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Smoking Cessation and Black Smokers The Current Landscape

Background

On April 29, 2021, the U.S. Food and Drug Administration announced its intention to ban menthol as a characterizing flavor in cigarettes, as well as all characterizing flavors in cigars. This is an important step - as tobacco use remains the number one cause of preventable death among Black Americans and menthol products contribute significantly to tobacco-related health disparities experienced by the Black community.

Nearly 90% of all Black smokers use menthol cigarettes¹, and it is estimated a menthol ban could avert approximately 237,000 Black deaths². The success of this ban will be determined by our ability to better reach Black smokers through cessation services and education.

Methodology

A brief review of peer-reviewed articles was conducted to gain a clearer understanding of the current landscape surrounding smoking cessation treatment for Black smokers and factors to more effectively reach this population. Specifically, we were interested in understanding Black smokers' attitudes towards smoking cessation, providers' attitudes towards Black smokers, access to smoking cessation products, and smoking cessation outcomes for Black smokers.

The target audiences who may find this review helpful include:

- Tobacco control stakeholders,
- Health care organizations and systems that serve large Black populations,
- State Medicaid programs,
- Funders (government agencies, private foundations, and other funders).

Key Insights from Literature

1 Black smokers and non-smokers have generally less favorable views and higher mistrust towards cessation medications such as nicotine replacement therapies (NRTs)

Black people are less likely to believe NRTs are effective treatments or that cessation aides are necessary for quit attempts⁸, and may even express that quitting “cold turkey” is the best course¹⁰. Black people are more likely to express concerns regarding increased nicotine dependence as a result of NRT use¹¹. There is a lack of education regarding how NRTs work, how they affect the body, and how they assist in cessation attempts. Cigarettes are seen as more familiar and a “known” risk while the risks of NRTs are unknown¹¹.

A long history of abuse and mistreatment of Black communities during medical research has also contributed to a mistrust of NRTs and a wariness regarding their use, as some feel that they “haven’t been tested enough” or that the risks are downplayed¹⁰. Many Black people have expressed that they have had negative experiences with medical professionals¹² which can be a barrier in seeking treatment. However, even amongst those who are wary of the risks involved in the use of NRTs, individuals expressed that they would feel more safe using these treatments if the NRTs were prescribed or their use was overseen by a medical professional¹⁰.

Access to accurate and comprehensive information regarding cessation treatment can improve attitudes toward their use. In one study, Black, low-income smokers who received brief educational sessions regarding smoking health outcomes, the use of NRT, as well as access to NRT starter kits, had increased motivation to initiate tobacco cessation even among those who initially did not express a desire to quit¹³.

2 Black smokers receive less advice and counseling from providers regarding cessation

Although higher percentages of Black people express desires to quit or have made cessation attempts than white people, the numbers of successful cessation attempts are lower. Far fewer Black individuals receive advice and counseling from their providers regarding cessation¹⁴.

Even as overall rates of doctors providing quitting advice has increased, Black patients are less likely than white patients to be asked about their tobacco use by providers, to be advised to quit, or to have had used tobacco-cessation aides in their quit attempts in previous years^{15,16,17,18,19}. Medicaid providers are also less likely to provide cessation counseling to their patients²⁰.

3 NRTs are not always easily accessible for Black smokers

In 2019, 20% of Medicaid recipients in the US were Black²¹. Those enrolled in Medicaid are twice as likely as privately-insured individuals to be current smokers²². While states continue to expand Medicaid coverage of tobacco cessation treatments, there is still a high level of variability in coverage from state to state. Coverage of NRTs in particular is variable and several barriers persist for Medicaid-enrolled smokers in accessing treatment²² even though Medicaid coverage of NRTs is shown to increase their use²³. Ability to purchase NRTs in communities can also vary based on socio-economic factors.

A survey of pharmacies in St. Louis, Missouri found that neighborhoods with higher levels of poverty and higher percentages of Black residents had decreased NRT availability, particularly those that could be purchased without pharmacy staff assistance²⁴.

4 Black smokers experience lower rates of success with quitting smoking

Despite being more likely to express desires to quit or to have made cessation attempts or to have expressed desires to quit, Black populations have experienced lower rates of success with smoking cessation compared to white counterparts^{3,4}.

NRTs are extremely useful tools in assisting with tobacco cessation, however, many studies have shown that Black people are far less likely than white people to have had used NRTs in any of their previous quit attempts^{5,6,7,8}. Evidence also shows that when racial groups are provided similar access to tobacco cessation medication, such as NRTs, likelihood of tobacco abstinence is the same across races, including for Black individuals⁷.

Conclusion

The findings from literature reveal that Black smokers face a variety of barriers with accessing and successfully using smoking cessation services. Mainstream smoking cessation programs and conventional individual-level strategies are failing to address systems of racial and socioeconomic injustice that have driven tobacco-related inequities.

There are significant barriers that underscore the need for action on this issue, many of which speak to historic social and economic inequalities, and mistrust of medical systems. Our ability to effectively engage Black smokers through culturally tailored smoking cessation services and education will be key.



CAI helps health care and social service agencies improve the quality of their services, particularly for communities that have been marginalized.

We do this by providing training, technical assistance, research, and other capacity-building support to agencies. We develop these services together with agencies, learning from them about what they need and tailoring practical programs with measurable results.

**For more information and to learn more about what we do, please reach out to:
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