

CIGARETTE SMOKING

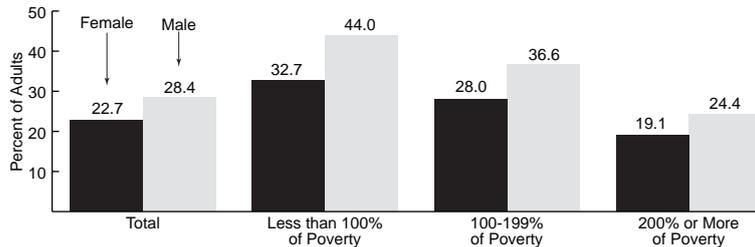
According to the U.S. Surgeon General, smoking damages every organ in the human body.⁶ Cigarette smoke contains toxic ingredients that prevent red blood cells from carrying a full load of oxygen, impair genes that control the growth of cells, and bind to the airways of smokers. This contributes to numerous chronic illnesses, including several types of cancers, chronic obstructive pulmonary disease (COPD), cardiovascular disease, reduced bone density and fertility, and premature death.⁶ Due to its high prevalence and wide-ranging health consequences, smoking is the single largest cause of preventable death and disease for both men and women in the United States. Cigarettes are responsible for 443,000 deaths, or 1 in 5 deaths, annually.⁶

In 2007–2009, women aged 18 and older were less likely than men to report smoking in the past month (22.7 versus 28.4 percent, respectively). For both men and women, smoking was more common among those with lower incomes. For example, 32.7 percent of women with household incomes below 100 percent of poverty smoked in the past month, compared to 19.1 percent of women with incomes of 200 percent or more of poverty. Smoking was significantly lower among women than men in every poverty category, but the difference was greater at lower income levels. Smoking also varied greatly by race and ethnicity. Among women, smoking ranged from 8.3 percent among non-Hispanic Asians to 41.8 percent among non-Hispanic American Indian/Alaska Natives (data not shown).

Quitting smoking has major and immediate health benefits, including reducing the risk of diseases caused by smoking and improving overall health.⁶ In 2007–2009, about 8 percent of women and men who had ever smoked daily and smoked in the previous 3 years had not smoked in the past year. The proportion of adults who quit smoking varied by poverty level for both women and men. For example, women with household incomes of 200 percent or more of poverty were more than twice as likely to have quit smoking as women with household incomes of less than 100 percent of poverty (9.9 versus 3.9 percent, respectively). There were no significant differences in quitting smoking by sex overall or by poverty level. In 2009, five states reported covering all recommended treatments for tobacco dependence in their Medicaid programs.⁷

Past Month Cigarette Smoking Among Adults Aged 18 and Older, by Poverty Status* and Sex, 2007–2009

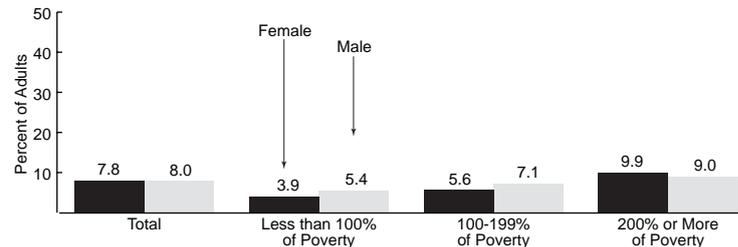
Source II.3: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health



*Poverty level, defined by the U.S. Census Bureau, was \$21,954 for a family of four in 2009.

Recent Smoking Cessation* Among Adults Aged 18 and Older, by Poverty Status** and Sex, 2007–2009

Source II.3: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health



*Defined as the proportion of adults who did not smoke in the past year among those who ever smoked daily at some point in their lives and smoked in the past 3 years; excludes adults who started smoking in the past year. **Poverty level, defined by the U.S. Census Bureau, was \$21,954 for a family of four in 2009.