



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 180,000 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 three 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. 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 With the passage of the federal 2009 Family Smoking Prevention and Tobacco Control Act, tobacco companies today are prohibited from using the terms "light," "low" and "mild," to market their products.⁵

Additional examples of the tobacco industry's ongoing targeting of women and girls include a 1999–2000 Virginia Slims' ad campaign, which 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 during the landmark Florida smokers' trial about whether it might be offensive to smokers with throat cancer.⁶ 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." In more recent years, tobacco companies have continued to place their advertisements in popular women magazines, such as *Glamour*, *InStyle*, *Marie Claire* and *Vanity Fair*, often with the same themes of independence, social status and beauty that have been used by tobacco companies in the past.

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.⁷

Today, 1.8 percent of high school girls and 11.0 percent of American adult women are current smokers, putting their health at significant risk.⁸

Although death rates among female smokers were previously thought to be lower than among male smokers for lung cancer, chronic obstructive pulmonary disease and other tobacco-related diseases, the U.S. Surgeon General reported in 2014 that women's risks from smoking have risen sharply, and women who smoke are now as likely as men to die from many smoking-caused diseases. In fact, smokers' risk of death from all causes has more than tripled in women.⁹ Researchers attribute this increase in large part to a convergence in smoking patterns among men and women since the 1960's, with women starting to smoke earlier in adolescence and smoking more heavily. Like men, women smokers have a death rate three times higher than people who never smoked. According to researchers, these findings confirm that "women who smoke like men die like men."¹⁰

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 three deaths from cardiovascular disease. Altogether, cardiovascular disease kills roughly 290,000 women each year.¹¹ Women who smoke are twice 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.¹²

Lung Cancer: Lung cancer is the leading cancer killer among women, and smoking causes 80 percent of all lung cancer deaths among women.¹³ Because the risks of smoking for women have increased so much in the last few decades, women who smoke now have about the same high risk of death from lung cancer as men.¹⁴ Lung cancer death rates among women increased by more than 600 percent between 1950 and 2005, but the most recent annual report to the nation on the status of cancer found a significant decrease in lung cancer incidence and death rates among women from 2004 to 2010.¹⁵ Still, the risk of death from lung cancer is 25 times higher for women who smoke than for those who don't.¹⁶

Other Cancers: Smoking causes one-third of all cancer deaths. Smoking is a known cause of cancer of the lung, larynx, oral cavity, esophagus, bladder, kidney, pancreas, stomach, cervix, colon and rectum, and blood.¹⁷

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; they also increase the risk of low-birth-weight babies and health and developmental problems of children born to these women. Smoking is also known to cause ectopic pregnancy—a very rarely survivable condition for the fetus and a potentially fatal condition for the mother.¹⁸ Nevertheless, 6.0 percent of pregnant women smoke.¹⁹

Quitting Smoking

About 70 percent of women want to quit smoking; and in 2015, 55.6 percent of adult women smokers made a quit attempt.²⁰ Although it often takes individuals more than one try to successfully quit smoking, many do go on to quit, often with assistance from cessation medications and/or counseling. In 2016, there were more former women smokers than there were current women smokers.²¹

There are benefits to quitting smoking at any age. While smoking cuts at least 10 years on average from a person's life expectancy, individuals who quit before the age of 40 can regain almost all of those years. Those who quit between 35 to 44, 45 to 54 and 55 to 64 can regain 9, 6 and 4 years of life, respectively.²²

- ¹ Centers for Disease Control and Prevention (CDC) State System, 2005-2009 Smoking Attributable Mortality, Morbidity, and Economic Costs (SAMMEC) Data.
https://nccd.cdc.gov/STATESystem/rdPage.aspx?rdReport=OSH_STATE.CustomReports&rbTopicType=HLT&isTopic=500HLT&isMeasure=501SAM.
- ² HHS, *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*, 2014, <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/>. See also, American Cancer Society. *Cancer Facts & Figures 2022*. Atlanta: American Cancer Society; 2022.; CDC, “Deaths: Leading Causes for 2010,” *National Vital Statistics Reports*, 62(6), December 20, 2013, http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_06.pdf.
- ³ Pillitteri, JL, et al., *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,” *Tobacco Control* 10(Suppl):i17-i23, 2001; Giovino, G, et al., “Attitudes, Knowledge, and Beliefs About Low-yield Cigarettes Among Adolescents and Adults,” *The FTC Cigarette Test Method for Determining Tar, Nicotine, and Carbon Monoxide Yields of U. S. Cigarettes: Report of the NCI Expert Committee, NCI Tobacco Control Monograph 7*, National Institutes of Health, National Cancer Institute, 1996.
- ⁴ Stellman, SD, et al., “Risk of Squamous Cell Carcinoma and Adenocarcinoma of the Lung in Relation to Lifetime Filter Cigarette Smoking,” *Cancer* 80(3):382-88, August 1997. See also, HHS, *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*, 2014, <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/>.
- ⁵ See Food and Drug Administration, “Overview of the Family Smoking Prevention and Tobacco Control Act,” <http://www.fda.gov/downloads/TobaccoProducts/GuidanceComplianceRegulatoryInformation/UCM336940.pdf>.
- ⁶ Fairclough, G, “Philip Morris Removes Slogan From Ads In Second Attempt Responding To Critics,” *Wall Street Journal*, June 12, 2000.
- ⁷ Pierce, JP, Lee L, & Gilpin EA, “Smoking initiation by adolescent girls, 1944 through 1988: An association with targeted advertising,” *JAMA* 271(8), 1994.
- ⁸ Park-Lee E, et al. “Tobacco Product Use Among Middle and High School Students — United States, 2022.” *MMWR* 71(45):1429–1435, November 11, 2022, <https://www.cdc.gov/mmwr/volumes/71/wr/pdfs/mm7145a1-H.pdf>, Cornelius ME, et al. Tobacco Product Use Among Adults — United States, 2020. *MMWR Morb Mortal Wkly Rep* 2022;71:397–405. DOI: <http://dx.doi.org/10.15585/mmwr.mm7111a1>
- ⁹ HHS, *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*, 2014, <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/>.
- ¹⁰ Thun, M, et al. “50-Year Trends in Smoking-Related Mortality in the United States,” *New England Journal of Medicine*, 368:4, January 2013.
- ¹¹ HHS, *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*, 2014, <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/>.
- ¹² 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; CDC, “Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses – United States, 2000-2004,” *MMWR* 57(45), November 14, 2008; Prescott, E, et al., “Smoking and risk of myocardial infarction in women and men: longitudinal population study,” *British Medical Journal* 316:1043-7, 1998.
- ¹³ HHS, *The Health Consequences of Smoking. A Report of the Surgeon General*, 2004, <http://www.surgeongeneral.gov/library/smokingconsequences/>; American Cancer Society. *Cancer Facts & Figures 2022*. Atlanta: American Cancer Society; 2022.
- ¹⁴ HHS, *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*, 2014, <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/>.
- ¹⁵ Edwards BK, et al., “Annual Report to the Nation on the Status of Cancer, 1975-2010, Featuring Prevalence of Comorbidity and Impact on Survival among Persons with Lung, Colorectal, Breast or Prostate Cancer. *Cancer*,” December 16, 2013., www.wileyonlinelibrary.com/journal/cancer-report2014.
- ¹⁶ Thun, M, et al., “50-Year Trends in Smoking-Related Mortality in the United States,” *New England Journal of Medicine*, 368:4, January 2013.
- ¹⁷ HHS, *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*, 2014, <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/>; HHS, *The Health Consequences of Smoking. A Report of the Surgeon General*, 2004.
- ¹⁸ HHS, *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*, 2014, <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/>; Stein, Z, “Smoking and reproductive health,” *Journal of the American Medical Women’s Association* 51(1&2):29-30, 1996. On spontaneous abortions, see, e.g., Mendola, P, et al., “Risk of Recurrent Spontaneous Abortion, Cigarette Smoking, and Genetic Polymorphisms in NAT2 and GSTM1,” *Epidemiology* 9(6):666-668, November 1999. Shiverick, KT & Salafia, C, “Cigarette Smoking and Pregnancy I: Ovarian, Uterine and Placental Effects,” *Placenta* 20(4):265-272, May 1999. Ness, RB, et al., “Cocaine and Tobacco Use and the Risk of Spontaneous Abortion,” *New England Journal of Medicine* 340(5):333-339, February 1999. Chatenoud, L, et al., “Paternal and Maternal Smoking Habits Before Conception and During the First Trimester: Relation to Spontaneous Abortions,” *Annals of Epidemiology* 8(8):520-26, November 1998. Hrubá, D & Kachlik, P, “Relation Between Smoking in Reproductive-Age Women and Disorders in Reproduction,” *Ceska Gynekol* 62(4):191-196, August 1997. Dominguez-Rojas, V, et al., “Spontaneous Abortion in a Hospital Population: Are Tobacco and Coffee Intake Risk Factors?,” *European Journal of Epidemiology* 10(6):665-668, December 1994. Walsh, RA, “Effects of Maternal Smoking on Adverse Pregnancy Outcomes: Examination of the Criteria for Causation,” *Human Biology* 66(6):1059-1092, December 1994. Windham, GC, et al., “Parental Cigarette Smoking and the Risk of Spontaneous Abortion,” *American Journal of Epidemiology* 135(12):1394-403, June 1992. Armstrong, BG, et al., “Cigarette, Alcohol, and Coffee Consumption and Spontaneous Abortion,” *American Journal of Public Health* 82(1):85-87, January 1992. Pattinson, HA, et al., “The Effect of Cigarette Smoking on Ovarian

Function and Early Pregnancy Outcome Of In Vitro Fertilization Treatment," *Fertility and Sterility* 55(4):780-783, April 1991. Economides, D & Braithwaite, J, "Smoking, Pregnancy, and the Fetus," *Journal of the Royal Society of Health* 114(4):198-201, August 1994. Fredricsson, B & Gilljam, H, "Smoking and Reproduction: Short and Long Term Effects and Benefits of Smoking Cessation," *Acta Obstetrica Gynecologica Scandinavica* 71(8):580-592, December 1992. On still births, see, e.g., Raymond, EG, et al., "Effects of Maternal Age, Parity, and Smoking on the Risk of Stillbirth," *British Journal of Obstetric Gynecology* 101(4):301-306, April 1994. Ahlborg, G, Jr. & Bodin, L, "Tobacco Smoke Exposure and Pregnancy Outcome Among Working Women: A Prospective Study At Prenatal Care Centers In Orebro County, Sweden," *American Journal of Epidemiology* 133(4):338-347, February 1991. On sudden infant death syndrome, see, e.g., Cooke, RW, "Smoking, Intra-Uterine Growth Retardation and Sudden Infant Death Syndrome," *International Journal of Epidemiology* 27(2):238-41, April 1998. CDC, "Births: Final Data for 2005," *National Vital Statistics Reports*, 56(6), December 5, 2007, http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56_06.pdf.

¹⁹ CDC, "Births: Final Data for 2019," *National Vital Statistics Reports* Volume 70, Number 2, March 23, 2021, https://www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-02-508.pdf?ACSTrackingID=USCDC_371-DM52902&ACSTrackingLabel=NVSR%2070%2C%20No.%202&deliveryName=USCDC_371-DM52902.

²⁰ CDC, "Quitting Smoking Among Adults—United States, 2000-2015," *MMWR* 65(52): 1457-1464, January 6, 2017, <https://www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6552a1.pdf>.

²¹ CDC, "Current Cigarette Smoking Among Adults – United States, 2016," *MMWR* 67(2):53-59, January 19, 2018. <https://www.cdc.gov/mmwr/volumes/67/wr/pdfs/mm6702a1-H.pdf>.

²² Jha, P, et al., "21st-Century Hazards of Smoking and Benefits of Cessation in the United States," *New England Journal of Medicine*, 368;4, January 2013.