

**Including Tobacco in the ORWH Research Agenda:  
An Essential Step toward Improving the Health of American Women**

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The Board of Directors and the staff of the American Legacy Foundation® (Legacy) urge the ORWH to *give the prevention of tobacco use, smoking cessation, and tobacco-related disease a prominent position within the research agenda being developed for the NIH Office for Research on Women's Health* (ORWH). Including tobacco in the ORWH research agenda is a critical first step toward improving the health of women in the U.S.

Smoking is a Social Justice Issue. National Health Interview Survey data show that, in 2007, 17% of all women over age 18 in the U.S. were smokers, with substantially higher smoking rates among women with lower levels of education and income<sup>1</sup>. For example, 39% of women with a GED level education smoked in 2007, as did 26% of women living below the federal poverty level<sup>1</sup>. In fact, as a result of decades-long trends in which those with greater educational and financial resources smoke at lower rates<sup>1,2</sup> quit at higher rates<sup>2,3,4</sup> are more likely to be covered by health insurance<sup>5</sup>, and are more likely to

promptly seek medical care<sup>5</sup>, tobacco use has become not only a public health issue, but also a social justice issue<sup>6</sup>.

While the relationship between socioeconomic status and tobacco has been well documented, there are certain populations within which smoking rates are believed to be high, and yet a scarcity of data often relegates these groups to the sidelines of tobacco control interventions. Among these populations are gay, lesbian, bisexual and transgender individuals and racial/ethnic minorities, such as American Indians and Alaska natives<sup>7</sup>. Disparities are compounded by the fact that smoking translates into mortality at different rates within different population groups. For example, African American women smoke at lower rates than white women, but have higher death rates resulting from cancer<sup>8</sup>. A great deal more research will be needed before we can unravel the many factors influencing smoking and smoking-attributable disease and death in these populations.

Smoking-attributable Morbidity, Mortality and Costs to Society. Between 2000-2004 (the most recent data available), the CDC estimates that 173,940 U.S. women died annually as a result of tobacco-related disease<sup>9</sup>. The leading causes of smoking-attributable death among U.S. women were heart disease, cerebrovascular disease and lung cancer<sup>9</sup>. It is further estimated that approximately 18,000 U.S. women died annually during the years of the study period as a result of exposure to secondhand smoke<sup>9</sup>. Collectively, these deaths represent more than 2 million years of potential life lost to U.S. women each year<sup>9</sup>. Furthermore, in each year from 2000 to 2004, the CDC estimates that

776 infant deaths were caused by smoking during pregnancy<sup>9</sup>. In addition to the devastating impact of these deaths on families who have lost mothers, wives, daughters and children to tobacco-related disease, the average annual productivity costs of these deaths are estimated by the CDC to be \$33 billion<sup>9</sup>.

Smokers Underestimate Risk and the Addictiveness of Nicotine. While the vast majority of women today know that smoking is harmful to their health, many fail to fully understand the risks smoking poses to themselves, their families and their children. For example, although lung cancer has been the leading cause of cancer death among women since 1987<sup>7</sup>, a Legacy study shows that 80% of women in the U.S. mistakenly believe that breast cancer is the primary cause of cancer death among women<sup>10</sup>. Furthermore, girls and young women overestimate their ability to quit smoking; survey data show that more than half of teens who currently smoke do not expect to be smoking in one year<sup>7</sup>. Unfortunately, tobacco is highly addictive, so while most smokers—including teenage girls—report wanting to quit, very few are successful in a given year<sup>7,11</sup>. One study showed that, among girls who smoked, 60% of those in middle school and 58% of those in high school had tried and failed to quit smoking during the previous year<sup>7</sup>. Survey data show us that of the approximately 43 million smokers in the U.S., the majority of whom report wanting to quit, fewer than 5% will successfully quit within a one year period<sup>1,11</sup>.

The State of Cessation Interventions. In recent years, the science related to smoking cessation has advanced markedly; a combination of pharmacotherapy, counseling and

social support can vastly improve a smoker's chances of successfully quitting<sup>12</sup>. Based on evaluations of mass media cessation efforts in California, Massachusetts and Oregon— in which high-intensity, research-based, paid media campaigns were combined with excise tax increases and community and school-based programs— the Task Force on Community Preventive Services “strongly recommends” mass media campaigns to increase tobacco cessation when the media campaign is combined with other interventions<sup>13</sup>. However, recent research suggests that many mass media interventions which have been successful overall have in fact done a poor job of reaching those most in need—disadvantaged and low socioeconomic status smokers<sup>14,15,16</sup>. Greater attention must be paid to: 1) developing interventions that will influence smoking cessation within these high-risk populations, including women; and 2) evaluating interventions in such a way that overall program success does not mask failure to influence important subgroups.

The Tobacco Industry Encourages Smoking among Women. It is worth bearing in mind that the cessation interventions of the tobacco control and public health communities are continually undermined by billions of dollars worth of tobacco industry marketing and promotion. Just this week the American Cancer Society Cancer Action Network, American Heart Association (AHA), American Lung Association (ALA), Robert Wood Johnson Foundation (RWJF) and Campaign for Tobacco-Free Kids released a report called, “Deadly in Pink: Big Tobacco Steps Up Its Targeting of Women and Girls<sup>17</sup>.” The report describes how two tobacco companies—Philip Morris and R. J. Reynolds-- have recently “stepped up” tobacco marketing directed toward women and girls, threatening to undermine the advances made in recent years by the tobacco control and

public health communities. The report describes two new products: Philip Morris' Virginia Slims "purse packs," released in October 2008; and R. J. R.'s "Camel No. 9" released in January 2007. The report concludes that, given the aggressive marketing of these new products, these tobacco company efforts could be "devastating" to smoking initiation rates among girls and ultimately to women's health.

A separate study conducted by American Legacy Foundation indicated that after the first six months of the Camel No. 9 marketing campaign, more than 40% of youth (12-17) and young adult (18-24) smokers had tried the product and that many more planned to try it. Furthermore, interest in trying Camel No. 9 was high even among young adults who were not current smokers, suggesting that the product may serve to lure new smokers (Legacy data available upon request)<sup>18</sup>. Given these emerging female-oriented tobacco products and marketing efforts, combined with the enormous promotional budget of the tobacco industry—13 billion in 2005, the most recent data available<sup>19</sup>—it is of paramount importance to track the impact of these products on initiation, smoking rates and quit rates among girls and young women.

#### Setting a Research Agenda for Women and Tobacco Use.

The authors of the 2001 Surgeon Generals Report on Women and Smoking set a research agenda to "build the science-base on gender-specific outcomes and on how to reduce disparities among women."<sup>7</sup> Moreover, the American Legacy Foundation has noted gaps in the research that have emerged since the time of the 2001 report. The following are

presented as specific areas of research that Legacy believes should be pursued by the NIH ORWH in an effort to improve the health of women in the U.S.:

1. Conduct research to better understand why so many mass media cessation campaigns have been less effective or ineffective among disadvantaged or lower socioeconomic status populations.
2. Conduct research to learn how new media and Internet cessation services can be used to increase smoking cessation among women, and whether they can be effectively used across the socioeconomic spectrum.
3. Conduct research regarding smoking rates, smoking patterns, cessation rates and factors associated with initiation and quit success among high-risk populations such as gay, lesbian, bisexual and transgender individuals, minority racial/ethnic populations, population groups targeted by the tobacco industry and lower education/lower income population groups.
4. Conduct research regarding tobacco products designed for and marketed to women; specifically, do they vary significantly in terms of the levels of known carcinogens and how does this related to lung cancer histology.
5. Conduct research to further explore the link between smoking and health outcomes among women, such as breast cancer and reproductive outcomes.
6. Conduct research to better understand how secondhand tobacco smoke impacts women who do not smoke.
7. Encourage scientists to report gender-specific results whenever possible, when reporting on research about factors that influence smoking initiation or cessation, the health effects of tobacco and new tobacco products.

Considering the toll of tobacco use on the health of American women, research into tobacco and tobacco-related diseases is underfunded. There is still much we need to learn so that we can prevent youth initiation, help adult smokers quit, and deliver care to women who suffer from tobacco-related disease.

### The American Legacy Foundation

Legacy is a national, independent public health foundation created in 1998 out of the landmark Master Settlement Agreement (“MSA”) between the tobacco industry, 46 state governments and five U.S. territories. Our mission is to build a world where young people reject tobacco and anyone can quit. Legacy does not lobby or take positions on specific legislation. Our programs include:

- EX<sup>®</sup> - A groundbreaking and innovative smoking cessation public education campaign designed to help smokers “re-learn” life without cigarettes.
- truth<sup>®</sup> - A national youth smoking prevention media campaign cited as contributing to significant declines in youth smoking.
- Research Initiatives - Examining how public health public education can reduce smoking initiation and prompt smoking cessation.
- Outreach to Priority Populations –Targeted outreach to underserved and minority communities using methods that are culturally competent and tailored to improve the reach and retention of programmatic efforts.

*We hope that this information is helpful. If you need further information, please contact Donna Vallone, PhD, Senior Vice President, Research and Evaluation, (202) 454-5783, or [dvallone@americanlegacy.org](mailto:dvallone@americanlegacy.org).*

## **References**

1. CDC. Cigarette smoking among adults—United States, 2007. *Morbidity and Mortality Weekly*. Nov 14, 2008, 57(45) 1221-1226.
2. U.S. Department of Health and Human Services. *Reducing the Health Consequences of Smoking: 25 Years of Progress. A Report of the Surgeon General*. U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. DHHS Publication No. (CDC) 89-8411, 1989.
3. Pleis JR, Lethbridge-Cejku M. Summary health statistics for U.S. adults: National Health Interview Survey, 2006. National Center for Health Statistics. *Vital Health Stat* 10(235). 2007.
4. Fagan P, Shavers VL, Lawrence D, Gibson JT, O'Connell ME. Employment characteristics and socioeconomic factors associated with disparities in smoking abstinence and former smoking among U.S. workers. *J Health Care Poor Underserved*. 2007 Nov;18(4 Suppl):52-72.
5. Adams PF, Lucas JW, Barnes PM. Summary health statistics for the U.S. population: National Health Interview Survey, 2006. National Center for Health Statistics. *Vital Health Stat* 10(236). 2008.

6. Heaton C, Nelson K. Reversal of misfortune: viewing tobacco as a social justice issue. *Am J Public Health*. 2004 Feb;94(2):186-91.
7. U.S. Department of Health and Human Services. *Women and Smoking. A Report of the Surgeon General*. Rockville, MD. U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2001.
8. Albano JD, Ward E, Jemal A, Anderson R, Cokkinides VE, Murray T, Henley J, Liff J, Thun MJ. Cancer mortality in the United States by education level and race. *J Natl Cancer Inst*. 2007 Sep 19;99(18):1384-94. Epub 2007 Sep 11.
9. CDC. Smoking-attributable mortality, years of potential life lost, and productivity losses --- United States, 2000—2004. *Morbidity and Mortality Weekly*. Nov 14, 2008, 57(45);1226-1228.
10. American Legacy Foundation “Women and Lung Cancer Survey.” January, 2001.
11. Cigarette Smoking Among Adults—United States, 2000. *MMWR* 2002; 51 (29): 642-645.
12. Fiore MC, Bailey WC, Cohen SJ, et al. *Treating Tobacco Use and Dependence. Clinical Practice Guideline*. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. June 2000.
13. Task Force on Community Preventive Services. *Recommendations Regarding Interventions to Reduce Tobacco Use and Exposure to Environmental Tobacco Smoke*. *American Journal of Preventive Medicine*. 2001;20(2s)10-15.
14. Niederdeppe J, Fiore MC, Baker TB, Smith SS. Smoking-cessation media campaigns and their effectiveness among socioeconomically advantaged and

- disadvantaged populations. *Am J Public Health*. 2008 May;98(5):916-24. Epub 2008 Apr 1.
15. Niederdeppe J, Kuang X, Crock B, Skelton A. Media campaigns to promote smoking cessation among socioeconomically disadvantaged populations: what do we know, what do we need to learn, and what should we do now? *Soc Sci Med*. 2008 Nov;67(9):1343-55. Epub 2008 Aug 7. Review.
  16. Fagan P. Examining the evidence base of mass media campaigns for socially disadvantaged populations: what do we know, what do we need to learn, and what should we do now? A commentary on Niederdeppe's article. *Soc Sci Med*. 2008 Nov;67(9):1356-8. Epub 2008 Aug 4.
  17. American Cancer Society, Cancer Action Network, American Heart Association, American Lung Association, Robert Wood Johnson Foundation and Campaign for Tobacco-Free Kids. *Deadly in Pink: Big Tobacco Steps Up Its Targeting of Women and Girls*. February 18, 2009.
  18. American Legacy Foundation Camel No. 9 study.
  19. FTC. Federal Trade Commission Cigarette Report for 2004, 2005. 2007.