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Smoking Among Women: Cardiovascular Disease and Stroke

Fact Sheet

February 2006

[Fact Sheet in Adobe Acrobat Format](#) ([PDF](#)) PDF-67KB

Cigarette Smoking and Women

- Since 1980, when the first Surgeon General's Report on Women and Smoking was released, about three million women have died prematurely of smoking-related diseases.¹
- From 1997 to 2001, smoking resulted in an estimated annual average of 178,000 deaths among women in the United States.² An estimated 54,000 of these deaths are from cardiovascular diseases, including strokes.²
- Women smokers who die of a smoking-related disease lose on average 14 years of potential life.¹
- Current smoking prevalence among women is 18.5%.³
- By education level, current smoking prevalence was highest among women who had earned a General Educational Development (GED) diploma (39.6%) and those with a 9th to 11th grade education (34.0%), and generally decreased with increasing years of education.³
- Smoking prevalence is higher among women living below the poverty level (27.1%) than among those living at or above the poverty level (17.7%).³

- Among adult female racial/ethnic populations, Asians (4.8%) and Hispanics (10.9%) had the lowest prevalence of current smoking; American Indians/Alaska Natives had the highest prevalence (28.5%), followed by non-Hispanic whites (20.4%) and non-Hispanic blacks (17.2%).³

Cardiovascular Disease and Stroke

- Smoking is a major cause of coronary heart disease among women. Risk increases with the number of cigarettes smoked and the duration of smoking.¹
- Cigarette smoking has been associated with sudden cardiac death of all types in women.⁴
- Women who smoke have an increased risk for ischemic stroke (blood clot in one of the arteries supplying the brain) and subarachnoid hemorrhage (bleeding in the area surrounding the brain).¹
- Women who smoke have an increased risk for peripheral vascular atherosclerosis.¹
- Studies support a causal relationship between exposure to environmental tobacco smoke and coronary heart disease mortality among women nonsmokers. ¹
- Smoking low-tar or low-nicotine cigarettes rather than regular cigarettes appears to have little effect on reducing the risk for coronary heart disease.⁴

Quitting Smoking and Attempts to Quit

- More than three-fourths (75.2%) of women want to quit smoking completely, and nearly half (46.6%) report having tried to quit during the previous year.¹
- Women who stop smoking greatly reduce their risk of dying prematurely. The relative benefits of smoking cessation are greater when women stop smoking at younger ages, but smoking cessation is beneficial at all ages.¹
- Smoking cessation reduces the excess risk of coronary heart disease, no matter at what age women stop

smoking. The risk is substantially reduced within 1 or 2 years after they stop smoking.¹

- The increased risk for stroke associated with smoking begins to reverse after women stop smoking.¹
- Former smokers have the same stroke risk as nonsmokers after 5 to 15 years.⁴

Citations

1. U.S. Department of Health and Human Services. *Women and Smoking: A Report of the Surgeon General*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2001.
2. CDC. [Annual Smoking–Attributable Mortality, Years of Potential Life Lost, and Productivity Losses — United States, 1997–2001](#). (PI PDF - 256k) *Morbidity and Mortality Weekly Report* 2005;54(25):625–628.
3. CDC. [Cigarette smoking among adults—United States, 2004](#). (PI PDF - 287k) *Morbidity and Mortality Weekly Report* 2005;54(44):1121–1124.
4. U.S. Department of Health and Human Services. *The Health Consequences of Smoking: A Report of the Surgeon General*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2004.

For Further Information

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