

African American Teen Cigarette Smoking: A Review

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INTRODUCTION Smoking rates in African American adolescents continue to be the lowest among all racial and ethnic groups in the United States. From 1978 to 1991, smoking rates declined for both males and females in this group (Bachman *et al.*, 1991). The Monitoring the Future (MTF) study showed that in 1978, 24.9 percent of African American high school seniors had smoked a cigarette daily, whereas only 4.1 percent reported this activity in 1991 (Johnston *et al.*, 1996). Similarly, the prevalence of smoking among African American adolescents has been substantially lower than the prevalence among White and Hispanic adolescents. This phenomenon is attested to by national, regional, and local surveys spanning the last 20 years (Bachman *et al.*, 1991; U.S. DHHS, 1994; CDC, 1996a; Johnston *et al.*, 1996; Sheridan *et al.*, 1993; Greenlund *et al.*, 1996).

These smoking rates for adolescents are conspicuously lower than the high smoking rates for adult African Americans. As African American teens reach adulthood, they have the highest smoking rates compared to any other racial/ethnic group, except for American Indians; this is especially true among African American men. Research has already identified “late-onset” smoking by African American teens as a characteristic that distinguishes this demographic group from other young smokers (Geronimus *et al.*, 1993; Robinson *et al.*, 1997; Royce *et al.*, 1993; Griesler and Kandel, 1998). Because African Americans are disproportionately plagued by heart disease, stroke, hypertension, diabetes, and AIDS—and because smoking is a prime suspect in many of these maladies—it will be very important to discover why smoking rates among adult African Americans have become so high, when the rates had been so low in adolescence.

During the 1990s, African American adolescent smoking rates jumped dramatically, as did all teenage smoking rates. In April of 1998, the Centers for Disease Control and Prevention (CDC) reported that African American youth smoking rates had increased sharply, from 12.6 percent to 22.7 percent—an 80 percent increase—from 1991 to 1997 (U.S. DHHS, 1998). The increases were most striking among young Black males, whose low cigarette-smoking rates were once deemed a public health success story. In 1991, 14.1 percent of male African American high school students smoked cigarettes, but by 1997, twice as many of these youths (28.2 percent) reported smoking cigarettes. In contrast, smoking rates among African American teenage girls also rose, but less dramatically (11.3 percent to 17.4 percent). Even with the distinct possibility of underreporting, African American adolescent smoking rates remain conspicuously lower and different than those for all other adolescents.

This chapter explores the protective factors that enable African American adolescents to be initially resistant to influences that initiate tobacco use. Identifying these factors is no small matter. Certain circumstances accounting for the rise in African American teenage smoking rates during the 1990s are also discussed. Potential problems of reliability and generalizability are reviewed, and finally, outstanding questions are identified. Overall, this review is meant to give meaning and context to the statistics on African American smoking presented throughout the monograph.

It should be noted that the African American population is not homogeneous. As a socially constructed "race," African Americans historically are a people who range from persons with only a trace of African heritage to dark-skinned Black people. This socially constructed racial term is further complicated by the presence of Haitians, Puerto Ricans, other peoples from the Caribbean, and African immigrants, who, as separate groups, have their own distinct cigarette-smoking patterns and rates (Taylor *et al.*, 1997). As Taylor and colleagues point out, ever-smoking rates among urban, foreign-born Blacks are considerably lower than those among American-born Blacks; among foreign-born Blacks, ever-smoking rates are lower among women relative to men (Taylor *et al.*, 1997).

PROTECTIVE FACTORS Many researchers have taken notice of the significant difference between the smoking behavior of African American youths and youths of other racial/ethnic groups, but few researchers have actually sought to tease out the predictors of this differential behavior (Gritz *et al.*, 1998). Even after controlling for school performance, drop-out rates, parental income, and drug use, Wallace and Bachman (1991) still reported that the observed ethnic differences in smoking rates remained among adolescent smokers. Though small, there is an emerging body of literature that seeks to identify the factors that have protected young African Americans from smoking initiation. Research has identified six protective factors: 1) the cost of cigarettes, 2) sports participation, 3) body-type preferences, 4) relative influence of peers and parental smoking status, 5) marijuana use, and 6) ethical and religious concerns. It seems that there is an intersection of socioeconomic, cultural, and racial factors that, when taken together, initially curtail African American adolescent smoking.

One factor limiting African American youth smoking may be the cost of cigarettes. Some researchers have shown that an increase in cigarette prices will lead to lower consumption of cigarettes, especially among teens (Chaloupka and Pacula, 1999; Hu *et al.*, 1995). Those same researchers have concluded that young Blacks are relatively more responsive to changes in price than are young Whites and young women. Similarly, Robinson and colleagues (1997) also found that "regular" smoking was heavily influenced by cost. The *Morbidity and Mortality Weekly Report* (MMWR) of the CDC concurs that not only would a 50-percent price increase cause a 12.5 percent decline in smoking, but that Hispanic smokers and non-Hispanic Black smokers were more likely than White smokers to reduce or quit smoking in response to a price increase (CDC, 1998). An important cautionary note is sounded by Stephens and colleagues (1997) from Canada, who have

demonstrated that, although cigarette prices are effective in controlling smoking rates, price changes will have less impact than desired unless coupled with anti-smoking ordinances.

Another protective factor, especially for African American males, may be participation in high school sports programs. In a survey of high school athletes, Davis and associates (1997) pointed out that race was a significant determinant of tobacco use, with Whites being more likely to use tobacco products. Davis and associates also concluded that high-intensity athletes were significantly less likely to be heavy smokers than athletes participating in low-intensity sports (Davis *et al.*, 1997). Since many African American males see participation in football, basketball, and track and field (high-intensity sports) as a means toward future employment and avenues for escaping depressed inner cities, the Davis findings have a ring of authenticity. Other researchers reported that Black boys scored higher on dietary restraint than White boys. These authors speculated that, given African American males' involvement in sports, such teens possibly smoked less and dieted more in comparison to their White middle school counterparts (Klesges *et al.*, 1997).

Cultural differences may also play a protective role in limiting African American adolescent girls' use of tobacco products generally, and cigarettes in particular. Recent surveys have shown that one of the reasons young White girls start smoking is to control their weight (Klesges *et al.*, 1997). On the other hand, African American girls don't necessarily subscribe to the European model of beauty. Klesges and colleagues (1997) have shown that White adolescent girls are much more concerned with weight, and the potential for cigarette smoking to control it, than are young African American girls. Similarly, Camp and associates found that while 39 percent of White female and 12 percent of White male adolescents reported using smoking to control their appetite and weight, not a single Black male or female adolescent reported using cigarettes for this purpose (Camp *et al.*, 1993). Other researchers have shown that pregnancies among African American teenagers have played a role in lowering the smoking rates among this sector of the population. Land and Stockbauer (1993) analyzed the data files extracted from Missouri birth certificates, which revealed statistics on 41,544 Black and 105,170 White teenage mothers. They found that the rate of African American subjects who smoked during pregnancy decreased from 37 percent in 1978 to less than 22 percent in 1990. The authors go on to state that a large part of this reduction is attributed to changes among Black teenage mothers, whose smoking during pregnancy declined from 35.8 percent to 7.2 percent (Land and Stockbauer, 1993).

The Black church historically has played an important role in the social, political, spiritual, and health lives of African Americans. In this regard, Brown and Gary (1994) found that low frequency of church attendance among African American males is associated with current smoking status. Since the parents and/or grandparents of many African American youths require them to attend church, religious involvement may be an initial brake on smoking. It is also possible that the many young Blacks who do

not attend church begin smoking earlier, but this hypothesis has yet to be investigated or tested. Taylor and colleagues (1999), drawing on 63 in-depth interviews of White and African American teenagers, found that Blacks ranked parental influence, death, and moral/ethical principles as major themes explaining why people choose not to smoke. Additionally, there is some research showing that African American high school seniors prefer dating nonsmokers and are less likely than Whites to state that they “don’t mind” being around people who are smoking (Lynch and Bonnie, 1994).

There are differing findings on the role of family and friends in the etiology of African American teenage smoking. Some research suggests that African American youths are more influenced by their families’ and friends’ beliefs about cigarette smoking than are their White counterparts (Gritz *et al.*, 1998; Mermelstein *et al.*, 1999; U.S. DHHS, 1994 & 1998). Although Gritz and colleagues (1998) found that African American adolescents were significantly less susceptible to smoking, they also found that, across Whites, Latinos, and African Americans, the most important predictor of both ever-smoking and susceptibility to smoking was the smoking status of a youth’s three best friends. Similarly, Botvin and associates (1994) reported that friends and peers were the most important social influences in predicting smoking behavior among inner-city African American and Latino 7th graders. In another study, Botvin and colleagues found that friends’ smoking, attitudes concerning the harmful effects of smoking, and low self-esteem concerning school performance were predictive of behavioral intention to smoke among young African Americans (Botvin *et al.*, 1992). More broadly, Gritz and associates (1998) speculate that African American community norms may protect adolescents from smoking initiation.

On the other hand, Landrine and colleagues (1994) reported, as distinct from Gritz and Botvin, that smoking among peers was the best predictor of smoking among White adolescents. These authors showed that peer smoking accounted for 23.5 percent of the variance among White adolescents, but accounted for only 15 percent of the variance for Latino subjects, 9.6 percent of the variance for Asian American subjects, and none of the variance for African American youths (Landrine *et al.*, 1994). Other researchers have discovered similar findings. Headen and associates (1991) sought the correlates and potential causes of adolescent smoking among 1,277 current nonsmokers aged 12 to 24 years. They found that having a best friend who smoked increased the odds of initiating smoking more than two-fold for Whites, but had no effect on the odds of smoking for Blacks. Griesler and Kandel (1998) also suggested that that lack of maternal smoking effects and perceived peer pressure to smoke affected African American adolescents differently compared with Whites. These authors maintained that role-modeling and interpersonal influence may be more important determinants of smoking for White than for African American adolescents.

Discrepancies in interpreting the role of depression also exist when assessing African American teen smoking. Several researchers determined that depression is a predictor of African American youth smoking, whereas

Gritz and colleagues reported that depression is not a predictor of African American smoking (Gritz *et al.*, 1998; Landrine *et al.*, 1994; Landrine and Klonoff, 1996; Klonoff and Landrine, 1996). Furthermore, Landrine and Klonoff (1996) found that racial discrimination is highly correlated with depression and smoking. Clearly, more research is needed on these relationships and the role of social and psychological factors in the initiation of smoking among African American teens.

An unexpected factor that may initially temper cigarette smoking among African American youths is the use of marijuana prior to smoking cigarettes. Charyn Sutton, President of the Onyx Group in Philadelphia, calls the phenomenon the reverse gateway effect (Gross, 1998). Traditionally, White youths have proceeded from the use of legal substances to that of illegal substances. Sutton found that many African American youths were smoking marijuana before trying tobacco, taking the opposite path. Though this is counterintuitive and not to be applauded, the use of marijuana by African American teens may initially be delaying the onset of cigarette smoking in this population. Unfortunately, it may truly serve as a gateway to tobacco (see the discussion of marijuana and “blunts” below).

The above review shows the complex interaction of class, culture, and race. It is clear that some of these protective factors began to break down with the rise of tobacco smoking in African American teenagers during the 1990s.

AN INCREASE IN RISK FACTORS AND A DECLINE IN PROTECTIVE FACTORS EQUALS AN INCREASE IN AFRICAN AMERICAN TEEN SMOKING RATES

Smoking rates have increased across the board for teens from all ethnic groups (U.S. DHHS, 1998). Many of the factors driving the overall increase in teenage smoking rates also affect adolescent African Americans, including the glamorization of tobacco products (especially cigars) in the movies and on television in the 1990s (Stockwell and Glantz, 1997). At the same time, there are unique circumstances surrounding the increase in African American teenage smoking and these must be addressed. Research suggests that seven factors are converging to raise smoking rates in this population:

- 1) the tobacco industry marketing directly to African Americans generally, and to teens specifically;
- 2) tobacco industry sponsorships;
- 3) the adoption of cigarettes, cigars, and marijuana (*i.e.*, smoking) by segments of the commercial hip-hop culture;
- 4) cigarettes used in conjunction with marijuana;
- 5) greater access to tobacco products;
- 6) greater access to cheaper tobacco; and
- 7) the increasing impoverishment, racial discrimination, and marginalization of inner-city African American youths.

The recent release of tobacco industry documents has confirmed years of suspicion that tobacco companies had directly targeted African Americans for tobacco and cigarette consumption, and that they continue

to do so. Documents show that, as early as the 1960s, the motivations of the “Negro” tobacco consumer were a major concern of R.J. Reynolds (Meier, 1998; Randall, 1998). Moreover, other documentation confirms that R.J. Reynolds (manufacturer of Salem) and Brown & Williamson (manufacturer of Kools) were constantly contending over the African American mentholated cigarette market (Meier, 1998; Randall, 1998). In the 1990s, alcohol and cigarettes remained the most advertised products in African American communities (Goldstein, 1991; Randall, 1998). Billboards advertising tobacco products are placed in Black communities four to five times more often than in White communities (Skolnick, 1993). Additionally, such advertisements targeted to the African American community usually promote menthol cigarettes (Law, 1992; Randall, 1998). Menthol cigarettes tend to be higher than nonmenthol cigarettes in tar and nicotine, and they also may catalyze independent effects on addiction and dependency, effects which have not been adequately studied (Randall, 1998).

Billboard advertising is just one way that the tobacco industry has targeted African American youths. Special brands of cigarettes also have been created for African Americans. In 1990, R.J. Reynolds planned to market a new menthol cigarette called “Uptown” (Ramirez, 1990; Randall, 1998). Only the pressure of public outrage forced the company to suspend production of the product. In 1997, R.J. Reynolds came out with a mentholated version of Camel that was clearly aimed at the African American community (Greene, 1997; Randall, 1998).

The impact of years of targeted advertising is seen in the brand loyalty of African American teenagers. About 75 to 90 percent of Black smokers report a preference for menthol cigarettes, compared with only 23 to 25 percent of White Americans (CDC, 1994; Randall, 1998). Generally speaking, Marlboro and Camel portray White images and characters, and these are the brands of choice among White teens. On the other hand, Kool and Newport use Black and other minority images and are favored by African American teens. Additionally, it is known from previous research that teens mimic their parents in their smoking habits; White adults smoke Marlboro and Camels, African American adults smoke mentholated brands.

The tobacco industry’s sponsorship of African American community events has increased in the 1990s as well, especially those activities attended by Black teens. One of the more conspicuous expressions of targeted marketing is the Kool Jazz Festival, which annually travels the country promoting cigarette smoking and attracting large numbers of young African Americans (Randall, 1998).

Broad sectors of the Rap music industry have adopted smoking images as part of the rebellious argot of the hip-hop generation. Musical artists are seen smoking marijuana, cigarettes, or cigars in promotions, in videos, and in person. Just a walk through many African American inner-city communities will show multiple images of rappers smoking cigarettes and cigars. DuRant and colleagues (1997) found that at least one fourth (25.7 percent) of MTV videos portrayed tobacco use. It would be interesting to do the same type of analysis of Black Entertainment Television (BET), Music Box™,

and other Black media dedicated to young African American audiences. Moreover, popular African American, youth-oriented magazines not only carry cigarette advertisements, but also pepper their fashion and lifestyle spreads with pictures of Black youths smoking. These latter pictures do not necessitate the Surgeon General's warning since they aren't directly sponsored by the tobacco industry.

An increase in tobacco use among young African Americans has also been linked to marijuana use. Robin Mermelstein, Ph.D., of the University of Illinois at Chicago, speaking of the findings from focus groups held among 1,200 teenagers, points out that many Black teens were drawn to cigarettes because nicotine intensifies their marijuana high (Gross, 1998). As was pointed out above, initial marijuana use may postpone the use of cigarettes by African American teens while preparing youths for adoption of the more deadly habit. In addition, some young African Americans empty out the insides of cigars and refill them with marijuana and/or crack cocaine, among other substances. These concoctions—called variously “Philly Blunts,” “blunts,” or sometimes “Caviar”—have augmented cigar and tobacco use among teenage Blacks. It is important to note that, while crack cocaine use has declined, marijuana and, increasingly, tobacco use appear to be growing among African American youths.

Some research suggests that African American youths had greater access to tobacco products in the 1990s. In a large bi-racial sample of 7th graders, Robinson and associates (1997) found that the best predictor of experimentation with cigarettes was the perception that they were easily available. In another study of White, Latino, and African American adolescents who attempted to buy cigarettes in southern California convenience stores, researchers found that older Black children (16 years of age), irrespective of gender, were the single most likely group to be sold cigarettes (Klonoff *et al.*, 1997). *MMWR* reports confirm that adolescent access was easiest in small stores (CDC, 1996a & 1996b). Landrine and colleagues found the same result in a follow-up to the above-referenced Klonoff study, namely a bias toward selling cigarettes to Black youngsters, but not White ones (Landrine, 2000).

Another factor that may increase smoking rates among young African Americans is the availability of loose, single cigarettes (“loosies”). There is a scarcity of studies on this issue, but Landrine and associates speculate that, despite California laws banning the sale of single cigarettes, minors' rate of access to them in poorer communities—and, hence, the rate of access by African American youths—is probably significantly higher than for non-minority youths (Landrine *et al.*, 1998). Similarly, in a convenience sample of 206 stores, Klonoff and colleagues (1994) have demonstrated that single cigarettes were least likely to be sold in White neighborhoods, more likely to be sold in integrated neighborhoods, and most likely to be sold in minority neighborhoods. These investigators go on to show that minors were able to purchase single cigarettes in 34.4 percent of the visits to White neighborhoods, but could do so in 71.2 percent of the visits to minority neighborhoods.

On the other hand, other researchers have shown that the availability of cheaper cigarettes is not likely to be a cause of increased smoking initiation by adolescents (Gilpin and Pierce, 1997). These authors suspect that tobacco industry marketing probably plays a larger role in adolescent smoking uptake than increased access. While it would seem to be a reasonable assumption that cheaper generic cigarettes would be used frequently by young African Americans, research shows this not to be the case. Cavin and Pierce (1996) have demonstrated, in a cross-sectional sample of California smokers, that non-Hispanic Whites, rural residents, and lower income smokers were twice as likely to buy generics compared to other smokers. Moreover, even though access may be greater for African American teens, research shows that 7th-grade African American boys were less likely to have purchased cigarettes than their White counterparts (Robinson *et al.*, 1998). This later finding is consistent with the lower smoking rates found among African American teens.

Some authors suggest that there is a relationship between poverty, racism, segregation in the inner cities, and increases in African American youth smoking. It seems intuitive that the stress and oppression arising from racial discrimination would give rise to cigarette smoking. Landrine and Klonoff (1996) tackled this understudied phenomenon in a groundbreaking article, demonstrating that "racism is rampant in the lives of African Americans and is strongly linked to psychiatric symptoms and to cigarette smoking." These authors found that African American smokers reported significantly more frequent racist discrimination throughout their lives than did nonsmokers. The growing marginalization and heightened racial oppression of many inner-city African American youths may be one of the main factors increasing their cigarette smoking during the 1990s.

Other authors identify the changing, difficult, and demanding living conditions of African American youths as predictors of risk-taking behavior. Richardson and colleagues (1993) found that adolescents who were unsupervised at home were slightly more likely to engage in problem behavior than youths with home supervision. This is an important finding since many African American families are living in increasingly impoverished and marginalized conditions in the inner city and cannot tend to their children 24 hours a day. Swing and graveyard shifts, reliance on public transportation, long distances to and from work, lack of affordable childcare, few after-school programs, multiple jobs, or no jobs all contribute to the unsupervised character of many adolescent African Americans and may, therefore, create the conditions for increasing their smoking rates (Richardson *et al.*, 1993).

Plainly, some of the protective factors that surrounded African American teens have broken down and their risk factors have increased. Most likely, it is some combination of the two.

**VALIDITY OF AFRICAN
AMERICAN SELF-
REPORTS ABOUT
CIGARETTE SMOKING**

The two articles reviewed for this chapter come to divergent conclusions as they relate to the validity African Americans self-report about tobacco consumption. One study, using biochemical measures to compare the validity of self-reports of tobacco use of 1,823 Black and White adolescents, found that African American adolescents were more likely than White American adolescents to underreport tobacco use, and that White adolescents were more likely than their African American counterparts to overreport tobacco use (Bauman and Ennett, 1994). On the other hand, Wills and Cleary (1997) found that the lower smoking rates reported by African American adolescents are real and are not substantially a consequence of reporting artifacts. Both studies reported higher biochemically confirmed rates of tobacco use among White adolescents compared to African American adolescents. These investigators compared the validity of self-reports of cigarette smoking for African American, Hispanic, and White respondents. Self-reported cigarette smoking was compared to a measure of carbon monoxide among the multiracial sample of 8th, 9th, and 10th graders. The validity of self-reports of smoking was generally comparable across ethnic groups (Wills and Cleary, 1997). The above contradictory findings are further complicated by other research that has demonstrated that Whites exhibit digit preference (the tendency to report rounded numbers of cigarettes per day—*i.e.*, 10, 15, 20, etc.) significantly more than African Americans in self-reported smoking (Klesges *et al.*, 1995).

Another potential threat to the validity of African American youth self-reported smoking lies with the identities of the people asking the questions. African American youths may be hesitant to reveal any illegal practices, even if their interviews are covered by human subjects protections and immunity.

There are many potential threats to the generalizability of self-reported data of African American teen smoking. Since nearly a third of all African American male teens are incarcerated either in prisons, juvenile facilities, or halfway houses, we know that they have not been part of any sample of cigarette smoking behavior. Moreover, incarcerated adolescents, both male and female, generally have been those involved in risk-taking behavior, which includes smoking cigarettes. Cigarettes often function as currency in prisons, are highly valued, and are exchangeable for most other goods and services. Olubodun, in reporting the inmate health at a community prison, showed that not only was blood pressure proportionately related to the length of an inmate's stay, but that 67 percent of all prisoners reported smoking (Olubodun, 1996). The above fact, coupled with the historic under-representation of African Americans in survey research (the U.S. Census included), should be of some concern for tobacco researchers. It seems that large sectors of African American teens that are not part of the many national samples are smoking.

It may be possible that there is a bi-modal distribution of cigarette smoking among African American adolescents. Although rising, rates among African American teens who are not in jail remain lower than rates

among any other racial/ethnic group. On the other hand, incarcerated Black youths probably have significantly higher smoking rates than their counterparts on the outside, though this hypothesis is yet to be tested.

OUTSTANDING QUESTIONS Just from the review presented above, numerous questions stand out. For example, the community norms and the African American church may not be exerting the same strong protective influence that they did in the past. Amey and associates (1996), using Monitoring the Future data, report that, although religion does provide some protection from drug use (*i.e.*, marijuana, cigarettes, and illegal drugs), religiosity has less of an impact on the drug use of Black adolescents compared to White youths.

It seems that, with the rise in educational status of African Americans, cigarette smoking rates are also increasing. Heretofore, it has been shown that higher educational levels were consistent with lower cigarette smoking levels (see Chapter 2). Now, some researchers are showing that smoking differences between Blacks and Whites may be inversely related to education, with greater smoking risk associated with less education for Whites and more education for Blacks (Werch *et al.*, 1997; U.S. DHHS, 1998). Increased educational attainment has brought African Americans into greater contact with Whites and other ethnic groups and has increased the possibilities of racist encounters. It seems logical that “middle class stress” and enduring increased racist remarks would predispose this group of African Americans to greater cigarette smoking and tobacco use generally.

African American teen tobacco smoking coupled with marijuana usage also presents new challenges and thorny questions that tobacco control experts and nicotine addiction researchers will have to grapple with. Scientists know that both nicotine and tetrahydrocannabinol (THC), the active ingredient in marijuana, influence the dopaminergic pathway, which is involved in the neural reward mechanism. Is it possible there is a synergistic effect of these two drugs on brain chemistry? Does the combined use of tobacco and marijuana produce greater neuropharmacological effects than if the two drugs are used separately? Does THC extend the addictive qualities of nicotine? Behavioral scientists are faced with still other questions. Why do White youths typically proceed from tobacco to marijuana while many Black youths proceed from marijuana to tobacco? Has the cigar smoking craze, promoted by the tobacco industry and Hollywood, exacerbated “Philly Blunt” use among African American teens?

There still remains the task of understanding the neuropharmacological effects of menthol in cigarettes. Does menthol bolster the addictive qualities of nicotine? Might the fact that African Americans often smoke menthol cigarettes contribute to their high rates of lung cancer, heart disease, and mortality from cigarette smoking? Why is it that African Americans have more illness associated with smoking, despite the fact that they start smoking later in life and smoke fewer cigarettes (Randall, 1998)?

Furthermore, comparative research would go a long way toward teasing out the differences between young African Americans who are incarcerated and those who are not. This is no small question. Since mandatory/minimum sentences have confined nearly a third of African American males behind bars, it is necessary for tobacco researchers to study the prison population and compare it with its counterpart on the outside. Unfortunately, the prison population will not diminish soon. Those African American youths who are not in prison remain, for the most part, in America's urban inner cities. Is the greater poverty and marginalization experienced by these youths driving increased smoking rates? On the other hand, some states and many counties have established prohibitions against smoking. The impact of these laws and their differential impact on the smoking practices of African Americans and others behind bars still need to be looked into.

KEY QUESTION Plainly, the key question facing those researchers interested in youth smoking is, "How can African American rates of smoking be so low during adolescence and then become so high in adulthood?" It seems that many of the protective factors that keep the most devastating aspects of racism and discrimination away from African American youths begin to erode when they venture out into the "real world." This is a world of little opportunity, low-paying jobs, and the possibility of an increase in police harassment. Many young adults fight back, and many to no avail.

An old adage states: "Why not smoke, I am going to die anyway." That comes from the life experience of Black people and they are right. African American people live shorter and less healthy lives. It may not start out that way, but by the time that they are adults, they suffer from disproportionate rates of heart disease, stroke, diabetes, hypertension, AIDS, and death from gun shots, among other maladies and incidents. In addition, smoking cigarettes is a major culprit in the etiology of many of the above-mentioned maladies. Understanding and deciphering the puzzle surrounding the low-youth, high-adult smoking rates among the African American population remains the key question facing tobacco-use researchers.

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