Smoking: Ethnic minorities

- Smoking rates vary considerably according to ethnicity
- Smokeless tobacco products and shisha are more commonly used by ethnic minority groups; these products are harmful and contribute to health inequalities
- Local authorities should tailor interventions to support cessation of non-standard tobacco products among local populations

Smoking rates between ethnic groups vary significantly

Ethnic minority groups in England and Wales represent approximately 14% of the total population (ONS, 2018).

This can be further broken down into:

- 7.5% Asian/Asian British people
- 3.3% Black/African/Caribbean/Black British people
- 2.2% people of Mixed/Multiple ethnicity
- 1% people of 'Other' ethnicities

On average, **ethnic minority groups in England have lower rates of smoking than among the general population** – except for those of mixed/multiple ethnicity who have the highest smoking rates.

Smoking rates among ethnic minority **populations differ substantially by gender,** with ethnic minority men smoking considerably more than ethnic minority women.

Smokeless tobacco

Smokeless tobacco (SLT) is an umbrella term covering a range of tobacco products that are non-combustible but may be chewed, inhaled (sniffed) or placed in the mouth. Only products designed to be chewed or inhaled are legal in the UK.

Many South Asian SLT products contain a tobacco species with **high levels of nicotine and carcinogenic tobacco specific nitrosamines** (TSNAs) which contribute to poor health outcomes. SLT is likely a cause of the **significantly higher prevalence of oral and pharyngeal cancers among South Asians in the UK** (Stanfill SB et al, 2018).

Who uses smokeless tobacco?

SLT products are consumed by up to 351 million individuals worldwide. More than two thirds of global consumption is based in South and South East Asia (Sinha et al, 2015). In Great Britain (GB), SLT products are consumed most frequently by ethnic minority groups, **predominantly South Asian people from Bangladeshi, Indian and Pakistani backgrounds.**

SLT Use	White	South Asian	Black	Other/mixed
Ever tried	12%	23%	19%	20%
Regular use	1%	7%	5%	3%
Never tried	86%	64%	75%	75%

GB use of chewed or sucked tobacco products by ethnic group 2019 (ASH/YouGov Smokefree GB Survey, 2019)

Among GB South Asian people, Bangladeshi people are most likely to use SLT, with Indian people least likely to do so (12% use at least monthly vs 5%) (ASH/YouGov Smokefree GB Survey, 2019).

There are also gender differences in SLT use. 15% of men have 'ever tried' SLT and 2% use it at least monthly, compared to 11% and 1%, respectively, for women. When looking at GB South Asian people, 24% of men have 'ever tried' SLT and 7% use it at least monthly, compared to 18% and 6%, respectively, for women (ASH/YouGov Smokefree GB Survey, 2019).

Waterpipes (shisha, hookah, narghile, hubble bubble)

Waterpipes have traditionally been used to smoke tobacco in the Middle East. However, **there has been a recent global resurgence of waterpipe smoking** and in recent years 'shisha bars' have become particularly popular among young people from ethnic minority groups in the UK (ASH/YouGov Smokefree GB Survey, 2019).

Waterpipes are mostly used to smoke tobacco. Herbal mixtures are also commonly used and although these do not contain nicotine and so are not addictive, **smoking herbal shisha is similarly harmful to health as smoking tobacco shisha,** yielding similar levels of toxicants such as carbon monoxide, nitric acid and tar (Shihadeh A et al, 2012).

GB waterpipe use is **concentrated among ethnic minorities,** in particular South Asian groups and those of Other/Mixed ethnicity.

Shisha use	White	South Asian	Black	Other/mixed
Ever tried	10%	21%	16%	29%
≥ Once a year	2%	11%	6%	7%
< Once a year	9%	11%	10%	22%
Never tried	77%	58%	64%	57%

GB use of shisha pipe by ethnicity 2019 (Smokefree GB Survey, 2019)

Supporting ethnic minority smokers to quit and reducing health inequalities

Guidance by the National Institute for Health and Clinical Excellence noted that **reducing smoking prevalence among some minority groups would reduce health inequalities more than any other measure** (NICE, 2018).

To put this guidance into effect, local authorities should:

- Understand the smoking patterns and consequent support needs of their local population
- Raise awareness of the harms caused by SLT and waterpipe use
- Tailor and target stop smoking support in order to encourage and effectively accommodate cessation from SLT and waterpipe products

For more information, take a look at ASH's Tobacco and Ethnic Minorities fact sheet