Addressing Disparities and Increasing the Quality of Tobacco Treatment for African Americans



Black and African American individuals remain at higher risk for tobacco exposure and use, and they bear a disproportionate burden of tobacco-related illnesses and deaths. Aggressive marketing of menthol cigarettes in Black communities is a major driver of these disparities.



9 in 10

Black individuals who smoke use menthol cigarettes.



Menthol cigarettes are linked to increases in smoking initiation, smoking dependence, difficulty with smoking cessation and morbidity and mortality.



However, Black individuals can quit successfully when evidence-based interventions (EBIs) for tobacco cessation are available to support them.



Cardiovascular disease and cancer are the two leading causes of death in Black communities, both of which are impacted by the high rates of menthol tobacco use.

Centering Equity to Reduce Disparities

Reducing tobacco-related health disparities requires centering equity, focusing on culturally responsive adaptations, addressing structural barriers and supporting creative solutions. These key approaches can help support better outcomes for Black individuals.



Approach	Recommendations
Enhancing motivation to quit smoking	 Develop and implement interventions that encourage more frequent quit attempts and sustained abstinence among those who use tobacco in the African American community. Make resources and support systems readily available and tailored for the African American community. Create culturally specific messaging on the difficulty of quitting, strength in seeking help and available cessation aids.
	 Train community health workers to provide cessation services. Leverage personal support networks and train family members to support efforts to quit.
Integrating trauma- informed approaches	 Recognize the effect of traumatic event exposure on smoking. Create a safe and supportive environment for individuals attempting to quit tobacco use. Use nonstigmatizing language around tobacco use. Address the relationship between emotional/psychological issues and physical dependence.
Engaging in community- based, participatory program development	 Incorporate smoking cessation into counseling, therapy or other behavioral health care. Involve African American community-based organizations (AA-CBOs), including those focused on mental health and substance use, as partners in all aspects of the process, building intentional, long-term partnerships. Work with AA-CBOs on program development and pilot testing. Establish mechanisms for communities to provide feedback on data collection processes and outcomes, enabling continuous improvement.
Improving data collection (monitoring and surveillance)	 Develop data collection plan that ensures diverse African American populations, including different ethnicities, genders and socioeconomic backgrounds. Use advanced analytics to uncover hidden patterns and disparities within health data, providing insights to tailor interventions to specific communities. Promote health data equity, ensuring that data collection and sharing practices are fair and just.
Improving research	 Support research to assess accessibility and efficacy of current pharmacological cessation strategies among African American populations. Support research on late-onset smoking and its impact on quitting. Improve representation of racial groups in randomized clinical trials for tobacco cessation. Translate research findings into practical, actionable strategies for community health improvement.
Educating on needed policy changes	 Use an equity lens when planning state-level initiatives. Engage advocacy organizations — American Heart Association, American Lung Association, American Cancer Society — in conversations about how policy impacts disparities. Engage national African American organizations in conversations about the relevance of tobacco issues to their constituencies, like The Center for Black Health and Equity.