they have lower rates of lung cancer and lung cancer deaths than non-Hispanic Whites, lung cancer still is a leading cause of suffering and cancer deaths among Asian Americans, Native Hawaiians, and Pacific Islanders (AANHPIs).<sup>49</sup> In 2016, more than 6,000 new cases of lung cancer were expected to occur among AANHPIs.<sup>50</sup> Among both men and women, Samoans and Native Hawaiians have the highest rates of lung cancer, while Asian Indians and Pakistanis have the lowest.<sup>51</sup>
- Cardiovascular disease is the second leading cause of death among Asian Americans and the leading cause among NHPs.<sup>52</sup> For both groups, stroke is also a leading cause of death.<sup>53</sup> In 2020, NHPs were 30% more likely to die from a stroke compared to non-Hispanic Whites.<sup>54</sup> As noted previously, tobacco use is an important risk factor for cardiovascular disease and stroke.

***Campaign for Tobacco-Free Kids, January 22, 2024, Marela Minosa***

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<sup>1</sup> Cornelius ME, Loretan CG, Jamal A, et al. Tobacco Product Use Among Adults – United States, 2021. *MMWR Morb Mortal Wkly Rep* 2023;72:475–483. DOI: <http://dx.doi.org/10.15585/mmwr.mm7218a1>. Current smoking is defined as persons who reported having smoked <sup>3</sup>100 cigarettes during their lifetimes and, at the time of the survey, reported smoking every day or some days.

- <sup>2</sup> Cornelius ME, Loretan CG, Jamal A, et al. Tobacco Product Use Among Adults – United States, 2021. *MMWR Morb Mortal Wkly Rep* 2023;72:475–483. DOI: <http://dx.doi.org/10.15585/mmwr.mm7218a1>. Current smoking is defined as persons who reported having smoked <sup>3</sup>100 cigarettes during their lifetimes and, at the time of the survey, reported smoking every day or some days.
- <sup>3</sup> Villanti, AC, et al., “Changes in the prevalence and correlates of menthol cigarette use in the USA, 2004-2014,” *Tobacco Control*, published online October 20, 2016.
- <sup>4</sup> CDC, “Quitting Smoking Among Adults—United States, 2001–2010,” *MMWR* 60(44):1513-151907, November 11, 2011, [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6044a2.htm?s\\_cid=%20mm6044a2.htm\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6044a2.htm?s_cid=%20mm6044a2.htm_w). 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/data\\_statistics/sgr/1998/index.htm](http://www.cdc.gov/tobacco/data_statistics/sgr/1998/index.htm). See also, 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/>.
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- <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,” *Morbidity and Mortality Weekly Report*, 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>10</sup> Birdsey J., et al. “Tobacco Product Use Among U.S. Middle and High School Students — National Youth Tobacco Survey, 2023.” *MMWR* 72(44):1173–1182, November 3, 2023, <https://www.cdc.gov/mmwr/volumes/72/wr/pdfs/mm7244a1-H.pdf>.
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- <sup>17</sup> American Cancer Society. *Cancer Facts & Figures 2024*. Atlanta: American Cancer Society; 2024. <https://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/2024-cancer-facts-figures.html>.
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<sup>38</sup>Bliss, A, et al. "Lung Cancer Incidence Among American Indians and Alaska Natives in the United States, 1999–2004," *Cancer Supplement*, 113(5):1168–1178, September 1, 2008.

<sup>39</sup>CDC, "Cancer Mortality Among American Indians and Alaska Natives—United States, 1994–1998," 52(30):704–707, August 1, 2003, <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5230a4.htm>.

<sup>40</sup>Bliss, A, et al. "Lung Cancer Incidence Among American Indians and Alaska Natives in the United States, 1999–2004," *Cancer Supplement*, 113(5):1168–1178, September 1, 2008.

<sup>41</sup>American Cancer Society. *Cancer Facts & Figures 2022*. Atlanta: American Cancer Society; 2022.

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