NATIONAL COLLOQUIUM ON AFRICAN AMERICAN HEALTH

# Tobacco Control


## TOBACCO CONTROL CONSENSUS PANEL

**Sharon Marable, M.D, M.P.H.** (Chair), Rhode Island Department of Health, Providence, Rhode Island

**Courtney Crim, M.D.,** Glaxo Wellcome, Research Triangle Park, North Carolina

**Gary C. Dennis, M.D.,** 98th President, National Medical Association

**Roselyn Payne Epps, M.D., M.P.H.,** Howard University Hospital, Washington, District of Columbia

**Harold Freeman, M.D.,** North General Hospital, Harlem, New York

**Sherry Mills, M.D., M.P.H.,** National Cancer Institute, Bethesda, Maryland

**Eric Moolchan, M.D.,** National Institute of Drug Abuse, Baltimore, Maryland

**Pamela Payne, M.D.,** Tobacco R.O.A.D. Project, National Medical Association

**Lawrence Robinson, M.D., M.P.H.,** Philadelphia Department of Health, Philadelphia, Pennsylvania



**ISSUE:** Tobacco control remains one of the greatest determinants in decreasing the morbidity and mortality of African-Americans

**OBJECTIVE:** To examine the scope and consequences of tobacco use in African-Americans, characterize its implications for patients and physicians of the National Medical Association membership and identify policy, education, advocacy and research issues in tobacco control for the organization.

**CONSENSUS PROCESS:** Literature review using the MEDLINE database from January 1966 to August 1999 Week 1, searching Medical Subject Heading (MeSH) *reading* combined with text words *Black* or *African American* and *tobacco* as a search term identified 130 articles/110 abstracts published between 1988 and February 1999. Sixty-one appropriate articles were selected and the panel reviewed summary paper covering four areas. The summary paper was used as background material for formal consensus panel discussion on July 16-17, 1999.

Consensus among committee members was reached via mail, fax and e-mail through review of summary paper of 76 articles, annotated bibliographies and key informant surveys, previous NMA resolutions on tobacco control and a formal working session (July 16-17) in which four areas of concentration of issues was determined: Policy, Advocacy, Education and Research. All committee members approved the final report.

**SUMMARY:** Because the tobacco control issues in African Americans is both complex and poorly understood, the panel views the NMA role as pivotal in coordination of resources and capacity-building to address all four areas identified. Stronger partnerships with traditional federal and nonprofit agencies associated with tobacco control/advocacy in African Americans as well as nontraditional organizations such as churches, academia, marketing and media organizations also must occur to strengthen infrastructure needed to assess needs, design appropriate interventions and evaluate the appropriateness, effectiveness and efficacy in African-American communities.

Although the overall prevalence rate of cigarette smoking is lower in African Americans than whites, morbidity and mortality of tobacco related illnesses in African Americans remains high. The reasons for these differences are complex, multidimensional and poorly understood. Review of current literature suggests several areas, which may shed light on the disparities.[1]

Specific marketing of tobacco products to African Americans has been shown to play some role, particularly in special events, and magazine and billboard advertisements.[1-3] Additionally, in a study done by the U.S. Centers for Disease Control and Prevention (CDC), data for 1988 shows that cigarettes were the most heavily advertised product in outdoor media.[4]

The percentage of smokers who reported that they were light smokers (fewer than 15 cigarettes per day) has increased from 56 percent in 1978-80 to 63 percent in 1994-95, according to National Health Interview Surveys 1965-95.[5] This trend was not affected by socioeconomic status, with college graduates experiencing the largest increases as well as men less than 55 years of age. African-American women as well as younger smokers were more likely than men to be light smokers. Recent studies have implied that smoking inhalation patterns or metabolite differences (cotinine levels) between African Americans and whites may also play a role.[6, 17, 70]

Overall, African Americans have lower cessation rates than whites, however the prevalence of cessation has increased for African Americans over time across all gender, age and education categories. The effect of stress on smoking cessation has been suggested as well as lack of community based, culturally competent strategies in program design as possible factors in these differences.[7-16] Over the last several years, the NMA has strategically become more involved in this important area through several activities: passing of resolutions covering such issues as tobacco settlement, minority youth access to tobacco, advertising to minority communities, and tobacco cessation advocacy; and education programs aimed at educating member physicians of key issues of tobacco control. However, the NMA, recognizing the need for more specific and strategic organization around this important area asked a Tobacco Consensus Panel of NMA members to investigate the subject.

## Methods

The Tobacco Consensus Panel was selected by NMA staff based on varying degrees of expertise in the field of Tobacco Control. A chairperson was selected to coordinate the scope of work. The panel met via e-mail, fax and mail correspondence as well as a formal working meeting on July 16-17, 1999. An NMA consultant (physician) conducted a key informant survey as well as a literature review/summary paper distributed to all members of the panel prior to the formal working meeting. Members of the panel who were not able to attend the formal working meeting served as secondary reviewers. All members reviewed and approved the final report, which was then reviewed and approved by the NMA Board of Trustees with final ratification and adoption as official policy by the House of Delegates at the 1999 Annual Meeting (Las Vegas, Nevada).

The literature review involved a search of the MEDLINE database for English-language articles published between January 1966 and February 1999. The search (using *and*) combined the Medical Subject Heading *Black* or *African-American* with a text word search using *tobacco*. After reviewing the title and abstract of available articles (N=110), the consultant identified 61 appropriate articles and articles which were subdivided into four categories: 1) Marketing/Mobilization Strategies for Tobacco Control in African Americans, 2) Economic Implications of Tobacco Use in African Americans, 3) Attitudes, Patterns and Use of Tobacco in African-Americans, and 4) Treatment/ Prevention Strategies in Tobacco Control in African Americans.

The consultant developed a summary paper based on the literature review. Additionally, the consultant conducted a key informant survey with the President of NMA, Dr. Gary Dennis as well as Dr. Jim O'Hare, Deputy Surgeon General of Health and Human Services, in order to get opinion data on strategies NMA should take in the area of tobacco control. Both the key informant survey, as well as the summary literature paper were distributed to panel members before the meeting. The Tobacco Consensus Meeting was held on July 16-17, 1999 in Washington, DC. Members used preliminary data to conduct a brainstorming session on July 16, 1999 during which 30 key areas were identified. On July 17, 1999, four priority areas were discussed and recommendations were developed: 1) Policy, 2) Advocacy, 3) Education, and 4) Research. The final paper was reviewed and approved by all panel members.

## Marketing/ Mobilization Strategies

The literature review of this category is limited; however several generalizations can be made from data. Several articles document tobacco marketing specific to African-American communities, including print advertising, in-store advertising, billboards and special events.[3, 18] Over the last decade, grass-roots organization of the African-American community has contributed to awareness of this phenomenon as well as the successful boycott and stopping of new cigarette brands targeted to this market (Uptown, X Brand, etc.)[19] Mobilization of the community around other tobacco control issues such as smoke-free ordinances has also been demonstrated. In a study by Ellis, et al, an example of how a local health department engaged a low-income African-American community involved: 1) reframing issues in a context that acknowledges the political, economic, and social justice realities and strengths of the community, 2) organizing within existing local networks, and 3) deferring the agenda during times of community grieving and healing.[20]

Research indicates that anti-tobacco messages among African Americans is more successful and reaches larger African-American audiences if materials address the needs of African-American smokers and if African-American community networks are utilized.[15] Use of themes in anti-tobacco messages such as soap operas and rap/hip hop music have been shown to appeal to African-American youth; however, their application toward behavioral change have not been evaluated.[1] Television, radio and physician visits have been shown to be likely sources of health information, rather than newspapers.[22]

## Economic Implications

There is scarce data in this area; however, research indicates that although whites account for the majority of direct health care costs attributable to smoking, per capita costs were higher among African Americans compared to whites, reflecting the differential smoking-attributable mortality rates experienced by these two groups.[23] It appears that African-American men share a disproportionately greater burden of smoking-attributable deaths. For example, in a study by Rivo, et al, in a city which is predominately African American—the District of Columbia—cigarette smoking accounted for 13.5 percent all District deaths in 1985 (N=6921). This resulted in over $110 million in direct and indirect morbidity and mortality costs to District residents.[24] The effects of excise tax increases in reducing cigarette smoking in the overall population has been studied; however the specific effects on African Americans is limited.[48-50, 54, 57-58, 64]

## Attitudes, Patterns and Use of Tobacco

Much of the literature reporting on tobacco use in African Americans can be attributed to differences in attitudes, patterns and use of tobacco products in African Americans compared to other groups. Gender and socioeconomic status appears to be consistent with other groups.[51-52, 59-61] Because much of the data is dependent on self-reports, the legitimacy of self-reporting has been extensively studied and appears to be real.[25-26] Elucidation of this area will provide information useful for successful interventions.

Much of the literature has focused on African-American youth (>19 years of age).[71-83] Studies indicated that attitudes about smoking may play an important role in delaying the age of initiation of cigarette smoking in African-American youth from age 13 to 19.[11, 27, 55-56, 66] Whereas peer pressure, maternal smoking, low self-efficacy and esteem, and negative scholastic attitudes appear to be associated with increased smoking, while in adolescents with positive parenting, negative

associated imaging appears to be protective of African-American youth, particularly girls.[1] However, African-American urban youth may still have peer pressure as a factor.[28-30]

The use of mentholated cigarettes and brand choice and their effect on metabolism has recently been studied, but inconclusively.[31-32] Additionally, differences in plasma cotinine (by-product of nicotine) have been found to be higher in Blacks compared to whites, even in pregnancy.[6] Much research has been focused on the characterization of these differences beyond self-reported cigarettes per day.[17] Although the data is extremely limited, the use of loosies, bidis, blunts and cigar use has been on the increase in African-American youth, particularly urban youth.[84-86] In a study done by the Massachusetts Health Department, bidis—a flavored cigarette originating from India—is associated with fad use by minority teens in urban settings. Undocumented sources indicate the similar use of blunts (marijuana stuffed in cigars) and cigar use in African-American teens and young adults.

Other areas of research in African-Americans include: the effect of stress/anger and religion on smoking;[16 33 37] the effects of maternal smoking on low birth weight of babies[67-69] and the effect of environmental tobacco smoke on asthma.[88-90] Studies in all three areas have been inconsistent and extremely limited; however, direct generalizations can be made in all cases.

## Treatment/ Prevention Strategies

There appear to be racial as well as gender differences in cessation strategies in African Americans. Although 71.4 percent of African Americans report the desire to quit, whites appear to have higher smoking cessation rates than blacks. Among African Americans , rates of current smokers were lower and cessation rates higher among older individuals and men.[7-8] Relapses are more common in African Americans than in their white counterpoints.[39-40] Barriers such as acculturation of Black ethnic subgroups, racism, stress, lack of social supports and poverty may affect people's cessation behaviors.[10, 13, 19, 33-34, 41] There have been, however, examples of successful community-based/school-based strategies in African Americans.[42-45] Additionally, recent literature has included successes in African-American populations using church-based strategies.[46] Several studies suggest that African Americans tend to be in the pre-contemplation stage of Prochaska's stages of change model.[44, 47]