

❖ Nico-Notes ❖

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African-American Smokers

Smoking Even More Deadly for Black Americans

Much of America's general population quit smoking over the past 20 years, but this trend has now leveled out. Health professionals recognize that in order to encourage more people to give up cigarettes, we must target the specific populations who find this task most difficult. African Americans are one such group.

Many studies have shown that more Blacks than Whites smoke cigarettes, but Blacks are much less likely to be heavy smokers (*Kabat et al. Am J Public Health 1991;81:1483-1486*). Paradoxically, Black smokers are more likely to suffer from smoking-related diseases than are White smokers (*CDC. African Americans and Smoking. Surgeon General's Report At A Glance, 1991.*).

Between the 1950s and 1980s, according to the American Lung Associ-

The mortality rate for Black men with lung cancer is 45% higher than for non-minority men with this disease.

ation, lung cancer deaths increased 381% in Black males and 440% in Black females. (*ALA. A Portrait of Lung Cancer: Annual Report 1987*). And the mortality rate for Black men with lung cancer is 45% higher than for non-minority men with this disease (*American Medical News, April 26, 1993*).



Blacks are also more likely to develop cancer of the esophagus and oral cavity. Additionally, Blacks are more likely to die from these cancers as well as from heart disease and stroke.

This difference in health effects may be because Blacks tend to smoke cigarette brands that are higher in nicotine and tar and/or contain menthol, because of genetic differences, or because of socioeconomic factors that effect medical care. Perhaps the fact that Blacks are more often exposed to environmental tobacco smoke (*Wagenknecht, et al. Environ Res 1993;63:39-46*) contributes to the problem.

Whatever the case, health professionals must find ways to curb the spread of smoking-related disease among the African American population.

Cessation Programs: What works for Blacks?

How do Black smokers differ from White smokers? What strategies might best help African American smokers quit? These questions have not been fully answered, but researchers are uncovering some information that could help.

Royce and colleagues found that, compared to Whites, Blacks are 1.6 times more likely to smoke within ten minutes of awakening, a behavior that typically indicates high levels of nicotine dependency. If Blacks are highly addicted to nicotine, it may partly explain why most fail at cessation attempts even when they are highly motivated to give up their cigarettes. (*Am J Public Health 1993;83:220-226.*)

Orleans and colleagues suggest several barriers to smoking cessation among African Americans: lower income, blue-collar employment, more limited health care access, greater life stress and hardship resulting from pervasive discrimination, depleted psychosocial resources, and social pressure to smoke (*Health Education Research 1989;4:13-25*). (See related article on

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From the Reference Desk . . .

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Kaufman JS, et al. A comprehensive multi-media program to prevent smoking among Black students. *J Drug Education* 1994;24:95-108.

Lacey LP, et al. Social support in smoking cessation among Black women in Chicago public housing. *Public Health Report* 1993;108:387-394.

Giovino GA, et al. Surveillance for Selected Tobacco-Use Behaviors—United States, 1900-1994. *MMWR* 1994;vol. 43.

A Unique Problem for Black Women

Although tobacco smoke can have hazardous effects for any woman, especially during pregnancy and lactation, Black women are at especially high risk for certain smoking-related diseases. For

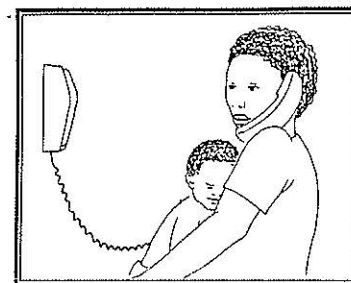
Once Black women start smoking cigarettes, they are less likely to quit and stay quit.

example, African American women are more likely to die from cardiovascular disease and respiratory system cancers than are White women (*CDC. African Americans and Smoking. Surgeon General's Report At A Glance, 1991*).

Black women are less likely than Whites to start smoking during their teen years, but once they start using cigarettes they are less likely to quit (*Geronimus et al. Am J Public Health* 1993;83:1258-1264). One study found a weaker motivation to quit among Black women of low socioeconomic status, and attributed their lack of interest in cessation mostly to their lack of education (*Manfredi et al. Am J Public Health* 1992;82:267-272).

Another researcher reported a correlation between smoking, high levels of stress, and poor social networks (*Romano, et al. Am J Public Health* 1991;81:1415-1422). All these factors may contribute; Ahijevych and Wewers found that among the Black women they studied, many used cigarettes to help them cope and several did not recognize the health risks of smoking (*Research in Nursing & Health* 1993;16:283-292).

These studies suggest that cessation programs for African American women should include several specific components. Information about the risks of smoking and benefits of quitting should be included to encourage interest in cessation. Suggestions for developing new coping skills and utilizing any social support available should also be offered.



Christine: Hi Mom, it's Christine. Can you watch Richie? He's sick and I can't take him to the day care center.

Mother: Oh, Christine, is he sick again? My poor baby! Bring him right over. I'll watch him.

Mother: I read that kids who live with parents who smoke get sick more often. Maybe you should think about that, Christine.

A Quick Look . . .

➤ African Americans are at least as likely to smoke as Whites, but Black smokers are less likely to successfully quit.

➤ Blacks tend to smoke fewer cigarettes per day, but usually choose brands with menthol and higher amounts of tar and nicotine.

➤ Blacks are at higher risk for cardiovascular disease, cancer, and other smoking-related diseases. The reasons for this may be socioeconomic and/or genetic.

➤ Researchers have found higher concentrations of cotinine (a metabolite of nicotine) in the blood of African Americans, which might be related to higher levels of nicotine dependence in Blacks.

➤ African Americans, like the general population, often quit smoking for health reasons or to gain a sense of control. Many also quit out of concern for their children or other family members.

➤ Cessation strategies for Black smokers should include information on the benefits of quitting smoking, specific strategies for coping with life stresses, and community-based support.

From: "It's Time To Quit!" by the
Health Promotion Council of
Southeastern Pennsylvania, Inc., 311 S
Juniper St #308, Philadelphia PA 19107;
215-546-1276

Resources

- *Smoking: Facts and Quitting Tips for Black Americans* is a 4-page brochure outlining the hazards of smoking, benefits of quitting, and methods for quitting. Call 1-800-4-CANCER and ask for item #L0590.
- The American Lung Association has available several pamphlets for low-income and/or African Americans. Call 1-800-LUNG-USA.
- *Pathways to Freedom* is an excellent information and quitting guide produced especially for African Americans. Order it free from the CDC's Office on Smoking and Health, Mail Stop K-50, Atlanta GA 30333, ph. 1-800-CDC-1311. The CDC also has another pamphlet, *African Americans and Smoking*, available. (Both publications are currently being reprinted and will be in stock by late June or early July.)
- The Black American National Medical Association has several publications available. Contact them at 1012 10th St. NW, Washington DC 20001; ph. 202-347-1895.
- The Office of Minority Health Resource Center distributes material on the subject of African Americans and Smoking. Write PO Box 27227, Washington DC 20013-7337; or call 1-800-444-MHRC.

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Join the Battle!

For more information on community-wide strategies for battling tobacco, contact these agencies:

- **Advocacy Institute**, 202-659-8475.
- **Coalition Against Billboard Advertising of Alcohol and Tobacco (CABAAT)**, 313-965-1866.
- **Coalition on Smoking OR Health**, 202-452-1184.
- **National Association of African Americans for Positive Imagery**, 215-225-5232.
- **Uptown Coalition for Tobacco Control and Public Health**, 215-728-3102.

Research Needs

In a comprehensive research survey, C. Tracy Orleans and colleagues discuss present findings as well as recommendations for intervention and further research about African American smokers (*Health Education Research* 1989;4:13-25).

Present findings indicate that tobacco interventions in African American communities should include:

- 1) Information campaigns to raise awareness and counter advertising;
- 2) Outreach to make existing self-help materials and other resources more available;
- 3) Using community organizations to "bolster quitting supports in important informal social and self-help networks;" and
- 4) Materials and programs tailored to Black smokers' culture, specific quitting barriers, and low-rate/high-nicotine smoking pattern.

According to Orleans, "Further research is needed to clarify special smoking cessation barriers, needs and assets for Black Americans."



Menthol: A Piece of the Puzzle?

Some researchers have found higher levels of serum cotinine in African Americans smokers, though this phenomenon cannot yet be explained. It may, however, be linked to the higher incidence of smoking-related death and disease in Blacks.

Mentholated cigarettes, which are used by 89% of Black smokers but only 30% of White smokers, might be part of the puzzle. (*Wagenknecht, et al. Am J Public Health* 1990;80:1053-1056. *English, et al. Am J Public Health* 1994;84:1439-1443.)

One recent study found that both Black and White subjects took fewer puffs from mentholated cigarettes, and inhaled an average of almost 40% less smoke. Despite this decreased exposure to nicotine and carbon monoxide, the subjects displayed heart rates and expired CO levels almost equal to those measured when they smoked regular cigarettes. (*McCarthy JW, et al. Am J Public Health* 1995;85:67-72.)

Does menthol promote the absorption of carbon monoxide, nicotine, and the other poisons found in cigarette smoke? Or do other factors (diet, genetics, metabolism, or cigarette-type preference) play a part? Further research is needed to answer this important question.

African American Children Smoke Less

Among young adults and youth, several studies have shown that fewer Blacks than Whites smoke (*Bachman et al. Am J Public Health* 1991;81:372-377), and that smoking initiation occurs earlier among White children (*Andreski, et al. Drug Alcohol Depend* 1993;32:119-125). In fact, while the decline in smoking rates among White teens was minimal from 1985-1991, smoking among Black adolescents declined 0.7-1.5 percentage points every year during that period (*Nelson, et al. Am J Public Health* 1995;85:34-40).

It seems that Black children smoke for different reasons than White children do. One survey found that friends' smoking was the most powerful predictor of seventh-grade Black children's smoking, but that "perceived smoking norms and intrapersonal factors such as decision making, self-efficacy, and self-esteem" influenced their decision to continue smoking (*Botvin, et al. Addict Behav* 1993;18:397-405).

Cessation Programs that Work

(Continued from page 1)

Page 3.) Other factors might include limited confidence in ability to quit, and a feeling that tobacco, compared to drugs, unemployment, and crime, is not a high-priority problem (*USDHHS. Strategies to Control Tobacco Use in the United States. NIH Publication #92-3316, 1991*).

Despite all these barriers, Blacks do try to quit smoking more often than do Whites. Unfortunately, they are less likely to remain abstinent for a year or more.

When Blacks do successfully give up tobacco, their motivations are similar to those of Americans in general: health and self-mastery. Since many Blacks have a more fatalistic view of disease and less confidence in their own ability to affect health outcomes, information about the effects of smoking and especially the benefits of quitting (physical, economic, and social) is especially compelling.

Additionally, Blacks are more likely to cite altruistic reasons for trying to quit. Messages about the effects of secondhand smoke and the importance of role-modeling may encourage more attempts at cessation.

Royce found African Americans about twice as likely as whites to view tobacco as a community problem and to

favor tobacco restrictions in their communities. Other researchers have found that community approaches to education and cessation can be very effective among Blacks.

For example, Stillman and colleagues organized a successful cessation program in partnership with local churches (*Preventive Medicine 1993;22:335-349*). (See related article below.) Other community channels for cessation education and support include medical settings, schools, workplaces and fraternal and neighborhood organizations.

Messages should emphasize the role of family and friends—not just individuals—in helping people quit and stay quit. Information that comes from Black peers, not celebrities or authority figures, may be received more openly.

Heart, Body, and Soul

Frances Stillman and her research team worked in cooperation with inner-city churches to develop a smoking cessation program especially for churchgoing African Americans. To help others who would like to establish similar programs, they have published a detailed description of the process they used. (*Preventive Medicine 1993;22:335-349*).

The Heart, Body, and Soul project was

implemented through an interdenominational group of pastors in East Baltimore, MD, that helped develop program strategies and materials. These culturally-specific materials included a pocket-sized devotional book, and an audiocassette containing original gospel music and an inspirational sermonette.

The researchers helped organize health fairs at 22 churches, at which baseline health data were gathered on each congregation. Next, each church was assigned to either minimal (self-help) or intensive intervention.

At the intensive intervention churches, smoking cessation specialists were trained, and special church activities recognized the project and its participants.

Researchers allowed each church involved to individualize the program to fit their congregation. They found that the success of this project relied on their building trust and acceptance with the community while providing technical support.

NOTICE

The Mayo Clinic's next Nicotine Dependence Seminar will be held October 23-25, 1995. For information, call 1-800-344-5984 or fax 507-266-7236. Note that these are new numbers.

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