

“There is not a single Asian American/Native Hawaiian/Pacific Islander community, or AANHPI community. Rather, Asian Americans and Native Hawaiian/Pacific Islanders comprise more than 50 distinct ethnic groups living in the 50 United States and six U.S. associated Pacific Island jurisdictions.”¹

– Rod Lew, Executive Director,
Asian Pacific Partners for Empowerment, Advocacy and Leadership

Smoking Prevalence

- The overall prevalence of smoking among Asian American adults is 11.6%, achieving the Healthy People 2010 objective of a 12% smoking rate for adults.^{2,3}
- Asian Americans have the lowest smoking rates among adults of all racial and ethnic groups in the United States. In 2009, 11.6% of Asian Americans smoked compared to 22.1% of whites, 21.3% of African Americans, 23.2% of American Indian and Alaska Natives, and 14.5% of Hispanics.⁴
- However, smoking rates among Asian American sub-groups vary.⁵
 - o The prevalence of smoking among Native Hawaiian or Other Pacific Islander adults is 16.5%.²
 - o Seventeen percent of Asian American men (16.9%) smoke compared to 7.5% of Asian American women.⁴
 - o Unlike Asian Americans, among Native Hawaiians and Pacific Islanders there are no gender differences in smoking rates.⁶
 - o A review of the literature published between 1988 and 2005 revealed that Cambodian, Vietnamese, Laotian, Korean, Filipino men smoked at much higher rates than the 2003 national prevalence for Asian American men (17.5%). This review also found that there was great variability within ethnic groups. For example, male smoking rate ranges included: 39-71% among Cambodian Americans, 24-33% among Filipino Americans, 26-39% among Korean Americans, and 26-56% among Vietnamese Americans.^{6,7}

Percentage of Asian American Adults Reporting Cigarette Use During the Preceding Month in the United States, 1999-2001⁸

	Males	Females	Total
Asian*	24.1%	9.1%	16.2%
Chinese	19.3%	5.9%	12.3%
Filipino	---	6.9%	14.8%
Japanese	18.3%	---	19%
Asian Indian	20%	3.0%	12.6%
Korean	---	---	27.2%
Vietnamese	---	---	26.5%

- Dis-aggregated data and data collected in the appropriate language for Asian American subgroups are sparse. A need exists for surveys with large representative samples of diverse Asian American subgroups, including gender-specific data for each ethnic subgroup.^{1,6}
 - o Little is known about smoking prevalence and factors associated with tobacco use in Asian American women across all subgroups and Asian Indian, Filipino, and Thai American men.⁶
- Research shows that smoking rates are higher for Asian American men with low acculturation (immigrants, low English literacy) than for those with high acculturation (born in the United States or those who have lived in the United States for a long time, fluent in English). In contrast, Asian American women with high acculturation have higher smoking rates than those with low acculturation.⁶
- Asian Americans and Pacific Islanders may initiate smoking later in life than other racial/ethnic groups. In one study, 48% of Asian Americans and Pacific Islanders who were ever regular smokers started between ages 18 and 21, compared with 40% of African Americans, 38% of Hispanics/Latinos, and 38% of whites.⁹

Youth

- 9.7% of Asian American high school students and 2.5% of Asian American middle school students smoke cigarettes.¹⁰
- In a review of the literature on adolescent tobacco use, smoking among Native Hawaiian, Pacific Islander, and Filipino American adolescents in Hawaii was higher than among adolescents in any other racial and ethnic groups. Most risk factors for smoking initiation were found to be similar to other ethnic minority groups, including the positive association of smoking with acculturation.¹¹

⁸Includes respondents reporting racial/ethnic subgroups not shown and respondents reporting more than one subgroup.

Percentage of Asian American Persons Aged 12-17 Years Reporting Cigarette Use During the Preceding Month in the United States, 1999-2001⁸

	Males	Females	Total
Asian*	8.8%	7.3%	8.1%
Chinese	6.3%	5.4%	5.8%
Filipino	5.8%	8.9%	7.4%
Japanese	---	---	5.2%
Asian Indian	10.1%	6.8%	8.7%
Korean	13.8%	7.3%	10.6%
Vietnamese	---	8.0%	6.8%

Health Consequences

- **Cancer**—In 2007, a total of 2,841 Asian American and Pacific Islanders, 1,647 males and 1,194 females, died from lung, bronchus, and tracheal cancer.¹² Cigarette smoking is responsible for the vast majority of lung cancer incidences and deaths.¹³
- **Cardiovascular Disease**—Diseases of the heart is the primary cause of death in the United States and the second leading cause of death among Asian Americans and Pacific Islanders after all cancer sites. Together, diseases of the heart and stroke accounted for nearly one third of all deaths among Asian Americans and Pacific Islanders in 2007.¹⁴ Cigarette smoking causes cardiovascular diseases, including coronary heart disease and stroke.¹³

Cessation

- Each year, 3.3% of Asian American smokers succeed in quitting.¹⁵
- A community intervention trial for Vietnamese men conducted in San Francisco significantly increased the likelihood of quitting smoking in this population. This program included a long-running anti-tobacco media campaign as well as school and family-based components.⁵
- The California Smokers' Helpline offers Chinese, Vietnamese, and Korean-language lines in addition to English lines. After examining data from 15 years of this quitline, researchers found that smokers speaking Asian languages were just as likely to call the Helpline as English-speaking white smokers, highlighting the usefulness of this service for these underserved ethnic communities.¹⁶

Tobacco Industry Influence

- According to a 1993 study in San Diego, California, the highest proportion of tobacco billboards were posted in Asian American communities and the lowest proportion were in white communities.⁵
- Among racial/ethnic minority communities in San Diego, the highest average number of tobacco displays was found in Asian American stores (6.4), compared with Hispanic (4.6) and African American (3.7) stores.⁵

*Includes respondents reporting racial/ethnic subgroups not shown and respondents reporting more than one subgroup.

SOURCES

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