

Tobacco Use Among U.S. Racial/Ethnic Minority Groups

African Americans
American Indians and Alaska Natives
Asian Americans and Pacific Islanders
Hispanics

A Report of the
Surgeon General
1998



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Foreword

The United States of America is a rich blend of cultures. This diversity demands close attention from the agencies and individuals responsible for protecting the public's health. For too long in tobacco control, attention to diversity has been less consistent than is necessary for planning and developing effective health programs. As a result, we sometimes lack sufficient information on which to base tobacco control interventions. With this report, we begin to address such problems and point the way to filling these gaps in knowledge.

Tobacco use causes devastating disease and premature death in every population in the United States. For four major U.S. racial/ethnic minority groups—African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics—patterns of tobacco use, adverse health effects, and the effectiveness of interventions need to be understood in terms of tobacco's cultural and socioeconomic effects on the members of these groups. This report describes the complex factors that play a part in the growing epidemic of diseases caused by tobacco use in these four groups.

Since 1964 when the first Surgeon General's report on smoking and health was released, this report is the first to focus exclusively on tobacco use among members of these four racial/ethnic groups. Together these groups constitute about 25 percent of the U.S. population, and that proportion is growing rapidly. Public health programs must effectively address the health needs of this significant proportion of people. Such action is of paramount importance to reducing tobacco use in the United States and meeting national health objectives for the year 2000. We hope that this report will provide the basis for renewing our commitment to develop more effective tobacco control programs and policies for people of every racial and ethnic background. In addition, the report can be used by parents and communities as a tool to develop their own solutions. With continued diligence, we shall strive to reach and exceed whenever possible our stated health goals by the year 2000 and reduce the enormous health burden caused by tobacco products.

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Preface

*from the Surgeon General,
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Effective strategies are needed to reduce tobacco use among members of U.S. racial/ethnic groups and thus diminish their burden of tobacco-related diseases and deaths. Cigarette smoking is the leading cause of preventable disease and death in the United States. There is enormous potential to reduce heart disease, cancer, stroke, and respiratory disease among members of racial and ethnic groups, who make up the most rapidly growing segment of the U.S. population.

This Surgeon General's report is the first to address the diverse tobacco control needs of the four major U.S. racial/ethnic minority groups—African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics. This report is also the only single, comprehensive source of data on each group's patterns of tobacco use, physical effects related to tobacco smoking and chewing, and societal and psychosocial factors associated with tobacco use.

The findings detailed in this report indicate that if tobacco use is not reduced among members of these four racial/ethnic groups, they will experience increasing morbidity and mortality from tobacco use. The toll is currently highest for African American adults. Findings also suggest that some close, long-term relationships between tobacco companies and various racial/ethnic communities could hamper U.S. efforts to lower rates of tobacco use by the year 2000. Also notable is the support that members of racial/ethnic groups have shown for legislative efforts to control tobacco use, sales, advertising, and promotion.

As this report goes to press, discouraging news comes from a report published by the Centers for Disease Control and Prevention on the Youth Risk Behavior Survey about tobacco use among African American and Hispanic high school students. Past-month smoking increased among African American students by 80 percent and among Hispanic students by 34 percent from 1991 through 1997. The consistent decline once seen among young African Americans has sharply reversed in recent years. Past-month smoking prevalence increased from 13 percent to 23 percent among African Americans and from 25 percent to 34 percent among Hispanics.

Although cancer remains common in Americans of all racial and ethnic groups, the pattern of increasing lung cancer deaths in the 1970s and 1980s among African American, Hispanic, and some American Indian and Alaska Native subgroups has been halted or reversed for some groups from 1990 through 1995. Some encouraging news from *Cancer Incidence and Mortality, 1973–1995: A Report Card for the U.S.* was just published by the American Cancer Society, the National Cancer Institute, and the Centers for Disease Control and Prevention. The report described lung cancer trend data from 1990 through 1995 for African Americans, Asian Americans and Pacific Islanders, and Hispanics. Lung cancer death rates declined significantly for African American men and for Hispanic men and women from

1990 through 1995; death rates did not change significantly for African American women or for Asian American and Pacific Islander men or women. Although lung cancer trends may continue to decline among some racial/ethnic groups for several more years, recent increases in smoking prevalence among adolescent African Americans and Hispanics and among Asian American and Pacific Islander adolescent males, coupled with the lack of decline among American Indian and Alaska Native adults, do not bode well for long-term trends in lung cancer.

One purpose of this report is to guide researchers in their future efforts to garner more information needed to develop effective prevention and control programs. Several significant research questions need to be addressed. For example, why are African American youths smoking cigarettes in lower proportions than youths in other racial/ethnic groups? How does acculturation affect patterns of tobacco use among immigrants to the United States? What are the differential effects of gender on tobacco use among members of certain racial/ethnic groups? What racial- and ethnic-specific protective factors and risk factors will promote the development of culturally appropriate interventions to prevent and control tobacco use? And to what extent are culturally specific tobacco control programs necessary to curb tobacco use among racial/ethnic populations? While researchers are redirecting their focus, federal, state, and private tobacco control partners need to address program issues, such as how to develop and evaluate culturally appropriate prevention and cessation interventions.

This report includes examples of numerous racial- and ethnic-specific tobacco control programs used in communities across the country. These and other racial/ethnic group-specific programs must be disseminated to all areas of the country, where program planners can develop their own strategies, taking into consideration the cultural attitudes, norms, expectations, and values of the targeted cultural groups.

In each of these endeavors, we will succeed only if we are sensitive to our cultural differences and similarities. I challenge federal and state agencies as well as researchers and practitioners in the social, behavioral, public health, clinical, and biomedical sciences to join me in the pursuit of effective strategies to prevent and control tobacco use among racial/ethnic groups. By meeting this challenge, we will progress toward achieving the nation's year 2000 tobacco-related health objectives and will help to prevent the unnecessary disability, disease, and deaths that result from tobacco use.

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Tobacco Use Among U.S. Racial/Ethnic Minority Groups

Chapter 1. Introduction and Summary of Conclusions	3
Chapter 2. Patterns of Tobacco Use Among Four Racial/Ethnic Minority Groups	19
Introduction	21
Long-Term Tobacco-Use Trends and Behavior Among Racial/Ethnic Minority Groups	22
Retrospective Analyses of Smoking Prevalence Among African Americans and Hispanics	74
Effects of Education and Race/Ethnicity on Cigarette-Smoking Behavior	83
Exposure to Environmental Tobacco Smoke	86
Comparisons Between Racial/Ethnic Minority Groups in Current Tobacco Use	87
Chapter 3. Health Consequences of Tobacco Use Among Four Racial/Ethnic Minority Groups	135
Introduction	137
Lung Cancer	137
Other Cancers	149
Chronic Obstructive Pulmonary Disease	158
Coronary Heart Disease	160
Cerebrovascular Disease	164
Smoking and Pregnancy	166
Summary of Health Consequences from Active Cigarette Smoking	172
Effects of Exposure to Environmental Tobacco Smoke	172
Effects of Smokeless Tobacco Use	174
Nicotine Addiction and Racial/Ethnic Differences	175
Chapter 4. Factors That Influence Tobacco Use Among Four Racial/Ethnic Minority Groups	205
Introduction	207
Historical Context of Tobacco	208
Economic Influences	213
Advertising and Promotion	220
Psychosocial Determinants	225
Chapter 5. Tobacco Control and Education Efforts Among Members of Four Racial/Ethnic Minority Groups	257
Introduction	259
Primary Prevention Efforts	266
Smoking Cessation Programs	274
Environmental Tobacco Smoke and Clean Indoor Air Policies	287
Economic Efforts to Reduce Tobacco Use	292
Efforts to Control Tobacco Advertising and Promotion	293
Tobacco Product Regulations	298
List of Tables and Figures	311
Glossary	319
Index	321