# Patterns of Blunt Use Among Rural Young Adult African-American Men

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**Background:** Blunts are hollowed-out cigars or leaf tobacco filled with marijuana. Use of blunts has increased since the 1990s and, in 2005, 3.5% of all American youth were estimated to have used blunts in the past month. Blunt smokers may have greater odds of cannabis and tobacco dependency and are at risk of smoking-related diseases. Previous studies have suggested that blunt use is more common among blacks, older teens, and men. However, data pertaining to blunt use in non-adolescent African-American populations are scarce.

**Purpose:** To assess patterns of blunt use among young adult African-American men aged 19–30 years residing in five rural Black Belt counties in Alabama and to compare these data with those from tobacco cigarette smokers within the same study population.

**Methods:** Verbal, face-to-face interviewer-administered survey of 415 participants collected and analyzed between December 2008 and February 2011.

**Results:** 159 respondents (38.3%) smoked cigarettes and 45 smoked blunts (10.8%). Of blunt smokers, 33 also smoked cigarettes (73.3%). Use of blunts was prevalent among unemployed, single men, and occupational blunt use was uncommon. Factors important in the initiation, maintenance, and cessation of product use were similar for blunt and cigarette smokers, especially product use and acceptance by friends. Legal concerns were an important factor facilitating blunt cessation.

**Conclusions:** Blunt use is relatively common among male African Americans aged 19–30 years and is frequently associated with concomitant cigarette use. Tobacco control efforts in this male African-American population should also address blunt usage.

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## Introduction

Blunts are hollowed-out cigars or leaf tobacco filled with marijuana.[1] Use of blunts has increased since the 1990s and in 2005, 3.5% of all American youth aged 12–17 years were estimated to have used blunts in the past month.[2] Blunt smokers may have greater odds of being dependent on cannabis and tobacco and are at risk for smoking-related diseases.[1,3] Prior studies[1,2,4] on blunt use in adolescent populations of mixed ethnicities suggest that blunt use is more common among blacks, older teens, and men/boys; however, data pertaining to blunt use in non-adolescent African-American populations are scarce. The Black Belt counties of Alabama, named for the rich dark soil that supported the agricultural industry of an earlier era, are predominantly African-American.[5,6]

The primary aim of the present study was twofold: to assess patterns of blunt use among young adult African-American men in five rural Black Belt counties in Alabama and to compare these data with those from tobacco cigarette smokers within the same study population. This is an extension of a previous study reporting the prevalence and general demographics of tobacco and nontobacco use for the same African-American population.[7]

## Methods

Sample design, survey development, and data collection have been described previously and are summarized below.[7]

### Sample

Between December 2008 and March 2009, interviewer-administered surveys were completed among self-identified

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African-American men, aged 19–30 years, in five of the Black Belt counties of rural Alabama. These inclusion criteria were chosen because (1) tobacco use and tobacco-related health disparities are more prevalent in men[8]; (2) studies have shown that African Americans typically initiate use in their late teens[9,10]; (3) the Black Belt counties have disparately high rates of tobacco-related disease[10,11]; and (4) the five counties are demographically representative of the Black Belt region.

Sample size calculations assumed a prevalence rate of 25% and determined that 400 subjects would provide 95% CIs of 20.8%–29.2%.[6] Participants were stratified by income (above and below poverty level) and educational level (12th grade above/below) using census data to estimate representation in the stratification table. Distribution of actual survey respondents within the stratification table was monitored to ensure representative sampling of the Black Belt counties.

### Survey

Survey questions included (1) demographics; (2) tobacco, alternative tobacco and marijuana use including frequency, products, patterns of use; and (3) sociocultural factors associated with product use, including perceived harm. Many survey items originated from the "Question Inventory on Tobacco" (QIT), which lists more than 3400 validated and previously administered survey items.[12]

### Data Collection

Data collection utilized the infrastructure of a study funded by the National Cancer Institute: the Deep South Network for Cancer Control (DSN).[13] Community health advisors (CHAs) were trained in survey administration and asked to identify young men from their respective communities who would fit inclusion criteria. CHAs recruited participants, administered surveys verbally, face-to-face, and recorded responses. Educational levels and employment status of CHAs was known by University of Alabama at Birmingham program administrators and represented a reasonable cross-section of the target communities. Thus, recruitment among natural acquaintances provided a reasonable cross-sectional sample. Advertising and census tract–based recruiting were deemed unnecessary. The University of Alabama at Birmingham IRB approved the research protocol.

### Data Analysis

Between November 2010 and February 2011, surveys from 415 participants were analyzed. Current smokers were defined as those who had smoked in the 7 days preceding survey administration. For comparative data analyses of cigarette versus blunt smokers, data from participants who smoked both cigarettes and blunts were analyzed with data from participants smoking blunts alone and compared to data from participants who smoked cigarettes alone. Statistical analyses were conducted using SPSS 14.0. Bivariate analyses used chi-squares and *t* tests to examine group differences. Significance levels were set at 0.05.

## Results

### Prevalence

Of the 415 respondents, 159 currently smoked cigarettes (38.3%) and 45 smoked blunts (10.8%). Of blunt smokers, 33 also smoked cigarettes (73.3%), with cigarettes being the first product used by 23 blunt users (69.7%). None of those respondents who smoked both products stated that blunts were the first product used. Median number of blunts smoked per day was three (range 1–12) and average age of initiation for blunt smoking was 17 years (±2.8). When compared with participants who smoked cigarettes but not blunts, fewer participants who smoked blunts were employed (26.7% vs 48.4%, $p=0.012$) and more blunt smokers were single ($p=0.032$) (Table 1). Occupational smoking was less prevalent among blunt than cigarette users (3.8% vs 20.9%, $p=0.045$). The majority of blunt smokers (93%) stated that they had friends who also smoked blunts.

**Table 1.** Demographics of blunt and cigarette smokers, *n* (%) unless otherwise indicated

| | Blunts | Cigarettes | *p* |
|---|---|---|---|
| **Employment** | | | |
| Currently employed | 12 (26.7) | 59 (48.4) | 0.012 |
| Unemployed | 33 (73.3) | 63 (51.6) | |
| **Education >13 years** | 38.2 | 16.8 | 0.082 |
| **Marital status** | | | |
| Single | 38 (86.4) | 86 (69.9) | 0.032 |
| Partnered | 37 (30.1) | 6 (13.6) | |
| **Poverty** | | | |
| Above poverty | 15 (33.3) | 47 (37.6) | 0.285 |
| Below poverty | 24 (53.3) | 51 (40.8) | |
| **Health insurance** | | | |
| Yes | 19 (42.2) | 69 (57.5) | 0.080 |
| No | 26 (57.8) | 51 (42.5) | |
| **Age of smoking initiation (years, M [SD])** | 24.5 (3.8) | 23.9 (3.3) | 0.309 |

### Initiation

Reasons given for initiation of blunt smoking were similar to those given for initiation of cigarette smoking and included boredom (62.2%); friends smoking blunts (57.8%); and stress relief (42.2%) (Table 2). At the time of initiation of cigarette or blunt smoking, cigarette smokers were more likely than blunt smokers to have had family members who smoked their particular product (79.0% vs 47.7%, $p=0.0001$); however, rates of product use among friends were similar for cigarette and blunt smokers (84.0% vs 93.2%, $p=0.129$).

### Maintenance

Product acceptance by friends (64.4%) and ease of accessibility (60.0%) were important factors in the mainte-

**Table 2.** Factors influencing initiation, maintenance, and cessation of blunt versus cigarette use, *n* (%)

| | Blunts | Cigarettes |
|---|---|---|
| **Initiating factors** | | |
| Boredom | 28 (62.2) | 84 (52.8) |
| Friends also smoking | 26 (57.8) | 86 (54.1) |
| Stress relief | 19 (42.2) | 61 (38.4) |
| Family also smoking | 9 (20.0) | 53 (33.3) |
| Need to show independence | 4 (8.9) | 12 (7.5) |
| Media influence | 3 (6.7) | 20 (12.6) |
| **Maintenance factors** | | |
| Use accepted by friends | 29 (64.4) | 96 (60.4) |
| Easy accessibility | 27 (60.0) | 112 (70.4) |
| Media | 12 (26.7) | 71 (44.7) |
| Celebrities using blunts | 9 (20.0) | 46 (28.9) |
| Use accepted by family | 8 (17.8) | 58 (36.5) |
| **Factors promoting cessation** | | |
| Health effects | 43 (95.6) | 167 (96.9) |
| Legal concerns | 25 (55.6) | — |
| Cost | 18 (40.0) | 69 (43.4) |
| Influence of family | 17 (37.8) | 73 (45.9) |
| Image | 10 (22.2) | 57 (35.8) |
| Influence of significant other | 8 (17.8) | 49 (30.8) |
| Influence of friends | 8 (17.8) | 47 (29.6) |
| **Obstacles to cessation** | | |
| Stress relief | 25 (55.6) | 69 (43.4) |
| Physical craving | 13 (28.9) | 74 (46.5) |
| Family/friend reactions | 5 (11.1) | 13 (8.2) |
| Self-image | 3 (6.7) | 9 (5.7) |
| Loss of sense of independence | 0 | 2 (1.3) |

nance of smoking behaviors for both cigarette and blunt smokers (Table 2). Regarding product accessibility, 62.7% of respondents claimed that access to blunts was easy or very easy and more than 70% felt it was easy for minors to obtain blunts. Most cigarette (61.9%) and blunt (55.6%) smokers felt they were more likely to smoke cigarettes or blunts respectively if their friends also smoked that product ($p=0.462$).

### Cessation

Health effects (cigarette and blunt smokers) and legal concerns (blunt smokers only) were the most frequently cited reasons important enough to make participants want to stop smoking their particular product (Table 2). When asked specifically about harm to health, 52.9% of respondents believed smoking blunts was harmful. Stress release and physical craving were identified as the biggest obstacles to smoking cessation by both cigarette and blunt smokers; however, more cigarette than blunt smokers felt that physical craving was an obstacle to cessation (46.5% vs 28.9%, $p=0.04$). The converse was true for stress relief (55.6% vs 43.4%, $p=0.04$).

With respect to cancer causation, 50% of blunt smokers believed smoking blunts could cause cancer and 50% were unsure or disagreed. However, 48% felt smoking blunts was safer than cigarettes for reasons including that they are more natural (76.0%); less addictive (63.6%); and have fewer additives (65.2%).

## Discussion

Use of marijuana, blunts, and alternative tobacco products in young adult populations has increased since the 1990s and may pose a risk to the success of tobacco control efforts.[14,15] In the current study, 11% of African-American men aged 19–30 years smoked blunts, with prevalence being highest for single, unemployed men. Prior studies[1,2,16] addressing blunt use in adolescent populations aged 12–17 years have reported highest usage among blacks and correlated blunt use with lower high school grade averages and higher truancy rates. These factors may contribute to the higher observed unemployment rate in African-American blunt smokers aged 19–30 years.

Occupational smoking was less common among blunt than cigarette smokers in the current study, possibly reflecting the higher unemployment rates for blunts smokers and the fact that legal concerns frequently were cited as a reason for blunt smoking cessation. Friends smoking blunts were important in initiation and maintenance of blunt use in accordance with findings from a major ethnographic study[17] of blunts/marijuana use where the majority of blunt smokers preferred to consume in a group setting.

Smoking marijuana in blunts is thought to increase the physiologic risks of marijuana smoking, and blunt smokers have greater rates of marijuana and tobacco dependence.[3,16] This is in accordance with the current series where most blunt smokers also smoked cigarettes (73.3%). Interestingly, initiation, maintenance, and cessation factors for product use were similar for cigarette and blunt smokers, with stress release and physical craving being identified as the biggest obstacles to smoking cessation for both groups. Anti-tobacco campaigns employing stress management and relaxation techniques may thus also facilitate blunt-cessation efforts in this population.

Limitations of the current study include the focused survey sample of African-American men aged 19–30 years, which limits applicability of results to women, older adults and youths, and the small sample size. Future directions include the design of culturally relevant intervention strategies for tobacco and marijuana among rural African-American men.

## Conclusion

Blunt use is relatively common among African-American men aged 19–30 years living in the Black Belt region of Alabama. Concomitant cigarette use is high. Tobacco control efforts in this male African-American population should also address blunt usage, including information on the adverse health effects of smoking blunts.

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