

Women and Tobacco

FACT SHEET



National Facts and Trends

- An estimated 18.1% of adult U.S. women aged 18 years or older (slightly less than one in five) are current cigarette smokers.¹ Cigarette smoking estimates for women by age are as follows: 18–24 years, 20.7%; 25–44 years, 21.4%; 45–64 years, 18.8%; and 65 years or older, 8.3%.¹
- Prevalence of cigarette smoking is highest among women who are American Indians or Alaska Natives (26.8%), followed by whites (20%); African Americans (17.3%); Hispanics (11.1%); and Asians, excluding Native Hawaiians and other Pacific Islanders, (6.1%).¹
- Cigarette smoking estimates are highest for women with a General Educational Development (GED) diploma (38.8%) or 9–11 years of education (29.0%) and lowest for women with an undergraduate college degree (9.6%) or a graduate college degree (7.4%).¹
- Smoking prevalence is higher among women living below the poverty level (26.9%) compared with women living at or above the poverty level (17.6%).¹
- The use of cigars and smokeless tobacco among females is generally low—1.9% of females 12 or older are current cigar smokers² and 0.3% are current smokeless tobacco users.²

Maine Facts and Trends

- In 2006, 19.9% of women in Maine were defined as current smokers—the national median for the same year was 18.4% (corresponding figures for men, [Maine] 22% and [U.S.] 22.2%).³
- Socioeconomic status is a significant factor in women's smoking prevalence: 28% of women in Maine with incomes below \$25,000 smoke, while only 13% of women with incomes over \$50,000 smoke. Women with a high school education or less have a 30% rate of smoking, while 11% of women with a college degree smoke.³
- Women in Maine have nearly the same rate of annual lung cancer incidence (new cases) as the U.S. rate for men (age-adjusted data). The rate for Maine women has been increasing, while the men's rate nationally, has been decreasing.⁴

The Story Behind the Facts: Why Is this Information Important

- Since 1987, lung cancer has been the leading cancer killer among women, surpassing breast cancer as the leading cause of cancer death among women. Smoking causes 82% of all lung cancer cases among women.⁵
- Cardiovascular disease, including heart attacks and stroke, is the overall leading cause of death among women, and smoking accounts for one of every five deaths from cardiovascular disease.⁶
- Although some clinical intervention studies suggest that women may have more difficulty quitting smoking than men, national survey data shows that women are quitting at rates similar to or even higher than those for men. Prevention and cessation interventions are generally of similar effectiveness for women and men, and, to date, few general differences in factors related to smoking initiation and successful quitting have been identified.⁷
- The risk for lung cancer increases with quantity, duration, and intensity of smoking. The risk for dying of lung cancer is 20 times higher among women who smoke two or more packs of cigarettes per day than among women who do not smoke.⁸

- Cigarette smoking kills an estimated 178,000 women in the United States annually.⁷ The three leading smoking-related causes of death in women are lung cancer (45,000), heart disease (40,000), and chronic lung disease (42,000).⁷
- Ninety percent of all lung cancer deaths in women smokers are attributable to smoking.⁸ Since 1950, lung cancer deaths among women have increased by more than 600 percent. By 1987, lung cancer had surpassed breast cancer as the leading cause of cancer-related deaths in women.⁸
- Women who smoke have an increased risk for other cancers, including cancers of the oral cavity, pharynx, larynx (voice box), esophagus, pancreas, kidney, bladder, and uterine cervix.⁸ Women who smoke double their risk for developing coronary heart disease and increase by more than tenfold their likelihood of dying from chronic obstructive pulmonary disease.^{8,9}
- Women smokers face even greater health risks from smoking than men. They tend to lose more years of life from smoking than men. Women get lung cancer at earlier ages and after smoking less than men.
- Women metabolize nicotine faster than men do—especially women who are taking oral contraceptives.¹⁰
- Cigarette smoking increases the risk for infertility, preterm delivery, stillbirth, low birth weight, and sudden infant death syndrome (SIDS).⁸
- Postmenopausal women who smoke have lower bone density and an increased risk for hip fracture than women who never smoked.⁸
- The tobacco industry markets extensively to women, beginning with the body-conscious “reach for a Lucky instead of a sweet” 1930s Lucky Strike campaign and leading up to the ubiquitous Virginia Slims slogan, “You’ve come a long way, baby.” The latest is Camel #9, wrapped in pink foil and encased in a pink or teal-and-black pack: “Dressed to the nines, looking your best.”¹¹
- Girls progress faster to nicotine dependence (and alcohol abuse) than do boys, even when exposed to lower amounts of the drugs.¹²
- Early puberty, life transitions (especially from high school to college), frequent family moving, eating disorders and physical/sexual abuse are all strong risk factors for smoking and alcohol abuse in girls.¹²

References:

- ¹ Centers for Disease Control and Prevention. Tobacco Use Among Adults—United States, 2005. Morbidity and Mortality Weekly Report (serial online), 2006; 55 (42): 1145–48 (cited Nov. 6, 2006 Nov 6). <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5542a1.htm>.
- ² Substance Abuse and Mental Health Services Administration. Results from the 2004 National Survey on Drug Use and Health: National Findings, Tobacco Use (PDF–1.17 MB), Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies, 2005 (cited Nov. 6, 2006). <http://www.oas.samhsa.gov/nhsda/2k2nsduh/2k2SoFW.pdf>.
- ³ Behavioral Risk Factor Surveillance System (BRFSS), 2006.
- ⁴ Maine Cancer Registry, November 6, 2007.
- ⁵ Center for Disease Control and Prevention. 2001 Surgeon General’s Report—Women and Smoking: At A Glance. http://www.cdc.gov/tobacco/data_statistics/sgr/sgr_2001/ataglance.htm
- ⁶ American Heart Association.
- ⁷ Centers for Disease Control and Prevention. Cigarette Smoking Among Adults—United States, 2004. Morbidity and Mortality Weekly Report (serial online), 2005; 54 (44): 1121–24 (cited Nov. 6, 2006).
- ⁸ U.S. Department of Health and Human Services. Women and Smoking: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Public Health Service, CDC, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2001 (cited Nov. 6, 2006). Available from: http://www.cdc.gov/tobacco/data_statistics/sgr/sgr_2001/index.htm.
- ⁹ Novotny TE, and GE Giovino. Tobacco Use. In: Brownson RC, Remington PL, Davis JR (eds). Chronic Disease Epidemiology and Control, 2nd ed. Washington, DC: American Public Health Association, 1998; 117–148 (cited Nov. 6, 2006).
- ¹⁰ Ref: Clinical Pharmacology and Therapeutics, May 2006.
- ¹¹ Ref: Elliott, S, “A New Camel Brand Is Dressed to the Nines,” NY Times, Feb. 15, 2007. <http://www.nytimes.com/>.
- ¹² Ref: National Center on Addiction and Substance Abuse at Columbia University. The Formative Years: Pathways to Substance Abuse Among Girls and Young Women Ages 8–22, New York, NY, Columbia University, 2005.



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