

Smoking Is a Women's Issue

"...the sobering reality is that smoking remains the leading cause of preventable death and disease in our nation, and those who suffer the most are poor Americans, minority populations, and young people. Although our knowledge remains imperfect, we know more than enough to address the tobacco control challenges of the 21st century."

David Satcher, M.D., Ph.D.
U.S. Surgeon General

This year alone, lung cancer will kill nearly 68,000 U.S. women—far more deaths than from breast cancer. Many thousands more women will die prematurely from smoking-related diseases, such as heart and respiratory conditions.

Mortality statistics like these support the grim conclusion that smoking-related disease among women is a full-blown epidemic. *Women and Smoking: A Report of the Surgeon General* (www.surgeongeneral.gov/library/womenandtobacco/) makes its overarching theme clear—smoking is a women's issue. Its prevention message is equally clear: Smoking is the leading known cause of **preventable** death and disease among women.

Released earlier this year, the report summarizes what is known about smoking among women, risk factors, consequences, and effective interventions (see *86 Consequences and Counting*). It follows a 1980 Surgeon General's report on women and tobacco and has

been the focus of educational and informational efforts by dozens of anti-tobacco, women's health, and health-related voluntary and professional organizations (see *Resources*).

Nearly 40 years have passed since the first Surgeon General's report on the adverse health effects of tobacco use was released in 1964 (see *Key Documents on the Web*). Scientific knowledge continues to grow, with the effects of tobacco use reported in more and more areas. Recent studies have linked smoking or secondhand smoke in some way to breast cancer,

depression, attention deficit/hyperactivity disorder, sudden infant death syndrome, infertility, and various respiratory diseases, especially asthma in certain racial and ethnic populations.

Women who smoke experience gender-specific health consequences, including increased risk of various adverse reproductive outcomes. Smoking during pregnancy has adverse health effects. Infants born to women exposed to secondhand tobacco smoke during pregnancy face risks, including decreased birth weight.

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SPOTLIGHT

OK, Prevention Fans: Here's the Pitch

Established in 1994, the National Spit Tobacco Education Program™ (NSTEP) (www.nstep.org/mission.html) is a successful collaboration by Oral Health America with an array of partners to inform the public that:

- Spit tobacco is NOT a harmless alternative to smoking.
- Spit tobacco can lead to cancer.

Partners include Major League Baseball (MLB), the Major League Baseball Players Association, the National Cancer Institute, the National Institute of Dental and Craniofacial Research, the Professional Baseball

Athletic Trainers Society, the Centers for Disease Control and Prevention (CDC), American Medical Association's Smokeless States program, and the American Baseball Coaches Association.

With a \$4.8 million grant from the Robert Wood Johnson Foundation for 2001-2003, NSTEP is building on successful efforts with MLB by expanding partnerships with minor league baseball and youth baseball leagues and by working with the Crown Council, an organization of over 1,500 dental practices. These dental practices have stepped up to the plate and are providing oral exams

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The evidence that prevention works is compelling, too. Effective tobacco control strategies exist to:

- Increase awareness of the lethal impact of tobacco on women.
- Encourage young women NOT to start smoking. (Nearly 25 percent of teenage girls in this country start smoking by their senior year of high school.)
- Counter the tobacco industry's targeting of women.
- Promote the benefits of smoking cessation—for all ages.

One very critical strategy is embodied in prevention itself: Publicize that most women are nonsmokers. This message is especially important in reaching young women—high school girls believe smoking among their peers is higher than it actually is. Knowing that it is cool NOT to smoke helps build their resistance. “It is easier not to START than it is to STOP,” says cover model/entrepreneur Christy Turlington in communicating a smoke-free message to teens for the Centers for Disease Control and Prevention (CDC) (www.cdc.gov/tobacco/christy/). CDC's countermarketing campaign is offering free posters and a TV spot, because “we need your help to let students know the real deal about tobacco.”

The real deal about tobacco is not a good deal for women...or for men either. Or, for youth (see *Spotlight*).

But, as the Surgeon General's report proclaims, we can “Act now. We know more than enough.” In addition to the prevention strategies cited above, these four global acts are recommended:

- Support efforts, at both individual and societal levels, to reduce smoking and exposure to secondhand tobacco smoke among women.
- Enact comprehensive statewide tobacco control programs—because they work.
- Do everything possible to thwart the emerging epidemic of smoking among women in developing countries.
- Encourage all national governments to strongly support the World Health Organization's Framework Convention for Tobacco Control.

See additional information following the *Notice* section.

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and cessation counseling, as well as support for public awareness activities and educational events with 140 minor league baseball teams. The council sponsors a toll-free number (1-866-ORAL HEALTH) that broadcasts baseball legend and NSTEP National Chairman Joe Garagiola's message on oral cancer screening. Both leagues are using the program to educate



Healthy People 2010 Objectives

Included in the 467 Healthy People 2010 objectives are 21 Tobacco Use objectives (www.health.gov/healthypeople/Document/HTML/Volume2/27Tobacco.htm). An additional 31 objectives are identified as related to Tobacco Use, including 4 in Cancer and 3 in Respiratory Diseases. Tobacco Use objectives cover four categories: tobacco use in population groups, cessation and treatment, exposure to secondhand smoke, and social and environmental changes.

86 Consequences and Counting

An entire chapter of *Women and Smoking: A Report of the Surgeon General* (www.surgeongeneral.gov/library/womenandtobacco/) is devoted to the health consequences of tobacco use among women. The chapter lists 86 facts beginning with total mortality (since 1997, approximately 165,000 women have died prematurely from a smoking-related disease), followed by such categories as lung cancer, reproductive outcomes, eye disease, and facial wrinkling. Secondhand tobacco smoke risks are included.

These facts represent the solidification of evidence put forth in the first Surgeon General's report devoted to women and smoking in 1980, which stated: “The first signs of an epidemic of smoking-related disease among women are now appearing.” The present report reviews “the now massive body of evidence on women and smoking—evidence that taken together compels the Nation to make reducing and preventing smoking one of the highest contemporary priorities for women's health.”

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players and help users quit. Regional dental schools and tobacco control programs are involved, as well as CDC's Impact programs at the State level.

As the only national program focusing on the health risks of spit tobacco use, NSTEP aims to prevent children from starting to use spit tobacco and to educate them about the adverse effects on oral and overall health. The program also is

credited with making significant strides in breaking the longstanding link between spit tobacco and baseball.

NSTEP has developed grassroots coalitions of teachers, coaches, dentists, and an array of volunteer groups that work together to integrate spit tobacco education and cessation into the existing tobacco control agendas.

Tobacco Use Prevention for Women on the Web

The National Women's Health Information Web site (www.4women.gov/QuitSmoking/index.cfm) has a new section, "A Breath of Fresh Air! Independence from Smoking," aimed at empowering women and girls, and the people they love, to breathe clean. Visitors can learn about the specific effects of smoking on health and how to overcome barriers to quit.

"TIPS...for kids, for teens, for adults...for everyone" announces the Tobacco Information and Prevention Source sponsored by the National Center for Chronic Disease Prevention and Health Promotion (www.cdc.gov/tobacco/). TIPS offers vast resources and links, as well as access to tobacco industry documents. In the spotlight currently is "Seven Deadly Myths," a 17-minute video that addresses some of the common myths about women and smoking. Excerpts are available online at www.thriveonline.oxygen.com/medical/smoking/7_myths/; for example, "Myth #5: It's better to smoke, because if I quit, I'll get fat."

The Surgeon General's site features materials and resources on tobacco cessation (www.surgeongeneral.gov/tobacco/default.htm). The Agency for Healthcare Research and Quality (www.ahrq.gov/consumer/index.html#smoking) provides "Help for Smokers: Ideas to Help You Quit" and a consumer guide, "You Can Quit Smoking."

Web sites hosted by the National Institutes of Health offer comprehensive information for consumers and health professionals. For example, the National Cancer Institute's CancerNet (<http://cancernet.nci.nih.gov>) presents the latest scientific evidence such as the results of the Community Intervention Trial for Smoking Cessation (COMMIT) study to assess a combination of community-based interventions designed to help smokers cease using tobacco. Among the offerings of the National Heart, Lung, and Blood Institute is a brochure on improving the cardiovascular health of African Americans, "Refresh Yourself! Stop Smoking" (www.nhlbi.nih.gov/health/public/heart/other/chdblack/refresh.htm). "Spitting into the Wind: The Facts about Dip and Chew" is posted on the National Institute of Dental and Craniofacial Research site (www.nidcr.nih.gov/health/pubs/index.asp). The National Institute of Environmental Health Sciences publishes "Asthma and Allergy Prevention" (www.niehs.nih.gov/airborne/prevent/alert.html).

Following the release of *Women and Smoking: A Report of the Surgeon General* (www.surgeongeneral.gov/library/womenandtobacco/), these national organizations hosted an educational briefing in Washington, DC: American Cancer Society, American Heart Association, American Legacy Foundation, American Lung Association, American

Medical Association, American Medical Women's Association, Campaign for Tobacco-Free Kids, National Coalition FOR Women AGAINST Tobacco, and the Robert Wood Johnson Foundation. All sponsor Web sites, including the Campaign for Tobacco-Free Kids, which hosts a special report titled "Smoking Is a Women's Issue" (<http://tobaccofreekids.org>). An additional 27 national organizations were named as

sponsor groups for the briefing, reflecting their support of "the goal of bringing an end to the scourge of smoking that endangers the health of women and girls." Many offer Web sites, including the American College of Chest Physicians, which has an award-winning speakers' kit on "Women & Girls, Tobacco and Lung Cancer" (www.chestnet.org/foundation/speakers.bureau/speakers.intro.html).

Key Documents on the Web

On January 11, 1964, Luther L. Terry, M.D., Surgeon General of the U.S. Public Health Service, released the report of the Surgeon General's Advisory Committee on Smoking and Health. That landmark document was America's first widely publicized official recognition that cigarette smoking is a cause of cancer and other serious diseases. The 367-page, brown-covered document, now referred to as the first *Surgeon General's Report on Smoking and Health*, has since been followed by a number of sentinel reports, all of which are available at www.cdc.gov/tobacco/sgrpage.htm.

Show Me the Money!

"Act Now: We Know More Than Enough" headlines one of the "A Vision for the Future" sections of *Women and Smoking: A Report of the Surgeon General* released this spring (www.surgeongeneral.gov/library/womenandtobacco/). Based on related findings and recommendations from the Centers for Disease Control and Prevention, the headline also should read: We Need To Spend Enough.

Three States have proven both points: California, Massachusetts, and now Arizona. Arizona's success story began in 1995 with a voter initiative that raised the tax on cigarettes

substantially (from \$.18 to \$.58) (www.cdc.gov/mmwr/preview/mmwrhtml/mm5020a2.htm) and allocated 23 percent of the resulting revenues to tobacco-control activities. Since 1996, Arizona has spent approximately \$30 million per year to support the Tobacco Education and Prevention Program (TEPP) (www.tepp.org/). Results include declines in current smoking among women, men, whites, and Hispanics and substantial declines in current smoking among low-income and low-education groups, indicating a narrowing of disparities in cigarette use.

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In Print

Nutrition and Overweight

New Spanish versions of popular **5 A Day brochures**, including *Snack Your Way to 5 A Day*, *Take the 5 A Day Challenge*, and the *5 A Day My Way* kids' brochure, are now available from the U.S. Department of Agriculture. Call the catalog department at 1-888-391-2100 or download a catalog at www.5aday.com.

Online

Access to Quality Health Services

A comprehensive report on methods used to track health status and quality of life has been published by the Centers for Disease Control and Prevention (CDC). *Measuring Healthy Days: Population Assessment of Health-Related Quality of Life* describes the validity and use of a set of health-related quality of life (HRQOL) survey measures developed by CDC and its partners. These measures are used to track population health status and HRQOL in States and local communities. The report is available online at www.cdc.gov/nccdphp/hrqol/.

Tracking HRQOL in populations can identify subgroups with poor health, identify unmet needs and disparities, and guide policies or broad community interventions to improve health. Health officials can use these measures and data to more fully assess the public's health and guide the overall

attainment of the Healthy People 2010 goals of increasing the quality and years of life and eliminating health disparities.

Educational and Community-Based Programs

The online Office of Educational Research and Improvement Clearinghouse on Rural Education and Small Schools recently added two new online directories that offer services, publications, and other **resources for educators of Latino and rural Americans**: www.ael.org/eric/latinoed and www.ael.org/eric/ruraled.

Environmental Health

The Environmental Protection Agency recently announced that the **Pesticide Product Label System (PPLS)** has been updated. The PPLS, found on the Web at www.epa.gov/pesticides/pestlabels/, is a collection of images, in multipage TIFF format, of pesticide labels that have been approved by the Office of Pesticide Programs under Section 3 of the Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA). The collection contains the initially approved label for pesticide products registered under FIFRA Section 3 as well as subsequent versions of labels that have changed via amendment or notification.

HIV

In June, the National Institutes of Health (NIH) launched a new Web site,

Tobacco Use

Dual Tobacco Use Among Native American Adults in Southeastern North Carolina. J.G. Spangler, et al. *Preventive Medicine*, 32(2001):521-528. Studying the special characteristics of a subculture or population can allow professionals to tailor prevention efforts using their knowledge of the population's unique epidemiology. This study examined the concurrent use of smokeless tobacco and cigarettes in the Lumbee Indians of North Carolina.

Variations in Treatment Benefits Influence Smoking Cessation: Results of a Randomized Controlled Trial. H.H. Schauffler, et al. *Tobacco Control*, 10(June 2001):175-180.

The Agency for Healthcare Research and Quality has recommended that the most effective tobacco dependence treatments should be included as benefits for all insured subscribers. This study examined the influence of offering benefit coverage for tobacco dependence treatment when the benefits were offered for 1 year.

High-Risk Behaviors Associated With Early Smoking: Results From a 5-Year Followup. P.L. Ellickson, et al. *Journal of Adolescent Health*, 28(June 2001):465-473.

Early adolescent smokers and experimenters often have other behavioral problems that correlate with their smoking behavior. This

study compared the high-risk behaviors of smokers (smoked more than three times in the past year or any time in the past month), experimenters (smoked fewer than three times in the past year and none in the past month), and nonsmokers in the 7th grade and again in the 12th grade.

Measures of Maternal Tobacco Exposure and Infant Birth Weight at Term. L.J. England, et al. *Journal of Epidemiology*, 153(2001):954-960.

It is estimated that as many as 800,000 infants are exposed in utero to maternal smoking. This study examined the relationship between urine cotinine levels, self-reported smoking, and infant birth weight at term; cotinine is an indicator of nicotine exposure. If a strong relationship among these factors could be established, reduction in smoking among pregnant women smokers would be a logical first step toward prevention of low birth weight.

Project Towards No Drug Abuse: Generalizability to a General High School Sample. C.W. Dent, et al. *Preventive Medicine*, 32(June 2001): 514-520.

Drug abuse prevention programs are usually designed either as universal prevention education for all teenagers or selective programs for a high-risk subpopulation or group. This study examined the effectiveness of generalizing a program designed for high-risk youth to the general population of high school teens.

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Meetings

Take ACTION for a Tobacco-Free Society—Research to Practice. Jackson, MS. (601)815-1180, or visit www.tobacco-news.com/tw3_event.asp?e=81. **September 23-26, 2001.**

American Academy of Family Physicians: Annual Scientific Assembly. Atlanta, GA. (800) 274-2237, or visit www.aafp.org/assembly/. **October 3-7, 2001.**

American College of Nutrition Annual Meeting. Orlando FL. (212)777-1037, e-mail office@am-coll-nutr.org, or visit www.am-coll-nutr.org. **October 4-7, 2001.**

Healthy People Consortium Meeting. Atlanta, GA. Visit www.health.gov/healthypeople/. **October 19, 2001.**

American Dietetic Association Annual Meeting: Food & Nutrition Conference & Exhibition 2001. St. Louis, MO. (202)775-8277 or visit www.eatright.org/fnce/. **October 20-23, 2001.**

American Public Health Association Annual Meeting. Atlanta, GA. (202)777-APHA, or visit www.apha.org/meetings/. **October 21-25, 2001.**

Internet Librarian 2001. Pasadena, CA. Visit www.info-today.com/il2001/default.htm. **November 6-8, 2001.**

American Heart Association: Scientific Sessions 2001. Anaheim, CA. (214)706-1543, or visit www.scientificsessions.org/. **November 11-14, 2001.**

American Academy of Family Physicians' Conference on Patient Education. Seattle, WA. To receive the conference brochure, call (800)944-0000 (order #A1970), e-mail pec@aafp.org, or visit www.aafp.org/pec/. **November 15-18, 2001.**

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In Their Own Words: NIH Researchers Recall the Early Years of AIDS (<http://aidshistory.nih.gov/>). The site features stories told in the transcripts of interviews conducted with physicians, scientists, nurses, and administrators involved in AIDS research at NIH. The site was launched to commemorate the 20th anniversary of the first report of AIDS.

Mental Health and Mental Disorders

Surgeon General David Satcher joined a coalition of public and private groups to unveil a national blueprint of goals and objectives to prevent suicide, the eighth leading cause of death in the United States. The document, **National Strategy for Suicide Prevention**, establishes 11 goals and 68 measurable objectives for

public and private sector involvement to prevent suicides and reduce suicide attempts. Suicide takes the lives of more than 30,000

Americans a year. The document is on the Web at www.mentalhealth.org/suicideprevention/nsspfinalreportfinal.pdf.

Show Me the Money!

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Cautioning that separating the effects of TEPP from price increases is difficult, CDC stated "that an adequately funded and comprehensive program can substantially reduce tobacco use overall and across diverse demographic groups." Arizona incorporates all nine components of CDC's recommended comprehensive tobacco-control program and spends 135 percent of CDC's funding recommendations. (For more details, see *Best Practices for Comprehensive Tobacco Control Programs* at www.cdc.gov/tobacco/research_data/

stat_nat_data/bestprac.pdf. Also see *Investment in Tobacco Control: State Highlights 2001* at www.cdc.gov/tobacco/statehi/statehi_2001.htm.)

The case for adequate funding levels takes on real significance when industry data are examined. According to CDC, 45 States made a total investment of \$883.2 million in tobacco prevention and control programs in fiscal year 2001, compared to the \$8.24 billion spent for domestic cigarette advertising and promotion, an increase of 22.3 percent from \$6.73 billion in 1998 (www.cdc.gov/tobacco/statehi/pdf_2001/2001statehighlights.pdf). These companies are

outstanding public health programs by more than seven to one.

According to *Reducing Tobacco Use: A Report of the Surgeon General* (www.cdc.gov/tobacco/sgr_tobacco_use.htm), if the strategies shown to be effective were fully implemented, the rates of tobacco use among young people and adults could be cut in half by 2010. When investment is lower than recommended, as reported by nearly two dozen States, little progress results. Tobacco control specialists are hopeful that many States will use funds from the Master Settlement Agreement for tobacco control and use prevention.

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No Smoke Doesn't Mean No Harm

Preventing the use of smokeless tobacco among youth represents an opportunity to multiply overall health promotion results. How? Smokeless tobacco users are more likely to become smokers. Tobacco acts as a “gateway drug” —smokers are more likely to use alcohol and other drugs. And, people who begin smoking at an early age are more likely to develop severe levels of nicotine addiction.

Unfortunately, young people tend to believe that smokeless tobacco—whether snuff or chewing tobacco—is less harmful than smoking. Actually, smokeless tobacco use can cause serious health problems—contributing to various cancers, oral diseases, tooth loss, and coronary heart disease. **Smokeless tobacco is not a safe alternative to smoking.** (See *Spotlight*.)

Current smokeless tobacco prevalence among middle school students was 2.7 percent in 1999—4.2 percent for males and 1.3 percent for females. At the high school level, male high school students (11.6 percent) were significantly more likely to use smokeless tobacco products than females (1.5 percent).

Preventing smokeless tobacco use is not just an opportunity; it's a challenge. According to the latest report of the Federal Trade Commission, more than \$127 million was spent on advertising and promotion for smokeless tobacco products in 1995; revenues increased to \$1.7 billion. Public entertainment, such as sponsorship of sporting events was the second largest spending category—\$26.7 million.

“Through with Chew” is the slogan the Centers for Disease Control and Prevention uses to tell kids and parents about the perils of smokeless tobacco (<http://www.cdc.gov/tobacco/sgr/sgr4kids/smokless.htm>). CDC presents the facts in kids' terms, calling the behavior “very disgusting,” because smokeless tobacco can stain teeth and cause bad breath, dizziness, hiccups, even vomiting.

Smoking at the Polls

Today, nearly all Americans (95 percent) believe cigarette smoking is harmful. When the Gallup Poll first asked the question about harm in 1949, 60 percent answered yes.

Public awareness of more specific smoking-related topics has shown similar increases in public opinion. Today, the vast majority of Americans believe smoking is one of the causes of lung cancer and heart disease (92 percent and 80 percent respectively in 1999, compared to 49 percent and 37 percent when the question was first posed in 1957).

Secondhand smoke has become a greater public concern, too. When the Gallup Poll asked the first question in 1994, only 36 percent of the sample considered secondhand smoke very harmful to adults. Three years later, the proportion jumped to 55 percent.