American Lung Association.

Addressing Tobacco Use in Black Communities

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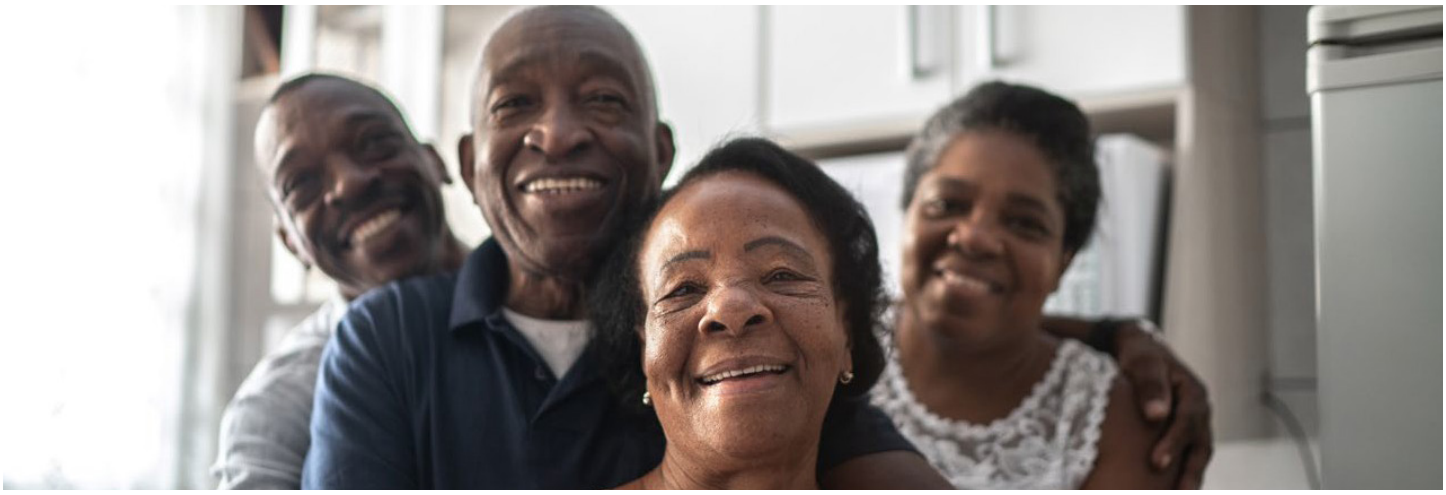
Introduction



The American Lung Association is joining the 20+ year efforts of leading Black organizations including The Center for Black Health & Equity and the African American Tobacco Control Leadership Council (AATCLC) to educate and build confidence among public health professionals and community-based individuals addressing tobacco disparities in the Black community. This information is being provided as another stepping stone in the work to dismantle racial injustices and health inequalities faced by the Black community concerning tobacco use. The following resources are by no means an end-all answer, but rather a jump start to information and initiatives that individuals or organizations can incorporate into their tobacco work to better serve Black communities.[1]

> *"Very simply put, health equity is ensuring that everyone can live their best life...we're aiming to ensure that - just like the people who have the privilege to make sure that they're living their best life – the people who don't have those resources can have the same ability."*
>
> - Lauren Powell, MPA, Ph.D., President and CEO of The Equalist, LLC

Partners

The American Lung Association thanks the following external national partnering organizations engaged in this project who provided subject matter expert review:

- The Center for Black Health and Equity
- BlackDoctor.org
- Dr. Stanley Robertson, The Quit Doctor
- American Academy of Pediatrics
- Geographic Health Equity Alliance (GHEA)
- National Council for Mental Wellbeing
- National Behavioral Health Network
- National LGBT Cancer Network
- Dr. Francisco Cartujano
- Keres Consulting, Inc.
- National Native Network

1 Tobacco products as used in this guide refers to commercial tobacco products and not the traditional practices and use of tobacco practiced in many Native communities. The Lung Association recognizes that traditional and commercial tobacco are different in the way that they are planted and grown, harvested, prepared, and used. https://keepitsacred.itcmi.org/tobacco-and-tradition/traditional-v-commercial/#:~:text=Traditional%20and%20commercial%20tobacco%20are,using%20traditional%20tobacco%20at%20all.

Why It Matters

Addressing tobacco use in Black communities is important because 73% of Black individuals who smoke want to quit smoking; yet are typically less successful than other populations in their quit attempts possibly in part due to lack of access to culturally competent smoking cessation treatment and resources.[i]

Tobacco use is the leading cause of death and preventable disease in our country, but the pain and destruction it has inflicted is not equal among populations.[ii] Although smoking rates are similar for Black Americans 13.3% and white Americans 15.4% Black individuals smoke significantly fewer cigarettes per day than their white counterparts (98.2% and 13.1% respectively).[iii] Despite this lower smoking intensity, Black people are more likely than white people to suffer from smoking-related diseases, including lung cancer, chronic obstructive pulmonary disease (COPD), and heart disease. In fact, tobacco use is a major contributor to the three leading causes of death among Black Americans – heart disease, cancer, and stroke – and causes 45,000 deaths of Black Americans every year.[iv]

These outcomes are not inherently related to race, but instead are the outcome of targeted marketing, societal inequities, and systemic racism. It is important to understand that health disparities are the result of many factors including access to care, genetics, poor quality of care, access to healthy foods, poverty, violence, environment, language barriers, and health behaviors. Social, economic, and environmental conditions all play a role in social determinants of health.[v]

For many decades, the tobacco industry has aggressively and relentlessly targeted Black Americans and other marginalized populations and particularly pushed menthol cigarettes upon Black communities. The tobacco industry flooded Black communities with advertising in their neighborhoods, special price promotions, advertisements in Black publications, and have financially supported Historically Black Colleges and Universities and other community-based events. For decades Big Tobacco has sold the lies that to be Black and smoke is beautiful, and that the tobacco industry supports Black communities. These lies have evolved into a huge health disparity concerning tobacco use among Black communities.

Health Equity

Health equity is the opportunity for everyone to reach their full health potential, regardless of any socially determined circumstance. Despite decades of efforts to reduce and eliminate health disparities, they persist—and in some cases, they are widening. Such disparities do not have a single cause. They are created and maintained through multiple, interconnected, and complex pathways.

American author and activist James Baldwin noted "Nothing can be changed until it is faced." In a time when structural and social inequities facing Black Americans are being brought to the forefront of social conscience, it can no longer be ignored that tobacco is a racial justice issue. To make health equity in tobacco control a priority it takes firm commitments to policy interventions to increase tobacco success for all people of the Black community and to create parity of health benefits. To learn more about how to incorporate best practices in Health Equity into your tobacco prevention and control program you can view the Centers for Disease Control "Best Practices User Guide."

Barriers

The U.S. has expanded laws and policies protecting people from tobacco since the first U.S. Surgeon General's report in 1964. There is less smoke in the air and there are fewer advertisements for harmful products as a result. But these protections, which most Americans now take for granted, are less likely to cover the places where people of color live, learn, work, and play. They are also less likely to cover rural areas. The FrameWorks Institute, in partnership with a working group composed of diverse community-based partners, identified the following drivers of tobacco product disparities:

- The tobacco industry pressures some groups with tailored marketing tactics;
- Some Americans are protected from secondhand smoke while others are not;
- Corporate marketers use flavors to entice specific groups to try tobacco products
- Access to treatment for tobacco-related health issues varies widely by population, geography, and other variables; and
- Discrimination increases stress, driving higher rates of tobacco use for some groups.[vi]

There are many commonalities to the drivers of health disparities and tobacco disparities. This reinforces the importance of considering the greater social forces that may be driving tobacco-product disparities among populations you wish to serve. Leading voices in tobacco control recognize that equity issues must be elevated, but with sensitivity. If not carefully worded, communications could inadvertently reinforce unproductive misconceptions and biases about the communities who are most affected by tobacco-related diseases.[vii] Each play a role in addressing tobacco disparities.

1. Public health interventions which focus on tobacco control *policies* can drive large-scale, population-level changes. These policies have the potential to influence and change social norms related to tobacco initiation, use, and secondhand smoke exposure.[viii] Examples include tobacco taxes, smoke-free laws, and comprehensive cessation service availability.
2. *Direct-service interventions* focus on individual behaviors. Examples include cessation programs that focus on target populations such as pregnant women, or different ethnic groups.

Black people suffer disproportionately from tobacco-related illness and have more difficulty quitting tobacco products than white individuals who smoke. Notable barriers to eliminating tobacco use among Black Americans are low socio-economic status, mistrust of government and organizational institutions, lack of cultural competence in healthcare settings and the ongoing presence of aggressive Big Tobacco marketing campaigns in Black communities.

Low Socio-Economic Status

Despite significant economic progress over the past decades in the U.S., Black Americans experience far worse economic conditions than white Americans or the population as a whole. Individuals of lower socio-economic status—i.e., those who have lower levels of education, are unemployed or who live at, near, or below the U.S. federal poverty level—have higher rates of smoking than the general population.[ix] According to the Centers for Disease Control (CDC), for example, 20.4% of people making less than $35,000 a year smoke compared to 6.2% of individuals making $100,000 per year.[x] From 1967 to 2017, Black Americans had the lowest median household of any other racial group.[xi] Furthermore, nearly 19% of Black Americans live in poverty, the highest rate of any race.[xii] Low socio-economic status is a key social determinant of health that poses a significant challenge to tackling the tobacco use rate in the Black community.

To review other tobacco trends such as race, age, location, etc. please visit our Cigarette Smoking Comparisons and Disparities brief.

Mistrust

Studies have shown that Black people report lower levels of trust in hospitals and healthcare providers than White people.[xiii] Mistrust can also reduce the likelihood that a patient will seek medical screenings or follow up with recommended treatments.[xiv] The Tuskegee Syphilis Study has been cited as a major cause of mistrust in the health care system; however, today Black Americans still experience differential treatment. One study found that half of medical students and residents held one or more false beliefs about supposed biological differences between Black and white patients, like the false belief Black patients have a higher tolerance for pain "because they have thicker skin."[xv] Other factors that reduce trust include the health care system often minimalizes "the physical and emotional tolls of exposure to police brutality; substandard housing and schools; polluted neighborhoods; or other parts of the daily experiences of some Black Americans."[xvi]

Lack of Cultural Competence in Healthcare Settings

Cultural competence is defined as the ability of providers and organizations to effectively deliver healthcare services that meet the social, cultural, and linguistic needs of patients.[xvii] Oftentimes Black patients and other minorities are spoken to rather than talked with.[xviii] The lack of cultural competency and good communication can be directly linked to misdiagnoses, less empathy and acknowledgement of concerns, and overall poor health outcomes. One study shows that "there is considerable evidence that even well-intentioned whites who are not overtly biased and who do not believe that they are prejudiced typically demonstrate unconscious implicit negative attitudes and stereotypes."[xix]

Poor cultural competency is a failing of the healthcare system and not of patients. When providers recognize that each patient comes with a range of previous experiences with healthcare (some of them based in trauma), various literacy levels, language fluency, and cultural norms they can begin to engage equitably and respectfully with everyone who seeks care. Health systems and practitioners must recognize and respect the needs of a diverse population, promoting equity of access and patient safety.[xx] However, many other strategies must be undertaken, in addition with training and education to improve cultural competency to eliminate racial and ethnic disparities in healthcare.

Understanding Black Smoking Behaviors and Physiological Differences

Researchers have examined behaviors common among Black Americans who smoke, potential physiological differences in metabolism of smoking constituents, cultural influences, and the impact of tobacco industry marketing to gain a better understanding. They found:

Characteristics/Behaviors common among Black Americans who smoke compared to white Americans:

- Begin smoking later in life
- Smoke fewer cigarettes per day
- Take fewer puffs per cigarette
- Tendency to inhale more deeply (most likely because of high menthol use)

- Highest cigarette use within 10 minutes of waking
- Lowest teen rates
- Report more quit attempts
- Lower cessation success
- Strong preference for high tar/nicotine and menthol cigarettes

Common metabolism characteristics of Black Americans who smoke:

- Slower rate of smoke metabolism
- More nicotine taken in per cigarette by Black individuals compared to white people
- Higher cotinine levels
- High carbon monoxide blood concentrations

Cultural influences:

- Cultural and social influences have been found to significantly affect smoking behaviors of Black individuals.
- Although there are several culturally different backgrounds within the Black Community many common social norms exist, including strong family bonds and communication, and a belief that smoking is socially unacceptable.
- In addition, spiritual beliefs and faith-based support have been shown to positively influence smoking related behaviors.
- Tobacco prevention cessation efforts among Black Americans have been enhanced by community outreach and faith-based programs.
- In addition to hosting tobacco cessation classes, churches have offered weekly support groups, spiritual counseling and disseminated educational information through church bulletin inserts.

Menthol and the Black Community

Since the 1960s tobacco companies have used menthol as their "special" ingredient to "help its poison go down" more smoothly.[xxi] Menthol, a chemical naturally found in peppermint and other mint plants, reduces the harshness of cigarette smoke and the irritation from nicotine. In fact, it is thought that menthol helps the body absorb more harmful chemicals because the menthol makes it easier to inhale; therefore, creating a higher nicotine addiction and subsequently making quitting mentholated tobacco products harder to quit. Consequently, tobacco companies have relied on the soothing and cooling effects of menthol to keep and recruit new smokers, especially within the Black Community. Today more than 80% of all Black Americans who smoke use menthol cigarettes. [xxii]

In part due to high menthol use, racial and ethnic minorities, particularly Black Americans, bear a disproportionate burden of tobacco-related disease even though they smoke at lower rates than their white counterparts.

- 157,000 premature deaths and 1.5 million life years lost among Black Americans from 1980-2018. [xxiii]
- While the smoking rates are almost the same for Black men and White men, Black men have higher rates of smoking-attributable lung cancer.[xxiv, xxvi]

- In addition to higher rates of lung cancer, Black Americans are more likely to die from lung cancer than any other racial/ethnic group.[xxv]
- New research suggests that a genetic variant found only in people of African descent significantly increases a smoker's preference for cigarettes containing menthol flavor additive. [xxvii] This may be an important factor that underlies the preference for menthol cigarettes among Black Americans.

To review other menthol related trends such as public policy and other high-risk groups please visit our "What is Menthol" brief.

Public Policy

The American Lung Association recognizes that influencing public policy –legislation and regulation at all levels of government – is key to improving health equity, including among Black Americans. By advocating for public policies that seek to overturn or prevent the racist tactics of tobacco companies' individuals have the potential power to influence individuals or change group behaviors to improve health outcomes.

For example, the American Lung Association has long supported the removal of all menthol cigarettes from the marketplace. In April 2013, we along with our partners submitted a formal citizen's petition to the FDA, requesting the prohibition of menthol as a characterizing flavor in cigarettes. While the tobacco industry and its allies allege that removing menthol cigarettes from the marketplace could increase unjust criminalizing of Black Americans, the Center for Black Health and Equity recognizes that "this is a tobacco industry argument that exploits the real issues of police brutality and mass incarceration. Excessive force and systemic racism are problems that must be addressed independently of public health measures." Research suggests in countries that have already ended the sale of menthol cigarettes (including Canada) that a prohibition would promote tobacco cessation among Black individuals who smoke. We continue to speak out and advocate for the removal of menthol cigarettes from the market. To take action alongside the American Lung Association and share your voice, please visit our advocacy page.

Interested in your state's public policy concerning tobacco? Review the effectiveness of your state's tobacco control laws and policies in our annual State of Tobacco Control report. The report serves as a blueprint for what state and federal leaders need to do to eliminate the death and disease caused by tobacco use.

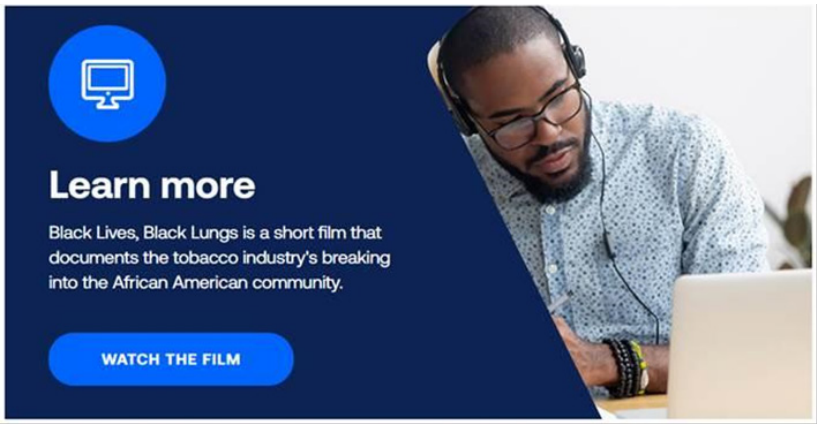
Big Tobacco Marketing Techniques

The major tobacco companies have relentlessly targeted Black Americans with their predatory marketing for decades.

How do tobacco companies target Black communities?

- Tobacco companies have aggressively and strategically marketed tobacco products to appeal to racial and ethnic communities for decades. Black people are disproportionately exposed to cigarette advertisements, particularly for menthol brands. Researchers found that stores in predominantly Black neighborhoods were up to 10 times more likely to display tobacco ads then retailers in areas with fewer Black residents.[xxviii]

- 2013 study findings illustrate that Black youth are better able to recognize menthol cigarette advertisements than peers of different ethnicities because of their over exposure to advertisements found in community stores. [xxix]



- Historically, tobacco companies have tailored their marketing to maintain a positive image in communities they target by financially supporting cultural events and making contributions to historically Black educational institutions, elected officials, civic and community organizations, and scholarship programs. [xxx]
- Tobacco companies often use price promotions such as discounts and multi-pack coupons – which are mostly utilized by Black Americans, other minority groups, women, and youth to increase sales.[xxxi]
- Over one in three (34%) LGB Black people use tobacco, which is 69% greater than the one in five (20.1%) of straight Black people who use tobacco. In addition, although tobacco use rates among heterosexual Black people are lower than heterosexual white people (20.1% vs 22.1%), they are higher among LGB Black individuals than LGB white people (34.0% vs 28.1%), suggesting a unique risk profile for the Black LGB community.

What do the major cigarette companies spend their advertising dollars on?

- In 2020, four of the largest cigarette manufactures spent a total of $7.84 billion—or more than $213 million dollars a day to promote and advertise their products.[xxxii]
- The five largest smokeless tobacco manufactures spent $67.1 million on advertising and promotion in 2020.[xxxiii]
- The largest single category of marketing and promotional expenditures in 2020 was price discounts paid to cigarette retailers to reduce the cost of cigarettes to the consumer. This category accounted for 67.4% ($380.1 million) of expenditures.[xxxiv] The price of cigarettes has a very significant effect on youth smoking. Every 10 percent increase in the price of cigarettes reduces youth consumption by 7 percent.[xxxv] Price discounts and retail value-added promotions can negate the impact of state cigarette tax increases.

How does tobacco product advertising affect youth tobacco use?

- Seven out of ten middle school and high school students report that they've seen e-cigarette ads. A 2014 study highlights that the more cigarette or vaping ads a teen sees the more likely they are to try smoking.[xxxvi]
- Non-Cigarette tobacco marketing is less regulated and may promote cigarette smoking among adolescents.[xxxvii]
- Among U.S. youth, 41% of 12–13-year-olds and 50% of older adolescents were receptive to at least one tobacco advertisement. Receptivity to advertising for each tobacco product was associated with increased susceptibility to cigarette smoking.[xxxviii]
- Many teens who try smoking do not stop. In fact, 9 out of 10 smokers began the habit by age 18, according to a U.S. Surgeon General report. [xxxix]
- One study found that cigarette ads may cause teens to feel like smoking would make them popular, sophisticated, attractive, or tough.[xl]

Youth and Young Adult Tobacco Intervention and Cessation

Every day, almost 1,500 children under 18 years of age try their first cigarette, and more than 100 of them will become new, regular daily smokers.[xli] Half of them will ultimately die from their tobacco use.[xlii]

- People who start smoking at an early age are more likely to develop a severe addiction to nicotine than those who start at a later age. Of adolescents who have smoked at least 100 cigarettes in their lifetime, most of them report that they would like to quit but are not able to do so.[xliii]
- If current tobacco use patterns persist, an estimated 5.6 million of today's youth under age 18 eventually will die prematurely from a smoking-related disease.[xliv]

Key facts about how tobacco use affects Black youth and young adults

- Despite beginning smoking later and fewer packs per day, Black menthol smokers successfully quit tobacco at a lower rate than non-menthol smoking Black Americans. [xlv]
    - Research suggests that if menthol cigarettes were removed nationally, 44.5% of Black American smokers would try to quit. [xlvi]
- Exposure to nicotine in adolescence creates measurable changes in brain chemistry and biology. Brain changes induced by nicotine exposure can make young people more susceptible to addiction to other substances.[xlvii]
- Black youth have the highest rate of cigar use. [xlviii]
    - A single cigar can contain as much nicotine as an entire pack of cigarettes. [xlix]
    - For tobacco tax purposes, cigars are defined differently than cigarettes, which leads to state taxes on cigars being significantly less than on cigarettes in many states.
    - Research shows young people who vape are much more likely to become smokers.[l]

Helping Teens Quit Smoking And Vaping

N-O-T Not On Tobacco®

Not On Tobacco® (N-O-T) is the American Lung Association's voluntary quit smoking program for teens ages 14 – 19. Over the 10-week program, participants learn to identify their reasons for smoking, healthy alternatives to tobacco use and people who will support them in their efforts to quit. Learn more about N-O-T and how you can become a facilitator today.

> *"The program has provided me with a huge resource. I have real tools I can use. I feel prepared."*
> — N-O-T Facilitator

Additional Not On Tobacco promotional and educational information can be found in the resource section.

NOT for Me is a self-guided, online program that leverages the American Lung Association's evidence-based N-O-T Not On Tobacco® program to help teens break nicotine dependency, no matter what tobacco products they use. To register please visit our website NotForMe.org.

Additional NOT for Me promotional information can be found in the resource section

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INDEPTH®

The American Lung Association's Intervention for Nicotine Dependence: Education, Prevention, Tobacco and Health (INDEPTH®) is an alternative for students who face suspension for violation of school tobacco, vaping, or nicotine use policies. Students participate in a series of interactive educational sessions administered by an adult facilitator in either a one-on-one or group format in a school or community-based setting. Learn more about INDEPTH® and how you can start a program.

Additional INDEPTH promotional and educational information can be found in the resource section

Local Youth Tobacco Initiatives

Across the country, teens are gathering to keep their own communities' Tobacco-Free. These youth leaders are working to educate their peers about the dangers of nicotine and tobacco addiction. Contact your local American Lung Association office for information on youth leadership groups and other youth tobacco initiatives near you. Call 1-800-LUNGUSA.

A few notable organizations are:
- Kick Butts Generation (KBG) — Delaware
- Tobacco Resistance Unit (TRU) — Pennsylvania
- RAZE — West Virginia
- FACT— Wisconsin

Get Your Head Out of the Cloud
"Get Your Head Out of the Cloud" is a youth vaping awareness campaign from the American Lung Association and the Ad Council. To provide parents with a simple roadmap to addressing the dangers of vaping with their kids, "Get Your Head Out of the Cloud" has free educational resources including a conversation guide on our website, TalkAboutVaping.org.

Best Practices

A - Always centre the impacted

L - Listen and learn from those who live in oppression

L - Leverage your privilege

Y - Yield the floor

Within the following section the American Lung Association has compiled designated community and evidence-based steps that dedicated health professionals and community leaders can adopt to move towards achieving health equity when planning, implementing, and enforcing tobacco control policies.

Working towards a more equitable future begins by actively practicing "authentic" allyship.[lii] Real allyship is defined by you listening to the Black community, understanding how to support them, and requires real action.

Action steps:

- Ask educated questions and do your own research.
    - **Don't** put the emotional weight on the Black community to teach you about the dimensions of racism. [liii]
    - **Do** your own research.
- Confront your own prejudices and biases, even if it is uncomfortable to do so.
    - Be ready to have difficult conversations.
- Ensure cultural competency in tobacco cessation programs and control planning.
- Distinguish the Black community as a priority population.
- Recognize community struggles. Listen to and amplify Black voices when it comes to serving the population. Meet people where they are at.
- "Speak up when you hear racist comments or jokes. Casual racism cannot be tolerated when working toward dismantling racism at large. Change begins at home and within your friendship circles." [liv]
- Share educational resources throughout your networks. Although it may not feel very powerful, sharing resources or making a post on social media keeps the conversation going, which can lead to change.[lv]

Providers and community leaders looking to make "real change" can also adopt the following evidence-based recommendations for tobacco control policy and interventions:

- Improve access to regular and affordable healthcare coverage, including coverage for Food and Drug Administration (FDA) approved cessation medications and ensure individuals utilize their coverage to access medical care.

- Educate health care providers about the importance of providing smoking cessation interventions for all Black Americans who smoke, including occasional smokers.
- Incorporate cultural values of extended family support and communication and faith-based support, as indicated.
- Utilize culturally competent resources and marketing materials (see resources section).
- Identify an evidence-based and proven-effective cessation program to offer within the community, such as American Lung Association's Freedom From Smoking.

Best Practices: Community Champions

Community Champions are individuals or organizations whom with training and support, help improve the health and wellbeing of their families, communities, or workplaces. These individuals are from and represent the community that is being served. They inspire and empower people to engage in health promoting activities, create groups to meet local needs, and direct people to relevant support and services. Community Champions contribute in a variety of capacities ranging from relatively passive involvement, such as sharing information to more active participation which includes consultation or collaborating on programs. Research shows that champion-based approaches are relevant to successfully reducing health inequalities.

Community Champions are most likely to be effective when:

- Community Champions are reflective of the community they are serving.
- There is no 'one-size-fits-all' model for Community Champions. Different communities will have their own unique needs.
- In backgrounds where trust in the government is low, Champions can be invaluable to gaining support for prevention and control measures.
    - Significant community engagement is required to build trust with local communities, dispel disinformation and ensure that interventions are appropriate to local individuals.
- Trust partners and give them autonomy to identify and facilitate culturally competent solutions.
- Provided with appropriate resources. Ensure that Community Champions have the correct level of support for the work you are asking of them.
- Emphasis should be on collaboration at every stage. Guarantee that the relationships between community and Champions are collaborative and not hierarchical.

Unintentional negative consequences and key challenges for Community Champions include:

- Potential exhaustion and stress as ongoing involvement can reduce energy levels as well as time and financial resources.
- Exclusion of disadvantaged and marginalized groups may occur if only traditional partners or community leaders are used to engage communities.
- Lack of financial or limited financial resources to support the aims of Community Champions.

Best Practices: How to Help Tobacco Users

Counseling Guidelines

- Encourage clients who are even occasional smokers to enroll in a counseling program.
    - To assess and indicate level of addiction, assess how quickly upon awakening tobacco is used rather than the number of cigarettes smoked per day.
    - Provide education about the increased potential for addiction with even occasional or light smoking.
        - Review the benefits of counseling plus quit smoking medications to treat high level of nicotine dependence.
        - Review the importance of maintaining a high level of motivation throughout a quit attempt.
    - Identify if the client smokes menthol or non-menthol cigarettes.
        - Provide education about smoking behaviors associated with smoking menthol cigarettes.
        - Encourage changes in smoking behaviors, such as not inhaling so deeply, trying non-menthol cigarettes or different brands, delaying the first cigarette after awakening.
    - Encourage clients to discuss their intentions to quit with family (including extended family members) and friends and ask for their support.
        - Identify if spiritual or religious beliefs are a source of support for clients.
        - Review that spiritual counseling through church may be beneficial during a quit attempt.
    - Encourage the client to make an appointment with his/her health care provider to discuss use of quit smoking medication.
        - If a client does not have health insurance, provide resources for access to medical care.
        - Review the importance of medical screening for health conditions such as high blood pressure, heart disease.
        - Discuss options for purchasing nicotine replacement products at reduced cost, if indicated.
- Review marketing tactics of the tobacco industry to attract young adults.
    - Highlighting direct impact tobacco use has on the Black community to further empower the quit attempt and provide cross-integration of health education, promotion, and messaging:
        - Black individuals have a harder time quitting because of aggressive, targeted marketing campaigns promoting mentholated tobacco products.
            - Sharing of the 15-minute short film on Black Lives/Black Lungs that investigates the tobacco industry's successful infiltration into the black community.

Tips to Help Tobacco users:

Tip #1: Utilize motivational interviewing to assist participants build commitment and reach a decision to change.

- Ask permission to talk about their smoking habits.
- Ask open-ended questions like, “How do you feel about quitting smoking?”
- Help them understand their reasons for quitting.
- Be encouraging and empathetic. Stay away from judgement comments.

Tip #2: Promote “disengagement” Don’t use the word “quit.”

- Disengagement means you are doing something on purpose.
    - Encourage program participants to disengage and reengage into something else.

Tip #3: Don’t encourage use of the term “I can’t.” Promote use of the term “I don’t.”

- Advocate for change in mindset “I don’t” versus “I can’t”
    - Example:
        - I can’t eat the chocolate muffin
        - I don’t eat the chocolate muffin (it’s my choice)
- It is more empowering to use the term “I don’t” or “I choose to”
    - In a study, researchers found that
        - Women were more successful using “I can’t” only 10% of the time
        - Women were more successful using “I don’t” 90% of time

Resources: Adult Cessation Training

Beginner: Tobacco Basics

The American Lung Association's Tobacco Basics is a free one-hour online course including five learning modules designed to lay the foundation in understanding the toll of tobacco use in the U.S.

Intermediate: How to Help People Quit

The American Lung Association's How To Help People Quit training is a free, one-hour online course including four interactive learning modules designed to further enhance understanding of the Lung Association's core beliefs about tobacco cessation, as well as understanding behavior changes, interventions and treatment needed to help people quit for good.

Advanced: Freedom From Smoking Facilitator Training

Those trained and certified as Freedom From Smoking® Facilitators will have the ability to provide tobacco users who are ready to quit with a strong proven-effective cessation program to end their addiction to nicotine and begin new tobacco free lives in a supportive group setting, led by a trained, certified facilitator. Since it was first introduced almost 40 years ago, the American Lung Association's Freedom From Smoking program has helped over one million Americans end their addiction to nicotine and begin new tobacco-free lives. Freedom From Smoking is based on proven addiction and behavior change models (including the Social Cognitive Theory, Transtheoretical Model and Motivational Interviewing). The program offers a structured, systematic approach to quitting, and its positive messaging emphasizes the benefits of better health.

Advanced: Ask, Advise Refer to Quit Don't Switch

The **no cost** Ask, Advise, Refer to Quit Don't Switch training is a training based on the CDC's Ask-Advise-Refer model and utilizes updated tools and strategies for conducting an effective brief tobacco intervention with patients identified as tobacco users, including e-cigarettes. This one-hour, on-demand online course seeks to target healthcare professionals who may have direct contact and may initiate a brief tobacco intervention.

Resources: Adult Cessation

Culturally appropriate American Lung Association strategic tobacco cessation marketing materials can be found here:

- Quit Smoking Ad
- American Lung Association Health Benefits to Quitting Flyer
- Tobacco Programs Postcard
- American Lung Association Hookah One-Pager
- FFS 728 x90 Web Banner Ad
- FFS 300x250 Web Ad
- FFS Secondhand Smoke One-Pager
- FFS Thirdhand Smoke One-Pager
- American Lung Association Covid and Tobacco
- Center For Black Health Tobacco Resource Guide

Media Videos

- Black Lives, Black Lungs {Video}
- Smoker's Lungs vs Healthy Lungs
- Pathways to Freedom

Data, Fact Sheets, and Educational Tools

- Tobacco Free Kids: Tobacco use Among African Americans Data
- American Lung Association's Tobacco Use in Racial and Ethnic Populations
- CDC Webpage: African Americans and Tobacco Use in Racial and Ethnic Populations
- CDC Fact Sheet: African Americans
- Cigarette Smoking Among Low-Income African Americans: A Serious Public Health Problem
- Truth Initiative Tobacco Use in the African American Community Factsheet
- Pathways to Freedom: A culturally competent evidenced based tobacco cessation program specifically designed to serve Black Americans.

Resources: Teen Intervention and Cessation

Culturally tailored American Lung Association teen intervention and cessation marketing materials can be found here.

- **INDEPTH® Materials**
  - INDEPTH One-Pager
  - INDEPTH 728x90 Ad
  - INDEPTH 300x250 Ad
  - INDEPTH postcard
  - INDEPTH rack card
- **NOT® Materials**
  - NOT One-Pager
  - NOT Trifold
- **NOT for Me Materials**
  - NOT for Me postcard
  - NOT for Me rack card
- **General**
  - Teen Education One-Pager
  - Teen Cessation One-Pager

Resources: Addressing E-Cigarettes & Vaping Devices

Culturally competent American Lung Association e-cigarette and vaping educational and marketing materials can be found here.

- E-Cig Health Risk Fact Sheet
- The Dangers of E-Cigarettes Trifold
- E-Cig Teen Fact Sheet
- E-Cig Parent Fact Sheet
- E-cig School Fact Sheet
- American Lung Association Vape Free One-Pager
- The Impact of Secondhand Smoke- Cedric Jamie Rutland, M.D., Pulmonary/Critical Care M.D. BlackDoctor.org 3-minute video
- Youth Vaping & Tips for Parents - Cedric Jamie Rutland, M.D., Pulmonary/Critical Care M.D. BlackDoctor.org 6-minute video
- E-Cigarettes and Impact on Lung Health - Cedric Jamie Rutland, M.D., Pulmonary/Critical Care M.D. BlackDoctor.org 4-minute video

Visit Lung.org/ecigs to view the American Lung Association›s statement on E-cigarettes, learn facts and download resources for parents, schools and teens. Below you'll find links to other websites, reports educational materials, toolkits, and more information on e-cigarettes.

- 2016 Surgeon General Report on Youth Use of E-Cigarette
- American Lung Association's Truth About E-Cigarettes Brochure
- U.S. Surgeon General's Know the Risks: E-cigarettes and Young People
- Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion's Facts about Electronic Cigarettes
- U.S. Food & Drug Administration's Vaporizers, E-Cigarettes and other Electronic Nicotine Delivery Systems (ENDS)
- "The Real Cost" Youth E-Cigarette Prevention Campaign
- The National Academies of Sciences Engineering Medicine Health and Medicine Division's Public Health Consequences of E-Cigarettes
- American Nonsmokers' Rights Foundation Electronic Cigarettes
- Public Health Law Center/Tobacco Control Legal Consortium E-Cigarettes
- Public Health Law Center's Model for a Tobacco-free Environment in Minnesota's K-12 Schools
- Campaign for Tobacco-Free Kids Taking Down Tobacco
- Stanford's Tobacco Prevention Toolkit
- CATCH My Breath E-Cigarette Prevention Program for Schools
- Parents Against Vaping e-cigarettes (PAVe)
- American Academy of Pediatrics E-Cigarette

Resources: Menthol Cigarettes and Flavored Cigars

Culturally competent resources for schools, parents and teens can be found here:

- Menthol Cigarettes: What Schools Should Know
- Menthol Cigarettes: What Parents Should Know
- Menthol Cigarettes: What Teens Should Know
- Flavored Cigars: What Schools Should Know
- Flavored Cigars: What Parents Should Know
- Flavored Cigars: What Teens Should Know

Visit Lung.org/Menthol for more information and resources.

Terminology

Tobacco products are any product containing, made of, or derived from tobacco or nicotine that are intended for human consumption and include cigarettes, cigars, pipe tobacco, chewing tobacco, snuff, snus, or electronic smoking devices. They can be smoked, heated, chewed, absorbed, dissolved, inhaled, or ingested by any other means.

Tobacco products as used in this guide refers to commercial tobacco products and not the traditional practices and use of tobacco practiced in many Native communities. The Lung Association recognizes that traditional and commercial tobacco are different in the way that they are planted and grown, harvested, prepared, and used. https://keepitsacred.itcmi.org/tobacco-and-tradition/traditional-v-commercial/#:~:text=Traditional%20and%20commercial%20tobacco%20are,using%20traditional%20tobacco%20at%20all.

Electronic Smoking Devices are devices allowing users to inhale an aerosol containing nicotine or other substances. Electronic smoking devices are tobacco products. Vapes, vaporizers, vape pens, hookah pens, electronic cigarettes (e-cigarettes or e-cigs) and e-pipes are some of the many terms used to describe them.

Nicotine is the highly addictive and toxic chemical compound present in the tobacco plant. It is colorless and odorless.

Nicotine replacement therapies (NRTs), such as gum, patches, inhalers, nasal spray, and lozenges are FDA approved treatment that can help tobacco users quit. These products provide a lower level of nicotine that can help reduce recovery symptoms while the person transitions to a new Tobacco-Free life. Nicotine replacement therapies are not tobacco products.

Menthol is a chemical naturally found in peppermint and other mint plants, but it can also be made in a lab. When added to tobacco products, it reduces the harshness of cigarette smoke and the irritation from nicotine.

Social determinants of health are conditions in the places where people live, learn, work, worship and play that affect a wide range of health risks and outcomes.

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