

**Statement of Diane E. Stover, M.D., FCCP
On Behalf of the American College of Chest Physicians**

**Before the Senate Subcommittee on Oversight
of Government Management, Restructuring
and the District of Columbia**

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Mr. Chairman and members of the committee, good morning. I am pleased to have an opportunity to appear before you today and to address the serious threat posed to women's health by smoking and the marketing efforts of the tobacco industry.

My name is Diane Stover and I am the Chief of the Pulmonary Service and the Division Head of General Medicine at Memorial Sloan-Kettering Cancer Center in New York City. I appear before you today on behalf the American College of Chest Physicians and its philanthropic arm, The CHEST Foundation. The ACCP is a 15,000+ member international multi-specialty medical society comprised of pulmonologists, cardiologists, critical care physicians, thoracic surgeons, and other members of the health care team. We are the physicians who treat people worldwide suffering with various lung diseases – the majority of which are caused by tobacco use.

As a physician working on the front lines, I have seen first-hand how lung cancer can ravage a life – a man's or a woman's. But the number of women we treat is increasing at an alarming rate. In fact the saying "Smoke Like A Man Die Like A Man" is becoming more and more of a reality.

I must confess that I am here today not just as a professional, but also as a parent. Four years ago, as I was driving my thirteen-year old daughter to school one morning, I was absolutely shocked by what I saw. There, standing outside the school were many of my daughter's classmates smoking. These were children who several years before thought it was a disgusting habit and were begging their parents to stop smoking. It was at that moment that I knew what I had to do. It became crystal clear that not only as a physician, but as a parent, I had an obligation to my daughter and to all girls and women to educate them on the devastating and disastrous health impacts of tobacco.

Together with my colleagues at the ACCP, I knew we could take responsible steps to prevent tobacco use early in young women's lives. As a result, in 1997, the ACCP created the *Task Force on Women & Girls, Tobacco & Lung Cancer*. I have chaired this Task Force throughout its five-year existence, whose mission is simply to make women and girls tobacco free.

Smoking-related disease among women truly is a "full blown epidemic."

As cited by the Surgeon General, smoking among high school age girls increased to an alarming 30% during the 1990s. In 1999, nearly 35% of all high school girls were smoking. And why should we care? Because along life's continuum, smoking impairs the ability of girls and women to fully realize their potential – in the classroom, as mothers, in the workforce, and at life's end.

Let me explain. Accumulating data suggest that dose for dose, females are more susceptible than males to the cancer-causing agents in tobacco, putting women at nearly twice the risk of men to develop lung cancer from smoking. In recent years mortality from lung cancer has been declining among men, while for women it is dramatically increasing. We also know that smoking among girls and women causes health problems and diseases specific to women throughout their lives. Allow me to highlight some of these issues for you:

Adolescent girls and young women who smoke have:
Reduced rates of lung growth;

Higher rates of asthma;
 Higher rates of wheezing; and
 Menstrual abnormalities (including painful menstruation, lack of menses and menstrual irregularity);

For women of child bearing age, smoking is associated with:

Reduced fertility (*i.e.*, on the average, it takes about a year longer for a woman who smokes to conceive compared with a woman who does not smoke);

A greatly increased risk of heart attack and stroke for those who take birth control pills, especially for women over 35 years of age.

During pregnancy, women who smoke are more likely to suffer from:

Excess bleeding;
 Premature rupture of membranes;
 Abruptio placentae and placenta previa;
 Ectopic pregnancy;
 Spontaneous abortion;
 Premature and difficult labor;

During pregnancy, the fetus of a woman who smokes – or that of a non-smoker who is exposed to second hand smoke – is more likely to suffer from:

Growth retardation;
 Premature birth;
 Low birth rates;
 Still birth;
 Perinatal death; and
 Negative behavior as a toddler

Women who smoke around their infant children greatly increase the risk that their children will develop asthma, pneumonia, bronchitis, and fluid in the middle ear.

Older women who smoke suffer from early onset of menopause, higher rates of osteoporosis, more facial wrinkling and most worrisome of all, increased incidence of lung cancer and many other cancers. As do men, they have increased risk of heart attacks, with sudden death, strokes and peripheral vascular disease.

As you can see, this is a long list of health problems specific to girls and women, literally from cradle to grave. In response to this horrific epidemic, with the support of the ACCP's philanthropic arm, The CHEST Foundation, the Women's Task Force has launched the following educational initiatives:

We developed a Speaker's Kit, now on CD-Rom, with an accompanying web site. This versatile educational tool fosters community alliances to address four key audiences: health professionals/lay educators, girls, teens, and adult women;

We created a Speakers Bureau composed of more than 400 ACCP members who are ready to participate in anti-tobacco efforts across the country and around the world;

We developed school-based pilot programs in Oklahoma, Florida, and Illinois with the Speaker's Kit serving as the foundation for these programs. In Illinois, for example, we partnered with the Chicago Public Schools and the Chicago Health Corps to educate approximately 1,000 kids in 3rd – 5th grade about the dangers of tobacco use through interactive role playing, discussion, and real examples using a healthy and diseased pig lung!

Also in Illinois, we're working with the Cook County Department of Public Health on a tobacco prevention program for 2,500 fourth graders in 18 suburban Cook County schools. This initiative has involved teachers, school nurses, children, and parents.

Let me close by saying a few words about smoking cessation programs. There are numerous smoking cessation methods available to smokers who want to kick the habit. These include self-help programs, behavioral modification techniques including the common "cold turkey" method, clinical interventions with both nicotine and non-nicotine

replacement therapy, as well as community and educational-based efforts.

Many studies have assessed the effectiveness of smoking cessation programs. We know that quitting has immediate and long-term health benefits for women of all ages, whether or not they presently have smoking related diseases. The self-help method, or quitting on one's own, is the choice made by most smokers, though the popularity of nicotine and non-nicotine replacement therapy is growing. Studies also show that although there are differences in why men and women smoke there are no major differences between men and women when it comes to the effectiveness of smoking cessation methods.

The Surgeon General's report on women and smoking suggested that the pharmacological approach to quitting is more effective among women smokers, but the report underscored the need for more research to determine the effects of nicotine replacement therapy on pregnant women and their offspring. The American College of Obstetricians and Gynecologists has advised that a 5-step counseling session, together with pregnancy-related educational materials, increases success rates by 30 to 70 percent. ACOG also strongly recommends more research to determine the efficacy and safety of nicotine replacement for pregnant women.

We know that many of these cessation strategies work, but as former Surgeon General Satcher pointed out in his report, we still have a long way to go if we are to meet our public health objectives of cutting smoking in half among women and girls. As he so eloquently put it "we know more than enough to prevent and reduce tobacco use. Now, we must commit the attention and resources to translate this knowledge into action to save women's lives."

Working with community leaders, the ACCP and The Chest Foundation are proud to be leaders in their field, making significant strides to combat tobacco use among girls and women. I would like to acknowledge this committee's leadership in drawing attention to tobacco use in general – the number one preventable cause of disease worldwide and the number one cause of lung cancer in both men and women.

I'd also like to thank you for raising awareness of this critically important health care issue through today's hearing on Women and Smoking. We are hopeful that with your support, and the support of your colleagues, we can all work together to achieve our common goal – to make our children's futures brighter and healthier.

Thank you again for this opportunity. I would be happy to answer any questions you may have.