

Basic Tobacco Facts

Tobacco use, including cigarette smoking, cigar smoking, and smokeless tobacco use, is the leading preventable cause of disease and premature death in the U.S. (CDC, 2002). From 2000-2004, the three leading specific causes of smoking-attributable death were lung cancer, heart disease, and chronic obstructive pulmonary disease (CDC, 2008). Smoking causes cancer (i.e. lung, leukemia, esophageal, stomach), pulmonary diseases (i.e. emphysema, asthma, bronchitis), and heart disease (i.e. coronary artery disease, heart attack) (CDC, 2004). In fact, smoking accounts for 87% of lung cancer deaths in the U.S. (ACS, 2007). People who smoke are 10 to 20 times more likely to get lung cancer or die from lung cancer than people who do not smoke (CDC, 2008). Cigarette smoking is an independent risk factor for sudden cardiac death in patients with coronary heart disease. Furthermore, smokers have about twice the risk of nonsmokers (American Heart Association, 2008).

- There are 4,000 chemicals in a cigarette of which 69 are known or probable cancer causing chemicals, including toluene, arsenic, benzene, and cadmium (NCI, 2001).
- **Smoking is a harmful habit that negatively affects nearly every organ in the body.**
- Smoking increases blood pressure, decreases exercise tolerance, decreases HDL (good cholesterol), and lowers bone density (American Heart Association, 2008).
- **Smoking shortens life by 10+ years** (WHO, 2004).
- Tobacco use causes reproductive complications, such as miscarriage, premature birth and birth defects (CDC, 2007).
- Tobacco use can cost a smoker thousands of dollars a year. (If you smoke a pack a day and a pack costs ~\$9, you would smoke ~ 30 packs a month and would have spent \$3,240 on smoking.)

What is in a Cigarette?



November
is Lung
Cancer
Awareness
Month

“Lung cancer is the number one cancer killer of both men and women in the U.S.”
(CDC, 2008)

Tobacco and AA & NHPI Statistics

- 1 out of 5 Asian American, Native Hawaiian & Pacific Islander (AA & NHPI) men are smokers (CDC, 2005).
- Among Asian American males, Laotians and Cambodians have the highest smoking rates at 72% and 71%, respectively (APPEAL, 2000).
- Among Pacific Islanders, Tongan and Palauan males have the highest smoking rates at 65% and 53%, respectively (APPEAL, 2000).
- AAs & NHPIs who smoke habitually, smoke more than any other group per day at 16.8 cigarettes per day (Prevention Alert, May 2001).
- **Lung cancer is the predominant cancer affecting AAs & NHPIs, and is the number one cause of cancer death for all AA & NHPI ethnic groups, except Asian Indian women** (Chu, 2005).
- In California, death rates from tobacco-related cancers declined by 15-25% among men from each ethnic group over the last 10 years, but did not decline among women (ACS, 2001).

After you quit smoking:

- Blood pressure decreases
- Chance of a heart attack decreases
- Ability to taste and smell improves
- Coughing and shortness of breath decrease
- Stroke risk reduced



The third Thursday in November is the Great American Smokeout, where smokers try to give up their cigarettes for 24 hours.

Secondhand Smoke

In 1993, the U.S. Environmental Protection Agency declared secondhand smoke (SHS) as a **cancer-causing agent**. In January 2006, California's Air Resources Board (ARB) identified SHS as a **Toxic Air Contaminant**. SHS is now formally identified as an airborne toxic substance that may cause and / or contribute to death or serious illness.

- SHS causes respiratory problems in nonsmokers, such as coughing, phlegm, and reduced lung function (CDC, 2006).
- Nonsmokers exposed to SHS at home or work increase their risk of developing heart disease by 25%- 30% and lung cancer by 20%-30% (CDC, 2006).

- Children exposed to SHS are at an increased risk for sudden infant death syndrome, acute respiratory infections, ear problems, and more severe asthma (CDC, 2006).
- **SHS remains a common health hazard among Asian Americans, with 38.3% reporting exposure at home and 40.3% at the worksite** (Ma, et al., 2005).
- 31% of Vietnamese and 27% of Koreans were exposed to SHS at home everyday (NAWHO, 1998).

"Teens make up 90% of all new smokers." (NYTS, 2000)

Youth and Smoking

Every day, more than 4,000 kids between ages 12-17 in the U.S. become new smokers and over 1,000 of them become daily cigarette smokers (SAMHSA, 2008).

- Smoking prevalence among AAs & NHPIs from 6th to 12th grade increases more rapidly than any other ethnic group. It increases seven fold from junior high (4.4 %) to high school (33.1%) (National Youth

Tobacco Survey-NYTS, 2000).

- **11.2% of Asian American high school students smoke cigarettes** (CDC, 2005).
- AA & NHPI high school students also had the second highest use of menthol cigarettes among ethnic groups (National Youth Tobacco Survey, 2000).
- Among AA & NHPI high school seniors, 4.4% of male students and 4.5% of female students reported smoking at least a half pack of cigarettes a day (American Lung Association, 2000).
- **More than 25% of female Native Hawaiian & Pacific Islander youth smoke during middle school** (National Youth Tobacco Survey, 2000).

Reduce Risk

The best way to reduce the risk of developing chronic diseases is to not smoke tobacco and to avoid exposure to SHS.

- **IF YOU ARE CURRENTLY A SMOKER, QUIT.** It often requires multiple attempts to quit. There are behavioral treatments, nicotine replacements and other medications that can help smokers quit. Free "quit smoking" support is available by telephone to smokers anywhere in the U.S. The toll-free number is **1-800-QUITNOW**

(1-800-784-8669). Or check out www.naquitline.org to find your state quit line.

- **AVOID SECONDHAND SMOKE.** Opening windows, sitting in a separate room, and using air conditioning or a fan does not eliminate secondhand smoke.
 - Make your home and car smoke free.
 - Ask about smoking policies and let all restaurants, hotels, tours, rental car agencies, etc. know your preferences.

Advocate

- Protect nonsmokers by eliminating smoking from indoor space.
- Write to officials, newspapers, and businesses to promote clean air policies within workplaces, restaurants, bars, and public places.
- Support organizations and state and local offices that are working to protect nonsmokers.