



Women and Smoking

An epidemic of smoking-related cancer and disease in women

In March 2001, the Office of the US Surgeon General released a long-awaited, detailed report called *Women and Smoking*, along with this statement:

When calling attention to public health problems, we must not misuse the word “epidemic.” But there is no better word to describe the 600-percent increase since 1950 in women’s death rates for lung cancer, a disease primarily caused by cigarette smoking. Clearly, smoking-related disease among women is a full-blown epidemic.

– David Satcher, MD, PhD

Smoking is the most preventable cause of early death in this country. According to the Centers for Disease Control and Prevention (CDC), smoking-related diseases cause the deaths of nearly 174,000 women in the United States each year. On average, women who smoke die 14.5 years sooner than non-smokers.

The most recent CDC survey (from 2010) showed that more than 1 in 6 American women aged 18 years or older (17.3%) smoked cigarettes. The highest rates were seen among American Indian/Alaska Native women (36%) followed by multi-racial women (23.8%), then white (19.6%), African-American (17.1%), Hispanic (9%), and Asian women (4.3%). In general, the less education a woman has, the more likely it is she will smoke. For instance, women with less than a high school education are more than twice as likely to smoke as college graduates.

Overall, women are less likely to smoke than men. But smoking is more popular among younger than older women. Nearly 20% of women ages 25 to 44 smoke. If these younger women continue to smoke as they get older, they will have more smoking-related illness and disability. Smoking rates are somewhat lower among women aged 18 to 24, about 17%. Less than 10% of women age 65 and over smoke.

Women who smoke often begin as teenagers — before high school graduation. And the younger a girl is when she starts, the more heavily she is likely to use tobacco as an adult. The most recent CDC surveys showed that 15% of 9th-grade girls had smoked at least one cigarette in the past 30 days. By 12th grade, it was more than 22%. As early as middle school, nearly 5% of girls had smoked one or more cigarettes in the past 30 days. It's not just cigarettes, either; nearly 10% of 12th grade girls reported that they had smoked at least one cigar in the past month. And more than 26% of the senior girls had used some form of tobacco in the past month.

How can smoking affect your health?

Cancers

Tobacco use accounts for nearly 1 in 3 cancer deaths. Tens of thousands of women will die this year from lung cancer, which has shot past breast cancer as the leading cause of cancer death in women. About 80% of these lung cancer deaths will be due to smoking.

Not only does smoking increase the risk for lung cancer, it's also a risk factor for cancers of the:

- Mouth
- Larynx (voice box)
- Pharynx (throat)
- Nose and sinuses
- Lips
- Esophagus (swallowing tube)
- Kidney
- Cervix
- Bladder
- Pancreas
- Stomach
- Ovary (mucinous)
- Colon/rectum

Smoking is also linked to acute myeloid leukemia.

Smoking raises your risk of heart disease and stroke

Women who smoke greatly increase their risk of heart disease (the leading killer among women) and stroke. Risk goes up with the number of cigarettes smoked and the length of time a woman has been smoking. Even though most of the women who die of heart disease are past menopause, smoking increases the risk more in younger women than in older women. Studies suggest that smoking cigarettes increases the risk of heart disease even more among younger women who are also taking birth control pills.

Smoking damages your lungs

Smoking damages the airways and small air sacs in the lungs. This can cause chronic coughing, wheezing, trouble breathing, and long-term lung disease. More than 75% of deaths due to chronic bronchitis and emphysema — together these are known as chronic obstructive pulmonary disease (COPD) — are caused by smoking. The risk of COPD goes up with the number of cigarettes smoked each day and with the length of time a woman has been smoking. Female smokers aged 35 or older are almost 13 times more likely to die from emphysema or bronchitis than those who have never smoked. Smoking “low tar” or “light” cigarettes does not reduce these risks, or any of the other health risks of tobacco.

The lungs grow more slowly in teenage girls who smoke. And adult women who smoke start losing lung function in early adulthood.

Smoking causes other health problems

Smoking can cause or worsen poor blood flow in the arms and legs (a condition known as *peripheral vascular disease* or *PVD*). This can limit everyday activities such as walking, and lead to open sores that won't heal. Even worse, surgery to improve the blood flow often fails in people who keep smoking. This is why many doctors who operate on blood vessels (vascular surgeons) won't do certain surgeries on patients with PVD unless they stop smoking. Stopping smoking lowers a woman's risk of PVD. In people who already have PVD, quitting smoking improves the odds that PVD treatments will work.

Women who smoke, especially after going through menopause, have lower bone density (thinner bones). This means they have a higher risk for broken bones, including hip fracture, than women who do not smoke. They may also be at higher risk for getting rheumatoid arthritis and cataracts (clouding of the lenses of the eyes), as well as age-related macular degeneration, which can cause blindness.

Smoking affects your reproductive health

Tobacco use can damage a woman's reproductive health. Women who smoke are more likely to have trouble getting pregnant. Smokers tend to be younger at the start of menopause than non-smokers and may have more unpleasant symptoms while going through menopause.

Smoking can also cause problems during pregnancy that can hurt both mother and baby. Smokers have a higher risk of the placenta (the organ that protects and nourishes the growing fetus) growing too close to the opening of the uterus. Smokers are also more likely to have early membrane ruptures and placentas that separate from the uterus too early. Serious bleeding, early delivery (premature birth), and emergency Caesarean section (C-section) may result from these problems. Smokers are more likely to have miscarriages and stillbirths, too.

Smoking can affect your baby's health

First of all, up to 5% of infant deaths could be prevented if pregnant women did not smoke.

More than 10% of women smoke throughout their pregnancies – some studies put the number at 15% or higher, although it varies by age. Pregnant teens (ages 15 to 17) smoke at the highest rate, with over 20% smoking in the past month.

Smoking is linked to an increased risk of early delivery and infant death. Babies born to smokers have a slightly higher risk of heart defects, cleft lip or palate, and possibly other birth defects compared to babies born to non-smokers. Research also suggests that babies of mothers who smoke during and after pregnancy are 3 to 4 times more likely to die from sudden infant death syndrome (SIDS) than babies born to non-smoking mothers. The risk of SIDS is somewhat less for infants whose mothers stop smoking during pregnancy, even if they start smoking again after delivery. But infants of non-smoking mothers have the lowest risk of SIDS.

Of the women who are able to stop smoking during pregnancy, only 1 out of 3 are still not smoking a year after the delivery.

Smoking during pregnancy causes low birth-weight in at least 1 in 5 infants. This is because smoking during pregnancy slows fetal growth, often causing babies to have health problems as a result of being born underweight. Women who stop smoking before they get pregnant reduce their risk of having a low birth weight baby to that of women who never smoked. Women who quit during the first 3 to 4 months of pregnancy are less likely to have low birth-weight babies than those who keep smoking.

Many women are able to quit smoking during early pregnancy. But women who have mood disorders, such as depression, often find it much harder to quit. Researchers have learned that between one-third and one-half of women who smoke during pregnancy have a mood disorder. It can be harder for pregnant women to find treatment for depression, anxiety, or nicotine withdrawal with medicines because of concerns about the drugs hurting the fetus. Counseling or mental health therapy may help some of these women. If the woman is unable to quit smoking with therapy, she might want to talk with her doctor about other things she can try.

After a baby is born, nicotine and other substances in tobacco smoke can also be passed on through breast milk. This can affect a baby right away. For instance, infants who were breast-fed by mothers who smoked slept for a full half-hour less than when the mothers

didn't smoke (this was measured over 3½ hours right after breast-feeding). It is better not to smoke while breastfeeding. But even when the mother smokes, breast-feeding is still thought to be healthier for the baby than bottle feeding. And women who can't quit right away can do other things to reduce the baby's exposure:

- Make the entire home smoke-free
- Smoke right after breast-feeding rather than before
- Cut back on smoking as much as possible

If you managed to quit smoking while you were pregnant, don't pick up the habit again after your baby is born. When you find yourself tempted to start back, get help right away. And keep in mind that parents who smoke are more likely to have children who smoke. So if you stay quit your child stands a better chance of never starting.

Secondhand smoke can affect your children's health

A 2004 study showed that more than 1 out of every 10 children under the age of 6 in the United States breathes secondhand smoke at home at least 4 days per week. Studies show that older children whose parents smoke get sick more often. They have bronchitis and pneumonia more often, and they cough and wheeze more. Secondhand smoke can also trigger an asthma attack, make asthma symptoms worse, and even cause new cases of asthma in kids who had not shown symptoms before. More than 40% of children who go to the emergency room for asthma live with smokers. A severe asthma attack can be deadly.

Children who live with parents who smoke also get more ear infections. This often causes fluid to build up in their ears and they may need surgery to have ear tubes placed for drainage. Some of these problems may seem small, but they add up quickly: think of the expenses, doctor visits, medicines, lost school time, and often lost work time for the parent who must stay home with a sick child. And this doesn't include the discomforts that the child goes through.

The Surgeon General's report: Secondhand smoke kills people who don't smoke, and makes others sick

Environmental tobacco smoke (ETS), also known as secondhand smoke, also has been shown to increase the risk of lung cancer. The 2006 Surgeon General's report on secondhand smoke stated that:

- Many millions of Americans, both children and adults, are exposed to secondhand smoke in their homes and workplaces, even though there has been a great deal of progress in tobacco control.
- Secondhand smoke causes premature death and disease in children and adults who do not smoke.

- Children exposed to secondhand smoke are at an increased risk for sudden infant death syndrome (SIDS), respiratory infections, ear problems, and more severe asthma.
- Smoking by parents causes breathing (respiratory) symptoms and slows lung growth in their children.
- Secondhand smoke immediately is harmful to the heart, blood vessels, and blood circulation. Over time it can cause heart disease, strokes and heart attacks.
- The scientific evidence shows there is no safe level of exposure to secondhand smoke. Any exposure is harmful.
- The only way to fully protect non-smokers from exposure to secondhand smoke indoors is to prevent all smoking in that indoor space or building. Even separating smokers from non-smokers, cleaning the air, and ventilating buildings cannot keep non-smokers from being exposed to secondhand smoke.

Kicking the habit

More than 70% of women say they want to quit smoking. More than half report having tried to quit in the past year. The chance of quitting and staying quit is about the same for both men and women, but there may be some ways women are different (see the section below, “Differences between women and men”).

Quitting can help reduce the risk of many of the health effects listed above. The risk of heart disease is greatly reduced just 1 to 2 years after quitting. The risk of stroke can return to that of a non-smoker within 2 to 5 years after quitting.

Many women are afraid to quit for fear of gaining weight. Some women who quit smoking do add a few pounds, mostly in the first year. Figures vary, but women gain an average of around 10 pounds after quitting. This amount of weight gain can usually be controlled through diet and exercise. And the health benefits of quitting are much greater than any problems posed by a small weight gain.

Differences between women and men

Some studies have shown there may be differences in men and women who are trying to quit smoking. A few studies, for instance, found that nicotine replacement therapies seemed to help men more than women. Studies of other medicines, such as bupropion (Zyban[®]) and varenicline (Chantix[®]) have not found such a difference — men and women had the same success rates. Some of these studies used counseling or group support, which seemed to help both men and women quit and stay quit.

There is also a question about how monthly hormone changes can affect pre-menopausal women as they are quitting smoking. Study results have been mixed about whether it works better for women to try and quit during the first or last parts of their menstrual cycles. Most of the studies seem to support the idea that women may have stronger urges

to smoke just before their menstrual periods are due to start. This is about the same time women may have pre-menstrual symptoms. Because of this, some experts recommend that women quit smoking after the pre-menstrual symptoms have passed. If you choose to do this, you may want to make a plan to deal with any pre-menstrual urges to smoke that may show up 2 or 3 weeks later.

Get help to quit

You don't have to do it alone. In fact, quitting tools such as phone-based quitting programs, support groups, and medicines can double your chances of quitting and staying quit. For more information, see our document called *Guide to Quitting Smoking*, as well as our other publications listed below. Or call us at 1-800-227-2345.

To learn more

More information from your American Cancer Society

The following information may also be helpful to you. These may be read on our Web site or you can order free copies from our toll-free number.

If you or someone you care about is trying to quit

Guide to Quitting Smoking (also in Spanish)

Increase Your Chances of Quitting Smoking (also in Spanish)

Quitting Smoking: Help for Cravings and Tough Situations (also in Spanish)

Living Smoke-free for You and Your Baby (also in Spanish)

Set Yourself Free: Deciding How to Quit – A Smoker's Guide (also in Spanish)

Helping a Smoker Quit: Do's and Don'ts

More on smoking and health

Questions About Smoking, Tobacco, and Health (also in Spanish)

Secondhand Smoke (also in Spanish)

Cigarette Smoking (also in Spanish)

National organizations and Web sites*

Along with the American Cancer Society, other sources of information and support for quitting smoking include:

Women.smokefree.gov

Web site: <http://women.smokefree.gov>.

An online resource that offers free, accurate, evidence-based information and professional help to support women trying to quit smoking. Discusses how smoking relates to pregnancy, relationships, stress, and other issues that may be harder for women

Nicotine Anonymous

Toll-free number: 1-877-879-6422 (1-877-TRY-NICA)

Web site: www.nicotine-anonymous.org

Offers free support groups that use a 12-step program to quit and stay quit

Centers for Disease Control and Prevention**Office on Smoking and Health**

Toll-free number: 1-800-232-4636 (1-800-CDC-INFO)

Free quit support line: 1-800-784-8669 (1-800-QUIT-NOW)

TTY: 1-800-332-8615

Web site: www.cdc.gov/tobacco

Offers information on smoking and quitting, as well as tobacco cessation phone support at the 1-800-QUIT-NOW number.

Environmental Protection Agency (EPA)

Telephone: 202-272-0167

Web site: www.epa.gov

Has advice on how to protect children from secondhand smoke, a Smoke-free Homes Pledge, and other tobacco-related materials on the direct Web site, www.epa.gov/smokefree, or at 1-866-766-5337 (1-866-SMOKE-FREE)

US Department of Health and Human Services Office on Women's Health**National Women's Health Information Center**

Toll-free number: 1-800-994-9662

TDD: 1-888-220-5446

Web site: www.womenshealth.gov

Has information on many different women's health issues and can connect women to other information resources

American Heart Association

Toll-free number: 1-800-242-8721 (1-800-AHA-USA-1)

Web site: www.americanheart.org

Quitting tips and advice can be found at www.everydaychoices.org or by calling 1-866-399-6789

**Inclusion on this list does not imply endorsement by the American Cancer Society.*

No matter who you are, we can help. Contact us anytime, day or night, for information and support. Call us at **1-800-227-2345** or visit www.cancer.org.

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