

# CAMPAIGN For TOBACCO-FREE Kids®

## WOMEN & GIRLS AND TOBACCO

Smoking among both men and women decreased gradually as the dangers of smoking became widely known. However, smoking rates have hardly declined at all in the last ten years; and women – who once smoked at half the rate of men – are now almost as likely to smoke as men. Recent increases in smoking by high school girls suggest that the problem may worsen. Gender differences in the cultural and social influences on smoking, consumption patterns, health effects, and responses to tobacco marketing and promotion require that tobacco use among women be considered separately from general discussions on the topic. Smoking by women is a serious, widespread public health problem that must be addressed.

### Prevalence

- Twenty-two percent of American adult women are current smokers, compared to 26 percent of men. Caucasian and African-American women smoke in roughly equal proportions (23% vs. 21%). American Indian women (38%) smoke at much higher rates, while much smaller proportions of Hispanic (13%) and Asian (10%) women smoke.<sup>1</sup>
- Smoking prevalence is higher among women with 9-11 years of education (32.9%) than women with 13-15 years of education (22.8%) and three times higher than women with 16 or more years of education (11.2%).<sup>2</sup>
- Smoking among girls and young women has increased dramatically in the 1990s. From 1991 to 1999, smoking among high school girls increased from 27 to 34.9 percent.<sup>3</sup>
- In 1997, smoking among female high school seniors reached a 19-year high of 35.2 percent, declining to 29.7 percent in 2000.<sup>4</sup>
- A report published in the *American Journal of Public Health* shows that girls have an easier time buying cigarettes than boys, even at the youngest ages.<sup>5</sup>

### Health Effects

- In 1997, nearly 165,000 U.S. women died of smoking related diseases. Since the Surgeon General's Report on Women and Smoking was released in 1980, about three million women in the United States have died prematurely of smoking related diseases.<sup>6</sup>
- As with men, smoking by women is strongly linked to heart disease and lung cancer, but women smokers also face increased risks of cervical cancer and osteoporosis.<sup>7</sup>
- In the 1980s, lung cancer overtook breast cancer as the leading cause of cancer death of women.<sup>8</sup> Since 1950, lung cancer mortality rates for women have increased 600%.<sup>9</sup>
- Cigarette smoking doubles the risk of coronary heart disease and accounts for more than 80 percent of lung cancers in women.<sup>10</sup>

- The reproductive side effects of smoking cigarettes include spontaneous abortions, stillbirths, premature menopause, infertility, and low birth weight.<sup>11</sup> Nevertheless, an estimated one in five pregnant women smoke.<sup>12</sup>
- Smoking as few as five cigarettes per day can reduce the lung function growth of both boys and girls during adolescence, with teenage girls being particularly vulnerable. By age 18, teenage girls who do not take up smoking are likely to reach and maintain a higher maximal lung function than their smoking counterparts.<sup>13</sup>
- Women have a more difficult time quitting smoking than men.<sup>14</sup> They have lower cessation rates, and girls and women aged 12-24 are more likely to report being unable to cut down on smoking than men and boys the same age.<sup>15</sup>
- Girls and women are significantly more likely than boys to report feeling dependent on cigarettes and are more likely to report feeling sad, blue, or depressed during quit attempts.<sup>16</sup>

### **Tobacco Companies Target Women And Girls**

- Cigarette companies first began targeting women in the 1920s to recruit female smokers, equating smoking with freedom and emancipation.<sup>17</sup>
- Women continue to be a target of the cigarette companies. Cigarette advertising and promotions continue to use themes of empowerment and sophistication. The cigarette companies spent more than \$8.24 billion in advertising and promotion in 1999, a 22.3 percent increase over the \$6.73 billion spent in 1998. This is the largest increase in dollar terms since the Federal Trade Commission began tracking industry sales and advertising in 1970.<sup>18</sup>
- The National Center for Health Statistics National Health Interview Survey shows an abrupt increase in smoking initiation among girls around 1967 – the same time advertisements for brands specifically targeted at women entered the market.<sup>19</sup>
- Six years after the introduction of Virginia Slims and other brands aimed at the female market, the rate of smoking initiation of 12-year-old girls had increased by 110 percent. Increases among teenage girls of other ages were also substantial.<sup>20</sup>
- In recent years, tobacco companies have targeted young women by offering product tie-ins, such as Philip Morris' "Woman Thing Music," a series of promotional pop concerts featuring young female artists and compact discs available only with the purchase of cigarettes; and "Virginia Slims Wear," a clothing line targeted at young women and available through catalogues with Virginia Slims proof of purchase coupons.
- Marketing cigarettes as "slims" or "thins" plays into social pressures on young women to control their weight, manage stress and appear grown-up. One study found that girls who had dieted up to once per week had twice the odds of becoming smokers and girls who dieted more often had four times the odds of becoming smokers.<sup>21</sup>

### **Environmental Tobacco Smoke, Women, and Kids**

- Studies rank environmental tobacco smoke (ETS) – also known as secondhand smoke or passive smoking – as the third leading cause of preventable death in the United States, after active smoking and alcohol use, with an estimated 53,000 deaths annually.<sup>22</sup> About half of these deaths occur from exposure in the workplace.<sup>23</sup>
- Exposure to tobacco smoke can be as much as five times higher in restaurants than at other workplaces,<sup>24</sup> where approximately 80 percent of waitstaff and 53 percent of bartenders are female.<sup>25</sup>
- Research shows that ETS exposure caused by parental smoking, especially the mother's, contributes to 150,000 to 300,000 cases of lower respiratory tract infection (pneumonia, bronchitis and other infections) in infants and children under 18 months of age annually; 7,500 to 15,000 of these cases require hospitalization.<sup>26</sup>
- A 1997 study reported in *The Archives of Pediatrics and Adolescent Medicine* claims that 6,200 children die each year in the United States from lung infections, low birth weight, Sudden Infant Death Syndrome (SIDS) and burns caused by their parents' smoking. The researchers also estimate that 5.4 million children each year survive other ailments such as ear infections and asthma that were caused by parental smoking, and that treatment costs run to \$4.6 billion annually.<sup>27</sup> ETS exposure in utero and in infancy can alter lung function and structure and create other changes that predispose children to long-term pulmonary risks.<sup>28</sup>
- In the United States, SIDS, the primary cause of death in infants between the ages of one month and one year, is strongly linked with maternal smoking. This risk is independent of other known risk factors for SIDS, including low birth weight and low gestational age, both of which are specifically associated with smoking during pregnancy.<sup>29</sup>

***The National Center for Tobacco-Free Kids, March 28, 2001***

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<sup>1</sup> U.S. Centers for Disease Control and Prevention (CDC). "Cigarette Smoking Among Adults – United States, 1998," *Morbidity and Mortality Weekly Report (MMWR)*, 2000, Vol. 49, No. 39.

<sup>2</sup> National Health Institute Survey, 1998; 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, Public Health Service, Office of the Surgeon General; Washington, DC 2001.

<sup>3</sup> CDC, "Youth Risk Behavior Surveillance – United States, 1999," *MMWR*, 9 June 2000, Vol. 49, No. SS-5.

<sup>4</sup> The University of Michigan, Institute for Social Research, *Monitoring the Future Study*, 2000.

<sup>5</sup> Klonoff, E.A., Ladrine, H. & Alcaraz, R., "An Experimental Analysis of Sociocultural Variables in Sales of Cigarettes to Minors," *American Journal of Public Health*, 1997, Vol. 17, No. 5.

<sup>6</sup> 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, Public Health Service, Office of the Surgeon General; Washington, DC 2001.

<sup>7</sup> Husten C.G., et al., "Trends and Effects of Cigarette Smoking among Girls and Women in the United States, 1965-1993" *Journal of the American Medical Women's Association (JAMWA)*, 1996, Vol. 51, No. 1 & 2.

<sup>8</sup> CDC, "Mortality Trends for Selected Smoking Related Cancers and Breast Cancers – United States, 1950-1990," *MMWR*, 12 November 1993, Vol. 42, No. 44.

<sup>9</sup> 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, Public Health Service, Office of the Surgeon General; Washington, DC 2001.

<sup>10</sup> Thun, M., "Mixed progress against lung cancer," *Tobacco Control* 7:223-226 (1998); French, S.A. & Perry, C.L., "Smoking Among Adolescent Girls: Prevalence and Etiology," *JAMWA* 51(1 & 2) (1996).

<sup>11</sup> Stein Z., "Smoking and Reproductive Health," *JAMWA*, 1996, Vol. 51, No. 1 & 2.

<sup>12</sup> Husten, C.G., Chrismon, J.H. & Reddy, M.N., "Trends and Effects of Cigarette Smoking among Girls and Women in the United States, 1965-1993," *JAMWA*, 1996, Vol. 51, No. 1 & 2.

<sup>13</sup> Gold D., et al., "Effects of Cigarette Smoking on Lung Function in Adolescent Boys and Girls," *The New England Journal of Medicine*, 26 September 1996.

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<sup>14</sup> CDC, "Surveillance for Selected Tobacco-Use Behaviors – United States, 1900-1994," *MMWR*, 18 November 1994, Vol. 43, No. SS-03.

<sup>15</sup> U.S. Department of Health and Human Services (USDHHS). *Preventing Tobacco Use Among Young People: A Report of the Surgeon General*, Atlanta, GA: Public Health Service, CDC, Office on Smoking and Health, 1994.

<sup>16</sup> *Ibid.*

<sup>17</sup> *Ibid.*

<sup>18</sup> U.S. Federal Trade Commission (FTC), *Cigarette Report for 1999* (2001).

<sup>19</sup> Pierce J.P., Lee L., Gilpin E.A., "Smoking initiation by adolescent girls, 1944 through 1988: An association with targeted advertising," *JAMA*, 1994, Vol. 271, No. 8.

<sup>20</sup> *Ibid.*

<sup>21</sup> Austin, S, Gortmaker, S. "Dieting and Smoking Initiation in Early Adolescent Girls and Boys: A Prospective Study," *American Journal of Public Health* 2001;91:446-450.

<sup>22</sup> Glantz S.A. & Parmley W., "Passive smoking and heart disease. Epidemiology, physiology, and biochemistry," *American Heart Association Circulation*, 1991, Vol. 83, No. 1;

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<sup>23</sup> Repace, J.L. & Lowrey, A.G. "Risk assessment methodologies for passive smoking-induced lung cancer," *Risk Analysis*, 1990, Vol. 10, No. 1.

<sup>24</sup> Siegel M., "Smoking and Restaurants: A Guide for Policy-Makers," Berkeley, CA: University of California, September 1992.

<sup>25</sup> *Statistical Abstract of the United States; 1994*. Washington, DC: U.S. Department of Commerce, Economics and Statistics Administration, Bureau of the Census; 1994.

<sup>26</sup> National Cancer Institute, National Institute of Health.

<sup>27</sup> Aligne C.A., Stoddard J.J., "Tobacco and children. An economic evaluation of the medical effects of parental smoking," *Archives of Pediatric and Adolescent Medicine*, July 1997, Vol. 151, No. 7.

<sup>28</sup> *Ibid.*

<sup>29</sup> National Cancer Institute, National Institute of Health.