



ASH Scotland Tobacco use and minority ethnic groups May 2008

Key points:

- absence of services sensitive to different needs of minority ethnic groups
- lack of stop smoking information in minority ethnic languages
- lack of awareness about dangers of oral tobacco, paan, bidis etc
- little understanding of how best to support quit attempts.

Minority ethnic groups in Scotland

In 2006 it was estimated that Scotland had a total resident population of 5,116,900¹ which included the following minority ethnic groups:

- Pakistani: 31,793 - 0.63%
- Chinese: 16,310 - 0.32%
- Indian: 15,037 - 0.30%
- Mixed: 12,764 - 0.25%
- Other: 9,571 - 0.19%
- Other South Asian: 6,196 - 0.12%
- African: 5,118 - 0.10%
- Bangladeshi: 1,981 - 0.04%
- Caribbean: 1,778 - 0.04%
- Black: 1,129 - 0.02%

Poland and seven other ex-Soviet countries joined the European Union in 2004 and although there are no firm figures for Polish immigration it is estimated that there may be 60,000 Polish people now living in Scotland².

Smoking prevalence

Little is known about smoking prevalence among ethnic minorities in Scotland. However, data from England suggests that whilst smoking rates among ethnic minorities were broadly the same or slightly lower than in the general population, rates were high within certain ethnic sub-groups³:

- 40% of Bangladeshi men smoke
- 29% of Pakistani men smoke
- 25% of Black Caribbean men smoke
- smoking prevalence is lower among women of African (10%), Chinese (8%), Indian, Pakistani and Bangladeshi origin (5%)
- smoking prevalence in Poland is estimated to be 40% among men and 25% among women⁴
- In Scotland 27.2% of the adult population smokes; 28.1% of men compared with 26.5% of women⁵.

Information about current smoking rates in minority ethnic groups may not be reliable⁶. A study of minority ethnic tobacco use in Glasgow confirmed higher rates of smoking, especially among Pakistani respondents, young people and women⁷. It may be that the stigma of smoking in some communities leads to under-reporting.

A 2007 study⁸ of the smoking behaviours of UK resident Bangladeshi men showed that smoking initiation and use is linked to gender, age, religion and tradition and that three cheaper alternative tobacco types were also used: contraband, roll-ups and traditional chewing tobacco in paan (chewing tobacco mixed with areca (betel) nut rolled in a betel leaf). Smoking behaviour was also linked to a reported isolation and exclusion from current tobacco control initiatives.

Morbidity and health

In Scotland in 2004 an estimated 13,473 deaths in Scotland were attributed to smoking, which equated to 24% of all deaths⁹.

Certain minority ethnic groups experience a disproportionately greater burden of cardiovascular disease, coronary heart disease and stroke disease¹⁰. South Asian people generally have a higher prevalence of coronary heart disease and cardiovascular mortality than white people, and African/Caribbean groups in the UK have lower coronary heart disease rates and higher stroke rates than white people. In the UK the prevalence of diabetes in people of South Asian descent is between 16 and 20% and they also develop type 2 diabetes at an earlier age and at lower body mass index (BMI) than Europeans¹¹. Other groups such as Chinese and Japanese people have consistently high rates of stroke but not coronary heart disease¹².

Chewed tobacco products are associated with an increased risk of mouth and throat cancers among users¹³. People in the Indian, Pakistani and Bangladeshi communities are the most likely to use chewed tobacco products and the tobacco is usually mixed with betel nut which is itself a mood-altering stimulant, possibly carcinogenic and potentially dependence forming¹⁴. The UK is the number one importing country for paan outside of Asia, with imports having doubled since the early 80's¹⁵. In some parts of the Asian community young children start using sweetened betel nut products but begin to add tobacco later in their adolescence¹⁶.

There is a lack of knowledge and understanding about the health risks of chewing tobacco in South Asian communities¹⁷ but the links between smoking and lung cancer are recognised. Producing culturally sensitive information in minority ethnic languages would help to raise awareness of the additional links between tobacco use and heart disease, oral cancers and respiratory disease.

Cessation

Smoking cessation treatments are cost effective in improving health and reducing the risk of mortality from smoking-related diseases¹⁸. An estimated 70% of smokers want to quit¹⁹. However, stopping smoking appears to be a more recent phenomenon among minority ethnic communities than in the

wider population²⁰.

The Glasgow study²¹ found that smokers were more likely to seek smoking cessation support within their own social circles than through professional agencies; 90% of service providers felt that they would not in any case be able to provide the necessary information and support. Those who were aware of certain anti-tobacco material (63%) felt that the material was not suited to older members of the BME communities.

In a 2007 study²² of Bangladeshi men, younger respondents described the transition to chewing tobacco in paan as a smoking cessation aid instead of nicotine replacement therapy. There was confusion about the purpose, availability and efficacy of nicotine replacement therapy. Respondents reported isolation and marginalisation from current tobacco control initiatives.

Some people may smoke regular cigarettes and others combine them with chewing tobacco. Where bidis (small, filterless Indian cigarettes) or paan are used it is difficult to calculate the correct doses of nicotine replacement therapy. Minority ethnic groups are less likely to use pharmacological aids such as nicotine replacement therapy and bupropion (Zyban) when trying to stop smoking²³, perhaps because NHS cessation services are too hard to access.

To tackle tobacco-related illness in minority ethnic communities it is important to consult the communities themselves. Minority ethnic communities should be involved in producing culturally-sensitive resources and in designing, delivering and evaluating appropriate services in appropriate settings. Established cessation services need better information about the needs of minority ethnic groups if they are to support them to stop smoking.

Further information

ASH Scotland: Types of tobacco used in some minority ethnic groups

Available from enquiries@ashscotland.org.uk

Trans-cultural tobacco information sheet and DVD

The Minority Ethnic Health Inclusion Project are about to release a new resource addressing 'trans-cultural' tobacco. For more information contact Smita Grant, MEHIP, Springwell House, Ardmillan Terrace, Edinburgh, EH11 2JL. 0131 537 7565. E-mail: smिता.grant@lpct.scot.nhs.uk

Smokeless tobacco fact sheets

Compendium of fact sheets on smokeless tobacco products includes information about the brand and common names of the products, their geographic location of use, their constituents (ingredients), how the products are used, who primarily uses the products, and the processes for manufacturing the products.

http://dccps.nci.nih.gov/TCRB/stfact_sheet_combined10-23-02.pdf

[accessed 30.04.08]

Smokeless Tobacco and Some Tobacco-specific N-Nitrosamines

International Agency for Research on Cancer (IARC) Monographs Vol. 89

<http://monographs.iarc.fr/ENG/recentpub/mono89.pdf> [accessed 30.04.08]

Paan and tobacco cessation digest

Online resource from the Bangladeshi Stop Tobacco Project in Tower Hamlets, London. <http://paanproject.wordpress.com> [accessed 30.04.08]

¹ Scotland's Population 2006 - The Registrar General's Annual Review of Demographic Trends. Online: www.gro-scotland.gov.uk/statistics/publications-and-data/annual-report-publications/rgs-annual-review-2006/index.html [accessed 30.04.08]

² www.szkocja.net/info/english/advertise.aspx (Polish community website) [accessed 20.04.08]

³ Sproston K, Pitson L, Whitfield G and Walker E (1999) *Health and lifestyles of the Chinese population in England*. London: Health Education Authority

⁴ Tobacco Control Database. WHO Regional Office for Europe. <http://data.euro.who.int/Default.aspx?TabID=2404> [accessed 29.04.08]

⁵ NHS Health Scotland, ISD Scotland and ASH Scotland. (May 2007) *An Atlas of Tobacco Smoking in Scotland*. Edinburgh: NHS Health Scotland.

⁶ Bhopal, R.;Fischbacher, CM.;Steiner, M.;Chalmers, J.;Povey, C.;Jamieson, J.; Knowles, D. Ethnicity and health in Scotland: can we fill the information gap? A demonstration project focusing on coronary heart disease and linkage of census and health records. www.chs.med.ed.ac.uk/phs/research/Retrocoding%20final%20report.pdf [accessed 29.4.08]

⁷ Asghar S and Hampton K (2000). *Black and Minority Ethnic Views on Smoking. Patterns, Prevalence and Needs in Glasgow*. Online. Available from: www.ashscotland.org.uk/ash/ash_display.jsp?pContentID=4144&p_applic=CCC&p_service=Content.show& [accessed 29.04.08]

⁸ Croucher R, Choudhury SR. (September 2007) Tobacco control policy initiatives and UK resident Bangladeshi male smokers: community-based, qualitative study. *Ethnicity and Health* 12[4], 321-337

⁹ NHS Health Scotland, ISD Scotland and ASH Scotland. [2007] *An Atlas of Tobacco Smoking in Scotland*. Edinburgh: NHS Health Scotland.

¹⁰ Forouhi NG, Sattar N: CVD risk factors and ethnicity: a homogeneous relationship? *Atheroscler Suppl* 7:11–19, 2006. Available online: www.ncbi.nlm.nih.gov/pubmed/16500156?dopt=Abstract [accessed 29.04.08]

¹¹ Ibid

¹² Ibid

¹³ Critchley J and Unal B (2002) 'Health effects associated with smokeless tobacco: a systematic review' *Thorax* Vol. 53, pp435-443. Available online: <http://thorax.bmj.com/cgi/content/abstract/58/5/435> [accessed 29.04.08]

¹⁴ IARC Monographs Programme finds betel-quid and areca-nut chewing carcinogenic to humans. WHO media release 7.08.03.

www.who.int/mediacentre/news/releases/2003/priarc/en/ [accessed 29.04.08]

¹⁵ Ibid

¹⁶ Ibid

¹⁷ Health Development Agency (2000) *Black and Minority Ethnic Groups in England: The Second Health and Lifestyle Survey* Health Development Agency

www.nice.org.uk/niceMedia/documents/healifes_blackx.pdf [accessed 29.4.08]

¹⁸ Buck D, Godfrey C, Parrott S and Raw M (1997) *Cost effectiveness of smoking cessation interventions* London: HEA

¹⁹ Office for National Statistics (2003) *Smoking Related Behaviour and Attitudes 2002* London: Stationery Office

²⁰ Health Development Agency (2000) *Black and Minority Ethnic Groups in England: The Second Health and Lifestyle Survey* Health Development Agency

www.nice.org.uk/niceMedia/documents/healifes_blackx.pdf [accessed 29.4.08]

²¹ Asghar S and Hampton K (2000). *Black and Minority Ethnic Views on Smoking. Patterns, Prevalence and Needs in Glasgow*. Online. Available from:

www.ashscotland.org.uk/ash/ash_display.jsp?pContentID=4144&p_applic=CCC&p_service=Content.show& [accessed 29.04.08]

²² Croucher R, Choudhury SR. (September 2007) Tobacco control policy initiatives and UK resident Bangladeshi male smokers: community-based, qualitative study. *Ethnicity and Health* 12[4], 321-337

²³ Asghar S and Hampton K (2000). Op cit.

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