



# Women and Smoking



In 1998, an estimated 6,075 women died in Australia as a result of cigarette smoking, approximately 10 per cent of all deaths. While the proportion of all deaths caused by cigarette smoking has declined in men, it has increased in women.

Females' smoking rates peaked in 1976 and have declined since then. A slow decline continues as shown by the 2001 *National Drug Strategy Household Survey*, which indicated that the number of females aged 14 years over who smoke daily has declined by 1.6% since the 1998 survey (19.6% to 18.0%).

Lung cancer accounts for the largest proportion of smoking related deaths among women (25 per cent). Chronic obstructive pulmonary disease (22 per cent) and ischaemic heart disease (20 per cent) also account for large proportions of smoking related deaths.

Smoking related diseases in Australian women account for almost half of the years of healthy life lost due to premature death, impairment and disability.

## Smoking and Pregnancy

Smoking during pregnancy increases the risks for both the woman and the baby. The desire to become pregnant and pregnancy itself are powerful motivational factors for women to stop smoking. Approximately 20-30% of women quit when they become pregnant, but about 70% of these women relapse either during pregnancy or after the baby is born.

When a pregnant woman smokes carbon monoxide and nicotine passes into her unborn baby's bloodstream through the placenta – just as if the baby was smoking too. This means the baby gets less oxygen and may not develop as well as it should. Nicotine also increases a baby's heart rate and breathing movements.

Smoking while pregnant increases the risk of many problems including miscarriage, premature birth, placental complications and doubles a woman's risk of giving birth to a baby with a low birth weight. Babies born with a lower-than-average birth weight are more susceptible to infections and other health problems. Babies whose mother smokes also have a higher risk of developing respiratory problems, middle ear infections, asthma and sudden infant death syndrome.

After a baby is born, the poisons inhaled through cigarettes are passed on to the baby through breast milk and through passive smoking.

Smoking may also make it harder to conceive. Women who smoke often take longer to fall pregnant and have a higher chance of ectopic pregnancy and miscarriage.

## Smoking Initiation

The age of smoking initiation is an important indicator of future smoking behaviour. Over the last 50 years, women have been taking up smoking at younger ages. People who start smoking when they are young are:

- more likely to smoke heavily;
- to become more dependent on nicotine; and
- to be at increased risk for smoking-related illnesses or death.

Other factors that can contribute to smoking initiation and continuation are:

- transitional factors such as moving out of the family home to more independent living arrangements and having greater autonomy over lifestyle choices;
- late adoption of smoking was strongly associated with binge drinking of alcohol;

- depressive disorders are more prevalent in smokers than non smokers and they are less successful at quitting than smokers who have not experienced major depression;
- stress is a predictor of smoking, women with higher stress scores are subsequently more likely to take up smoking; and
- weight control.

## Smoking and Indigenous Women

Aboriginal and Torres Strait Islander (ATSI) adults are almost twice as likely to smoke as non-ATSI adults. Smoking rates vary between communities and with age but overall is about 55% for men and 30% for women. The average age that ATSI people start smoking is 15 years, which is younger than the general population. Aboriginal and Torres Strait Islander people also experience higher mortality from a number of smoking-related diseases, compared to the general Australian population. Smoking among Indigenous women during pregnancy is very common with rates of up to 72% reported.

## Quitting

There is little difference in the perception of advantages of quitting between women and men, with both sexes indicating 'saving money' and 'feeling healthier' as the main advantages. There are, however, significant differences between women and men in their perception of the disadvantages of quitting. Overall, women perceive the disadvantage of quitting smoking more than men, especially in relation to weight gain.

## Health benefits of cessation

Nearly all smokers are aware that smoking is damaging their health, but may have fairly limited knowledge about the diversity of adverse effects. They are not all aware that most of the adverse health effects from smoking decline rapidly after quitting.

### 12 HOURS

Almost all the nicotine has been metabolised.

### 24 HOURS

Blood levels of carbon monoxide have dropped dramatically.

### 5 DAYS

Most nicotine by-products have been removed. Sense of taste and smell improve.

### 6 WEEKS

Risk of wound infection after surgery substantially reduced.

### 3 MONTHS

Cilia begin to recover and lung function improves.

### 1 YEAR

Risk of coronary heart disease is halved after one year compared to continuing smokers.

### 10 YEARS

Risk of lung cancer is less than half that of a continuing smoker and continues to decline.

### 15 YEARS

Risk of coronary heart disease the same as a non-smoker. 10 to 15 years after quitting the all-cause mortality in former smokers declines to the same level as people who have never smoked.

### OTHER BENEFITS

- Women who quit before or in the early months of pregnancy have the same risk of having a low birthweight baby as women who have never smoked.
- Stopping smoking slows the rate of loss of lung capacity in chronic airway disease.
- Improved appearance of skin and fitness.
- Saves money – based on one \$10 pack of cigarettes per day in 1 year the cost is \$3,650 and over 5 years \$18,250.

## Sources

- 1 McDermott L, Russel A, Dobson A. *Cigarette Smoking among Women in Australia*, National Tobacco Strategy 1999 – 2002-03, February 2002.
- 2 *National Drug Strategy Household Survey 2001: First Results*. Australian Institute of Health and Welfare.
- 3 *Smoking Cessation Guidelines for Australian General Practice*. 2004 Edition.