

Women and Tobacco

FACT SHEET



National Facts and Trends

- It is estimated that 16.5% of adult U.S. women aged 18 years or older are current cigarette smokers.¹
- Cigarette smoking estimates for women by age are as follows: 18–24 years, 16.4%; 25–44 years, 19.7%; 45–64 years, 18.5%; and 65 years or older, 7.1%.¹
- Prevalence of cigarette smoking is highest among women who are American Indians or Alaska Natives (29.1%), followed by multiple race (26.0%), whites (18.8%); African Americans (15.5%); Hispanics (8.6%); and Asians, excluding Native Hawaiians and other Pacific Islanders, (5.5%).¹
- Cigarette smoking estimates are highest for women with a General Educational Development (GED) diploma (43.2%) or 9–11 years of education (29.2%). The lowest estimates are women with an undergraduate college degree (8.7%) or a graduate college degree (4.8%).¹
- Smoking prevalence is higher among women living below the poverty level (25.7%) compared with women living at or above the poverty level (15.6%).¹

Maine Facts and Trends

- In 2011, 20.6% of Maine women were defined as current smokers compared to U.S. women current smokers at 18.8%. The corresponding figures for Maine men were 25.1% and for U.S. men, 23.6%.²
- Socioeconomic status is a significant factor in women's smoking prevalence:
 - Income: 31.4% of Maine women with incomes below \$25,000 smoke, 20.1% with incomes \$25,000 to \$49,999 smoke, and 10.7% of women with incomes over \$50,000 smoke.
 - Education: 36.7% of women in Maine with less than a high school education smoke, 25.6% of women with a high school or GED education smoke, 20.7% with some college or technical school education smoke, while 7.9% of women with a college degree smoke.²
- There are approximately 94,200 women smokers in Maine.³
- The Maine State Health Cost to treat female smokers is \$249.1 million per year.³

The Story Behind the Facts: Why Is this Information Important?

- The tobacco industry specifically targets women through aggressive marketing, advertising and promotional campaigns that associate women smoking with liberation, independence, glamour, success and thinness. Examples are the 1930's Lucky Strike campaign, "Reach for a Lucky instead of a sweet," and the 1970's Virginia Slims slogan, "You've come a long way, baby."⁴
- During the 1970's the tobacco industry marketed "light," "mild" and "low tar" cigarettes as a less harmful option for women concerned about their health. These products were later shown not to be less harmful than regular or "full flavored" cigarettes. The tobacco industry continues today to develop products that will appeal to girls and women.⁴

- The success of tobacco industry marketing has resulted in the increase of tobacco-related disease and death in women. It is estimated that more than 170,000 U.S. women die of tobacco-related diseases each year.⁵ In Maine, there are approximately 900 smoking deaths among women per year.³
- Women who die of a smoking-related diseases lose on average 14.5 years of life compared to nonsmokers.⁶
- Since 1987, lung cancer has surpassed breast cancer as the leading cancer killer among women. About 87% of all lung cancer deaths among U.S. women smokers are attributable to smoking. However, 80% of women mistakenly believe that breast cancer is the primary cause of cancer death among women.^{5,7}
- Tobacco use accounts for nearly 1 in 3 cancer deaths. Women who smoke have an increased risk for other cancers, including mouth, larynx, esophagus, kidney, cervix, bladder, stomach, pancreas, ovary and colon/rectum.^{6,7,8}
- More than 90% of Chronic Obstructive Pulmonary Disease (COPD) deaths in women are caused by smoking. Female smokers are nearly 13 times more likely to die from COPD (emphysema and chronic bronchitis) compared to women who have never smoked. The risk of COPD is related to the amount and duration of cigarette use.⁸
- 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. It is estimated that 450,000 women die each year of smoking-related cardiovascular disease. The risk increases with the number of cigarettes smoked per day, the number of smoking years, and the earlier age of initiation.^{6,9}
- Postmenopausal women who smoke have lower bone density compared to women who never smoked. Women who smoke also have an increased risk for hip fractures compared to never smokers.^{6,10}
- More than 70% of women want to quit smoking, and more than half reported trying to quit in the past year.^{8,11}
- Women are affected differently by tobacco compared to men. Women are more sensitive to nicotine, requiring fewer cigarettes to become addicted. Women also experience more severe withdrawal symptoms than men when quitting.¹¹
- Women respond to non-nicotine stimuli associated with smoking, such as social and behavioral cues.
- Quitting smoking can reduce the risk of many health problems and has health benefits at any age.^{6,8}
- Women are more susceptible to the addictive properties of nicotine and become addicted more quickly compared to men. They also have a more difficult time quitting.¹¹
- Women who quit relapse for different reasons than men, which include weight control, stress, and negative emotions. These issues need to be taken into account for any successful cessation program.

References

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- ⁸ ACS Women and Smoking An epidemic of smoking-related cancer and disease in women <http://www.cancer.org/cancer/cancercauses/tobaccocancer/womenandsmoking/index>
- ⁹ American Heart Association www.goredforwomen.org/know-your-risk/factors-that-increase-your-risk-for-heart-disease/smoking-heart-disease/
- ¹⁰ American Lung Association Women and Tobacco Use <http://www.lung.org/stop-smoking/about-smoking/facts-figures/women-and-tobacco-use.html>
- ¹¹ Kicking the Habit: Sex Differences in Smoking Cessation www.womenshealthresearch.org/site/News2?page=NewsArticle&id=13593



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