

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, 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, accounting for an estimated 443,000 premature deaths annually.⁷

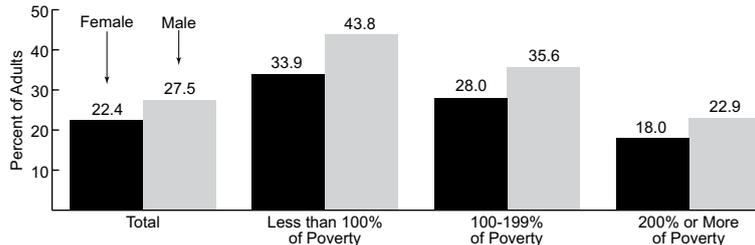
In 2009–2010, women aged 18 and older were less likely than men to report cigarette smoking in the past month (22.4 versus 27.5 percent, respectively). For both men and women, smoking was more common among those with lower incomes. For example, 33.9 percent of women and 43.8 percent of men with household incomes below 100 percent of poverty smoked in the past month, compared to 18.0 percent of women and 22.9 percent of men with incomes of 200 percent or more of poverty. Smoking also varied by race and ethnicity. Among women, smoking prevalence ranged from 6.8 percent among non-Hispanic Asians to 33.1 percent among non-Hispanic American Indian/Alaska Natives (data not shown).

Quitting smoking has major and immedi-

ate health benefits, including reducing the risk of diseases caused by smoking and improving overall health.⁶ In 2009–2010, 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 almost twice as likely to have quit smoking as women with household incomes below 100 percent of poverty (9.7 versus 5.6 percent, respectively). In 2011, six States covered comprehensive tobacco cessation benefits in their Medicaid programs and nine states required private insurance plans to cover tobacco cessation treatment.⁸

Cigarette Smoking in the Past Month Among Adults Aged 18 and Older, by Poverty Status* and Sex, 2009–2010

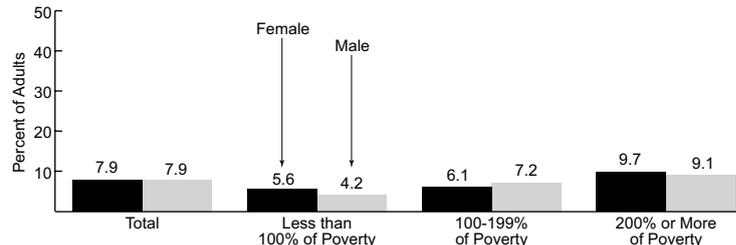
Source II.3: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health



*Poverty level, defined by the U.S. Census Bureau, was \$22,314 for a family of four in 2010; adults aged 18-22 years living in college dormitories were excluded from poverty determinations.

Smoking Cessation* in the Past Year Among Adults Aged 18 and Older, by Poverty Status** and Sex, 2009–2010

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 \$22,314 for a family of four in 2010; adults aged 18-22 years living in college dormitories were excluded from poverty determinations.