British Journal of Cancer (1996) 74, Suppl. XXIX, S78-S80

Smoking cessation programmes targeted at black and minority ethnic communities

Cecilia Farren & Jennie Naidoo

HEA Consultant & Senior Lecturer in Health Promotion University of the West of England, Bristol

Abstract Recent research carried out in Britain[1] amongst four black and minority ethnic groups provides information which can be used to support smoking cessation programmes targeted at these groups. Smoking prevalence rates are generally lower than for the white British population although there are some exceptions. Motivation to quit appears to be high. For example, knowledge of the health risks of smoking is high, as is the desire to quit. However there are fewer attempts to quit and therefore a lower than average smoking cessation rate. This indicates there is potential for targeted campaigns to achieve good results.
Based on these findings smoking cessation targeted at black and minority ethnic groups would appear to be very timely. Innovative targeted campaigns with a national coverage are discussed including the Ramadan Project, a resource pack funded by the Department of Health and No Smoking Day. Local activities which target black and minority ethnic smokers in the workplace or cultural centres are also discussed. Recommendations for future smoking cessation strategies are suggested.

This paper will first present evidence concerning the potential for smoking cessation programmes targeted at minority ethnic communities in Britain. This is followed by examples of good practice in three key settings - primary health care, the workplace and the community. Many of these examples have been reported at the smoking and minority ethnic groups network biannual meetings, which both authors convened and coordinated from 1989 to 1995. Finally, recommendations for future strategies are made.

Until recently, research data on smoking rates among black and minority ethnic groups has been localised and patchy.[2] Recent research conducted on behalf of the Health Education Authority provides a more systematic baseline for detailed and specific knowledge concerning smoking behaviour and smoking cessation amongst Britain's minority ethnic communities.[1] Although this research is not comprehensive, being limited to only four minority ethnic groups (African Caribbean, Pakistani, Indian and Bangladeshi), the detail presented enables smoking cessation strategies to be informed by fact instead of speculation.

The overall picture gives grounds for cautious optimism. There is in general a lower than average smoking rate amongst groups surveyed, although there are exceptions. There is evidence that smokers want to quit and that health is an important reason for this desire. The two settings of primary health care and the workplace are identified as having the potential to be used effectively for smoking cessation campaigns.

In general there is a lower than average smoking rate amongst groups surveyed although there are exceptions e.g. Bangladeshi men. Some groups thought to have high smoking rates were not included in the research e.g. Turkish men.[2] There is a lack of evidence concerning the use of other tobacco products. Black and minority ethnic groups' experience of tobacco use is not homogenous, and any health promotion interventions need to take account of this diversity.

There is a high awareness overall of the health risks of smoking. However, a greater percentage of smokers amongst the surveyed groups thought smoking had no current health effects, or didn't know if smoking had any current health effects, compared to the UK average.[1] This points to a distinct role for education about the health effects of smoking. Overall though, the figures suggest a pre-existing disposition to quit, and indicate that the primary health care setting may be particularly relevant. Two thirds of smokers want to quit, the same percentage as the UK average. This again suggests motivation to quit.

However there is a lower than average smoking cessation rate, especially amongst Bangladeshis. Ex-smokers are more likely to have quit recently (within the last two years). The number of attempts at cessation made by successful quitters is roughly the same for the surveyed groups and the UK average. This perhaps indicates that smoking cessation campaigns are belatedly reaching these communities. If so, this would indicate that current campaigns might prove very effective and timely.

Medical advice and workplace policies are highlighted in the report as potentially effective strategies, especially for South Asians. This suggests specific settings and strategies which might be effective. The overall picture then is positive, suggesting that targeting minority ethnic groups for smoking cessation is likely to have significant positive outcomes.

Examples of good practice

The following are examples of smoking cessation and smoking prevention projects that target and reach minority ethnic groups in these two settings. In addition, many innovative smoking cessation programmes have been located within the community setting, and examples of good practice located in the community are included. Many of these projects are small local initiatives which have not been evaluated independently or reported widely. However, this should not prevent such findings being used to inform practice. It does however suggest the need for local research to be undertaken to support and evaluate planned local initiatives.

Primary Health Care

This is the area where a great deal of smoking cessation training and resources has been targeted to the general population but very little has been done to target specific minority ethnic groups.[3] It is however an area where enormous potential exists as GPs with high proportions of minority ethnic patients can easily be identified. Three projects which have in small part reached minority ethnic smokers via primary health care serve as models for future work. The first is the distribution of a resource pack on smoking prevention strategies for minority ethnic groups[4] via FHSAs to GP practices. This provides the primary health care team with advice, ideas and a wide range of leaflets translated into seven different languages to give to patients. Around 500 copies of the pack have been distributed. A training programme was offered with the pack but very few Health Authorities took up this offer.

A second scheme run by pharmacists called "Pharmacists Action on Smoking" provides resources and training in advising and supporting customers to stop smoking.[5] Whilst this programme does not directly target minority ethnic groups it has great potential. Many pharmacists are from minority ethnic groups and pharmacists are often asked for health advice in preference to a GP. So pharmacists might be a more approachable group for minority ethnic populations than other members of the primary health care team.

The third project was one carried out for No Smoking Day in 1995. A health promotion unit in Blackburn targeted older Asian smokers suffering from diabetes and organised special cessation counselling and groups.[6] Patients who attended these sessions were given translated materials and appropriate support. The health promotion unit also ran training sessions for primary health care staff on good practice.

Workplace

To target minority ethnic workers with health education messages is notoriously difficult as many are employed in small scale businesses and work long, unsociable hours. This has not stopped some enterprising health promotion workers from contacting this hard to reach group. In Reading an Asian health promotion officer visits workplaces known to have Asian employees to offer free fitness testing and one-to-one advice on all aspects of a healthy lifestyle including stopping smoking.[7] In Oldham, for No Smoking Day 1995, a campaign called "Taxi drivers say no to smoking" was launched.[6] This was in response to taxi driving being identified as a job with many Asian men employees, among whom smoking rates were high. As part of the campaign all Asian taxi drivers received free T-shirts, baseball caps and stop smoking packs for themselves and their customers in the run up to the day.

Many Asian men are also employed in the catering industry. In Birmingham, the Environmental Health Department have commissioned an Asian Environmental Health Officer to promote the smoke-free award scheme to the city's many Balti houses.[8] This not only actively promotes a smoke-free choice for diners, but also raises the issue of smoking with the staff and managers. An even more original idea was organised by Bradford's healthy alliances project "HeartSmart". The only time they could see to reach the many catering workers was after restaurants closed at night. A health fair was organised for Asian caterers which started at 1 a.m. This included lung function tests, carbon monoxide monitors and advice for giving up smoking. It was a great success and many workers attended.[7]

The Community

The ways to tackle smoking and ethnic minorities in the community have been slightly better explored. Parents Against Tobacco and the Health Education Authority targeted Asian shopkeepers about illegal sales to minors via the trade journals and Asian business magazines.[9] Preston Health Promotion Unit has a regular spot on the Asian radio show:[4] a local Asian GP gives health messages to the community and regularly covers smoking issues. These programmes are always followed up with phone-ins where callers can get off-air advice in their own language.

Hackney Council and the Health Authority have recently made a Turkish video about giving up smoking.[10] This is shown at the family cafes and community centres where videos are playing as part of the ambience. An example of positive role modelling around smoking is the Derby based basketball team which receives sponsorship funding from the local Health Authority.[11] In exchange, the team, over half of whom are black, hangs smoke-free banners at matches and gives health education and smoking prevention talks to the local schools.

No Smoking Day is the best example of a national campaign making substantial efforts to reach minority ethnic groups. The campaign always produces a range of posters and leaflets in minority languages which are adapted and tested for cultural acceptability. They also set aside a part of the public relations budget for attracting press coverage and stories in the minority ethnic press.[12] They have commissioned minority ethnic journalists to write syndicated stories and radio coverage. One year a telephone help line was piloted with recorded messages to help smokers quit in six different languages. These proved uneconomical but Quit, the national helpline, is piloting a minority ethnic helpline to targeted parts of London.[7] Some health promotion units have taken up the challenge of organising high profile events for No Smoking Day such as the East London Chinese Community's "Breathtaking" event of dance, martial arts and stop smoking advice.[7]

Another nationally organised event which has been a success, albeit very hard work, is the Ramadan project.[4,13] Tower Hamlets health strategy group saw that Ramadan was an ideal time to urge Muslim men to give up smoking for good. Over 70% of Bengali men smoke, yet most refrain from smoking during the daylight hours of Ramadan. Posters with the fasting timetables and messages asking smokers to give up the habit have been distributed through mosques and other cultural centres for seven years. Local activities have included cessation groups in the mosques, press and TV coverage of the campaign launches and other high profile events. The HEA funded the campaign nationally for one year. Now the campaign is funded by local health workers pooling resources and sharing printing costs. Local Muslim printers and taxi firms arrange for the distribution of materials.

On the whole smoking is still not seen as a priority public health issue in the minority ethnic communities in the UK. There does not seem to exist the same sense of outrage and commitment to combat tobacco as exists in the United States. There, African American and Hispanic community leaders have taken a stand against the blatant marketing of cigarettes to their communities.[14,15] Many African American religious leaders have spoken out and organised direct action against the marketing and use of tobacco in their communities.

Recommendations for the future

The following recommendations are based on the research evidence, the experience of health promoters throughout Britain, and health promotion principles as outlined in consensus statements.[16]

Smoking cessation strategies will only be effective if they are a response to local circumstances and needs. This points to the importance of conducting local surveys. Although the Health Education Authority research data may be extrapolated to local populations, there may well be significant local communities which are not represented. Even if a good 'guesstimate' may be made, a local survey is useful for raising awareness of the issue, building healthy alliances and for gaining media coverage. A local survey could also use black and minority ethnic groups as role models by investigating why, in general, smoking rates are lower. For example, there is a clear relationship between poverty, stress and smoking amongst white women.[17] Black and minority ethnic women, although subject to the same stressors of poverty and caring responsibilities, compounded by their experience of racism, have very low rates of smoking. This suggests the need for more research using black and minority ethnic groups as positive role models.

Smoking cessation will only be effective if it is 'owned' by local communities. Again, the use of positive role models from minority ethnic communities might foster a sense of ownership of smoking prevention strategies.

Building healthy alliances between community groups, health authorities and local authorities might be another appropriate

strategy, but only if this involves a real dialogue and consultation. Targeting parents' groups and religious organisations, who would appear to be natural allies in smoking cessation, might be worth prioritising .

Appropriate targeting of minority ethnic groups which respects and endorses cultural norms is essential. National smoking cessation campaigns should adopt a multi-cultural approach and ensure their material is appropriate and accessible for all minority ethnic groups. No Smoking Day and Quit's multi-lingual helpline provide examples of good practice. Many different religious and cultural norms are anti-smoking, and provide an immediate starting point for this process. The Ramadan project is an example of how this can be done.

Smoking cessation work should be conducted through existing networks and alliances. This will avoid duplication, and reinforce social support networks with their potential for health enhancement. Local Commissions for Racial Equality are a good starting point for finding out what organisations and networks exist.

More support, training and resource materials need to be made available for health professionals, especially within primary health care settings, community leaders and community workers. The resource pack[4] is an example of what could be done in this area.

The workplace setting deserves further research and investigation as a means of reaching minority ethnic groups. Experience suggests that even this difficult setting may be accessed, with positive outcomes.

These activities need to be supported by an enabling policy environment. Commissioning health authorities need to make explicit their commitment towards service provision in this area. Local needs assessment must include the needs of minority ethnic groups, and additional measures may need to be undertaken to ensure that services including the whole range of smoking cessation strategies are available and accessible to everyone within the geographical area served. Given the evidence suggesting smoking cessation amongst minority ethnic groups is timely, there may well be a case for prioritising minority ethnic groups in district purchasing plans.

References

1. RUDAT K. (1994) *Black and minority ethnic groups in England.* HEA: London.
2. CITIES RESEARCH UNIT. (1990) *Report on smoking and minority ethnic groups.* HEA: London.
3. SANDERS D. (1992) *Smoking cessation interventions: Is patient education effective?* Department of Public Health and Policy, London School of Hygiene and Tropical Medicine: London.
4. DOYAL L, FARREN C, NAIDOO J, ORME J, TILTSON J, WOODHOUSE K. (1991) *Smoking and minority ethnic groups resource pack.* HEA/HELIOS: Bristol.
5. CENTRAL MANCHESTER HEALTH PROMOTION UNIT. (1994) Poor smokers small grants report. Central Manchester Health Promotion Unit, unpublished.
6. NO SMOKING DAY COMMITTEE. (1995) No Smoking Day Small Grants Projects Report. Unpublished.
7. SMOKING AND MINORITY ETHNIC GROUPS NETWORK. (1994) Report at Smoking and Minority Ethnic Groups Network, unpublished.
8. HEALTH EDUCATION AUTHORITY. (1995) Local authority small grants project. HEA/HELIOS, unpublished.
9. HEALTH EDUCATION AUTHORITY. (1993) Smoking Education report to HEA HEOs smoking network, unpublished.
10. HEALTH EDUCATION AUTHORITY. (1994) Quitting is winning campaign small grants report. Hackney Council and East London and City Health Promotion: unpublished.
11. SOUTH DERBYSHIRE HEALTH PROMOTION UNIT. Personal communication.
12. NO SMOKING DAY COMMITTEE. (1994) No Smoking Day campaign reports and public relations reports. No Smoking Day committee minutes: unpublished
13. HEALTH EDUCATION AUTHORITY. (1994) Ramadan project evaluation reports carried out for the HEA, unpublished.
14. RHEIN, R Jr. (1990) 'Minority targetting of cigarettes under fire'. *British Medical Journal* **300**:214.
15. RHEIN, R Jr. (1991 & 1993) Papers presented at the Stop Teenage Addiction to Tobacco conferences, USA. Unpublished.
16. WORLD HEALTH ORGANISATION. (1986) *The Ottawa Charter for Health Promotion.* WHO: Geneva.
17. MARSH A AND MCKAY S. (1994) *Poor smokers.* Policy Studies Institute: London.