



What Is Needed to Reduce Smoking Among Women

- **Increase awareness of the devastating impact of smoking on women's health. Smoking is the leading known cause of preventable death and disease among women** — In 1997, smoking accounted for about 165,000 deaths among U.S. women. In 1987, lung cancer became the leading cause of cancer death among women, and by 2000, about 27,000 more women in the United States died of lung cancer (about 68,000) than of breast cancer (about 41,000).
- **Expose and counter the tobacco industry's deliberate targeting of women and decry its efforts to link smoking, which is so harmful to women's health, with women's rights and progress in society** — In 1999, tobacco companies spent more than \$8.24 billion – or more than \$22.6 million a day – to advertise and promote cigarettes. To sell its products, the tobacco industry exploits themes of success and independence, particularly in its advertising in women's magazines.
- **Encourage a more vocal constituency on issues related to women and smoking** — Taking a lesson from the success of advocacy to reduce breast cancer, we must make concerted efforts to call public attention to the toll of lung cancer and other smoking-related diseases on women's health. Women affected by tobacco-related diseases and their families and friends can partner with women's and girls' organizations, women's magazines, female celebrities, and others — not only in an effort to raise awareness of tobacco-related disease as a women's issue, but also to call for policies and programs that deglamorize and discourage tobacco use.
- **Recognize that nonsmoking is by far the norm among women** — Publicize that most women are nonsmokers. Nearly four-fifths of U.S. women are nonsmokers, and in some subgroup populations, smoking is relatively rare (e.g., only 11.2% of women who have completed college are current smokers, and only 5.4% of black high school seniors girls are daily smokers). It is important to recognize that among adult women, those who are most empowered, as measured by educational attainment, are the least likely to be smokers. Moreover, most women who smoke want to quit.
- **Conduct further studies of the relationship between smoking and certain outcomes of importance to women's health** — Additional research is needed to explore these issues:
 - The link between exposure to environmental tobacco smoke and the risk of breast cancer.
 - Cigarette brand variations in toxicity and whether any of these possible variations may be related to changes in lung cancer histology during the past decade.
 - Changes in tobacco products and whether increased exposure to tobacco-specific nitrosamines may be related to the increased incidence rates of adenocarcinoma (malignant glandular tumor) of the lung.
 - Health effects of smoking among women in the developing world.
- **Encourage the reporting of gender-specific results from studies of influences on smoking behavior, smoking prevention and cessation interventions, and the health effects of tobacco use, including use of new tobacco products** — Research is needed to better understand and to reduce current disparities in smoking prevalence among women of different groups as defined by socioeconomic status, race, ethnicity, and sexual orientation. Women with only 9 to 11 years of education are about three times as likely to be smokers as are women with a college education. American Indian or Alaska Native women are much more likely to smoke than are Hispanic women and Asian or Pacific Islander women. Among teenage girls, white girls are much more likely to smoke than are African-American girls.
- **Determine why, during most of the 1990s, smoking prevalence declined so little among women and increased so markedly among teenage girls** — This lack of progress is a major concern and threatens to prolong the epidemic of smoking-related diseases among women. More research is needed to determine the influences that encourage many women and girls to smoke even in the face of all that is known of the dire health consequences of smoking. If, for example, smoking in movies by female celebrities promotes smoking, then discouraging such practices as well as engaging well-known actresses to be spokespersons on the issue of women and smoking should be a high priority.
- **Develop a research and evaluation agenda related to women and smoking** — Research agendas should focus on these issues:
 - Determining whether gender-tailored interventions increase the effectiveness of various smoking prevention and cessation methods.

- Documenting whether there are gender differences in the effectiveness of pharmacologic treatments for tobacco cessation.
 - Determining which tobacco prevention and cessation interventions are most effective for specific subgroups of girls and women.
 - Designing interventions to reduce disparities in smoking prevalence across all subgroups of girls and women.
- ***Support efforts, at both individual and societal levels, to reduce smoking and exposure to environmental tobacco smoke among women*** — Tobacco-use treatments are among the most cost-effective of preventive health interventions at the individual level, and they should be part of all women's health care programs. Health insurance plans should cover such services. Societal strategies to reduce tobacco use and exposure to environmental tobacco smoke include counter-advertising, increasing tobacco taxes, enacting laws to reduce minors' access to tobacco products, and banning smoking in work sites and in public places.
 - ***Enact comprehensive, statewide tobacco control programs proven to be effective in reducing and preventing tobacco use*** — Results from states such as Arizona, California, Florida, Maine, Massachusetts, and Oregon show that science-based tobacco control programs have successfully reduced smoking rates among women and girls. California established a comprehensive statewide tobacco control program more than 10 years ago, and is now starting to observe the benefits of its sustained efforts. Between 1988 and 1997, the incidence rate of lung cancer among women declined by 4.8% in California, but increased by 13.2% in other regions of the United States.
 - ***Increase efforts to stop the emerging epidemic of smoking among women in developing countries*** — Strongly encourage and support multinational policies that discourage the spread of smoking and tobacco-related diseases among women in countries where smoking prevalence has traditionally been low. It is urgent that what is already known about effective means of tobacco control at the societal level be disseminated throughout the world.
 - ***Support the World Health Organization's Framework Convention for Tobacco Control (FCTC)*** — The FCTC is an international legal instrument designed to curb the global spread of tobacco use through specific protocols – currently being negotiated – that relate to tobacco pricing, smuggling, advertising, sponsorship, and other activities.