Tobacco's Impact on Black and African American Communities

Each year, more than 50,000 African Americans die from smoking-related disease.[1] Smoking-related illnesses are the number one cause of death in the African-American community, surpassing all other causes of death, including AIDS, homicide, diabetes, and accidents.[2]

Tobacco Use Among African-American Youth

According to the National Youth Tobacco Survey (NYTS), released by the U.S. Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA), e-cigarettes are the most commonly used tobacco product among African-American youth. In 2024, 8.4% of African-American high schoolers and 4.9% of middle schoolers, were current e-cigarette users.[3]

Cigars are the second most popular product among African-American youth, after e-cigarettes. African-American youth smoke cigars at twice the rate of White youth.[4]

African-American high school students have historically smoked cigarettes at a much lower rate than their Hispanic and White peers, due to protective factors such as greater price sensitivity, religiosity, negative community attitudes towards smoking, parental opposition and sports involvement.[5] In 2023, 1.6 percent of African American high school students were current smokers[1].[6]

However, disparities persist and reductions in adolescent combustible tobacco product use have not equitably reached communities of color, particularly Black youth. A study evaluating combustible tobacco product use among adolescents in the U.S. from 2014 to 2020 found that the odds of combustible tobacco smoking declined 21.5% per year among White youth, which was 4.22 times greater than for Black youth at 5.1% per year.[7] Furthermore, as African American youth enter young adulthood, their smoking rates begin to mirror that of their White peers.[8]

Tobacco Use and Quitting Among African-American Adults

In contrast to youth usage patterns, African American adult smoking rates are nearly equivalent to that of Whites. According to the 2024 National Health Interview Survey (NHIS) of adults ages 18 and over, 10.8 percent of African-American adults in the United States are current smokers, compared to 11.1 percent of Whites, 7.1 percent of Hispanics, and 3.8 percent of Asian Americans.[9] Overall, 9.9 percent of US adults are current smokers. Older NHIS data found that nearly one in five (18.1%) African American adults are current users of any tobacco product, and they have the highest prevalence of cigar smoking of all major American racial/ethnic groups.[10] 5.1 percent of African American adults are current cigar smokers, compared to 3.5 percent of adults overall.

Research has shown that African-American smokers are highly motivated to quit.[11] In fact, about 70 percent of current African-American smokers want to quit, and nearly 60 percent made a quit attempt in the previous year.[12] However, smoking cessation rates remain low. Only 7.3% of Black adult smokers successfully quit per year.

Low cessation rates could be due to higher levels of nicotine dependence among African-Americans as a result of their preference for mentholated cigarettes.[13] Low rates of receiving advice to quit and using evidence-based cessation treatment likely also contribute to low cessation rates. Only about half (49.5%) of African-Americans receive advice to quit from a healthcare professional and about 1 in 3 (32.6%) use

[1] Youth prevalence data for current cigarette smoking are from the 2023 Youth Risk Behavior Survey, while, unless otherwise noted, all other youth prevalence data are from the 2024 National Youth Tobacco Survey (NYTS). Because of methodological differences, these surveys are not comparable.

evidence-based cessation treatments (counseling or medication) to help them quit, which may contribute to low cessation rates.[14]

Disproportionate Health Burden of Tobacco Among African Americans

African Americans continue to suffer tremendous tobacco-related morbidity and mortality despite the fact that they tend to smoke fewer cigarettes per day and begin smoking later in life.[15]

Smoking is responsible for about thirty percent of all cancer deaths.[16] African Americans have some of the highest death rates and shortest survival of any other racial or ethnic group for most cancers.[17] Each year, more than 72,000 African Americans are diagnosed with a tobacco-related cancer and more than 39,000 die from a tobacco-related cancer.[18] Smoking is responsible for 85 percent of lung cancer deaths.[19]

Lung cancer is the second most common cancer in both African-American men and women, but it kills more African American men than any other type of cancer.[20] In 2025, it was estimated that 24,940 African Americans will be diagnosed with lung cancer and 13,600 African Americans will die from it.[21]

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.[22] These declines are the result of a larger decrease in smoking initiation among young African-Americans over the previous 40 years. In fact, the larger decline in smoking among African American youth have led to a convergence of lung cancer incidence overall and a near elimination of the racial disparity among those less than 50 years old. However, African-American men have a 10 percent higher incidence rate (2018-2022) and 12 percent higher death rate (2019-2023) from lung and bronchial cancers compared to White men.[23]

Smoking is also a major cause of heart disease and stroke — conditions that kill more people in the African-American community than lung cancer.[24] Compared to US adults overall, African-Americans are 30% more likely to die from heart disease, 43% more likely to have a stroke, and 45% more likely to die from a stroke.[25] In addition, smoking is a major cause of chronic bronchitis, emphysema, gastric ulcers, and cancers of the mouth, pharynx, larynx, esophagus, pancreas, uterine cervix, kidney, stomach, liver, colon and bladder.[26] Smoking can also cause worse health outcomes in cancer patients and survivors.[27]

African Americans are also disproportionately affected by exposure to secondhand smoke. More than 4 in 10 African American adults are still exposed to this preventable health hazard.[28] Rates are even higher among youth. Among African-American children and adolescents aged three to 19 years, more than half (58.6%) are exposed to secondhand smoke, compared to 38.5 percent of white kids of the same age.[29] Exposure to secondhand smoke is known to cause sudden infant death syndrome (SIDS), respiratory infections, ear infections and more severe asthma attacks in children, as well as heart disease, stroke and lung cancer in adults.[30]

Impact of Disproportionate Use of Menthol Cigarettes Among African Americans

The higher rates of some tobacco-caused disease among African Americans than whites may result, in part, from the greater use of menthol cigarettes among African-American smokers.[31] Overall, 85% of African-American smokers smoke menthol cigarettes, compared to 29% of white smokers.[32] The popularity of menthol is also evident in the cigarette brand preferences of African American youth who smoke. More than two-thirds (69.1%) of African-American youth ages 12-17 prefer Newport brand cigarettes. In contrast, the predominant brand among white youth who smoke is non-menthol Marlboro.[33] Data from a nationally representative cross-sectional study found that 44.5 percent of African American menthol smokers would quit smoking in response to a prohibition on menthol cigarettes.[34]

In 2013, the U.S. Food and Drug Administration (FDA) released a report finding that menthol cigarettes lead to increased smoking initiation among youth and young adults, greater addiction, and decreased success in

quitting smoking. The agency concluded that, "these findings, combined with the evidence indicating that menthol's cooling and anesthetic properties can reduce the harshness of cigarette smoke and the evidence indicating that menthol cigarettes are marketed as a smoother alternative to nonmenthol cigarettes, make it likely that menthol cigarettes pose a public health risk above that seen with nonmenthol cigarettes."[35] The Tobacco Products Scientific Advisory Committee (TPSAC), in its 2011 report to the FDA, estimated that by 2020, 4,700 excess deaths in the African American community will be attributable to menthol cigarettes, and over 460,000 African Americans will have started smoking because of menthol cigarettes.[36]

Research published since FDA's and TPSAC's reports continue to bolster these findings:

- In 2020, a study analyzing four waves of data from the government's Population Assessment of Tobacco and Health (PATH) study found that among daily smokers, menthol cigarette smokers have a 24% lower odds of quitting as compared to non-menthol smokers (the study did not find a significant difference among quit rates for non-daily menthol and non-menthol smokers). Among daily smokers, African American menthol smokers had a 53% lower odds of quitting compared to African American non-menthol smokers and white menthol smokers had a 22% lower odds of quitting compared to white non-menthol smokers.[37]
- A meta-analysis of findings from nearly 150,000 smokers found that among African Americans, menthol smokers have a 12% lower odds of smoking cessation compared to non-menthol smokers.[38]
- A 2014 randomized clinical trial of FDA-approved cessation treatments among 1,500 US adult smokers found that menthol smoking was associated with reduced likelihood of quitting, compared to non-menthol smoking. African American female menthol smokers had the lowest quit rates of all groups in the study.[39]
- Relying on these studies as well as the FDA's and TPSAC's findings, the 2020 Surgeon General Report on Smoking Cessation determined that the evidence was suggestive, but not conclusive as to the role of menthol on smoking cessation, finding the strongest evidence for reduced likelihood of smoking cessation among African American menthol smokers.[40] Due to the lower likelihood of smoking cessation among African American menthol smokers, the 2020 Surgeon General Report on Smoking Cessation concluded that, "Use of menthol cigarettes has been shown to contribute to tobacco cessation-related disparities in the United States."[41]

Reducing Tobacco Use among African Americans

Services and policies to help people quit using tobacco consist of a variety of evidence-based, individual and population-level approaches. According to the U.S. Public Health Service Clinical Practice Guideline, tobacco cessation treatments are effective across a broad range of populations. It is critical that health care providers screen for tobacco use and provide advice to quit to African American tobacco users.[42]

Menthol cigarettes pose a tremendous public health threat, especially among Black Americans. In 2011, FDA's Tobacco Products Scientific Advisory Committee (TPSAC) recommended that, "Removal of menthol cigarettes from the marketplace would benefit public health in the United States."[43] Further, researchers estimate that a menthol ban would close the gap between lung cancer death rates for Black Americans and other U.S. racial and ethnic groups by 2025 – twenty-five years sooner than it otherwise would have, and that by 2060, smoking attributable lung cancer death rates would be cut in half for Black Americans.[44]

Implementation of public education campaigns reduce the number of youth who start smoking, increase the number of smokers who quit, and make tobacco industry marketing less effective, saving lives and health care dollars. Research from the 2013 *Tips From Former Smokers (Tips)* campaign shows that these campaigns can be particularly effective for and well-received by African Americans. The quit attempt rate for African American smokers in media markets with higher doses of the *Tips* campaign was 60 percent higher than that of smokers in standard dose media markets.[45]

Policy interventions can also help people quit smoking. Research studies have established that cigarette price increases are particularly effective in preventing and reducing smoking among African Americans, youths, males, and persons in low-income households.[46] 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.[47] 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.[48]

Finally, research indicates that African Americans have benefited less than other racial and ethnic groups from the spread of smokefree laws across the country, contributing to their disproportionate exposure to secondhand smoke.[49] The 2012 Surgeon General's Report concluded that in combination with sustained programs and mass media campaigns, tax increases, and other regulatory initiatives, smokefree laws effectively reduce smoking among youth and young adults.[50]

More information on Tobacco and African Americans is available at
https://www.tobaccofreekids.org/fact-sheets/tobaccos-toll-health-harms-and-cost/toll-of-tobacco-on-specific-populations-african-americans

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