



BACKGROUND ON WOMEN & GIRLS AND TOBACCO

For decades, the tobacco industry has targeted women and girls with its marketing and advertising, with disastrous consequences for women's health. As a result, more than 170,000 women die of tobacco-caused diseases each year.¹ Since 1987, lung cancer has been the leading cancer killer among women. Heart disease is the overall leading cause of death among women, and smoking accounts for one of every five deaths from heart disease.² For many of the diseases caused by smoking, research has shown that women are at greater risk than men. Women also suffer gender-specific risks from tobacco, including harm to their reproductive health and complications during pregnancy.

Tobacco Industry Targeting of Women and Girls

The tobacco industry has a long history of targeting its advertising at women and girls dating back to the 1920s. This strategy intensified in 1968 when Philip Morris launched the first woman-specific brand, Virginia Slims, with its seductive "You've Come a Long Way Baby" advertising campaign. This and similar ad campaigns cynically equated smoking with independence, sophistication and beauty and preyed on the unique social pressures that women and girls face. These campaigns sought to take advantage of the impact that the women's liberation movement was having on the role and images of women in America. The marketing of cigarettes as "slims" or "thins" played into social pressures on young women to control their weight, manage stress, and appear grown up.

As women's concerns about the health risks of smoking grew, the tobacco companies in the 1970s began promoting "low tar" or "light" cigarettes to women as a "softer" or even "safer" option. Today, women smokers are more likely than their male counterparts to smoke light and ultra-light cigarettes (63 percent vs. 46 percent), and women are more likely than men to switch to these cigarettes.³

The tobacco industry continued to market these products despite being aware that the actual or implied health claims in their ads were either misleading or entirely false. In fact, studies have shown that the introduction of "lights" did not improve the public health and may have led to an increase in the incidence of disease caused by smoking. That is because the introduction of lights resulted in smokers switching to "light" cigarettes rather than quitting and compensated by smoking more, inhaling more deeply or blocking ventilation holes.⁴

The targeting of women and girls continues today. A more recent Virginia Slims' ad campaign told women that smoking could help them "Find Your Voice" until Philip Morris' chief executive agreed to remove the slogan in June 2000 after being questioned in the landmark Florida smokers' trial about whether it might be offensive to smokers with throat cancer.⁵ In 2008, Philip Morris launched a campaign to market Virginia Slims cigarettes in mauve and teal "purse packs" that are sleek, modern, compact and are sold in "Super Slim Lights" and "Super Slims Ultra Lights." Philip Morris' campaign targeting women and girls followed RJR's introduction of Camel No. 9 in 2007. Camel No. 9, a cigarette clearly aimed at girls and young women, has sleek packaging, flowery ads and the slogan "light and luscious."

The Consequences: An Epidemic of Addiction, Disease and Death

These tobacco industry marketing practices have had disastrous consequences for the health of women and girls. Six years after the introduction of Virginia Slims and other brands aimed at the female market, the smoking initiation rate of 12-year-old girls had increased by 110 percent. Increases among teenage girls of other ages were also substantial.⁶

Almost one out of every five high school girls is a current smoker (18.7 percent) and 17.4 percent of American adult women are current smokers.^{7,8} Altogether in the United States, more than 20 million adult women and more than 1.5 million girls currently smoke, putting their health at significant risk.

Cardiovascular disease: Cardiovascular disease, including heart attacks and strokes, is the overall leading cause of death among women, and smoking accounts for one of every five deaths from cardiovascular disease. Altogether, cardiovascular disease kills more than 450,000 women each year, more than the next 14 causes of death combined. Women who smoke are two to six times as likely to suffer a heart attack as non-smoking women, and women smokers have a higher relative risk of developing cardiovascular disease than men do.⁹

Lung Cancer: Lung cancer is the leading cancer killer among women, and smoking causes 80 percent of all lung cancer cases among women. Lung cancer death rates among women increased by more than 600 percent between 1950 and 2005. Women who smoke at the same rate as men are also at greater risk of developing lung cancer than men are.¹⁰

Other Cancers: Smoking causes 30 percent of all cancer deaths. Smoking is a known cause of cancer of the lung, larynx, oral cavity and esophagus and has been associated with bladder, kidney, pancreatic and stomach cancer. Women smokers have an increased risk of cervical and vulvar cancer.¹¹

Reproductive Health: The reproductive side effects of smoking include menstrual problems, reduced fertility and premature menopause. Smoking and exposure to secondhand smoke among pregnant women are a major cause of spontaneous abortions, stillbirths and sudden infant death syndrome and increase the risk of low-birth-weight babies and health and developmental problems of children born to these women. Nevertheless, more than one in ten pregnant women smoke.¹²

Ultimately, women also have a more difficult time quitting smoking than men do. 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.¹³

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¹ U.S. Centers for Disease Control and Prevention, "Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses – United States, 2000-2004," *Morbidity and Mortality Weekly Report (MMWR)* 57 (45), November 14, 2008 <http://www.cdc.gov/mmwr/PDF/wk/mm5745.pdf>

² 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; U.S. Department of Health and Human Services (HHS), *Reducing the Health Consequences of Smoking: 25 Years of Progress. A Report of the Surgeon General*, HHS Publication No. 89-8911, 1989.

³ Pillitteri, JL, Shiffman S, Rohay JM, Gitchell JG, Burton SL. Smokers beliefs about light and ultralight cigarettes are more fiction than fact. Poster presented at the Society for Research on Nicotine and Tobacco's Annual Meeting, March 23, 2001, Seattle, Washington; and Pillitteri, JL, et al., "Smokers beliefs about light and ultralight cigarettes," 2001; *Tobacco Control* 10(Suppl):i17-i23. and Giovino, G. et al., "Attitudes, Knowledge, and Beliefs About Low-yield Cigarettes Among Adolescents and Adults," in *The FTC Cigarette Test Method for Determining Tar, Nicotine, and Carbon Monoxide Yields of U.S. Cigarettes; Report of the NCI Expert Committee*. National Institutes of Health. National Cancer Institute. Smoking and Tobacco Control Monograph 7.

⁴ Stellman, S.D., et al., "Risk of Squamous Cell Carcinoma and Adenocarcinoma of the Lung in Relation to Lifetime Filter Cigarette Smoking," *Cancer* August 1997; 80(3): 382-88.

⁵ Fairclough, G, "Philip Morris Removes Slogan From Ads In Second Attempt Responding To Critics," *Wall Street Journal*, 12 June 2000.

⁶ 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.

⁷ U.S. Centers for Disease Control and Prevention (CDC), "Youth Risk Behavior Surveillance, United States, 2007," *Morbidity and Mortality Weekly Report (MMWR)*, June 6, 2008 57 SS-4 <http://www.cdc.gov/mmwr/pdf/ss/ss5704.pdf>.

⁸ U.S. Centers for Disease Control and Prevention (CDC), "Cigarette Smoking Among Adults – United States, 2007," *Morbidity and Mortality Weekly Report (MMWR)* 57(45), November 14, 2008 <http://www.cdc.gov/mmwr/PDF/wk/mm5745.pdf>.

⁹ U.S. Department of Health and Human Services (HHS), *Reducing the Health Consequences of Smoking: 25 Years of Progress. A Report of the Surgeon General*, HHS Publication No 89-8911, 1989, <http://profiles.nlm.nih.gov/NN/B/B/X/S/>; National Institutes of Health. *Health Heart Handbook for Women*. National Institutes of Health; National Heart, Lung and Blood Institute; Office of Prevention, Education and Control, NIH Publication No. 97-2720, 1997; U.S. Centers for Disease Control and Prevention, "Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses – United States, 2000-2004," *Morbidity and Mortality Weekly Report (MMWR)* 57 (45), November 14, 2008; Prescott E, Hippe M, Schnohr P et al. Smoking and risk of myocardial infarction in women and men: longitudinal population study. *British Medical Journal* 1998;316:1043-7.

¹⁰ U.S. Department of Health and Human Services (HHS), *The Health Consequences of Smoking. A Report of the Surgeon General*, 2004, <http://www.surgeongeneral.gov/library/smokingconsequences/> US Mortality Public Use Data Tapes 1960-2003, US Mortality Volumes 1930-

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