

Introduction

- Racial and ethnic disparities in tobacco and electronic cigarette (e-cigarette) use are a major public health issue in the United States (Nicksic et al., 2022; Levy et al., 2025).
- While cigarette smoking is declining overall, the rise of e-cigarettes has created new forms of nicotine dependency, disproportionately affecting historically marginalized populations (Foxon et al., 2024; Lozano et al., 2021).
- These disparities are driven by a history of targeted marketing, socioeconomic inequities, and unequal access to cessation resources (Avila et al., 2022; Lee et al., 2023).
- Addressing these inequities requires culturally responsive strategies and structural reforms to achieve health equity.

Objectives

- To examine the patterns and causes of racial and ethnic disparities in tobacco and e-cigarette use.
- To analyze the role of targeted marketing and socioeconomic factors.
- To explore disparities in cessation success and health outcomes.
- To identify effective, equity-focused policies and cessation techniques.

Related Literature

- To effectively reduce targeted exposure and appeal, public health initiatives must prioritize developing and disseminating counter-marketing campaigns specifically designed for vulnerable populations (Cruz et al., 2019).

Materials and Methods

- A comprehensive literature review was conducted using online databases (PubMed, JSTOR, EBSCO, Google Scholar, CINAHL Ultimate, PsycINFO, Scopus).
- The search focused on peer-reviewed articles published between 2020 and 2025.
- Key search terms included: *racial disparities, tobacco cessation, vaping inequity, and e-cigarette use.*
- Findings were synthesized from public health, psychology, and epidemiology literature.



Results

- Prevalence:** Significant disparities exist. Current smoking rates are highest among non-Hispanic Blacks (40%) compared to non-Hispanic Whites (24%) (Lozano et al., 2021).
- Targeted Marketing:** The tobacco industry has a long history of aggressively marketing menthol and flavored products to racial minorities and youth (Nicksic et al., 2022).
- Structural Factors:** Lower socioeconomic factors (linked to poverty, lower education, lack of health insurance) are major drivers of higher tobacco use and less successful cessation outcomes (Levy et al., 2025; Forman et al., 2025).
- Cessation:** African American and Hispanic smokers have lower cessation rates in quitting rates in comparison to their white counterparts, partly due to less access to evidence-based treatments such as counseling and nicotine replacement therapy (Avila et al., 2022; Lee et al., 2023).
- Policy:** Bans on menthol cigarettes and flavored products have demonstrated promise in reducing use, especially when paired with accessible cessation support (Booras et al., 2023).

Conclusions

- Tobacco disparities are not just about individual choice but are rooted in systemic and structural inequities.
- Effective public health strategies must combine equity-focused policies (e.g. flavor bans) with culturally competent, community-embedded cessation programs.
- A social justice approach – addressing and reforming industry practices, poverty, and healthcare access – is essential to achieve health equity in tobacco use and cessation.

References



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