## FACTS FOR YOU

## Tobacco and your Environment

- One of every five women in America is a smoker. Twenty-three percent of all adult Americans and 21% of American women are currently smokers.<sup>1</sup>
- Smoking differs by race/ethnicity. Twenty-two percent of white American women smoke, as do 21% of African American women, 13% of Hispanic women, and 8% of Asian American women. Forty-three percent of American Indian/Alaska Native women are smokers.<sup>1</sup>
- Smoking is associated with education. Smoking rates are highest among women who earned a GED diploma. Among U.S. women who earned a GED, 44% are smokers. Among college graduates, 12% are smokers, while only 8% of those who completed graduate work smoke. Women with a high school education are twice as likely to smoke as women with an undergraduate degree.<sup>1</sup>
- Smoking is also associated with poverty. Twenty-nine percent of women who are below the poverty line smoke.<sup>1</sup>
- In 2000, 10% of girls in middle school and 27% of girls in high school reported having smoked a cigarette during the past month. Boys smoked at similar rates, with 12% of those in middle school and 29% of those in high school reporting that they smoked within the month.<sup>2</sup>
- Smoking is declining in the U.S. among both adults and youth. Among adults, smoking rates have been declining since the 1960s.<sup>3</sup> Among youth, smoking rates have been declining since 1997.<sup>4</sup>
- In the U.S., smoking rates have always been lower among women than men. However, as overall smoking rates have decreased over the years, they have not dropped as quickly for women as for men. Since 1970, smoking rates among women have declined by about 30%, compared to a 40% decline among men. Currently, 21% of women and 26% of men smoke.<sup>1,3</sup>
- Despite recent declines in smoking, the prevalence of tobacco-related disease continues to increase, especially among women.<sup>5</sup>

- Approximately 53,000 people die from second hand smoke each year in the U.S.<sup>18,19</sup>
- Exposure to second hand smoke is a cause of lung cancer among women who have never smoked.<sup>6</sup>
- Exposure to a spouse's second hand smoke is a cause of death from coronary heart disease among women who do not smoke.<sup>6</sup>

Tobacco and your Health

- Every year, tobacco-related disease kills over 178,000 women, making it the largest preventable cause of death among women in the U.S.⁵
- Smoking is responsible for the premature deaths of approximately 3 million women since 1985.<sup>6</sup>
- Women who die of a smoking-related disease lose, on average, 14.5 years of potential life. Men who die of a smoking-related disease lose 13 years of life, on average.<sup>5</sup>
- Stroke is the third leading cause of death in the United States.<sup>7,10</sup> In 2000 more than 100,000 women (and about 65,000 men) died of stroke.<sup>7</sup>
- Heavy smokers (two packs a day) are twice as likely as those who smoke half a pack a day to have a stroke.<sup>11,12</sup>
- Five to 15 years after quitting, the risk of stroke among former smokers approaches that of a person who has never smoked.<sup>9</sup>

Tobacco and Cancer

- In 1987, lung cancer surpassed breast cancer as the leading cause of cancer death among women.<sup>6</sup>
- In 2000, approximately 65,000 women died of lung cancer.<sup>7</sup>

- Cigarette smoking is overwhelmingly the most important cause of lung cancer.<sup>6</sup>
- Quitting reduces the risk of lung cancer; 10 years after quitting the risk for lung cancer is 30% to 50% that of the risk of those who continue to smoke.<sup>9</sup>
- Women who begin smoking at an early age (within 5 years of their first period) are at higher risk of developing breast cancer.<sup>15</sup>
- Evidence suggests that breast cancer is more likely to spread to the lungs in women who smoke than in women with breast cancer who do not smoke.<sup>16</sup>
- Recent CDC data indicate that smoking-related cancer deaths are decreasing among men, while for women they are increasing.<sup>5</sup>
- Cancer is the second leading cause of death in the U.S. More than 267,000 women (and 286,000 men) in the U.S. died from cancer in 2000.<sup>7</sup> Research indicates that as many as 30% of all cancer deaths are a result of smoking.<sup>8</sup>
- Among women, smoking is a major cause of cancers of the oropharynx and bladder.<sup>6</sup>
- Women who smoke have greater risk of developing cancer of the pancreas, kidney, larynx and esophagus.<sup>6</sup>
- Lung cancer is the leading cause of cancer death among women, and has been for 15 years.<sup>6</sup> However, 80% of American women mistakenly believe that breast cancer is the primary cause of cancer death among women.<sup>17</sup>

Tobacco and your Heart

- Cardiovascular disease is the primary cause of death in the United States; heart disease and stroke together accounted for more than one third of all deaths in the United States in 2000.<sup>7</sup> It is estimated that as many as 30% of deaths from cardiovascular disease are a result of tobacco use.<sup>8</sup>
- Cardiovascular deaths are decreasing among both men and women, but among women rates are decreasing more slowly than among men (a 9% reduction from 1995 to 1999, compared with a 24% reducation among men).<sup>5</sup>

- Recent CDC data indicate that, among men, smoking-related respiratory deaths are remaining stable, while for women they are increasing.<sup>5</sup>
- In 2000, heart disease killed more than 360,000 women in the U.S. Men were slightly less likely than women to die of heart disease.<sup>7</sup>
- Smoking is a major cause of heart disease. Most heart disease among women younger than 50 is a result of smoking.<sup>6</sup>
- The excess risk of developing heart disease as a result of smoking may be reduced by as much as half in the year or two after quitting.<sup>6,9</sup>
- Fifteen years after quitting, the former smoker's risk of heart disease approaches that of a person who has never smoked.<sup>9</sup>
- In 2000, about 92,000 women (and 100,000 men) died from heart attack.<sup>7</sup> Smokers are at greater risk for heart attack than nonsmokers.<sup>13,14</sup>
- Women who smoke are more than twice as likely as other women to have a heart attack.<sup>13</sup> For both men and women, the risk of having a heart attack increases with the number of cigarettes smoked.<sup>13</sup>
- People who quit smoking after a heart attack are less likely to die within the next ten years than those who continued to smoke.<sup>14</sup>

Tobacco and your Baby

- Children who are exposed to second hand smoke, whether by a parent or other smoker, have an increased risk of dying from SIDS (Sudden Infant Death Syndrome) or developing respiratory disease and other illnesses.<sup>20</sup>
- It is estimated that as many as 22% of pregnant women and girls smoke.<sup>6</sup>
- About 27% of pregnant women quit smoking upon learning that they are pregnant. About 12% quit later in their pregnancy.<sup>6</sup>
- Women who smoke increase their risk for infertility, ectopic pregnancy, spontaneous abortion and stillbirth.<sup>6</sup>

- The risk of SIDS (Sudden Infant Death Syndrome) is greater among children who are exposed to second hand smoke.<sup>6</sup> In 2000, more than 2,500 infants died of SIDS.<sup>7</sup>
- Babies born to women who smoked during pregnancy are more likely to be underweight.<sup>6</sup>
- Quitting smoking before or during pregnancy reduces the risk for poor reproductive outcomes.<sup>6</sup>

- Quitting is difficult. On average, former smokers made 8-11 quit attempts before succeeding.<sup>6</sup>
- In 2000, 70% of smokers said they wanted to quit, and 41% made a quit attempt of at least one day, but only 5% succeeded in quitting for three months or more.<sup>1</sup>
- Women who have a strong commitment to change and are involved in programs that make use of behavioral techniques and social support are more likely to succeed in quitting.<sup>6</sup>
- In 2000, 44 million Americans had successfully quit smoking.<sup>1</sup>
- The benefits of quitting smoking are great. The excess risk of developing heart disease as a result of smoking may be reduced by as much as half in the year or two after quitting.<sup>6,9</sup> After 15 years, the former smoker's risk of heart disease approaches that of a person who has never smoked.<sup>9</sup>
- Five to 15 years after quitting the risk of stroke returns to the level of those who have never smoked.<sup>9,11</sup>
- Quitting reduces the risk of lung cancer; 10 years after quitting the risk for lung cancer is 30% to 50% that of the risk of those who continue to smoke.<sup>9</sup>
- Women who quit at age 35 increase their life expectancy by 6 to 8 years.<sup>24</sup>
- It is never to late gain benefits from quitting! Quitting at age 45 increases life expectancy by 6 or 7 years. Quitting at age 55 increases life expectancy

by 3 to 6 years. Quitting at age 65 increases life expectancy by 1.4 to 4 years.  $^{\rm 24}$ 

- Getting counseling is one of the most important things you can do to help yourself quit. Telephone, group or individual counseling can double or even triple a person's changes of quitting for good.<sup>21</sup>
- Counseling is even more effective when combined with other strategies, such as use of the patch or other pharmacotherapy, and asking for support from family and friends.<sup>21</sup>
- THE NICOTINE PATCH, INHALER, NASAL SPRAY, BUPROPION, GUM
- The following forms of pharmacotherapy are safe and effective, and have been approved by the FDA<sup>:21</sup>
  - Nicotine patch
  - Nicotine nasal spray
  - Sustained release bupropion
  - Nicotine gum
  - Nicotine Inhaler
  - Nicotine Lozenge
- Use of the patch, nasal spray or bupropion doubles the likelihood that you will succeed.<sup>21</sup>
- Use of gum or the inhaler increase your chances of quitting by 50%.<sup>21</sup>
- Using the patch or other pharmacotherapy does not ensure quitting or make quitting easy. Smokers who want to quit must be committed to the effort.<sup>22</sup>
- Getting your family, friends and co-workers to support your quit attempt will increase your chance of success.<sup>21</sup>
- If you live with a smoker, ask if that person will quit with you.
- Smoking cessation is often followed by weight gain, particularly among women. On average, women gain 8.4 lbs during the year after they quit smoking (men gain, on average, 6.2 lbs).<sup>6</sup>
- Women who report little recreational physical activity have a greater risk of gaining weight after quitting than active women.<sup>23</sup>
- An exercise program can reduce or delay weight gain after cessation, and can increase the successful quit rate among women.<sup>21</sup>

• Use of nicotine replacement therapy – in particular nicotine gum- can delay weight gain after quitting, as well as increasing the chance of quitting successfully.<sup>21</sup>

## SOURCES

- 1. CDC. Cigarette Smoking Among Adults- United States. MMWR 2000; 51(29): 642-645.
- Farrelly MC, Vilsaint M, Lindsey D, Thomas KY, Messeri P. Legacy First Look Report 7. Cigarette Smoking Among Youth: Results from the 2000 National Youth Tobacco Survey. Washington DC: American Legacy Foundation. August 2001.
- 3. CDC. National Center for Health Statistics. National Health Interview Survey. Data from core questionnaire, questionnaire supplements and adult sample questionnaire 1965-1999.
- Johnston LD, O'Malley PM, Bachman JG. Monitoring the Future national survey results on drug use, 1975-2000. Volume 1: Secondary school students (HIN Publication No. 01-4924). Besthesda, MD: National Institute on Drug Abuse. 2001.
- 5. CDC. Annual Smoking-Attributable Mortality, Years of Potential Life Lost and Economic Costs- United States, 1995-1999. MMWR 2002;51:300-303
- U.S.Department of Health and Human Services. Women and Smoking. A Report of the Surgeon General. Rockville, MD. U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2001.
- 7. Minino AM, Arias E, Kochanek KD et al. Deaths: Final Data for 2000. National Vital Statistics Reports 2002;50(15).
- 8. McGinnis JM, Foege WH. (1993) Actual Causes of Death in the United States. The Journal of the American Medical Association; 270: 2207-12.
- U.S Department of Health and Human Services. 1990. The Health Benefits of Smoking Cessation: A Report of the Surgeon General. U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention.
- 10. MMWR. 1999. Decline in Deaths From Heart Disease and Stroke- United States, 1990-1999. 48:649-656.
- 11. Aldoori MI, Rahman SH. 1998. Smoking and Stroke: A Causative Role. British Medical Journal. 317:962-963.
- 12. Wolf PA, D'Agostino RB, Kannel WB, Bonita R, Belanger AJ. Cigarette smoking as a risk factor for stroke. The Framingham Study. JAMA 1988; 259:1025.9.
- 13. Prescott E, Hippe M, Schnohr P et al. 1998. Smoking and Risk of Myocardial Infarction in Women and Men: Longitudinal Population Study. British Medical Journal. 316:1043-1047.
- 14. Wilson K, Gibson N, Willan A et al. 2000. Effect of Smoking Cessation on Mortality After Myocardial Infarction: Meta-analysis of Cohort Studies. Archives of Internal Medicine. 160(7):939-944.
- 15. Band PR, Le ND, Fang R, Deschamps M. Carcinogenic and endocrine disrupting effects of cigarette smoke and risk of breast cancer. The Lancet 2002;360:1044-1049.
- 16. Murin S, Inciardi J. Cigarette smoking and the risk of pulmonary metastasis from breast cancer. Chest 2001; Jun; 119(6):1635-40.
- 17. American Legacy Foundation "Women and Lung Cancer Survey." January, 2001.
- 18. Glantz, SA, Parmley, WW. 1991. Passive Smoking and Heart Disease: Epidemiology, Physiology, and Biochemistry. Circulation. 83(1):1-12.
- 19. Glantz, SA, Parmley, WW. 1995. Passive Smoking and Heart Disease: Mechanisms and Risk. JAMA. 273(13):1047-1053.
- 20. U.S Department of Health and Human Services. 1989. Reducing the Health Consequences of Smoking 25 Years of Progress: A Report of the Surgeon General. U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention.
- 21. Fiore MC, Bailey WC, Cohen SJ, et al. Treating Tobacco Use and Dependence. Clinical practice Guideline. Rockville, MD: U.S. Department of Public Health and Human Services. Public Health Service. June 2000.
- 22. Pierce JP, GilpinEA. Inpact of Over-the-Counter Sales on Effectiveness of Pharmaceutical Aids for Smoking Cessation. JAMA. 2002;288:1260-1264.

- 23. Williamson DF, Madans J, Anda RF, Kleinman JC, Giovino GA, Byers T. Smoking Cessation and Severity of Weight Gain in a National Cohort. The New England Journal of Medicine, 1991;324: 739-45.
- 24. Taylor DH, Hasselblad V, Henley SJ et al. benefits of Smoking Cessation for Longevity. AJPH. 2002;92:990-996