



Tobacco and Cancer Fact Sheet

Tobacco and Cancer in the US¹

- Tobacco use is the most preventable cause of death.
- Despite decades of declining smoking prevalence, smoking rates remain high in certain segments of the population, including those with low socioeconomic status and/or mental illness.
- The burden of smoking-related cancers remains high. About 30% of all cancer deaths are caused by smoking.
- About 3% of lung cancer cases are attributable to secondhand smoke (SHS) exposure.

Cancer Risk

Cigarettes

Besides being the leading cause of lung cancer deaths in men and women, cigarette smoking increases the risk of at least 12 cancers: oral cavity and pharynx, larynx, lung, esophagus, pancreas, uterine cervix, kidney, bladder, stomach, colon and rectum, and liver, as well as acute myeloid leukemia. In addition, there is evidence that smoking increases the risk of advanced-stage prostate cancer.²

Cigars

Cigars and little cigars are often taxed at a lower rate than cigarettes, leading some adults who smoke to switch from cigarettes to small cigars. Regular cigar smoking is associated with an increased risk of cancers of the lung, oral cavity, larynx, and esophagus.³

Secondhand smoke

Exposure to secondhand smoke increases the risk of lung cancer.⁴

Smokeless tobacco

Oral or smokeless tobacco products can cause oral, esophageal, and pancreatic cancer, as well as precancerous lesions of the mouth. Using smokeless tobacco products as a method of quitting smoking is not recommended and has been shown to result in a higher risk of tobacco-related death than complete tobacco cessation.^{5,6}

E-cigarettes

While e-cigarettes (vaping devices) have not been directly linked to cancer, long-term health effects are not yet known. It is important to note that e-cigarettes contain nicotine, which can be highly addictive, and the aerosol from e-liquids used in these products can contain other harmful substances. Even though cigarette smoking rates have decreased in youth, studies have shown that using e-cigarettes may have a role in people wanting to try other more harmful types of tobacco that have known cancer risks.^{1,7-14}

Who Still Smokes in the US¹

Recent studies show smoking prevalence:

- Is lowest among Asians and highest among American Indians/Alaska Natives
- Is lowest among adults with a graduate degree and highest among those with a GED
- Is higher among people who self-identify as gay, lesbian, or bisexual than among people who identify as straight
- Varies greatly depending on geographic location

Risk Reduction

Avoiding or quitting tobacco can help to greatly decrease a person's risk of certain cancers, along with several other chronic diseases. People who quit at any age are more likely to live longer than people who keep smoking.

Avoiding tobacco use

Prevention efforts aimed at children and young adults can lead to a decrease in many tobacco-related health problems. Most people who smoke start using tobacco during their youth or in young adulthood. People who start smoking at younger ages are more likely to develop long-term nicotine addiction than people who start later in life. According to the US Surgeon General, nearly 9 out of 10 adults who smoke started before age 18, and 99% started by age 26. And, 3 out of 4 high schoolers who smoke will become adults who smoke.²

Avoiding secondhand exposure

Comprehensive smoke-free laws that prohibit smoking in public places and create smoke-free environments are

effective in reducing SHS exposure, modifying smoking behavior, and reducing the risk of smoking-related disease.¹

Tobacco cessation

Evidence-based cessation methods include nicotine replacement therapy (NRT), prescription medications (e.g., bupropion and varenicline), and counseling. All have been shown to improve the chances of success and long-term cessation. Combinations are likely to be more effective than the use of one treatment alone.¹⁵

All US states have telephone quitlines. Additionally, the Affordable Care Act (ACA) requires coverage for cessation treatments for people in most private and some public health insurance plans. And, some state Medicaid programs have expanded coverage to include no-cost tobacco cessation services.¹⁶

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