

Tobacco-Related Health Disparities Fact Sheet

Eliminating Tobacco-Related Disease and Death: Addressing Disparities, A Report of the Surgeon General

All people deserve to live a life free from tobacco¹-related disease, disability, and death.

But too many people continue to suffer the devastating effects of tobacco.



Tobacco Use has Decreased but Disparities Persist

Smoking is the leading preventable cause of disease, disability, and death in the U.S.

Cigarette smoking and secondhand smoke exposure kill more than

490,000

people each year.

Smoking is an economic burden costing the U.S. over **\$600 billion** each year in healthcare and lost productivity.

The U.S. has made progress in reducing tobacco use.

Cigarette smoking has **declined by more than 70%** since 1965.



Despite notable progress, disparities² in smoking and exposure to secondhand smoke persist in certain population groups. Since 2000:

- Disparities in smoking by **education level** have increased.
- Disparities in smoking by **racial** and **ethnic group** and **poverty status** do not appear to have changed.
- Disparities in **secondhand smoke** exposure by **race**, **poverty status**, and **education level** have increased.

¹Tobacco referenced in this fact sheet refers to *commercial tobacco products* and not to the sacred and traditional tobacco used by some American Indian communities for ceremonial or medicinal purposes. Commercial tobacco is tobacco sold for recreational use and includes cigarettes, e-cigarettes, smokeless tobacco, pipe tobacco, cigars, hookahs, and other products.

²Tobacco-related health disparities are differences in commercial tobacco product use and exposure to secondhand smoke; related health outcomes; capacity, infrastructure, and access to resources; and opportunities for a healthy life free from tobacco-related disease, disability, and premature death.

Some Population Groups are More Likely to Use Tobacco Products

Cigarette smoking remains highest among American Indian and Alaska Native adults.

1 in 4 of American Indian and Alaska Native adults smoked cigarettes in 2020.



In the U.S. **smoking** is also higher among other population groups:

- Nearly **2 x higher** for adults living in poverty compared to adults not living in poverty.
- About **2 x higher** for high school students who identify as lesbian, gay, or bisexual compared to students who identify as heterosexual.
- More than **4 x higher** among adults with less than a high school education compared to adults with a college degree.
- Smoking is also higher among:
 - » Youth and adults living with mental health conditions or substance use disorders compared to youth and adults living without such conditions.
 - » Adult workers in manual labor and service jobs compared to adult workers in other occupations.
 - » Adults living in the South and Midwest compared to adults living in the Northeast and Western U.S.
 - » Youth and adults living in rural areas compared to youth and adults living in urban areas.



Use of **menthol cigarettes** is higher among:

- **Black people** who smoke compared to White or Hispanic people who smoke.
- **Native Hawaiian** and **Pacific Islander** people who smoke compared to White or Hispanic people who smoke.
- People who identify as **lesbian, gay, or bisexual** compared to people who identify as heterosexual.
- People with **lower incomes** versus people with higher incomes.
- **Women** compared to men.



Secondhand smoke exposure is more than **2 x greater** among:

- **Black adults** compared to White and Mexican American adults.
- Adults 25 years of age or older with **less than a college degree** compared to adults of the same age with a college degree.
- Families with **incomes below the federal poverty level** compared to families with incomes at or above the poverty level.



There are also disparities in **quitting smoking**:

- **Black adults** who smoke make more attempts to quit smoking than White adults who smoke but are less successful at long-term quitting.
- **Nearly 9 in 10 Black adults** who smoke use menthol products. Menthol cigarettes can make quitting more difficult.

Tobacco Harms Some Population Groups More than Others

Smoking is the leading preventable cause of disease, disability, and death in the U.S.—including cancer, heart disease, and chronic obstructive pulmonary disease (COPD)—among all racial and ethnic groups.



Lung cancer incidence and death rates are highest among **Black men**. Among women, the incidence of lung cancer is highest among **American Indian** and **Alaska Native women**. Cigarette smoking is the primary cause of lung cancer.



The prevalence of heart disease is highest among **Black men** and among **White men**. Among women, the prevalence is highest among **Black women**. Cigarette smoking is a major cause of heart disease.



Chronic obstructive pulmonary disease (COPD) is highest among **American Indian** and **Alaska Native adults**. Cigarette smoking is a primary cause of COPD and the primary risk factor for the worsening of COPD.

Each year in the U.S., more than

470,000

people are estimated to die

from cigarette smoking.³

Smoking causes **one in five** deaths among Black people and White people and about **one in 10** deaths among Hispanic or Latino people.



Progress in reducing secondhand smoke deaths has been uneven.

- From 2000 to 2019–2020, deaths from secondhand smoke exposure have **decreased by more than 50%**, from more than 40,000 to less than 20,000 deaths.
- However, these **declines have been slower** among Black, Hispanic or Latino, and other racial and ethnic groups compared to White people.

More than

19,000

people die from exposure to secondhand smoke each year.⁴

³These estimates account for only cigarette-smoking-attributable mortality. Use of other tobacco products, including cigars, pipes, and smokeless tobacco, either alone or in combination with cigarette smoking and other tobacco products, can also contribute to mortality risk.

⁴These estimates may underestimate deaths due to secondhand smoke exposure since they do not account for deaths due to stroke.



Tobacco-Related Health Disparities are a Social Injustice

Tobacco-related health disparities are a threat to the well-being of specific groups and represent a social injustice. Disparities are driven by:

- **Poverty, racism, discrimination,** and other social determinants of health.⁵
- The **tobacco industry's targeted marketing and promotion** of tobacco products—including menthol products—to certain population groups. This includes more tobacco marketing in poor neighborhoods.
- **Gaps in protections** by tobacco prevention and control strategies, such as smokefree air policies.
- **Preemptive laws** that prevent or block communities from protecting their members' health, such as through local smoke-free policies.
- **Financial and other obstacles** to accessing treatments proven to help people quit using tobacco.

⁵ Social determinants of health are the conditions in the environments where people are born, live, learn, work, play, worship, and age. Examples of social determinants of health include where people live; how much money people make; access to healthcare; and exposure to tobacco product advertising and marketing.



We Can Put an End to Tobacco-Related Disparities

More work is needed to end tobacco-related disparities. Working together, we can:

- Remove social and structural obstacles to health equity, including poverty, racism, and discrimination.
- Make tobacco products less appealing, addictive, affordable, and available.
- Decrease the tobacco industry's influence on society.
- Apply evidence-based tobacco prevention and control strategies everywhere, and for everyone.
- Increase access to treatments and resources to help people quit tobacco use.



To learn more about tobacco-related health disparities, visit **[CDC.gov/EndTobaccoDisparities](https://www.cdc.gov/EndTobaccoDisparities)**.

