COMMUNITY REPORT

USE AND PERCEPTIONS OF NEW AND EMERGING TOBACCO PRODUCTS AMONG BLACK YOUTH AND YOUNG ADULTS

AUTHORS:
Kari-Lyn K. Sakuma, PhD, MPH [1]; Jessica Seifert, MPH [1]; Maddison Greaves, MS [1]; Monica Wilson, PhD [2]
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PROJECT PURPOSE

There have been great strides in the past several decades to reduce cigarette initiation and use among youth. California is well known for the comprehensive tobacco control measures that are largely responsible for the successes we have seen among our population. However, in recent years, as cigarette consumption has gone down, new and emerging tobacco products have increased. These products include e-cigarettes/vapes, hookah, and little cigar/cigarillos. Although some of these products have been around, it is most recently that we have observed large increases in use among our Black youth and young adults. Of particular concern is the early increase in cigar/cigarillo use observed among Black youth, especially among Black female youth where there are twice as many who use compared to their white counterparts.
PROJECT DESCRIPTION

We examined data for patterns of little cigar and cigarillo (LCC), hookah, and vape/e-cigarette use to identify reasons for use, health perceptions, and social influences among Black youth and young adults. There were two phases of data collection and analysis.

PHASE I
Individual, in-person interviews (n = 28) were conducted among a community sample of Black continuation high school and vocational school students in southern California. We examined qualitative data for patterns of little cigar and cigarillo (LCC), hookah, and e-cigarette/vape use to identify reasons for use, health perceptions, and social influences. We also looked at advertising/marketing of tobacco products.

PHASE II
Online surveys (n = 107) were completed by a sample of Black youth and young adults from across California. Only participants with complete demographic data (i.e., age, race/ethnicity, gender, educational attainment; n = 104) are included in the results reported here. We examined quantitative data for patterns of little cigar and cigarillo (LCC), hookah, and e-cigarette/vape use to identify reasons for use, health perceptions, and social influences.

DATA ARE NOT REPRESENTATIVE
These data cannot be used to identify any individual and does not represent the Black youth or young adult community. These data only provide a snapshot of the thoughts and behaviors of some participants selected for this study.
PHASE I

TABLE 1. Demographic characteristics and tobacco product use

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Overall Sample (n=28)</th>
<th>Male (n=13)</th>
<th>Female (n=15)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, years</td>
<td>Mean: 19.3 (SD = 2.1)</td>
<td>Mean: 20.1 (SD = 2.3)</td>
<td>Mean: 18.7 (SD = 1.7)</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black or African American only (single category)</td>
<td>100% (28)</td>
<td>100% (13)</td>
<td>100% (15)</td>
</tr>
<tr>
<td>Black or African American and other (1+ category)</td>
<td>21.4% (6)</td>
<td>23% (3)</td>
<td>20% (3)</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Currently in high school</td>
<td>60.7% (17)</td>
<td>53.9% (7)</td>
<td>66.7% (10)</td>
</tr>
<tr>
<td>Have a high school diploma or equivalent</td>
<td>39.2% (11)</td>
<td>38.5% (5)</td>
<td>26.7% (4)</td>
</tr>
<tr>
<td>Some college experience</td>
<td>7.1% (2)</td>
<td>7.7% (1)</td>
<td>6.7% (1)</td>
</tr>
<tr>
<td>Tobacco Product Use</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cigarettes</td>
<td>60.7% (17)</td>
<td>69.2% (9)</td>
<td>53.3% (8)</td>
</tr>
<tr>
<td>Large cigars</td>
<td>21.4% (6)</td>
<td>46.2% (6)</td>
<td>0% (0)</td>
</tr>
<tr>
<td>Little cigars/cigarillos</td>
<td>82.1% (23)</td>
<td>52.3% (12)</td>
<td>73.3% (11)</td>
</tr>
<tr>
<td>Smokeless tobacco</td>
<td>7% (2)</td>
<td>7.7% (1)</td>
<td>6.7% (1)</td>
</tr>
<tr>
<td>Hookah</td>
<td>89.3% (25)</td>
<td>92.3% (12)</td>
<td>86.7% (13)</td>
</tr>
<tr>
<td>E-cigarettes/vapes</td>
<td>75% (21)</td>
<td>84.6% (11)</td>
<td>66.7% (10)</td>
</tr>
<tr>
<td>Multiple product use (2+ products)</td>
<td>82.1% (23)</td>
<td>92.3% (12)</td>
<td>73.3% (11)</td>
</tr>
</tbody>
</table>

PHASE II

TABLE 2. Demographic characteristics and tobacco product use

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Overall Sample (n=104)</th>
<th>Male (n=41)</th>
<th>Female (n=63)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, years</td>
<td>Mean: 19.4 (SD = 2.8)</td>
<td>Mean: 19.8 (SD = 2.8)</td>
<td>Mean: 19.1 (SD = 2.8)</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black or African American only (single category)</td>
<td>90.4% (94)</td>
<td>85.4% (35)</td>
<td>93.7% (59)</td>
</tr>
<tr>
<td>Black or African American and other (1+ category)</td>
<td>9.6% (10)</td>
<td>14.6% (6)</td>
<td>6.3% (4)</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Currently in high school</td>
<td>39.4% (41)</td>
<td>48.8% (20)</td>
<td>33.3% (21)</td>
</tr>
<tr>
<td>Have a high school diploma or equivalent</td>
<td>35.5% (40)</td>
<td>30% (16)</td>
<td>38.1% (24)</td>
</tr>
<tr>
<td>Some college experience</td>
<td>22.1% (23)</td>
<td>12.2% (5)</td>
<td>28.6% (18)</td>
</tr>
<tr>
<td>Tobacco Product Use</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cigarettes</td>
<td>45.2% (47)</td>
<td>60.9% (25)</td>
<td>34.9% (22)</td>
</tr>
<tr>
<td>Large cigars</td>
<td>12.5% (13)</td>
<td>14.6% (6)</td>
<td>11.1% (7)</td>
</tr>
<tr>
<td>Little cigars/cigarillos</td>
<td>59.6% (62)</td>
<td>68.3% (28)</td>
<td>53.9% (34)</td>
</tr>
<tr>
<td>Smokeless tobacco</td>
<td>5.8% (6)</td>
<td>7.3% (3)</td>
<td>4.8% (3)</td>
</tr>
<tr>
<td>Hookah</td>
<td>63.9% (62)</td>
<td>56.1% (23)</td>
<td>52.4% (33)</td>
</tr>
<tr>
<td>E-cigarettes/vapes</td>
<td>52.9% (55)</td>
<td>58.5% (24)</td>
<td>49.2% (31)</td>
</tr>
<tr>
<td>Multiple product use (2+ products)</td>
<td>61.5% (64)</td>
<td>70.7% (29)</td>
<td>55.6% (35)</td>
</tr>
</tbody>
</table>
Most participants had previous experience (including just a few puffs or tastes) with three of the five products listed: cigarillos (60%), hookah (54%), or vape (52%). Only 12.5% of participants had ever used cigars previously. Over 60% of participants reported multiple product use (having used more than one tobacco product previously).

While a considerable number of participants reported no substance use within a 30-day period, cigarette or alcohol use was reported for each frequency category. A minority of respondents reported using cigarette (7%), LCC (3%), hookah (2%), vape (4%), or alcohol (2%) every day in a 30-day period. Less than 22% of participants reported using multiple products every day in a 30-day period.
**HOOKAH**
- Traditional hookah was exclusively discussed in the context of social gatherings or parties, with hookah lounges/bars/clubs as the primary setting.
- Traditional hookah was commonly used with friends as a means of “escaping” or relaxing; solo hookah use was uncommon.
- Using electronic hookah (e-hookah) was not tied to social settings, but was described as “fun” and “fascinating.”
- Use of different and customizable flavors was a salient theme with e-hookah, adding to its appeal.
- Using e-hookah as alternative to smoking conventional cigarettes was also mentioned.
- For both traditional and e-hookah, the ability to do smoke tricks was appealing for some.
- Although hookah was considered an expensive and inconvenient hobby by some, others discussed its convenience, especially for conserving cigarettes given the communal nature of hookah use and hookah lounges.

“*It's all about, it's like a hobby, it's like different moves, different flavors, different mods, it's diverse.*”

**LITTLE CIGAR & CIGARILLOS (LCC)**
- Reasons for use were embedded in the context of LCC use by itself and LCC use with marijuana.
- LCCs were viewed as cost saving, particularly with Black & Mild (B&M) cigars.
- Stress relief, relaxation, and “to escape” were frequently reported reasons for LCC use.
- Specific LCC brands were associated with marijuana use (e.g., “Swishers”).
- LCC use did not depend on social settings, but initiation of use was often associated with significant life events (e.g., “coming of age”) and social influences (e.g., friends and family).

**E-CIGARETTES/VAPES**
- Flavor was appealing when it came to using vapes.
- The novelty, convenience and customization of these products was also very appealing (i.e., portability, cigarette-savings, ability to control nicotine content, different types of mods/pens and flavors).
- Vapes were often mentioned as being used in order to “look cool” or “fit in,” emphasizing that these products are trending, especially in youth culture.
- Similar to hookah, the ability to do smoke tricks was appealing, and was a reason for picking up these products in the first place for some.
- E-cigarettes/vapes were commonly associated with quitting or avoiding conventional cigarettes.
- Being able to easily and discreetly use THC with vapes was another commonly mentioned reason for use.
"HOOKAH IS A SOCIAL THING...I DON’T THINK NOBODY WOULD SIT AT HOME ALONE AND SMOKE HOOKAH. LIKE THAT’S A LOT OF SMOKE. HOOKAH IS LIKE A SOCIAL GATHERING TYPE OF THING. YOU LIKE GET IN AND BREAK IT OUT LIKE WHEN THERE’S FRIENDS AROUND."

**FIGURE 3.** Hookah use, by location

Hookah use was reported to take place predominantly at hookah lounges and bars, followed by someone else’s house (e.g., friend’s house).
Harm perceptions presented here are those of the study participants and do not represent actual product harm. For information on tobacco product harm see:
- www.cdc.gov/tobacco/basic_information/health_effects/
- www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/
- www.cdc.gov/tobacco/disparities/african-americans/

**PHASE II**

**FIGURE 4.** Perceived harm, by product type

At least a third of participants reported extreme harm perceptions for cigarettes (48%), LCCs (34%), or alcohol (35%). Approximately 35% of respondents reported low harm perceptions for marijuana use.

**FIGURE 5.** Perceived harm compared to cigarettes, by product type

A fifth of participants perceived LCCs (24%), vape (21%), or alcohol (26%) as a lot more harmful than cigarettes. Almost 30% of participants perceived marijuana to be "a lot less harmful" than cigarettes.
LITTLE CIGARS/ CIGARILLOS (LCC)
- Participants often reported their patterned/habitual LCC use, although being addicted to these products was not always recognized.
- Cigarettes were often perceived negatively, especially when compared to LCCs modified with marijuana.

E-CIGARETTES/ VAPES
- There was some ambiguity regarding the relative harm of vapes.
- E-cigarettes seemed to garner more negative health perceptions than vapes, especially since these were more readily compared to conventional cigarettes.
- If vapes were considered “healthy,” this was often attributed to the ability to moderate the amount of nicotine/tobacco.
- Vapes and e-cigarettes were commonly believed to be a safer alternative to smoking conventional cigarettes; although the degree of lessened health risks compared to cigarettes was unclear.

HOOKAH
- Hookah was perceived to be healthier or less harmful than cigarettes by some, but most thought it to be just as harmful and addictive as cigarettes, or even more so.
- As they were discussing the relative harms of hookah, several respondents observably wrestled with whether or not hookah was harmful, and often came to the realization that it was not as risk-free as they originally thought or hoped.
“TOBACCO, I THINK, IS WHAT KILLS YOU THE FASTEST. IT CLOGS UP YOUR LUNGS FASTER THAN WEED DOES — I KNOW THAT. AND IT DOESN'T — UM, IT DOESN'T GIVE YOU CANCER. WEED DOESN'T GIVE YOU CANCER...I HAVEN'T READ THE RECORD — THE MEDICAL RECORD BOOKS BUT — BUT I NEVER HEARD OF ANYBODY GETTING LUNG CANCER FROM WEED.”
Perceptions of product addictiveness reported here are those of the study participants and do not reflect actual experiences with addiction.

**PHASE II**

**FIGURE 6.** Perceived addictiveness, by product type

Over a quarter of participants reported extreme perceived addictiveness for cigarettes (30%), LCCs (27%), or alcohol (33%). Approximately 28% of respondents reported low perceived addictiveness for hookah.

**FIGURE 7.** Perceived addictiveness compared to cigarettes, by product type

When compared to cigarettes, over a fifth of participants reported equal perceived addictiveness for LCCs (29%), vape (25%), or alcohol (24%). Twenty-four percent of participants reported marijuana to be “a lot less addictive” than cigarettes.
Numerous LCC marketing sources were identified, including stores (e.g., liquor, smoke shops), traditional media (e.g., television, movies), print media (e.g., billboards, magazines), social media platforms (e.g., Instagram, Facebook) and music videos.

Specific advertising sources mentioned most frequently were liquor stores (39.3%), social media (overall, 32.1%; Instagram, 21.4%; Facebook, 17.9%), and movies (21.4%). Music videos were the greatest source of LCC messaging (21.4%).

Few media messages were anti-tobacco, with the Truth Campaign noted explicitly. Most messaging promoted LCC use, either straight or modified with marijuana.

"...a lot of the Black males in like the music industry and advertisement, they use them a lot. Like I don’t think they intentionally use them but they’re like a lot of music videos and they make it like they make it cool...they make stuff like that trendable.”

"I feel like it represents the Black community I guess. In some type of way, we’re used to it so that’s probably what they think that we want to see...It is a stereotype, but at the same time...they wouldn’t stereotype it if we weren’t doing it. They only stereotype what they see. So if they always see Black people doing it of course they’re going to put it in a movie because it’s norm to them."

Celebrities were frequently cited as promoting LCC use. Twenty-five celebrities were named, 20 were music artists (80%), and 17 were from the Rap/Hip-Hop industry (85% of music artists; 68% of celebrities).

Participants reported differential targeting of the Black community in LCC marketing messages.

The Rap/Hip-Hop music industry and LCC use seem inextricably linked. Furthermore, guerrilla style advertising on social media platforms (i.e., utilization of “common” people and sponsorships to encourage brand dissemination) was reported.
"LIKE, I WAS WATCHING THE COMMERCIAL, THE TRUTH COMMERCIAL AND EVERY TIME LIKE, OH, WE NEED TO STOP IT, STOP IT AND AT THE BOTTOM, IN THE RIGHT CORNER, YOU SEE LIKE THE FDA LIKE, YOU GUYS ARE THE ONES WHO PUT THAT ON THE SHELF AND THEN YOU ARE TELLING PEOPLE TO STOP USING IT, LIKE, IT DOESN’T WORK LIKE THAT."
This project is an important step toward addressing the impact of tobacco on Black communities. Although Black and white populations smoke cigarettes at similar rates, Black individuals are more likely to die from tobacco-related diseases. This contributes additional harm to Black families and communities through shortened life spans, disability, poor quality of life, negative economic impacts, and the social and emotional toll caused by losing loved ones.

Tobacco companies have a long history of targeting Black communities. For example, companies heavily advertise in Black neighborhoods, near low-income schools, and other underprivileged areas. Companies also use Black culture in their advertisements, sponsor Black cultural events, and purposefully push and sell lower cost menthol products to ensure life-long addiction. This leaves Black communities particularly vulnerable.

Thanks to the young men and women who participated in this study, this report begins to highlight the issues that Public Health needs to address, such as:

1. We need to better understand why Black youth and young adults are using these products (tobacco and marijuana)
2. We need to develop and test messages that can correct health misperceptions and find ways to limit tobacco marketing in Black communities
3. We need to create comprehensive anti-tobacco strategies that include effective health education, anti-tobacco campaigns, and regulatory policies that limit tobacco impact in Black communities

We will continue to work toward eliminating the impact of tobacco on Black communities. We welcome and encourage communities to participate and contribute to the sciences and help build a more just and healthy future. If you are interested in learning more about tobacco use and prevention, or if you would like to participate in future studies, please contact Kari-Lyn Sakuma. Contact information is available on the back cover of this report.
FOR MORE INFORMATION ON TOBACCO USE, PREVENTION, AND CESSATION EXPLORE THE LINKS BELOW:

**Product Information**

**Cigars and LCCs:**
www.cdc.gov/tobacco/data_statistics/fact_sheets/tobacco_industry/cigars/

**Hookah:**
www.cdc.gov/tobacco/data_statistics/fact_sheets/tobacco_industry/hookahs/

**E-cigs/vapes:**
(a) www.cdc.gov/features/ecigarettes-young-people/
(b) www.cdc.gov/tobacco/data_statistics/sgr/e-cigarettes/

**Dual use of tobacco products:**
www.cdc.gov/tobacco/campaign/tips/diseases/dual-tobacco-use.html

**FDA Center for Tobacco Products:**
www.fda.gov/TobaccoProducts/AboutCTP/ucm383225.htm
Resources Continued

**Negative Impact of Tobacco on Black Communities**

- **Tobacco-Related Disparities - African Americans and Tobacco Use:**
  www.cdc.gov/tobacco/disparities/african-americans/index.htm

- **Tobacco Use Among African Americans – Campaign for Tobacco-Free Kids:**
  www.tobaccofreekids.org/research/factsheets/pdf/0006.pdf

- **Impact of Menthol Cigarettes on Youth Smoking Initiation and Health Disparities:**
  www.tobaccofreekids.org/research/factsheets/pdf/0390.pdf

- **Tobacco is a Social Justice Issue: Racial and Ethnic Minorities:**
  truthinitiative.org/news/tobacco-social-justice-issue-racial-and-ethnic-minorities

- **How Tobacco Companies Led a Devastating 50-Year Infiltration into Black Communities:**
  www.huffingtonpost.com/entry/how-tobacco-companies-led-a-devastating-50-year-infiltration-into-black-communities_us_5702944de4b083f5c60830b6

- **‘Black Lives/Black Lungs’ Matter:**
  columbiaian.gwu.edu/black-livesblack-lungs-matter

**Tobacco Quit Lines**

- National: 1-800-QUIT-NOW
  teen.smokefree.gov
  smokefree.gov

- California: 1-800-NO-BUTTS
  nobutts.org/
AUTHOR AFFILIATIONS:
1. Oregon State University, College of Public Health and Human Sciences,
   School of Social and Behavioral Health Sciences, Corvallis, Oregon
2. National University, Riverside, California

FOR QUESTIONS OR CONCERNS, PLEASE CONTACT:
Kari-Lyn K. Sakuma, PhD, MPH
Assistant Professor
Oregon State University
College of Public Health and Human Sciences
Hallie E. Ford Center for Healthy Children and Families
2250 SW Jefferson Way, Waldo Hall 412
Corvallis, OR 97331
E-mail: Karilyn.sakuma@oregonstate.edu
Office: (541) 737-3835
Study Website: http://health.oregonstate.edu/NETS