

Barriers to Smoking Cessation in Inner-City African American Young Adults

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The prevalence of tobacco use among urban African American persons aged 18 to 24 years not enrolled in college is alarmingly high and a challenge for smoking cessation initiatives. Recent data from inner-city neighborhoods in Baltimore, Md, indicate that more than 60% of young adults smoke cigarettes. We sought to describe community-level factors contributing to this problem. Data from focus groups and surveys indicate that the sale and acquisition of “loosies” are ubiquitous and normative and may contribute to the high usage and low cessation rates. (*Am J Public Health*. 2007;97:1405–1408. doi:10.2105/AJPH.2006.101659)

Increasing rates of smoking and low rates of cessation in young adults (aged 18–24 years) have been identified as “growing health concerns.”¹ Of particular concern are those young adults who are not enrolled in college; who are unemployed, underemployed, or economically disadvantaged; and who are a target market of the tobacco industry.^{2,3} The overall decline in smoking rates in most of the US population has been attributed to a comprehensive approach that includes environmental and policy approaches (e.g., cigarette taxes and smoking restrictions).^{4–8} However, because these approaches have not been implemented equally across all communities and population subgroups, some groups are more vulnerable and less likely to want to quit smoking.^{9–11}

Currently, little is known about environmental factors in urban communities that either facilitate smoking or act as barriers to cessation. Access to cigarettes and sales of single cigarettes—“loosies”—may be 2 of these factors.¹² We examined the (1) availability of cigarettes, (2) sales of single cigarettes, and (3) positive social norms toward smoking. We have described these factors in African American young adults who were attending employment training and educational programs in inner-city Baltimore, Md.

METHODS

Data Collection

Focus groups. Participants were recruited by program directors. Four focus groups were conducted with 28 young adults (20 men and 8 women): 23 smokers and 5 nonsmokers who were attending employment training and educational programs in Baltimore. Focus groups were gender heterogeneous but homogeneous as to smoking status, with 3 groups of smokers and 1 group of nonsmokers. The low number of nonsmokers in the programs required that the nonsmoking group contained both former smokers and individuals who have never smoked. Written consent was obtained before starting the focus groups, and participants received an incentive of \$20. Groups were led by an experienced African American focus group moderator. All focus group discussions were audiotaped and fully transcribed. Focus group domains included social norms around tobacco use, tobacco

acquisition practices, smoking and socializing, smoking restrictions, and tobacco advertising.

Survey. The directors of the employment training and educational programs used flyers, word of mouth, and telephone calls to recruit a convenience sample from their roster of program participants. Program participants were required to reside in selected zip codes in the city that were designated as underserved communities. Focus group participants were excluded from taking the survey. The investigators administered the surveys in a group setting to ensure uniformity of data collection and to maximize survey completion rates. Written consent was obtained, and participants received \$20. The survey instrument was adapted from several national survey instruments; additional topics and wording of questions were derived from an analysis of the focus group transcripts. The topics surveyed included prevalence of use by current and former smokers, age at initiation, smoking behaviors, buying behaviors, and attitudes and social norms. Of special interest was the purchasing and selling of single cigarettes.

Analysis

We analyzed all focus groups with Atlas.ti version 3 (Atlas.ti Scientific Software Development GmbH, Berlin, Germany) qualitative software to ascertain emergent themes. We used SAS 9.1 (SAS Institute Inc, Cary, NC) to complete a statistical analysis of the survey data with χ^2 tests and *t* tests to assess bivariate associations between gender or smoking status and demographic characteristics, smoking behavior, cigarette acquisition behavior, attitudes, and perceptions. Multiple logistic regression analysis was performed to assess the factors associated with being a current smoker and the acquisition of single cigarettes. These factors included demographic characteristics, cigarette acquisition behavior (places and people from whom participants bought cigarettes, including other behaviors such as bumming, pooling money, and selling cigarettes), and single cigarette acquisition behavior (where and from whom).

RESULTS

Focus Groups

Emergent thematic patterns, which were consistent across all 4 groups, pertained to

buying and sharing single cigarettes, smoking and socializing, and smoking as a normative behavior. Both smokers and nonsmokers perceived smoking as normal, very common, and essentially unproblematic. Participants described facing relatively few smoking restrictions and reported that single cigarettes were easily accessible.

Survey

Demographics and smoking patterns. The survey was completed by 156 young adults, 60% of whom were men; 70% reported less than high-school education. Sixty-two percent reported being current smokers, and 63% smoked 10 cigarettes or fewer per day; 15% smoked 1 pack a day. On average, current smokers had started smoking at age 13.6 years, and all reported smoking Newport cigarettes. Factors associated with being a current smoker were having less than a high-school education (odds ratio [OR]=3.20; 95% confidence interval [CI]=1.51, 6.74) and living in a home in which smoking was permitted (OR=3.34; 95% CI=1.65, 6.79). No statistically significant differences were observed by gender for any of the demographic or smoking status variables.

Cigarette Acquisition

Table 1 describes patterns of cigarette acquisition. Most respondents bought single cigarettes every day and also witnessed others selling single cigarettes on the street in many different locations throughout the community. Widely reported reasons for buying single cigarettes were convenience and lower cost. Women were more likely than men to buy cigarettes by the pack and to buy them near their residence, and women were less likely than men to buy from friends. Figure 1 represents the attitudes toward and perceptions of the availability of single cigarettes and smoking-related issues by smoking status and documents the acceptance of smoking and the availability of single cigarettes in this community. Factors associated with acquisition of single cigarettes were seeing people every day selling single cigarettes (OR=3.89; 95% CI=1.24, 12.19), buying cigarettes from a bar or club in the past month (OR=4.39; 95% CI=1.50, 12.88), and being likely to

TABLE 1—Acquisition of Cigarettes by African American Current Smokers Aged 18 to 24 Years: Baltimore, Md, 2005–2006

	Total, % (N = 96)	Women, % (n = 37)	Men, % (n = 59)
Bought cigarettes by the pack during the last month*	74.7	91.9	63.8
Bought cigarettes near where they			
Live*	85.3	94.6	79.3
Socialize	75.8	86.5	69.0
Bought cigarettes at a			
Supermarket, drugstore, gas station	83.2	86.5	81.0
Convenience or corner store	85.1	91.9	80.7
Bar or club	56.8	56.8	56.9
Bought cigarettes from			
Friends*	33.7	21.6	41.4
Family	16.8	16.2	17.2
Borrowed or bummed cigarettes	71.6	64.9	75.9
Pooled money to buy cigarettes	53.1	51.4	54.2
Sold cigarettes	39.6	45.2	35.5
Bought single cigarettes during the last month	76.8	73.0	79.3
Reasons for buying single cigarettes			
Convenient	65.9	60.6	69.0
Less expensive	58.9	58.8	58.9
Did not have enough money	48.4	48.6	48.3
Trying to cut back	44.1	50.0	40.4
Prevents me from getting started or addicted	21.3	18.9	22.8
Saw people on the street selling single cigarettes every day during the last month (n = 156) ^a	71.8	64.5	76.6
Who they have seen selling single cigarettes on the street (n = 156) ^a			
Neighbors	43.5	39.3	46.2
Friends	38.2	37.7	38.5
Drug dealers	24.8	29.5	21.7
Relatives	23.7	18.3	27.2
Likely to find single cigarettes being sold (n = 156) ^a			
Near the subway	83.6	80.0	85.9
Outside of corner or grocery store	81.2	78.7	82.8
Outside of bars and clubs	71.3	64.4	75.8
Outside of schools	25.2	22.0	27.2

^aAmong the full population (smokers and nonsmokers).

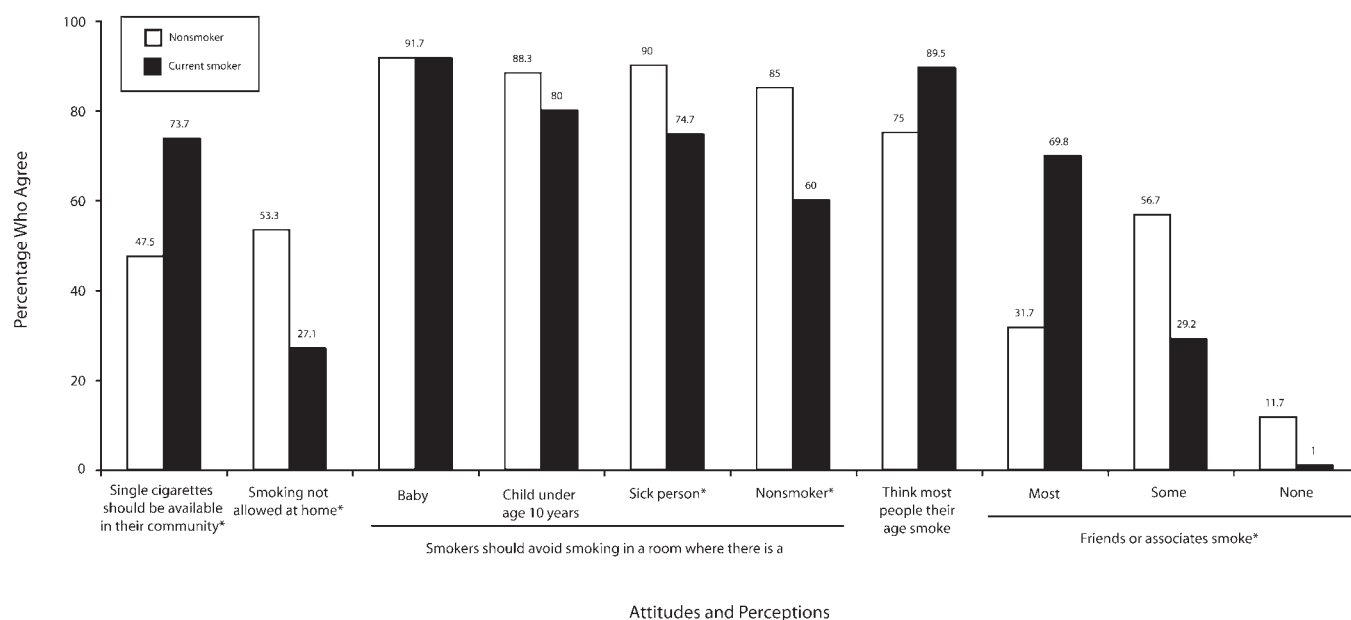
* $P < .05$ for the comparison by gender (χ^2).

find single cigarettes sold outside corner stores (OR=3.64; 95% CI=1.06, 12.53).

DISCUSSION

Smoking cessation strategies need to take into consideration environmental influences, such as the sale of single cigarettes, particularly to inner-city African American young

adults. This study found that the sale of single cigarettes was more pervasive than previously reported and that most of the sales occurred on the street. This easy and affordable way to purchase cigarettes from street vendors and stores undermines tax policies, promotes smoking as a normative behavior, and may contribute to high smoking rates in some inner-city communities.¹³ Although the US



* $P < .05$ for the comparison by smoking status (χ^2).

FIGURE 1—Percentage of African American young adults (aged 18–24 years) who hold certain attitudes toward and perceptions of the availability of single cigarettes and smoking-related issues, by smoking status: Baltimore, Md, 2005–2006.

Food and Drug Administration attempted to eradicate the legal and illegal sale of single cigarettes in 1996, current laws differ from state to state, and enforcement is lax.¹⁴

Attitudes and behaviors of these young adults, both smokers and nonsmokers, regarding the sale of single cigarettes in the community and the perception that everyone smokes reflect the normative nature of tobacco use and may explain the lack of interest in quitting. Other influences associated with increased prevalence of smoking and lack of interest in quitting in this population are industry-targeted advertising as well as marketing and promotion campaigns that permeate the physical and social environments of these young adults, including special promotions at bars and clubs.^{3,15,16} The tobacco industry considers working-class young adults a critical market, especially to expand the sales of key brands such as Newport, a mentholated cigarette, and Black and Mild, a small cigar.^{1,17,18} Newport cigarettes are heavily advertised in African American communities.^{19,20} This may account for the brand loyalty found in our survey: 100% of the smokers indicated that they would smoke

only Newport cigarettes. In addition to cigarettes, Black and Mild cigars are sold individually for less than \$1 each; this may contribute to their use by young adults with modest available funds.¹⁸

The relation between environmental factors and smoking behavior needs more research because the evidence is of an ecological nature.¹⁶ The ultimate goal of this research is to design community-level initiatives promoting smoking cessation in partnership with the target population, community leaders, policymakers, and academia to reduce tobacco use communitywide. ■

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Contributors

F.A. Stillman conceptualized and directed the study, supervised the data analysis, and led the writing of the article. L. Bone coordinated all aspects of the study, including data collection, and assisted with the writing of the article. E. Avila-Tang conducted the data analysis and contributed to the writing of the article. K. Smith supervised the focus groups, conducted the analysis of the qualitative data, and assisted with the writing of the article. N. Yancey, C. Street, and K. Owings assisted in the planning of the study, assisted in recruitment of the focus group and survey participants, and contributed to the preparation of the article.

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Human Participant Protection

The study protocol was approved by the Johns Hopkins Bloomberg School of Public Health institutional review board.

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