

AFRICAN AMERICANS AND SECONDHAND SMOKE

August 2005

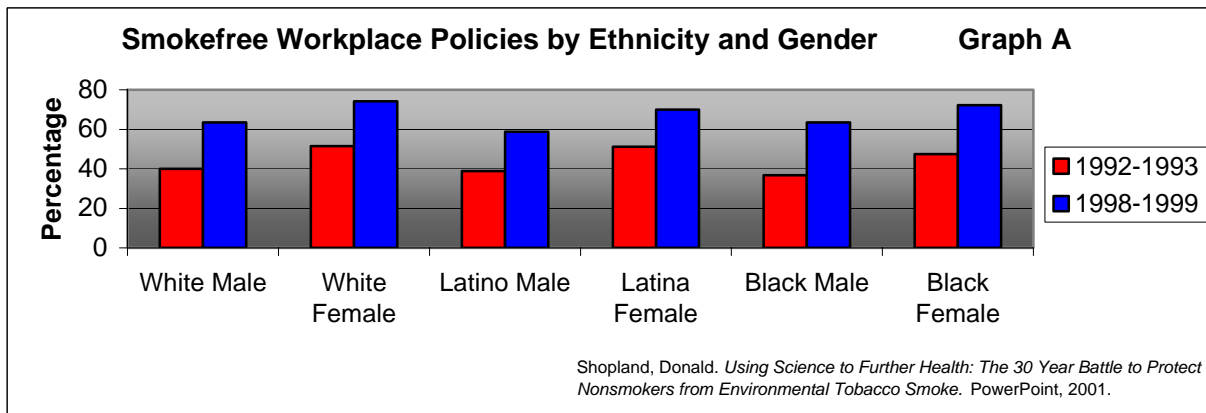
Introduction

Secondhand smoke in the workplace is a health justice issue; everyone deserves protection from workplace health hazards, and no one should have to choose between their livelihood and exposure to an easily preventable cause of premature death and chronic disease. African Americans experience greater health disparities* than the general population, in part due to greater levels of exposure to secondhand smoke and its negative health effects, such as heart disease, lung cancer, and premature death.

The facts show not only that the African American community is in need of protection from secondhand smoke, but also that it is supportive of smokefree air. When developing a smokefree public education campaign, it is important to engage all segments of the community in support of this public health right.

Secondhand Smoke Exposure

- Roughly 34.7 million people (12.3%) comprise the African American population in the United States.¹ Approximately 5.1 million African American adults (22.3%) smoke cigarettes.² The majority of African Americans (57.1%) are likely to not permit smoking inside their homes.^{3,4}
- African American males (63.5%) and African American females (72.2%) are less likely than white females (74.1%) to be covered by smokefree protections on the job.⁵ (See Graph A)
- Eighty-one percent of African Americans support 100% smokefree laws in workplaces and restaurants.⁶



* *Health disparities* are defined as differences in the incidence, prevalence, mortality, and burden related to adverse health conditions that exist among specific population groups in the United States. Specific population groups may be characterized by gender, age, ethnicity, education, income, social status, disability, geographic location, and sexual orientation.

- Thirty-seven percent of African American adults who don't use tobacco products are exposed to secondhand smoke at the home or at work nationwide.⁷ In California, where the state's Clean Indoor Air Law makes workplaces, restaurants, and bars 100% smokefree, 70 percent of African American adults are protected from secondhand smoke exposure on the job.⁸
- The overall level of African Americans who smoke is lower than that for whites; however, the level for African American males who smoke is higher than that for white males (27.7% compared to 25.4%).⁹
- More than 70 percent of African American smokers want to quit completely. African American smokers are more likely than white smokers to have quit for at least one day during 2001 (45.6% compared to 41.8%); however, African Americans are less likely than whites to be smokefree after one month (13.4% compared to 20.6%).¹⁰ Many health advocates attribute this disparity to an increased level of secondhand smoke exposure at the workplace for African Americans.
- Serum cotinine (metabolized nicotine) levels are 25 percent higher in African American males than in white males who smoke five cigarettes each. This may be due to deeper inhalations from mentholated cigarettes – the type of cigarette most commonly smoked amongst African American smokers.¹¹
- Despite a lower reported exposure to secondhand smoke, African-American children with asthma have significantly higher levels of both serum and hair cotinine than white children. A possible explanation for why African Americans may have higher levels of cotinine could be a racial difference in their metabolism of tobacco-related products. Differences in additives to cigarettes commonly smoked by African Americans could also explain the observed racial differences in cotinine. Mentholated cigarettes – the type preferred by 80% of African American smokers – reportedly slows the rate at which nicotine and cotinine are metabolized.¹²
- From 1965 to 2001, cigarette smoking declined more rapidly among African American adults than white adults.¹³

Secondhand Smoke Exposure by Ethnicity

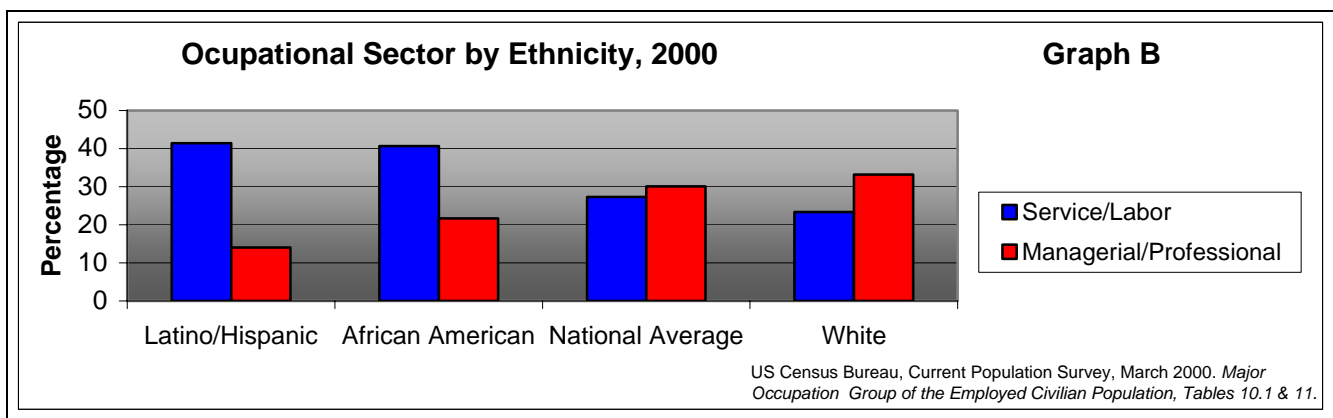
An analysis of municipal tobacco control ordinances in the United States found that communities with significant numbers of people of color are less likely to have any kind of municipal tobacco control ordinance in place when compared to communities with fewer people of color.¹⁴

- Seventy-two percent of African Americans are exposed to secondhand smoke, compared to 50 percent of whites, and 45 percent of Mexican Americans.¹⁵
- The greatest concentrations of the African American population resides in the Southeast (55%), the Midwest (19%), the Northeast (18%), and the West (10%). About three-fifths of all African Americans live in one of ten states: New York, California, Texas, Florida, Louisiana, Georgia,

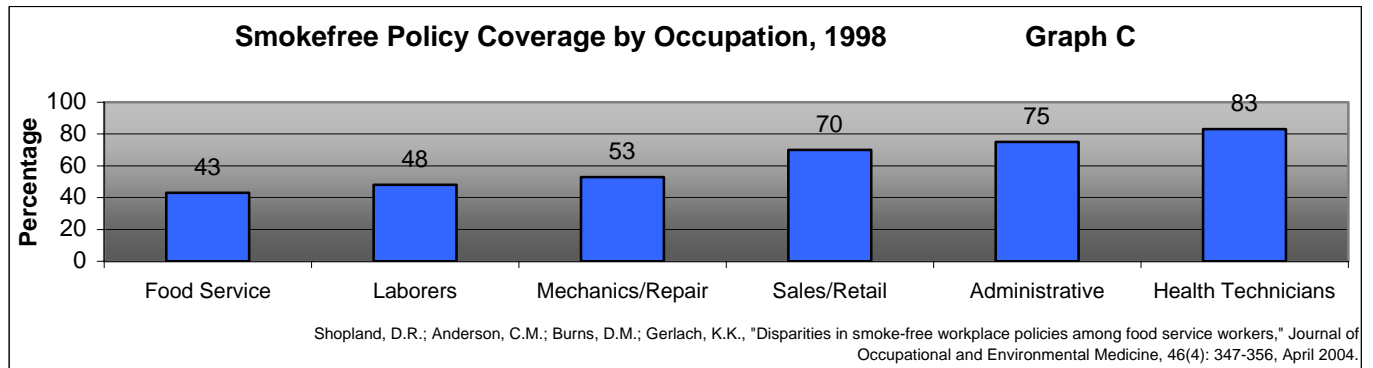
North Carolina, Illinois, Michigan, or Maryland.¹⁶ Until 2004, smokefree and tobacco-related policy initiatives were minimal in the Southeast.

Secondhand Smoke Exposure by Occupation

Inequalities in workplace exposure to secondhand smoke persist over time, even with significant advances in protections against secondhand smoke on the job. People of color have higher rates of occupational exposure to secondhand smoke. High rates of occupational exposure to secondhand smoke stem, in part, from the fact that people of color are disproportionately employed in laborer and factory jobs (40.7% compared to the national average of 27.3%),¹⁷ which have the highest rates of exposure to secondhand smoke. African Americans comprise roughly 12 percent of the restaurant workforce, which has the least protection from smokefree laws. (See Graph B)



- The most common occupational category (28%) for African American men is operator, fabricator and laborer, where only 48 percent of workplaces are smokefree.¹⁸ About 19 percent each work in three other occupational categories: technical, sales and administrative support jobs; service occupations; and managerial and professional specialty jobs.¹⁹
- Thirty-six percent of African American women work in technical, sales and administrative support jobs, and about 27 percent each in managerial and professional specialty jobs and in service occupations.²⁰
- African Americans (21.7%) are less likely than the national average (30.1%) to work in managerial or professional occupations, which are most likely to have smokefree protections.²¹ There are 41,000 employed African American physicians, 91,000 engineers, and 43,000 lawyers.²²



- Workers in food preparation and service occupations are significantly less protected than others. Just 43 percent of the country’s 6.6 million food preparation and service workers, including bartenders, benefit from smokefree workplaces. (See Graph C) Seventy-six percent of U.S. white-collar workers are covered by a smokefree laws or policies.²³
- Nonsmoking food preparation and service workers exposed to secondhand smoke at the workplace have serum cotinine levels that are 2.9 times higher than other workers and 5.2 times higher than teachers.²⁴
- Less than 50 percent of workers in the food service industry, machine operators and tenders, and transportation and material moving trades were protected by a smokefree workplace policy in 1999.²⁵
- The International Labor Organization (ILO) reported that cancer was the largest killer in the workplace, accounting for approximately 640,000 workplace-related deaths per year globally, in 2002. ILO stated that secondhand smoke in the workplace is estimated to cause 2.8 percent of all workplace cancer.²⁶
- Cadmium, benzene, lead, and arsenic are just a few of the over 4,000 hazardous chemical components of secondhand smoke that are also toxins common to blue-collar workplaces. Synergistically, cigarette smoke and workplace toxins can multiply the risk of getting lung cancer by as much as 53 times in blue-collar workers.²⁷
- Blue-collar workers protected by U.S. smokefree workplace policies increased substantially – 28% in 1993 to 52% in 1999 – but continue to lag significantly behind white-collar workers, of whom 76% are protected from secondhand smoke in the workplace.²⁸
- Among the African American population, smoking rates are higher among those in food service or blue-collar jobs.²⁹

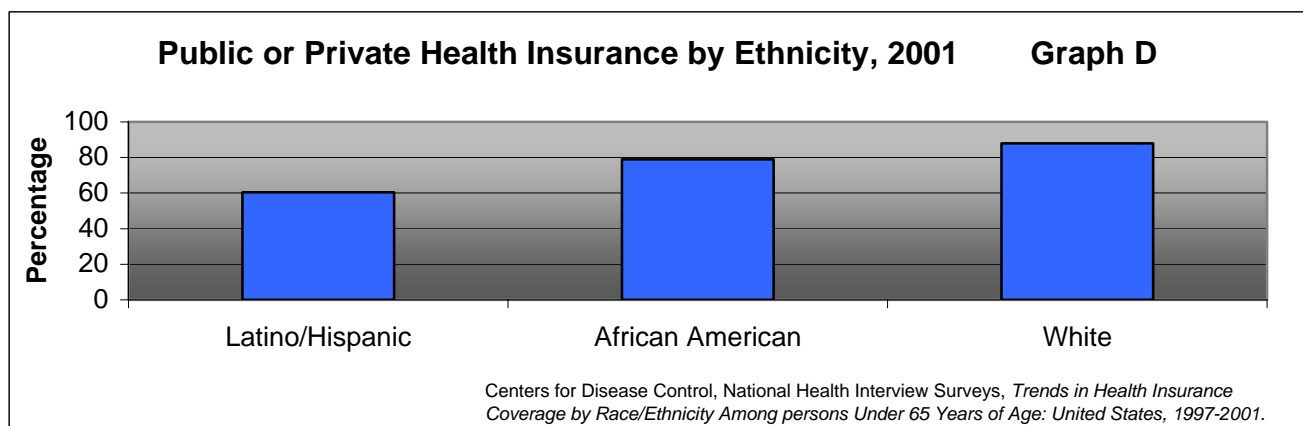
Health Insurance by Ethnicity and Occupational Sector

Many restaurants, bars, and other service establishments do not provide their employees with health insurance. This means that there are a significant number of employed yet uninsured people.

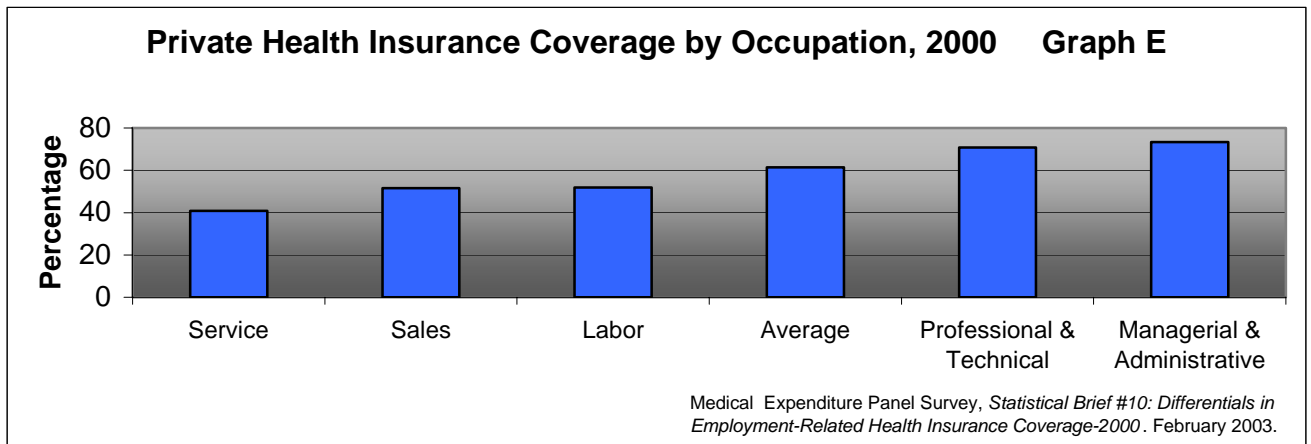
Employees in food service (40.8%), sales (51.5%), and labor (51.9%) sectors are less likely than the average of all occupational sectors (61.4%) to have employer-provided health insurance.³⁰

- African Americans (78.9%) are significantly less likely to be covered by any health insurance than the national average (83.3%).
- When looking at private, employer-based health insurance, African Americans (61.9%) are less likely to be covered than the national average (73.9%).³¹ (See Graph D)
- Minorities who have insurance are almost three times as likely as whites to be covered by publicly funded programs such as Medicaid, and some healthcare providers refuse or restrict the number of Medicaid patients they will see. In 2002, 20.2 percent of African Americans were uninsured compared to 11.7 percent of whites.

Even when minorities are insured at levels comparable to whites, they tend to receive a lower quality of healthcare for the same health conditions.³² Other factors, such as income and communication barriers influence the quality of health insurance and healthcare received by African Americans.



- More than half of African Americans are considered poor or near poor. Low-income patients are more likely to experience difficulties or delays accessing healthcare due to financial or insurance reasons.³³
- Research shows that doctors rate African American patients as less intelligent, less educated, and more likely to abuse drugs and alcohol and more likely to fail to comply with medical advice.³⁴
- Minorities are underrepresented in the health care industry. Of the 281.4 million African Americans in the United States, only 41,000 are employed physicians.³⁵ Twenty-three percent of African Americans report having difficulty communicating with their doctors compared to 16 percent of whites. Physicians are engaged in 33 percent less patient-centered communication with African American patients than with white patients. Both African American patients and their physicians exhibit lower levels of positive affect than white patients and their physicians.³⁶

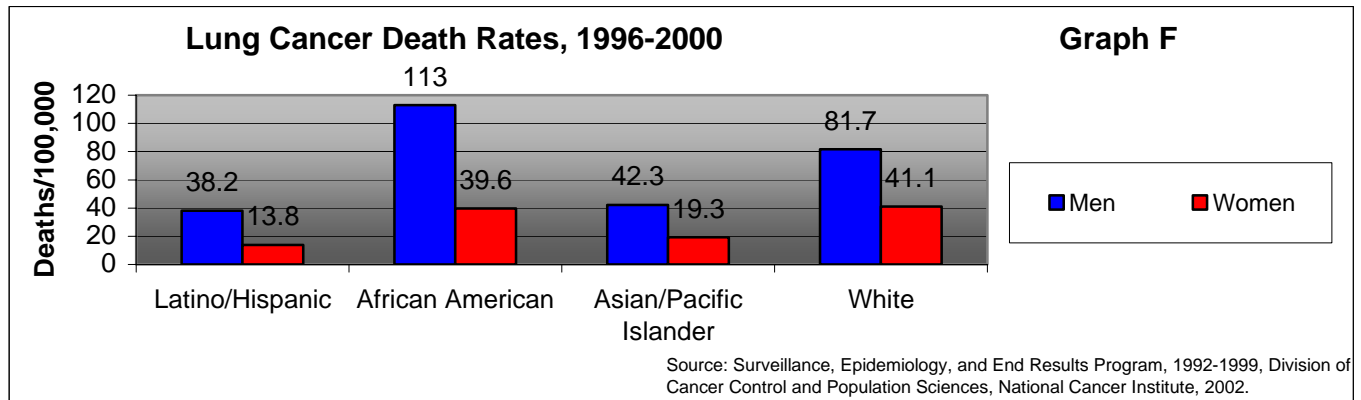


Morbidity/Mortality of Secondhand Smoke Exposure

More than 100 major scientific studies, including the California Environmental Protection Agency, the Surgeon General, and the U.S. Centers for Disease Control and Prevention, have found that exposure to secondhand smoke is a leading cause of serious disease and death. Each year, secondhand smoke is associated with more than 35,000 deaths from heart disease, 3,000 lung cancer deaths, nasal sinus cancer, middle ear infections, aggravation of asthma and chronic respiratory symptoms in children, low birth weight, and sudden infant death syndrome (SIDS).³⁷

The three leading causes of premature death in the African American community are heart disease, cancer, and cerebrovascular disease (or stroke). Secondhand smoke exposure, smoking, and other tobacco use are major contributors to these illnesses.

- 47,000 African Americans die each year from smoking-related diseases.³⁸
- Heart disease is the leading cause of death for Americans, overall. For Africans Americans, the death rate due to heart disease is 29 percent higher than for whites.³⁹ Some researchers assert that African Americans are more likely than whites to have variations in their genes that have been linked to increased heart attack risk. The high-risk types of two of the three genes associated with heart disease (MMP-3 and PAI-1) are found significantly more often in African Americans than whites. Having two copies of at least two high-risk genes is far more common among African Americans (51%) than among Whites (3%).⁴⁰
- African Americans have higher overall cancer incidences and death rates compared to other groups.⁴¹ Death rates for all cancers are 30 percent higher for African Americans than for whites.⁴²
- African American men are at least 50 percent more likely to develop lung cancer than white men. (See Graph F) In addition, African American men have a higher death rate from cancer of the lung and bronchus (100.8 per 100,000) than do white men (70.1 per 100,000).⁴³



- Strokes are a symptom of cerebrovascular disease. Smoking and exposure to secondhand smoke significantly elevate the risk of stroke. Cerebrovascular disease is twice as high among African American men (53.1 per 100,000) as among white men (26.3 per 100,000) and twice as high among African American women (40.6 per 100,000) as among white women (22.6 per 100,000).⁴⁴

African American Youth

African American exposure to social, smoking influences has diminished over time. African Americans had higher rates of exposure to friends who smoked and cigarette offers at 13 years-old, rates that paralleled those among white youth. Their exposure rates dropped after 13 or 14 years, while those among whites rose. African Americans are less inclined to smoke over time than other ethnicities. Researchers attribute this behavior to more consistent and more frequent communication with one's parents and to perceived parental disapproval of smoking.⁴⁵

- African American youth start smoking at earlier ages, but do not transition into regular (weekly) smokers. In addition, African American youth exhibit less pronounced intentions to smoke and are exposed to significantly lower levels of parental approval and smoking, best friend and peer smoking, and cigarette offers.⁴⁶
- The belief that smoking improves one's self image predicts smoking onset among white and Hispanic youths but not African American or Asian youth.⁴⁷

Tobacco Industry's Targeted Advertising to the African American Community

Roughly, 75 percent of African American smokers prefer menthol cigarettes. Menthol may facilitate absorption of harmful cigarette smoke constituents. Newport, Kool, and Salem are the most popular brands among African American smokers.⁴⁸

The tobacco industry has long developed advertising campaigns targeted towards the African American community by placing print ads in African American-oriented publications and concentrating outdoor billboards in neighborhoods with large African American populations.

In the 1990s, Uptown, X, and Camel Menthol cigarette brands were launched to specifically appeal to the African American community. Uptown cigarette promotions featured stylish, young, urban African Americans; the X brand featured red, green, and black packaging with a prominent “X” to evoke Malcolm X; and Camel Menthol cigarettes were designed to appeal to the large number of African American smokers who prefer to smoke menthols. Each brand was mentholated and test marketed in cities with large African American populations.

The tobacco industry tries to present a positive image within African American communities by sponsoring cultural events and providing funding to various educational and political organizations. Organizations and neighborhoods have recognized the tobacco industry’s feigned attempts at goodwill as intentional attacks on the health of their communities. They are fighting back by calling the tobacco industry’s bluff, refusing organizational and event sponsorship, and educating people on the health hazards of smoking and secondhand smoke.⁴⁹

Flavored Cigarettes

The National African American Tobacco Prevention Network (NAATPN) spotlighted the tobacco companies’ new “candy coated” marketing strategy to lure youth in communities of color to smoke. Tobacco companies have issued “sugar coated” cigarettes in tropical flavors such as Caribbean Chill, Mintrigue, Midnight Berry, and Mocha Taboo. Tobacco industry documents dating back to 1972, disclose this strategy, stating: “It’s a well know fact that teenagers like sweet products. Honey might be considered.”⁵⁰

KOOL MIXX

On October 6, 2004, R.J. Reynolds agreed to limitations of future KOOL MIXX promotions and agreed to pay \$1.46 million to be used for youth smoking prevention purposes. Attorneys General of New York, Maryland, and Illinois brought lawsuits against the Brown & Williamson Tobacco Co. over the marketing of KOOL cigarettes, which targeted African American youth through the use of hip-hop music and culture – including DJ “mixing” competitions with cash prizes in New York, Illinois, Maryland, and 10 other states; the distribution of over 1 million CD-ROMs featuring hip-hop music and games; distribution of over 750,000 “special edition” KOOL cigarette packs with hip-hop graphics; and the creation of a “House of Menthol” website. The attorneys general asserted that this was a breach of the 1998 Master Settlement Agreement (MSA). This is the first time a tobacco company has agreed to marketing limitations that are stricter than those set forth in the MSA.⁵¹

“Slay’em”

Studies show that 75 percent of African American youth prefer menthol more than any other cigarette; Salem is the third most popular menthol cigarette among African American youth. NAATPN launched its spoof “Slay’em” campaign to expose and oppose R.J. Reynold’s Salem cigarettes “Stir the Senses” campaign, which targets African American youth in its advertising. The tobacco industry expressed interest in marketing its Salem brand, a mentholated cigarette, to young African Americans in the 1980s. Today’s “Stir the Senses” campaign advertises primarily in predominantly African American communities and uses music and African American models to attract youth.⁵²

African Americans Support Smokefree Advocacy and Additional Resources

African Americans are exposed to less pro-smoking social influences. African Americans tend to have stronger religious ties, have greater parental disapproval of smoking, and have fewer peers who are regular smokers.⁵³

African Americans have a long history of organizing around issues for protecting the health and welfare of their communities. Supporting smokefree advocacy is an extension of the desire to remove the tobacco industry's influence from the African American population.

African Americans are more likely to believe than other ethnicities that:⁵⁴

- Nonsmokers have the right to breathe smokefree air where they shop, work, and eat.
- Secondhand smoke is more of a health hazard than an annoyance.
- Waiters and other restaurant workers have no choice about workplace exposure and deserve the same protections as other workers.
- Smokefree policies (prohibiting smoking in indoor places such as workplaces, public places and restaurants) should be law.

Additional Resources

National African American Tobacco Prevention Network

4044 W. Lake Mary Blvd, Suite 104, PMB 316

Lake Mary, FL 32746

(888) 4NAATPN

thenetwork@naatpn.org

<http://www.naatpn.org/home/index.html>

National African American Tobacco Education Network

3950 Industrial Blvd., Suite 600

West Sacramento, CA 95691

(916) 556-3344 or Toll Free (888) 442-2836

(916) 446-0427 (fax)

naaten@healthedcouncil.org

<http://www.naaten.org>

National Association of African Americans for Positive Imagery

1231 N Broad Street

Philadelphia, PA 19122

(215) 235-6488

(215) 235-6491 (fax)

naaapi@msn.com

<http://www.naaapi.org/>

The Praxis Project

1750 Columbia Road, NW

Second Floor

Washington, DC 20009

(202) 234-5921

(202) 234-2689 (fax)

info@thepraxisproject.org
http://www.thepraxisproject.org/index.html

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention “Pathways to Freedom” Program

http://www.cdc.gov/tobacco/quit/pathways.htm

California Black Health Network

7840 Mission Center Court, Suite 200

San Diego, CA 92108

(619) 295-5413

(619) 295-5749 (fax)

cbhn@pacbell.net

http://www.cbhn.org/

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