

Hispanics & Tobacco Use



Despite reductions in smoking prevalence achieved since the first Surgeon General's report on the consequences of smoking in 1964, smoking remains the leading cause of preventable death in the United States.¹ Smoking accounts for more than 490,000 deaths in the United States each year and is a major risk factor for four of the leading causes of death: heart disease, cancer, chronic obstructive pulmonary disease, and stroke.² Among Hispanic people, smoking causes about 1 in 10 deaths.³

Tobacco Use Among Hispanic Adults

According to the 2024 National Health Interview Survey (NHIS) of adults ages 18 and over, 7.1 percent of Hispanic adults in the United States are current smokers.⁴ Overall, 9.9 percent of U.S. adults are current smokers.⁵ Current smoking prevalence among Hispanics reflects a 56 percent decrease from 2005, when the rate was 16.2 percent. Hispanic smokers also tend to consume fewer cigarettes per day than non-Hispanic white smokers and are less likely to be daily smokers than smokers of all other racial/ethnic groups.⁶ However, research also shows that—as with other immigrant groups—smoking behavior trends toward that of non-Hispanic whites as Hispanics acculturate to the United States, particularly for female Hispanics.⁷

While Hispanic smoking rates are low overall, differences exist within Hispanic subpopulations that are masked when surveys group Hispanics as a single population. For example, according to combined NHIS data from 2019-2021, 15.0 percent of Puerto Ricans, 9.7 percent of Cubans, 8.1 percent of Mexicans or Mexican Americans, and approximately 5 percent of Central and South Americans, and Dominicans each, respectively, are current smokers.⁸ The overall smoking prevalence for Hispanics during the same time period was 8.4 percent. In addition, smoking rates are significantly higher for U.S.-born Hispanics than for foreign-born Hispanics in the U.S. A 2014 study of Hispanics/Latinos in Chicago, Miami, San Diego and the Bronx found current smoking rates as high as 35 percent among Puerto Rican men (32.6 percent for women) and 31.3 percent for Cuban men (21.9 percent for women).⁹ Smoking rates are also higher among Hispanics of lower socioeconomic status. More research is needed to understand and monitor trends among these Hispanic subpopulations. For instance, one study, analyzing 1999-2018 NHIS data, showed that the highest average annual rise in menthol cigarette use was among Mexican American adults. Menthol cigarettes increase addiction and make it harder to quit.¹⁰ 50 percent of Hispanic people who smoke use menthol cigarettes compared to 29 percent of White people who smoke.¹¹

Tobacco Use Among Hispanic Youth

Overall, nearly one in ten (9.8%) Hispanic high school students are current users of any tobacco product.¹² E-cigarettes are the most commonly used tobacco product among Hispanic high school students. In 2024, 7.4 percent of Hispanic high school students currently used these products. The rate of e-cigarette use is lower than the rates for White (8.1%) and Black (8.4%) students.¹³

In 2024, 1.7 percent of Hispanic high school students were current smokers, which is slightly lower than the rate for White students (1.9%).¹⁴ 1.6 percent of Hispanic high school students currently smoke cigars, compared to 2.7 percent of Black students and 1.3 percent of White students.

According to the 2021 National Survey of Drug Use and Health, 93.6 percent of Hispanic youth smokers (ages 12-17) prefer Camel, Marlboro, and Natural American Spirit —three heavily advertised brands. The most popular brand among Hispanic youth is Camel.¹⁵ Another older survey, the 2016 National Youth Tobacco Survey, found that 78.8% of Hispanic high school students prefer these three brands.¹⁶

Health Consequences of Tobacco Use Among Hispanic Americans

Each year, more than 15,000 Hispanic adults are estimated to die from smoking-caused disease.¹⁷ Smoking harms nearly every organ of the body and, according to the 1998 Surgeon General's Report, smoking and other tobacco use takes its toll on the health of Hispanic Americans. Cancer, heart disease, and stroke – all of which can be caused by cigarette smoking – are leading causes of death among Hispanic Americans.¹⁸

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.¹⁹ Lung cancer is the leading cause of cancer death among Hispanic men and the second leading cause among Hispanic women.²⁰ Smoking is responsible for 85 percent of lung cancer deaths (87% in men, 83% in women).²¹ More than 12,800 new cases of lung cancer were expected to occur among Hispanics/Latinos and more than 5,900 Hispanics/Latinos were expected to die from this disease in 2024.²² Further, lung cancer death rates within Hispanic subpopulations differ according to differences in smoking patterns. For example, Cubans historically have been more likely to smoke and to be heavy smokers.²³ In Florida, the lung cancer mortality rates among Cuban men are more than 50% higher than in Puerto Rican men and almost double the rate in Mexican men.²⁴ Tobacco use is also a major cause of chronic bronchitis, emphysema, gastric ulcers, and cancers of the mouth, pharynx, larynx, esophagus, pancreas, uterine cervix, kidney, stomach, colon and rectum, liver, blood, and bladder.²⁵

In addition to tobacco use, economic, social, and cultural factors influence cancer incidence and survival rates. In the US, Hispanics have lower levels of education than non-Hispanic whites and are more likely to live in poverty.²⁶ Hispanics are the least likely of any racial or ethnic group to have health insurance.²⁷ With limited access to health care, it is less likely that Hispanic smokers will be advised by a health care provider to quit smoking or have access to cessation treatments.²⁸

Tobacco Industry Targeting of Hispanics

As early as the 1980s, the tobacco industry has attempted to capture the Hispanic market. Tobacco industry documents reflect the industry's early enthusiasm for the Hispanic market, as a young, growing, geographically concentrated and brand loyal market. As R.J. Reynolds noted, "Second only to [the] growth [of this population], the reason for targeting Hispanics lies in their geographic concentration."²⁹ In the late 1980s, R.J. Reynolds began to promote Winston through its Nuestra Gente (our people) campaign, using print advertisements promoting traditional Hispanic cultural values. The success of this campaign was limited, so R.J. Reynolds turned their focus toward targeting young adult Hispanic populations by promoting Camel through with its "Un Tipo Sauve" ("Smooth Moves") advertisements, concentrating efforts in geographic areas with large Hispanic populations and promoting products at events featuring Hispanic entertainers. In 2005, R.J. Reynolds launched the "Kool Be True" music-themed campaign targeted at African American and Hispanic youth. The campaign featured ads with young, cool, multiethnic models and appeared in magazines popular with young African Americans and Hispanics.³⁰

The tobacco industry also frequently provides large cash contributions to organizations representing ethnic minorities, including Hispanics. Through its contributions (and its media efforts to promote them), the tobacco industry is able to



Source: Trinkets & Trash. Spanish ad for Newport cigarettes. Features smiling Latino couple dancing and having fun.

improve its image, cultivate local and political allies, and gain political influence. For example, in 1994 Philip Morris and R.J. Reynolds each gave the U.S. Hispanic Chamber of Commerce \$75,000. That same year, the Hispanic Chamber of Commerce mailed 92,000 letters urging business owners and employees to lobby against a proposed tobacco tax increase.³¹ The Congressional Hispanic Caucus' political action committee "Building our Leadership Diversity" or "BOLD PAC" has received campaign contributions from the tobacco industry.³² Altria has been donating to Hispanic and Latino scholarship funds, chambers of commerce, caucuses and other civic and business groups for many years.³³ In these ways, the tobacco companies use civic organizations to indirectly market their names and products to Hispanic communities and reduce the perceived need for effective tobacco control laws.

Helping Hispanics Quit Smoking

The majority of Hispanic smokers are interested in quitting smoking. Nearly two-thirds (64.2%) want to quit smoking cigarettes, and more than half (56%) report that they tried to quit during the past year.³⁴ Yet still, only 10.9% of Hispanic smokers successfully quit, suggesting that additional resources, including culturally appropriate cessation resources, are needed for this population.

Services and policies to help people quit using tobacco consist of a variety of evidence-based, individual and population-level approaches aimed at reducing the toll of tobacco use by helping individual users quit. 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 tobacco users.³⁵ Unfortunately, only 1 in 3 Hispanic adult smokers receive advice to quit from a healthcare professional and fewer than 3 in 10 Hispanic adult smokers (28.8%) use proven cessation treatments (counseling and medication) to help them quit.³⁶

Policy interventions can also help people quit smoking. Research among Hispanics echoes decades of findings indicating that increasing the price of tobacco products is an effective way to encourage cessation and prevent initiation. In fact, Hispanic smokers in all age groups are more likely than non-Hispanic blacks or whites to quit or cut back their smoking in response to increases in cigarette prices.³⁷

¹ Smoking and Health: Report of the Advisory Committee to the Surgeon General of the Public Health Service, PHS publication 1103, 1964, http://www.cdc.gov/tobacco/sgr/sgr_1964/sgr64.htm. McGinnis, JM, et al., "Actual causes of death in the United States," Journal of the American Medical Association (JAMA) 270:2207-2212, 1993.

² U.S. Department of Health and Human Services (HHS). Eliminating Tobacco-Related Disease and Death: Addressing Disparities—A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2024. <https://www.cdc.gov/tobacco-surgeon-general-reports/about/2024-end-tobacco-disparities.html>; Curtin SC, et al. Deaths: Leading causes for 2022. National Vital Statistics Reports; vol 73 no 10. Hyattsville, MD: National Center for Health Statistics. 2024. DOI: <https://dx.doi.org/10.15620/cdc/164020>. See Table C. Number of deaths and percentage of total deaths for the 10 leading causes of death: United States, 2022 and 2021

³ HHS. Eliminating Tobacco-Related Disease and Death: Addressing Disparities—A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2024. <https://www.cdc.gov/tobacco-surgeon-general-reports/about/2024-end-tobacco-disparities.html>.

⁴ National Center for Health Statistics. Percentage of current cigarette smoking for adults aged 18 and over, United States, 2024. National Health Interview Survey. Generated interactively: Aug 13 2025 from https://wwwn.cdc.gov/NHISDataQueryTool/SHS_adult/index.html.

⁵ NCHS. Percentage of current cigarette smoking for adults aged 18 and over, United States, 2024. National Health Interview Survey. Generated interactively: Aug 13 2025 from https://wwwn.cdc.gov/NHISDataQueryTool/SHS_adult/index.html.

⁶ 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/>. See also, HHS, "How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease. A Report of the Surgeon General," 2010, http://www.surgeongeneral.gov/library/reports/tobaccosmoke/full_report.pdf.

⁷ See, e.g., Bethel & Schenker, "Acculturation and smoking patterns among Hispanics: a review. Am J Prev Med, 29(2): 143-148, 2005. Kaplan, R.C., et al., "Smoking Among U.S. Hispanic/Latino Adults: The Hispanic Community Health Study/Study of Latinos," Am J Prev Med, 46(5): 496-506, 2014.

⁸ National Center for Health Statistics. Percentage of current cigarette smoking for adults aged 18 and over, United States, 2019-2021. National Health Interview Survey. Generated interactively: Sep 06 2024 from https://wwwn.cdc.gov/NHISDataQueryTool/SHS_adult3yr/index.html.

⁹ Kaplan, R.C., et al., "Smoking Among U.S. Hispanic/Latino Adults: The Hispanic Community Health Study/Study of Latinos," Am J Prev Med, 46(5): 496-506, 2014.

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