



## The Impact of Smoking on Ethnic Communities

Among California's ethnic communities, the problem of nicotine addiction is alarming, consider:

- 1 in 5 African Americans are smokers.<sup>1</sup> 1 in 3 Native Americans are smokers.<sup>2</sup>
- Lung cancer is the leading cause of cancer deaths among Latinos in the U.S.<sup>3</sup>
- Each year, approximately 45,000 African Americans die from a smoking-related disease that could have been prevented.<sup>1</sup>
- An estimated 1.6 million African Americans under the age of 18 will become regular smokers. 500,000 of those smokers will die of a smoking-related disease.<sup>1</sup>
- African Americans continue to suffer disproportionately from chronic and preventable disease compared to white Americans. Of the three leading causes of death in African Americans—heart disease, cancer and stroke—smoking and other tobacco use are major contributors to these illnesses.<sup>4</sup>
- Overall, 15% of Californians smoke, but Native Americans smoke at a rate of twice that at nearly 32%. Native Americans experience the highest rate of infant mortality due to Sudden Infant Death Syndrome (SIDS), which is also causally linked to tobacco use.<sup>5</sup>
- African Americans' nicotine intake per cigarette is 30% greater than in Caucasians.
- Cigarette toxins clear from African Americans' blood more slowly.
- African-American smokers found to be more likely than Caucasian smokers to quit for at least one day, but much less likely to succeed in quitting.
- 75% of African-American smokers use mentholated brands, compared to fewer than 25% of Caucasian smokers. The menthol may encourage deeper inhalations.
- An estimated 15,000 to 20,000 Asian Americans and Pacific Islanders will die each year from tobacco-related illnesses.<sup>6</sup>
- Tobacco-related cancer and cardiovascular disease are the top two causes of death among Asian Americans and Pacific Islanders. For Asian Americans and Pacific Islanders, approximately 35%

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<sup>1</sup> Centers for Disease Control and Prevention, Cigarette Smoking Among Adults—United States, 2004.

<sup>2</sup> A Report to the 2007–2008 California Legislature, April 20, 2007 Analysis of Senate Bill 24: Tobacco Cessation; California Health Benefits Review Program.

<sup>3</sup> The National Latino Council on Alcohol and Tobacco Prevention— Quick Facts:  
<http://www.nlcatp.org/index.cfm>.

<sup>4</sup> Centers for Disease Control and Prevention, Chronic Disease in Minority Populations (1994): 2-16.

<sup>5</sup> A Report to the 2007–2008 California Legislature, April 20, 2007 Analysis of Senate Bill 24: Tobacco Cessation; California Health Benefits Review Program.

<sup>6</sup> Asian Pacific Partners for Empowerment and Leadership. Available at:  
<http://www.appealforcommunities.org/facts>

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of total deaths are attributed to diseases of the heart and stroke and approximately 26% of total number of deaths is attributed to cancer.<sup>7</sup>

- Hawaiian or other Pacific Islander youths have a higher prevalence of cigarette smoking than Asians.<sup>8</sup>

## **Smoking Cessation Treatment**

Nicotine is one of the hardest substance use dependencies to break. According to HHS 70% of smokers want to quit but fewer than 7% who try to quit remain smoke-free for 1 year thereafter.

National guidelines<sup>9</sup> recommend comprehensive smoking cessation benefits, including:

- Both counseling and medications including prescription and over the counter cessation aids.
- At least four counseling sessions of at least 30 minutes.
- Elimination or minimization of co-pays and deductibles for treatment.

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<sup>7</sup> American Heart Association, 2001

<sup>8</sup> Tobacco use among racial and ethnic population subgroups of adolescents in the US. Preventing Chronic Disease, v3, April 2006

<sup>9</sup> Fiore MC, Bailey WC, Cohen SJ, et al. *Treating Tobacco Use and Dependence. Clinical Practice Guideline*. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. June 2000