

National Prevalence and Trends - Youth

- Among high school students, 19.6% of young men and 14.8% of young women smoke.¹
- The percentage of youth smokers who preferred the Marlboro cigarette brand was higher in young women, 49.6%, than in young men, 37.6%.²
- High school young men are significantly more likely than high school young women to use tobacco products other than cigarettes. Fifteen percent (15%) of high school young men smoke cigars compared with 6.7% of young women in high school.¹ Only 1.8% of high school young women use smokeless tobacco, versus 11% of high school young men.¹

National Prevalence and Trends - Adults

- Nearly one in five women in the United States is a smoker. In 2009, almost twenty-four percent (23.5%) of men smoked compared to 17.9% percent of women.³
- In the U.S., smoking rates have historically 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.^{4, 5}
- Smoking differs by race/ethnicity. Twenty percent (19.8%) of white women, 19.2% of black women, 9.8% of Hispanic women, and 7.5% of Asian women were current smokers in the United States in 2009.³
- Smoking rates also vary with education level. Smoking rates are highest among women who earned a GED diploma, at 44.7%. Among female college graduates, 9.9% are smokers, while only 6.3% of women with a graduate degree smoke.³
- Smoking is also associated with poverty. Twenty-nine percent (28.7%) of women below the poverty level smoke compared to 16.7% of women at or above the poverty level.³

Health Impact

- **Mortality** — Every year, tobacco-related disease kills about 174,000 women, making it the largest preventable cause of death among women in the United States.⁶
 - o The annual risk for death in women who smoke cigarettes is 80-90% greater than in women who have never smoked cigarettes.^{6,7}
 - o Smoking has been responsible for the premature deaths of approximately 3 million women since 1985.⁷
 - o Women who die of a smoking-related disease lose on average 14 years of life.⁷
 - o Smoking accounted for an estimated 2 million years of potential life lost for U.S. women each year during the 1990s.⁷
- **Lung Cancer** — Lung cancer is the leading cause of cancer death among women.⁷
 - o Nearly 75% of lung cancer deaths among U.S. women are attributable to smoking.⁷
 - o However, 80% of American women mistakenly believe that breast cancer is the primary cause of cancer death among women.⁸
 - o Smoking-related lung, trachea, and bronchus cancers kill 46,842 women a year.⁹
- **Cardiovascular Disease** — An estimated 49,000 women die each year of smoking-related cardiovascular disease.⁹
 - o Most heart disease among women younger than 50 is a result of smoking.⁷
- **Heart Attack** — Women who smoke are more than twice as likely as other women to have a heart attack. For both men and women, the risk of having a heart attack increases with the number of cigarettes smoked.¹⁰
- **Pregnancy** —
 - o Between 13% and 22% of women and girls in the United States smoke while pregnant.^{11, 12}
 - o Women who smoke increase their risk for infertility, ectopic pregnancy, spontaneous abortion, and still birth.¹¹
 - o Babies born to women who smoked during pregnancy are more likely to be underweight.¹¹
 - o Based on the 2005 Pregnancy Risk Assessment Monitoring System, three states had a significant increase in smoking during pregnancy since 2000; Louisiana (13.7% to 18.9%), Ohio (20.2% to 23.8%), and West Virginia (29.4% to 35.7%).¹³
 - o Smoking during pregnancy resulted in an estimated 776 infant deaths annually during 2000--2004.⁹

- **Breast Cancer** — The link between breast cancer and smoking is controversial. The Surgeon Generals' Reports of 2001, 2004, and 2006 and a report of the International Agency for Research on Cancer in 2004 did not find enough evidence to conclude a causal relationship between breast cancer and active or passive smoking.
- **Cervical Cancer** — The association between cervical cancer and smoking has been consistent. However, researchers are uncertain about the extent to which this association is independent of human papillomavirus (HPV) infection.⁷

Smoking Cessation

- In 2000, 72.2% of women reported wanting to quit and 41.9% made a quit attempt.¹⁶
- Smoking cessation is often followed by minor weight gain, particularly among women. On average, women gain 6-12 lbs. during the year after they quit smoking (men gain, on average, 6.2 lbs.).¹⁷
- Women who report little recreational physical activity have a greater risk of gaining weight after quitting than active women.¹⁸
- Women who quit at age 35 increase their life expectancy by 6 to 7 years. Quitting at age 45 increases life expectancy by 2 to 3 years.¹⁹
- Women, as well as men, who have social support in their quit attempt can increase their chances of quitting by up to 50% compared with those who do not have social support.¹⁸

SOURCES

- ¹ CDC. Tobacco Use Among Middle and High School Students - United States, 2000-2009. MMWR 2010;59(33):1063-8.
- ² CDC. Cigarette Brand Preference Among Middle and High School Students Who Are Established Smokers--United States, 2004 and 2006. MMWR 2009;58(05):112-115.
- ³ CDC. Vital Signs: Current Cigarette Smoking Among Adults Aged ≥18 Years --- United States, 2009. MMWR 2010;59(35):1135-1140.
- ⁴ CDC. Cigarette Smoking Among Adults and Trends in Smoking Cessation--United States, 2008. MMWR 2009;58:1227-1232.
- ⁵ CDC. National Health Interview Survey: Data from core questionnaire, questionnaire supplements and adult sample questionnaire. National Center for Health Statistics 1965-1999.
- ⁶ Smoking-attributable mortality, years of potential life lost, and productivity losses--United States, 2000-2004. MMWR 2008;57(45):1226-8.
- ⁷ U.S. Department of Health and Human Services. Women and Smoking: A Report of the Surgeon General. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2001.
- ⁸ American Legacy Foundation, "Women and Lung Cancer Survey," January 2001
- ⁹ CDC. Smoking-attributable mortality, years of potential life lost, and productivity losses--United States, 2000-2004. MMWR 2008;57(45):1226-8.
- ¹⁰ Prescott E, Hippe M, Schnohr P, Hein HO, Vestbo J. Smoking and risk of myocardial infarction in women and men: longitudinal population study. BMJ 1998;316(7137):1043-1047.
- ¹¹ U.S. Department of Health and Human Services. The Health Consequences of Smoking: A Report of the Surgeon General. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2004.
- ¹² Nishimura BK, Adams EK, Melvin CL, Tucker PJ, Merritt RK, Rivera CC. State Prenatal Smoking. Atlanta (GA): Centers for Disease Control and Prevention; 2002 Spring.
- ¹³ CDC. Trends in Smoking Before, During, and After Pregnancy --- Pregnancy Risk Assessment Monitoring System (PRAMS), United States, 31 Sites, 2000--2005. MMWR 2009;58(SS04):1-29.
- ¹⁴ Band PR, Le ND, Fang R, Deschamps M. Carcinogenic and endocrine disrupting effects of cigarette smoke and risk of breast cancer. Lancet 2002;360(9339):1044-1049.
- ¹⁵ Murin S, Inciardi J. Cigarette smoking and the risk of pulmonary metastasis from breast cancer. Chest 2001;119(6):1635-40.
- ¹⁶ CDC. Cigarette smoking among adults - United States, 2000. MMWR 2002;51(29):642-645.
- ¹⁷ Fiore MC, Bailey WC, Cohen SJ, et. E. Treating Tobacco Use and Dependence. Clinical Practice Guideline. Rockville, MD. 2000.
- ¹⁸ Williamson DF, Madans J, Anda RF, Kleinman JC, Giovino GA, Byers T. Smoking cessation and severity of weight gain in a national cohort. N Engl J Med 1991;324(11):739-745.
- ¹⁹ Taylor DH, Jr., Hasselblad V, Henley SJ, Thun MJ, Sloan FA. Benefits of smoking cessation for longevity. American Journal of Public Health 2002;92(6):990-996.