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Tobacco Use among Latinos

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As early as 1964, the U.S. Surgeon General’s Report stated that tobacco use was an important source of illness (for example, cancer, chronic pulmonary obstructive disease, coronary heart disease, and stroke). Subsequent reports by the Surgeon General have further emphasized that the effects of tobacco use can be easily prevented by quitting smoking. This warning was also mentioned in the 1998 Surgeon General’s Report (United States Department of Health and Human Services, 1998) where evidence was presented for the relationship between cigarette smoking and impaired health status among Latinos and other ethnic groups. Nevertheless, the addictive nature of tobacco and a large number of social, economic, and psychosocial factors have contributed to worrisome patterns of tobacco consumption among Latinos and the consequent threats to their health.

This chapter briefly summarizes various aspects of tobacco use among Latinos including predictors of consumption, epidemiological information, and efforts at developing culturally appropriate preventive approaches. The 1998 Report of the Surgeon General (United States Department of Health and Human Services, 1998) provides a more detailed analysis of tobacco use among Latinos and the other major ethnic minority groups (African Americans, American Indians [lately also called Native Americans], Native Alaskans [the Inuit and other

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1 The term “Latino” is used in this chapter instead of “Hispanic” in order to maintain editorial consistency with the rest of the book. Nevertheless, the reader should be aware of the fact that much epidemiological data have been collected using “Hispanic” as the operational label. For a discussion of these issues, see Hayes-Bautista and Chapa (1987), Marin and Marin (1991), and Trevino (1987).
Predictors of Initiation and Continued Use

As might be expected for a complex behavior such as tobacco use, there are a number of variables that affect initiation as well as continuation of use. In the case of tobacco smoking, the social environment including some macrosocial variables (such as targeted advertising and low amounts of sales taxes) can be expected to support or even reinforce tobacco use as well as certain variables more closely related to the individual (such as personality and psychosocial variables, normative expectancies, and addiction). Unfortunately, most research in the field tends to concentrate on one set or subset of variables ignoring the role of other types of predictors or their interaction. The literature for Latinos is equally flawed. For example, some authors emphasize the role of macrosocial variables such as the historical significance of tobacco smoking, the economic role of the tobacco industry in supporting Latino communities and their activities, and the role of advertising and product promotion in initiating and maintaining the behavior of cigarette smoking among Latinos. Others suggest that certain psychosocial and personality variables act as predictors or determinants of cigarette smoking such as the need for thrill seeking, negative self-esteem, and risk taking. A third set of variables is related to an individual's social context and includes the presence of role models who smoke, supportive norms for cigarette smoking, and low religiosity. One further set of possible predictors is the presence of risk behaviors such as drug use, sexual promiscuity, alcoholic beverage use, and truancy that often may go together with cigarette smoking (particularly among the youth) and that may provide social and psychological support for cigarette smoking. Also relevant to continued use of cigarettes is the fact that tobacco is an addictive substance that may have differential effects among certain individuals; this differential rate of absorption, distribution, and elimination may make it even more difficult for those individuals to quit. The rest of this section reviews briefly the evidence for these assumptions.

An initial concern of studies in the area of predictors of initiation is the age when youth start using cigarettes or other tobacco products. Data from various surveys tend to show that Latino youth start smoking cigarettes during their late teen years. For example, the Hispanic Health and Nutrition Examination
Survey (HHANES) showed that cigarette smoking initiation rates were highest for Mexican American, Cuban, and Puerto Rican youths between the ages of fifteen and nineteen (Escobedo, Anda, Smith, Remington, & Mast, 1990). This implies that prevention interventions must occur during the early teen years (probably before the age of fourteen) and that significant work in “inoculating” Latino youth against tobacco use must occur early in their lives. Further research (for example, by Anderson & Burns, 2000) shows that initiation patterns vary not just by gender but also by ethnicity, requiring gender- and ethnicity-targeted research in order to understand epidemiological patterns as well as for developing preventive strategies.

Macrosocial Variables

There are a number of societal circumstances that can have an effect in the initiation or continuation of tobacco use. The growing of tobacco has played an important role in the economies of many Latin American countries, and it is possible that these economic realities may have produced attitudes and norms that are supportive of tobacco use (United States Department of Health and Human Services, 1998). As a matter of fact, the 1992 Surgeon General’s Report (United States Department of Health and Human Services, 1992) includes a detailed account of the role of tobacco in Latin American economies. In the United States, the tobacco industry has played an important role in supporting the economic advancement of ethnic groups (United States Department of Health and Human Services, 1998)—whether by providing employment, placing advertising in ethnic media, funding community agencies and organizations, or supporting civic and cultural events. Latinos have indeed benefited from these resources in activities as varied as tobacco advertising in Latino media (when legal), funding provided to organizations (such as the Congressional Latino Caucus), supporting community events such as Cinco de Mayo festivals, and promoting cultural events such as Miami’s Calle Ocho festival or the Copa Nacional (a soccer championship). These investments and endorsements can be expected to produce positive reactions toward tobacco, and—in a manner similar to advertising—they help create and support a norm of acceptability for tobacco products that goes beyond mere brand recognition.

The 1994 Surgeon General’s Report (United States Department of Health and Human Services, 1994) considered cigarette advertising as an important promoter of cigarette smoking, given that it can encourage experimentation, prevent quitting, and support increased consumption (Centers for Disease Control, 1990) and there are data to confirm this concern (for example, see Evans, Farkas, Gilpin, Berry, & Pierce, 1995). Latinos have indeed been exposed to targeted tobacco advertising not only in newspapers and magazines but also in outdoor media (United States Department of Health and Human Services, 1998). For example, a study of San Diego outdoor advertising found high proportions of billboard advertising tobacco in ethnic neighborhoods (Elder, Edwards, & Conway, 1993). Overall, 4.7 percent of billboards in Latino neighborhoods advertised tobacco.
tobacco products, as compared with 1.1 percent in White areas. These factors are important because there is evidence that supports the notion that less acculturated Latinos tend to be influenced by radio and billboard advertisements whereas more acculturated Latinos report being influenced by magazine advertisements, brochures, and product labels in making purchasing and behavioral decisions (Webster, 1992). Promotional items (clothing or hard goods with tobacco brand names or logos), which are another type of advertising, also have been shown to have an effect in triggering initiation of tobacco use (Biener & Siegel, 2000).

**Psychosocial and Personality Variables**

Among the relevant variables here are attitudes and expectancies that are shared by Latinos and that may influence the initiation and continued use of tobacco. There is a body of research that shows that cigarette smoking among Latinos is a social event supported by important cultural norms such as simpatía (concern for smooth interpersonal relations), personalismo (value placed on personal relationships), and familiarismo (influence of relatives on a person’s behavior and values) (Félix-Ortiz & Newcomb, 1996; Marín, Marín, Pérez-Stable, Sabogal, & Otero-Sabogal, 1990; Marín, Marín, Pérez-Stable, Otero-Sabogal, & Sabogal, 1990). These cultural norms support the influence of cigarette-smoking role models and enhance the social power of relatives and friends who use tobacco products by promoting behavioral imitation and acquiescence to suggestions of engaging in smoking. In addition, these attitudes and expectancies are influenced by the culture in which the individual resides so that acculturation produces modifications in expectancies held by individuals undergoing the process of culture learning implicit in acculturation (Marín, Marín, Otero-Sabogal, Sabogal, & Pérez-Stable, 1989). There is also evidence to show that certain cultural values (such as respeto, or respect for others) play a role in preventing cigarette smoking, particularly among Latino girls (Mermelstein & Tobacco Control Network Writing Group, 1999).

There is still a need to analyze how these cultural values and social scripts interact by supporting or preventing cigarette smoking among Latinos. Unfortunately, little attention has been paid to these issues in the extant tobacco control literature.

The role of psychosocial expectancies in cigarette smoking has been analyzed in a series of studies conducted with adult Latinos (for example, Marín, Marín, Otero-Sabogal, Sabogal, & Pérez-Stable, 1989; Marín, Marín, Pérez-Stable, Sabogal, & Otero-Sabogal, 1990). In general, those studies showed that adult Latino smokers worried about the bad example they were providing their children by smoking and that this and the concern for damaging their health were important predictors of quitting smoking. Indeed, Latino smokers felt that by quitting smoking they would improve family relations, feel better, and taste food better. Data from San Francisco Latinos also showed that those smokers who thought they were highly addicted tended to report lower levels of self-efficacy in quitting and heavy smokers tended to exhibit lower self-efficacy (Sabogal, Otero-Sabogal, Pérez-Stable, Marín, & Marín, 1989).
Tobacco Use Among Latinos

Studies among Latino adolescents have shown a variety of psychosocial and personality variables that tend to be related to cigarette smoking experimentation and initiation. For example, Felix-Ortiz and Newcomb (1992) found that low academic achievement, poor law abidance, limited religiosity, and depression were associated with cigarette-smoking frequency among Latino boys. Studies carried out in the New York City area have shown that tobacco use is related to poor self-esteem and risk taking and other psychosocial difficulties among Latino adolescents (Bettes, Dusenbury, Kerner, James-Ortiz, & Botvin, 1990). Research with Latino adults show that cigarette smoking tends to be related to depression (Escobedo, Kirch, & Anda, 1996; Lee & Markides, 1991; Pérez-Stable, Marin, Marin, & Katz, 1990). For example, the study by Pérez-Stable and colleagues among Mexican Americans in San Francisco showed that smokers had a 70 percent greater risk for showing depressive symptoms (measured by the Center for Epidemiologic Studies—Depression Scale [CES-D]) than non-smokers. This finding is of particular significance because it supports the notion that prevention efforts need to address approaches to moderating or controlling depression as part of an integrated smoking prevention and cessation campaign.

Social Context

The presence of parents, siblings, or peers who smoke has been proposed as an important variable in determining cigarette-smoking initiation and maintenance among adolescents. Studies among Latinos have shown that the perceived normative support provided by siblings, parents, or peers who smoke is an important predictor of tobacco use initiation and continued use (for example, Cowdery, Fitzhugh, & Wang, 1997; Dusenbury, Kerner, Baker, Botvin, James-Ortiz, & Zauber, 1992; Dusenbury, Epstein, Botvin, & Diaz, 1994; Mermelstein & Tobacco Control Network Writing Group, 1999). The supporting role of other smokers in an individual’s social environment has also been shown to be relevant among Latino adults with data from the HHANES (Coreil, Ray, & Markides, 1991). There is also some evidence regarding adults (particularly members of extended families) serving not just as a role model but also as an initiator of cigarette smoking among Latino adolescents (Mermelstein & Tobacco Control Network Writing Group, 1999). Preventive approaches directed at minimizing the role of the social context (or inoculating against its effect) are of particular relevance among Latino adolescents because they have been found to be at high risk (higher than most other ethnic groups) for cigarette smoking initiation (Unger, Palmer, Dent, Rohrbach, & Johnson, 2000).

Acculturation

Also of relevance is the possible role that the level of acculturation may have in supporting the initiation of tobacco use. The argument suggests that acculturation (the culture learning process that individuals living in multicultural societies
undergo) produces psychological stresses that in turn support tobacco use as a coping mechanism. These psychological reactions are often called *acculturative stress*. Unfortunately, the data are not that clear, but some evidence exists showing that Latino youth who may be facing more acculturative stress (manifested, for example, by low English-language ability) indeed tend to be more likely to smoke cigarettes (see, for instance, Felix-Ortiz & Newcomb, 1996). Other researchers have found that more acculturated Latino youth tend to be more likely to smoke (Smith, McGraw, & Carrillo, 1991), whereas other studies have found no relationship between acculturation and tobacco use among Latino youth (for example, Bettes, Dusenbury, Kerner, James-Ortiz, & Botvin, 1990). The difficulties in predicting the role of acculturation on youth tobacco use probably derive from methodological limitations of the studies such as the way in which acculturation was measured (using unidimensional scales or instruments of poor psychometric properties), the use of proxy variables to measure acculturation (say, language of survey, linguistic proficiency), and the presence of confounding variables (for example, length of residence) and poor methodologies (improper measures of tobacco use as compared to experimentation, irregular use, and so on). Nevertheless, the evidence seems to point to the presence of a relationship that needs to be better understood.

**Risk Behaviors**

The literature on tobacco use among Latino youth tends to support a constellation effect of risk behaviors being associated with cigarette smoking (Newcomb, Maddahian, Skager, & Bentler, 1987; Felix-Ortiz & Newcomb, 1992; An, O'Malley, Schulenberg, Bachman, & Johnston, 1999; Vega, Zimmerman, Warheit, Apospori, & Gil, 1993). Behaviors such as drug use, alcoholic beverage use, poor school performance or dropping out of school, gang membership or criminal behavior, truancy, sexual activity, and cigarette smoking have often been proposed as being closely related and often found in the same individuals. Various studies (including Escobedo, Reddy, & DuRant, 1997; Felix-Ortiz & Newcomb, 1992; Vega, Zimmerman, Warheit, Apospori, & Gil, 1993) have found that these problem behaviors are associated with cigarette smoking among Latino youth, although at times the type of behaviors changes according to the individual's gender. Indeed, the assumption in some studies is that what is important is the actual number of risk factors rather than the specific behaviors. A problem with this assumption, of course, is that it makes it difficult to design preventive strategies, as it is seldom possible to address so many risk behaviors in one intervention and they may not all be of equal significance. Nevertheless, this approach is important in that it provides fairly objective indicators to help determine individuals at risk not just for cigarette smoking but also for other deviant behaviors. An additional problem with this approach is the lack of consistency in findings. For example, while the literature seems to support the notion that poor school performance or dropping out of school tends to be associated with cigarette or tobacco use (Felix-Ortiz & Newcomb, 1992, among others), there is also evidence that the relationship may
not be as clear (Chavez, Edwards, & Oetting, 1989). The need for better data on the role of risk factors is of significance because some Latino adolescents seem to experience some risks at a higher rate than other adolescents. For example, Latinos show a high rate of school dropout and an important proportion (14 percent) leave school by Grade four, well before the grades (sixth to eighth) when tobacco use initiation is most frequent (United States General Accounting Office, 1994).

**Differences in Addictive Nature of Tobacco**

The fact that many smokers find it difficult to quit because of an addiction to nicotine has been established for a number of years (United States Department of Health and Human Services, 1988). Researchers have proposed that there may be genetically-determined differences in the way nicotine affects an individual (Benowitz, Pérez-Stable, Herrera, & Jacob, 1995; Hughes, 1986) and that behavioral patterns (for example, how deep a cigarette is inhaled) may also affect the level of nicotine present in the body of a smoker (Benowitz, Pérez-Stable, Herrera, & Jacob, 1995). Data from the Hispanic Health and Nutrition Examination Survey (HHANES) showed that nicotine levels were unusually high among Latinos who had reported smoking a low number of cigarettes (Pérez-Stable, Marin, Marin, Brody, & Benowitz, 1990). While these differences could be due to under-reporting of cigarette smoking, they could also be showing differential absorption of nicotine by Latinos (Henningfield, Cohen, & Giovino, 1990).

Another indicator of tobacco addiction often used in the literature is the amount of time an individual waits in the morning before lighting the first cigarette. A study of San Francisco Bay Area patients (Vander Martin, Cummings, & Coates, 1990) showed that Latinos were the least likely to need a cigarette within fifteen minutes of waking up compared to other ethnic groups. Data from the 1987 National Health Interview Survey (NHIS) analyzed for the Surgeon General’s Report showed that the number of cigarettes smoked in a day was related to how long an individual could wait before smoking the first cigarette in the day and that, in general, Latinos did not differ from Whites in the proportion of smokers who smoked their first cigarette ten or thirty minutes after waking up (United States Department of Health and Human Services, 1998). For example, among individuals smoking one to fourteen cigarettes per day, 11.3 percent of Latinos and 11.1 percent of Whites reported smoking their first cigarette within ten minutes of awakening. The corresponding figures for smoking within thirty minutes of awakening were 26.2 percent for Latinos and 27.1 percent for Whites.

**Patterns of Tobacco Use**

In general, the prevalence of cigarette smoking among adult Latinos has decreased over the last ten to fifteen years of the twentieth century (United States Department of Health and Human Services, 1998). Nevertheless, there are indications that certain Latino subgroups have not decreased their prevalence of cigarette smoking
or that, indeed, an increase in prevalence may be occurring. A difficulty with establishing solid parameters on cigarette smoking prevalence among Latinos is the somewhat incomplete sources of information available as well as the poor quality of some data, particularly when investigators are trying to analyze the role of such important variables as acculturation in prevalence rates. The data from the HHANES are now quite old (collected between 1982 and 1984) and national surveys (for example, NHIS, Monitoring the Future [MTF] Survey, and Teenage Attitudes and Practices Survey [TAPS]) usually do not include enough Latinos to provide strong estimates of the prevalence of tobacco use among Latinos. Nevertheless, until better data are collected, researchers and policymakers must rely on what is available, being cognizant of the limitations inherent in the data because of methodological concerns (limited samples, unreliable data, poor sampling) as well as conceptual issues (such as inadequate operationalization of ethnicity and acculturation).


There are some intriguing differences in prevalence rates when data from various surveys are compared. The HHANES showed that cigarette smoking prevalence for Latino men ranged from 41.3 percent for Puerto Ricans to 43.6 percent for Mexican Americans (Escobedo & Remington, 1989), whereas the combined data for the NHIS from 1983 through 1985 showed a prevalence of 31.6 percent for Latino men (United States Department of Health and Human Services, 1998). The same was true for Latino women, for whom the NHIS estimate was lower. Obviously, the comparison of results across surveys with different sampling techniques, different methodologies, and somewhat different time frames is not totally appropriate, but the difference in estimates is nevertheless worrisome and indicative of the need for better data about the health status of Latinos.

Despite the aforementioned limitations in the data, Latinos seem to have one of the lowest overall rates of cigarette smoking prevalence among various ethnic groups (United States Department of Health and Human Services, 1998). Indeed, comparisons with the 1994 and 1995 NHIS data carried out for the 1998 Surgeon General's Report showed that the prevalence of cigarette smoking was highest among Native Americans (American Indians, 36 percent), with Latinos showing one of the lower rates (18 percent) and African Americans (26.5 percent) and Whites (26.4 percent) reporting higher prevalence rates. Only Asian Americans (14.2 percent) showed lower prevalence rates than Latinos.

An important trend in cigarette smoking among adult Latinos in the United States is the fact that they tend to smoke few cigarettes per day, fewer than Whites.
The 1994 and 1995 NHIS data (United States Department of Health and Human Services, 1998), for example, showed that 65 percent of Latino smokers reported smoking less than fifteen cigarettes per day, as compared to 35.3 percent of White smokers. This pattern is similar to that found among the other major ethnic groups in the United States (United States Department of Health and Human Services, 1998). The NHIS data also show that Latino women tend to show a somewhat higher proportion of adult smokers smoking less than fifteen cigarettes per day (for example, 68.8 percent in 1994 and 1995) than Latino men (62.4 percent).

The use of pipes and the smoking of cigars seem to be of somewhat lesser significance than cigarette smoking among Latinos. For example, aggregated NHIS data for 1987 and 1991 showed 1.1 percent of all Latinos reporting cigar smoking and 0.5 percent reporting pipe smoking (United States Department of Health and Human Services, 1998). There are some subgroup differences in these NHIS data. For example, Cuban men in the United States reported cigar smoking in higher proportions (2.5 percent) than Mexican Americans (1.5 percent) and Puerto Ricans (1.3 percent). More recent data (1996) included in the 1998 Surgeon General's Report showed that a large proportion (26.2 percent) of Latino adolescents (aged fourteen to nineteen years) reported smoking a cigar during the year previous to the survey, as compared with 28.9 percent of White respondents and 19.3 percent of African American adolescents.

Smokeless tobacco use among Latino high school seniors seems to have increased from 4.4 percent in 1987 to 8.1 percent in 1996, as reported in the 1998 Surgeon General's Report (United States Department of Health and Human Services, 1998), although the Youth Risk Behavior Survey (YRBS) data for 1995 showed 4.4 percent of Latino high school students reporting use of smokeless tobacco in the month previous to the survey. The 1995 YRBS showed that male Latino adolescents used smokeless tobacco in lower proportions (5.8 percent) than Whites (25.1 percent), although among teen females, Latinas (3.1 percent) reported using smokeless tobacco in larger proportions than did White adolescents (2.5 percent).

The analysis of NHIS data on cigarettes conducted for the 1998 Surgeon General's Report (United States Department of Health and Human Services, 1998) showed that the proportion of Latino adult "ever smokers" (that is, those who had smoked) who reported having quit has increased in recent years. Data for the 1978 through 1980 NHIS showed that 35 percent of adult Latino ever smokers had quit (35.5 percent for men and 34.2 percent for women) compared with 46.2 percent for the 1994 and 1995 NHIS (48.2 percent for men and 43.1 percent for women). The highest rates of Latino ever smokers reporting having quit are found among those with a college education (71.1 percent for the 1994 and 1995 NHIS), as compared with those with high school education (44.5 percent), and among those over the age of fifty-five (68.1 percent for the 1994 and 1995 NHIS), as compared with those aged thirty-five to fifty-four (49.6 percent).
Data are presented below in terms of various sociodemographic variables that seem to have an effect on cigarette-smoking prevalence among Latinos. As mentioned earlier, the data are limited because of various methodological problems in the studies, but they serve as indicators of the extent of the problem and of areas that need to be taken into consideration in the development of preventive efforts.

**Gender**

In general, Latino men report higher prevalence of cigarette smoking than do Latino women. For example, in the 1994 and 1995 NHIS data, 22.9 percent of men and 15.1 percent of women reported smoking cigarettes (United States Department of Health and Human Services, 1998).

**Age**

Latino youth smoke cigarettes in proportions that are of considerable concern to public health officials. Data from the Monitoring the Future (MTF) survey of high school seniors show that Latino youth report daily cigarette smoking at a rate lower than Whites but higher than African Americans and this pattern has remained fairly stable since around 1982 (Giovino, 1999). Data from 1985 to 1989 for the MTF (Bachman, Wallace, O’Malley, Johnston, Kurth, & Neighbors, 1991) among high school seniors showed fairly high proportions of individuals reporting smoking cigarettes during the previous month among Mexican American males (23.8 percent) and Mexican American females (18.7 percent). In addition, the 1995 Youth Risk Behavior Survey-YRBS (Centers for Disease Control and Prevention, 1996) showed that 34 percent of Latino high school students reported smoking cigarettes during at least one day in the previous month compared to 38.3 percent of Whites. Of particular concern is the statement made by the 1998 Surgeon General’s Report asserting that rates of cigarette smoking among Latino youth have increased in the last decade of the twentieth century (United States Department of Health and Human Services, 1998). The report bases its conclusion on data from various surveys including the MTF and the YRBS. For example, results from the YRBS show 34 percent of Latino high school students reporting smoking cigarettes in 1995 compared to 25.3 percent in 1991.

Interestingly, little difference in prevalence is usually found between younger adults (eighteen to thirty-four years) and older adults (thirty-five to fifty-four years) among Latinos. In the 1994 and 1995 NHIS data (United States Department of Health and Human Services, 1998), 19.8 percent of both age groups reported smoking cigarettes. In previous surveys, the older adults had reported a somewhat higher prevalence than the younger adults, usually between two and four percentage points. Nevertheless, the NHIS data and the HHANES results (Haynes, Harvey, Montes, Nickens, & Cohen, 1990) show that Latinos aged fifty-five or more tend to report cigarette smoking at much lower proportions (for example, 14.3 percent in the 1994 and 1995 NHIS). Latino women of reproductive age...
seem to be reporting cigarette smoking in lower proportions than their predecessors. For example, aggregated NHIS data (United States Department of Health and Human Services, 1998) showed that 16.4 percent of Latino women of reproductive age reported current cigarette smoking in the 1994–1995 data compared with 25.5 percent for the 1978–1980 data.

**Level of Education**

Level of education seems to have little relationship to cigarette-smoking prevalence among Latinos with the exception of those with a college education, who report smoking at a much lower rate than the rest of the population. For example, in the 1994 and 1995 NHIS data (United States Department of Health and Human Services, 1998), Latinos with a college education reported a cigarette-smoking prevalence of 8.7 percent whereas those respondents with high school education (21.6 percent) and those with less than high school education (20.2 percent) reported much higher prevalence. These differences by level of education resemble those found in the HHANES data, where Latinos with higher levels of education reported lower levels of cigarette smoking (Haynes, Harvey, Montes, Nickens, & Cohen, 1990).

**Acculturation**

As noted earlier, the process of culture learning as a function of exposure to a multicultural society is often labeled *acculturation*. Current ideas regarding acculturation define the concept as a multidimensional phenomenon whereby individuals learn aspects (such as values, norms, behaviors, expectancies, and attitudes) of the new culture(s) while retaining some parts or all of the culture of origin. Generally, acculturation is related to length of residence in the new culture, so that newcomers or recently immigrated individuals can be expected to be low in acculturation (actually in “biculturalism”), although this relationship is not always an exact linear function.

The relationship between acculturation and prevalence of cigarette smoking is less clear than what has been reported above for other sociodemographic variables. The HHANES data (Haynes, Harvey, Montes, Nickens, & Cohen, 1990) showed that acculturation was related differentially across genders. Among Mexican American women, the less acculturated reported a lower prevalence of cigarette smoking (19 percent) than the more acculturated (28 percent). Among Mexican American men, the HHANES data showed that there were no differences in prevalence due to acculturation. Community-wide surveys in San Francisco (Marín, Marín, Pérez-Stable, & Hauck, 1994) showed that the less acculturated Latino men reported cigarette smoking at a higher proportion (38.7 percent) in 1986 than the more acculturated (28.7 percent), with the pattern being reversed amongLatinas (13.9 percent of the less acculturated and 23.1 percent of the more acculturated reporting cigarette smoking). A subsequent community-wide smoking cessation program (*Programa Latino Para Dejar
Health Issues in the Latino Community

_de Fumar—Hispanic Smoking Cessation Program_ conducted by the same authors in San Francisco had an effect of lowering total prevalence within three years of the program, so that in 1989 some 24.2 percent of the less acculturated Latinos and 24.4 percent of the more acculturated Latino men reported cigarette smoking. Among Latino women, the more acculturated (19.5 percent) continued reporting greater prevalence rates than the less acculturated Latino women (9.9 percent). Data from the 1990 California Tobacco Survey (Navarro, 1996) showed that the less acculturated Latinos also showed the lowest rates of cigarette-smoking prevalence. Acculturation may also be related to patterns of cigarette smoking. Navarro (1996) found that the less acculturated Latinos in the 1990 California Tobacco Survey reported smoking cigarettes on a daily basis less often that the more acculturated respondents and were also less likely to smoke fifteen or more cigarettes per day.

There are different suggestions as to the relationship between acculturation and cigarette smoking. Navarro (1996) has suggested that the level of urban experiences of the respondents may influence cigarette smoking so that those immigrants coming from rural Latin American countries would be less likely to smoke cigarettes than those immigrating from urban centers.

**Preventive Approaches to Tobacco Use**

A number of preventive interventions and strategies have been designed to control tobacco use among Latinos. These include primary prevention approaches to curtail initiation or experimentation, smoking cessation programs, as well as community-wide or government-imposed macrosocial approaches such as advertising controls, increases in taxes, and limitations on access to tobacco products. Some of these interventions have been designed for the community at large, such as the increases in tobacco-related taxes imposed by various states or the limitations imposed on the type of tobacco product advertising. Others, usually primary and tertiary interventions, have been designed for Latinos or have been adapted from strategies originally designed for non-Latinos. This section first describes some macrosocial approaches and the possible or documented effects on Latinos, and attention is later given to preventive interventions directed at individuals.

The last few years have seen an increase in the design of preventive strategies that are directed at changing the social climate or normative circumstances of cigarette smoking. Concerns for environmental tobacco smoke and its effects (see Hovell, Zakarian, Wahlgren, & Matt, 2000, for example) have produced limitations in the number and types of places where smokers can use cigarettes or other tobacco products. Other macrosocial interventions have included new taxes, limits in advertising, controls on sales to minors, and limitations in access to cigarette vending machines. While these actions should have similar effects among Latinos and non-Latinos, the level of implementation seems to differ. For example, Latino adolescents report that they are asked less frequently to show proof of age
for purchasing tobacco products than non-Latinos (Centers for Disease Control and Prevention, 1996), and Latino adolescents as well as other ethnic minority adolescents seem to have no difficulty in purchasing (illegally) single cigarettes from neighborhood shopkeepers (Klonoff, Fritz, Landrine, Riddle, & Tully-Payne, 1994). While there is strong support for macrosocial controls on tobacco use (such as limiting places where cigarette smoking can take place) among Latinos (United States Department of Health and Human Services, 1998) there is little evidence as to how these regulations are being enforced in Latino neighborhoods. Nevertheless, Latinos are aware of societal influences to control tobacco use, as in the case of awareness of warning labels on cigarette packages and advertising (Marín, 1994), where awareness is higher among acculturated Latinos.

A large number of school-based primary prevention programs have been designed to prevent the use of tobacco products and in some cases of other substances. In general, these programs have been “ethnicity blind,” targeting all adolescents without paying attention to cultural differences. This approach runs counter to the principles of cultural appropriateness of interventions (as described later) and can be expected to be of limited effectiveness. Indeed, a review of school-based interventions (Glynn, 1989) concluded that ethnic minority children could be expected to benefit the least from these types of approaches. Evaluations of some of these programs have shown differential results based on ethnicity, with Latino youth showing limited effects (for example, Elder et al., 1993; Granham, Johnson, Hansen, Flay, & Gee, 1990), although some programs such as the modified Life Skills Training have shown positive results (Botvin, Dusenbury, Baker, James-Ortiz, Botvin, & Kerner, 1992).

An important consideration in designing preventive approaches to cigarette smoking is the need to convince prospective smokers or quitters that tobacco is an addictive substance. This may not be a problem among Latinos, as data from a national sample reported in the 1998 Surgeon General’s Report (United States Department of Health and Human Services, 1998) showed that large proportions of Latinos consider cigarette smoking as a habit (25.1 percent), an addiction (26.3 percent), or both (38.4 percent).

Latino-specific cessation programs have been designed for individual use as well as for groups. Self-help approaches have relied heavily on the production of materials to inform and motivate smokers to quit. An important example is the manual Rompa con el Vicio (“Break the Habit”) produced in San Francisco and based on large numbers of studies that identified culture-specific attitudes, norms, values, and expectancies of Latino smokers (Marín, Marin, Otero-Sabogal, Sabogal, & Pérez-Stable, 1989; Marín, Pérez-Stable, Otero-Sabogal, Sabogal, & Marín, 1989; Marín, Marín, Pérez-Stable, Otero-Sabogal, & Sabogal, 1990). The manual is a twenty-four-page, four-color brochure that describes the health effects of cigarette smoking as well as the unpleasant social consequences associated with tobacco use (such as bad breath), possible methods for quitting, approaches to deal with depression and social pressures to smoke, and relapse prevention. Previous version of this manual showed that 21 percent of smokers reading the manual quit
smoking within two and a half months, although the proportion of nonrelapers declined to 18.6 percent after eight months (Pérez-Stable, Sabogal, Marín, Marin, & Otero-Sabogal, 1991).

Experiences in California (Pierce et al., 1994) show that Latinos use cessation hotlines at a fairly high rate (approximately 20 percent) when they are advertised in Spanish and services are provided both in English and in Spanish. Nevertheless, a more recent study (Zhu, Anderson, Johnson, Tedeschi, & Roeseler, 2000) found that Latinos are underrepresented in the proportion of smokers who call a hotline (14.9 percent), in comparison to the proportion of Latinos who are smokers when Spanish-language promotion is not appropriate. Group approaches to smoking cessation have not been shown to be effective (for example, Pérez-Stable, Marín, & Marín, 1993), probably because of logistic difficulties (such as accessing facilities, special child care needs, transportation costs, or availability), affordability, embarrassment (talking to other members of the community about a problem), and lack of Spanish-language services (Glynn, 1989; Lichtenstein & Glasgow, 1992).

Another approach to tobacco use prevention has been the design of community-wide interventions that include a variety of approaches and strategies. One of the initial efforts was carried out by Stanford University and targeted Latino communities in Northern California. The project used electronic and print mass media, direct mailings, contests, physician-directed activities, and school-based interventions trying to decrease the presence of risk factors for cardiovascular disease. Spanish-language radio and newspaper articles were used in communities with large Latino populations. In general, a large number of Latinos reported being asked by a physician to quit smoking (approximately 33 percent), although this proportion was higher among Whites (approximately 51 percent) but there were no overall differences in the experimental and control communities (Frank, Winkleby, Altman, Rockhill, & Fortmann, 1991). The use of self-help materials for smoking cessation differed significantly among Latinos, with a substantial proportion of the women (approximately 31 percent) reporting using the materials in contrast to no men reporting the same behavior. Another Northern California program targeting Latino smokers but this time using culturally appropriate materials reported more encouraging results (Marín, Marín, Pérez-Stable, & Hauck, 1994; Pérez-Stable, Marín, & Marín, 1993; Marín & Pérez-Stable, 1995). The Programa Latino Para Dejar de Fumar (“Hispanic Smoking Cessation Program”) utilized multi-media approaches to motivate and support smokers as they quit, including the use of the manual Rompa con el Vicio (“Break the Habit”), radio and television programming, personal consultation, and other outreach efforts. The program showed a number of significant results. There was an increase in the level of information held by members of the community, a decrease in prevalence, and important increases in program awareness and participation in the program’s activities (Marín, Marín, Pérez-Stable, & Hauck, 1994; Marín & Pérez-Stable, 1995).

Other community-wide projects have shows results of importance such as A Su Salud (“To Your Health”) in Texas (Amezcuca, McAlister, Ramirez, & Espinoza,
1990; Ramirez & McAlister, 1988), “For You and Your Family,” a California program targeting pregnant women (Otero-Sabogal & Sabogal, 1991), and the Great American Smokeout, annually sponsored by the American Cancer Society. What these and other smaller programs seem to demonstrate is that multifaceted approaches that are sensitive to cultural norms and values and that integrate culturally appropriate strategies tend to produce notable results.

**Implications for Research, Policy, and Practice**

There is ample evidence that tobacco use is a problem of significance among Latinos in the United States. Of particular concern is the large proportion of Latino youth who are smoking tobacco products and the salient presence of risk factors that have been identified in the literature as supporters of this addiction. The data summarized above support the need for not only better information about tobacco use among Latinos but also for targeted culturally appropriate preventive interventions directed at Latino youth. These are areas of concern that must become a priority not only for practitioners and researchers but also for policymakers and funding sources. The overall youth of the Latino population makes it essential for large-scale preventive efforts to be designed and implemented before we face a more serious health crisis as our population ages and we start seeing the deleterious health effects of tobacco use.

While data on Latinos and tobacco use are available and some excellent studies can be found in the literature, overall the findings are of limited significance due to a number of methodological limitations of the research projects that produced them. These limitations have been identified by the 1998 Surgeon General’s Report on tobacco and they deserve to be summarized here. First is the problem that most of the data have limited generalizability because many of the studies have been conducted in a select number of metropolitan areas (New York, Miami, Los Angeles, San Francisco), ignoring Latinos who live in smaller towns or in other parts of the country. Second, studies conducted with Latino youth have tended to rely on captive populations of children attending schools (primarily public schools), ignoring those in parochial or rural schools as well as school dropouts. A third serious methodological limitation of most studies with Latinos is the noncomparability of constructs and instruments. Although the argument is frequently made that appropriate crosscultural research requires culturally appropriate instruments and the use of relevant constructs (see Marin & Marin, 1991; Triandis & Marin, 1983), few studies have actually tried to use comparable instruments or constructs. For example, attitudinal instruments are developed for one ethnic group and used with members of a different ethnic group without ascertaining whether the attitudinal object has the same meaning and significance in the latter group. This process produces the methodological problem of differential instrumentation, an outcome similar to the proverbial comparison of apples with oranges.
One other methodological problem of importance among studies investigating the use of tobacco among Latinos is the aggregation of data across subgroups, genders, acculturation groups, and other variables of relevance. This approach, which is becoming somewhat less common, makes it difficult to identify the differences that may exist within specific Latino subgroups (such as differences between those of Mexican and Cuban heritage in the United States) or across genders or acculturation levels. Finally, mention must be made of the lack of longitudinal data regarding tobacco use among Latinos. Despite their usefulness in explaining causal links between variables (Conrad, Flay, & Hill, 1992), very few studies have followed Latino respondents for more than a year.

Policymakers and government agencies must realize that a phenomenon as complex as tobacco use, which is produced and supported by multiple causes, requires multipronged approaches to properly modify its prevalence among a community. These approaches should try to modify the social environment or climate and be properly evaluated (Flay, Petraitis, & Hu, 1999). Indeed, evidence from California (for example, Siegel et al., 2000) shows that an aggressive and comprehensive tobacco control campaign can have an effect in lowering tobacco use prevalence across all populations in the state. Unfortunately, most approaches to curtail tobacco use among Latinos have been either short-lived or not properly developed. For example, despite evidence that the media is an important resource in tobacco control (Worden, 1999; Siegel & Biener, 2000), few programs have used print and electronic media extensively and seldom have they used culturally appropriate interventions.

An important consideration in the development of prevention strategies is the cultural relevance of the constructs utilized, the methodologies included, and the strategies chosen to be part of the study or the intervention. This concern is of particular significance in the area of tobacco use, where culture-specific attitudes, norms, and values have indeed been identified for Latinos (see Marin, Marin, Pérez-Stable, Otero-Sabogal, & Sabogal, 1990). As argued elsewhere (Marín, 1993), a culturally appropriate intervention must meet three criteria: (1) it must reflect the ethnic group’s attitudes, values, and norms that are of relevance to the behavior; (2) it must consider the group’s basic values or cultural characteristics that differentiate the group from other ethnic groups in terms of what is valued and considered of value such as the social script of *simpatía* among Latinos (Triandis, Marin, Lisansky, & Betancourt, 1984) or the cultural value of *familialism* (Sabogal, Marin, Otero-Sabogal, Marin, & Pérez-Stable, 1987), as defined earlier; and (3) a culturally appropriate intervention must consider those strategies that are acceptable and credible to members of the community (for example, Marin, 1996). Taking these principles into consideration in the development of an intervention will of necessity increase its acceptability and the likelihood of being effective.

In summary, two general findings can be presented here as a result of the extant literature on tobacco use among Latinos. First, there is a dire need for better-designed studies that can analyze the predictors of tobacco use initiation
and continued use among Latinos. These studies should probably be longitudinal in nature, have a sound theoretical basis, and be designed in a culturally appropriate fashion by following the suggestions made by crosscultural methodologists (for example, Brislin, Lonner, & Thorndike, 1973; Marin & Marin, 1991; Stanfield & Rutledge, 1993). Second, the outcomes of previous studies point toward the importance of certain variables in explaining the initiation and maintenance of tobacco use among Latinos. In particular, the literature seems to support the notion that attention should be given to the design of targeted ethnic-specific interventions to ameliorate the stressful experiences of migration, support the improvement of school performance as well as the prevention of school dropouts, change the normative perceptions regarding the use of tobacco among Latinos, and endorse the process of biculturalism as a way to diminish acculturative conflicts. These concerns must also inform all public health policies designed to prevent the use of tobacco among Latinos.

More and better-designed studies should provide a clearer indication of group-specific correlates of tobacco use as well as of the “universality” of other correlates. The outcome of an increased pool of good-quality studies will help program designers and public health policymakers in the development of large-scale prevention campaigns as well as of culturally appropriate targeted interventions. The end result will be the lowering of tobacco use prevalence among Latinos and so will contribute to their improved health. Indeed, the scale of the problem requires the active participation of researchers, policymakers, and community health activists and providers who, working within the framework of cultural sensitivity and appropriateness, can move Latinos toward improved health and longer life expectancy.

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