Fall, 2004

THE NET

International Network of Women Against Tobacco
A Program of the American Cancer Society

From the President, Margaretha Haglund

Greetings from sunny Stockholm! Finally, it is sunny and warm after a rainy and cool start. Anyhow, who cares about the weather nowadays as I have the real sun in my life, Ludvig my grandson, who is already 7 months and full of energy! Don't I wish I could gain some energy from him!

This issue of The NET features an article written by Soon-Young Yoon on how United Nations treaties influence tobacco control and how all of us have a responsibility to make use of treaties to promote women's health. Among other conventions, Soon-Young reviews the articles of the Convention for Elimination of Discrimination against Women (CEDAW) and provides strategies on how to use the statements and information in our everyday work to protect women's rights related to tobacco control. We all know how the tobacco industry manuipulates rights such as the "freedom to choose" so that people become addicted to their deadly products! Of particular interest, I found her comment on smoke-free workplaces as a human rights issue to be a very relevant example. There is a clear gender issue related to passive smoking where women would certainly benefit from smoke-free workplaces as more often than men, women work in lower-paid positions such as servers in restaurants. Their health is negatively affected by the second hand smoke which is dependent upon others decisions!

About smoke-free public places, I have recently returned from a trip to Ireland and I must tell you how things are developing with their smoke-free workplaces law! The compliance is already over 95%! One of the reasons for Ireland's success is certainly the brave Irish Health Minister Michael Martin, who has acted as we want every health minister to act; by taking a firm stand against tobacco and the tobacco industry. In 1990, I remember listening to Helen Clark, the former Minister of Health in New Zealand at the World Conference on Tobacco or Health in Perth, Australia when she asked *if the Minister of Health is not fighting for tobacco control, who in the Government will do it?* Helen Clark is a typical wise woman!

I would also like to highlight Gabriela Regueira's article on the FCTC workshops in Latin America. These workshops were organized under the leadership of many organizations and people including Beatriz Champagne of the InterAmerican Heart Foundation. The workshops helped to inform participants and to

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Special Issue Focus

FCTC
"A framework for human rights, gender and tobacco"

By Soon-Young Yoon

The WHO Framework Convention on Tobacco Control adopted unanimously by 192 countries at last year's World Health Assembly upholds the principle of health as a human right. Skeptics may ask, "What can treaties do for you?" Shanthi Dairiam, Director of the International Women's Rights Action Watch for Asia and Pacific turns the table around and replies, "What do *you* plan to do with the treaty?" The power of international agreements depends on what we do with them and how they are interpreted. Treaties can reform laws, transform social norms and help balance political power, but to achieve these goals, they must be understood as collective responsibilities. We must all carry the burden if treaties are to defend women's right to health as a human right.

Is the concept of human rights and tobacco new? Absolutely not. The tobacco industry is ahead of us. For years, the industry has fought passive smoke legislation based on claims of property rights for restaurant and bar owners. In many countries, it has successfully used freedom of speech as a defense against bans on advertising. Tobacco is marketed as a "personal choice" and an expression of personal liberties and freedoms—themes that have special appeal to women and youth. It is time for us to take up the challenge. We must set a new agenda for human rights and tobacco control.

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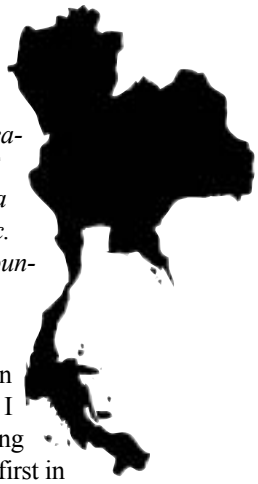
Response to "South and South East Asia in Stage II of the Tobacco Epidemic"

by Stephen Hamann, Bangkok



The strides that Thai tobacco control has made are worth taking a closer look at since Thailand's achievements may not be known in full. Thai Tobacco Control has taught to us so much on how to fight against the tobacco industry and how to come out victorious. The feature article written in the Spring 2004 issue of The NET *intended to alert others in the South and South East Asia region not to follow the pattern of the Tobacco Epidemic. Here is Stephen Hamann's perspective in Thailand; a country which has not followed the global pattern.*
—Mira B. Aghi and Sara Sanchez

I enjoyed the article by Mira Aghi and Sara Sanchez on the tobacco epidemic in South and South East Asia, but I think it important to note that the four stages with rising male and then female smoking followed by rising deaths first in men and then in women and finally a decrease in male smoking and deaths and then decrease in female smoking and deaths is not inevitable. It is contingent on a slow realization of tobacco's harm with slow measures to counter the problem.

Dr. Derek Yach's paper, *Towards Global Tobacco Control*, talks about 4 phases in dealing with the tobacco epidemic. The phases are innocent consumption, early warnings and modest action, selective national control but unopposed tobacco transnational expansion, and finally, national and global tobacco control. He maintains that the world overall is in phase III and needs to move on to phase IV, where national public health action and global action will complement each other.

What if there were a country that moved its tobacco control activities rapidly from innocent consumption to national and global public health action, compressing phases II and III into a decade of tobacco control development. Perhaps tobacco use prevalence would decline in both men and women and if women were smoking at very low levels, smoking would remain low among them, thus sparing a tragic loss of life, a major victory for population health.

I maintain that Thailand is such a country. I have had the pleasure of living in Thailand for about a dozen years now. The male smoking rate has declined by 16% since 1976 from 55% to 39% in 2001. Female smoking has also declined from 4.2% to 2.4%. This pattern does not follow the natural pattern of the tobacco pandemic as described in Aghi and Sanchez's article. This is because Thailand faced and overcame the introduction of foreign tobacco products through strong regulations and tobacco control policies, going from innocent consumption to national and international actions through the trial of U.S. Trade Representative pressure to allow transnational tobacco company imports. Faced with this threat, it has used an advertising ban, tax policy, warning labels, ingredient disclosure, public smoking restrictions and vigorous health education/promotion activities and media advocacy to bring a reduction in smoking prevalence. Most impressively, Thailand has not been content to narrowly concentrate on just national tobacco control, but has worked to have a regional and international role in forwarding tobacco control.

Since this is the case, Thailand has proved that countries can choose a different scenario for the natural history of the tobacco pandemic. One with far fewer deaths and far less disease.

Stephen Hamann is a tobacco control advocate from Bangkok, Thailand. He is involved in policy advocacy and tobacco control research and enjoys reviewing tobacco control books for the journal, Tobacco Control.

generate strategies to move more countries in this region to sign and ratify the FCTC.

Another FCTC-related newsletter contribution comes from the USA where nurses in that country and around the world are working together to encourage their governments to ratify the FCTC. As everyone knows, the next step is ratification of the FCTC. Lets keep working hard in our own roles to encourage the necessary 40 countries to ratify the FCTC! To date, (August 10m, 2004) there are 168 signatories and 25 ratifications.

Please feel free to tell other members what you have been working on. INWAT continues to collect information for the website and The NET about a) how women's groups are mobilizing around the ratification for the FCTC, b) How CEDAW is important in Tobacco Control and c) Member activities. If you have any information, please email it to Sara Sanchez: sara@inwat.org

Finally, I would like to tell you that the INWAT Board has been busy creating a plan on how to obtain more funds for our network and survive past September. Once again, I would like to thank the American Cancer Society and the Centers for Disease Control and Prevention for their generous contributions over the years. From our perspective, we are happy to report that we will be able to manage our Network past September. This being said, we are still working hard to acquire funding for unique activities such as coordinating the women and tobacco session at the World Conference in 2006!

Just to energize you, I can't prevent sharing with you some information about the gender imbalance I experienced when I spoke at the Future Directions in Tobacco Control in the European Union Conference in Limrick, Ireland. I presented information on Swedish activities including how snus is not the solution for the EUs Tobacco Control Strategy. At the conference, I observed that 4 of 22 speakers were women. This to me says that INWAT still has an important role in promoting women's leadership in general and at international conferences. When you consider GLOBALink Membership, I can safely say that most of the people who work in tobacco control are women. Why it is then that so few women are represented in leadership roles at events such as key conferences?

Finally what about a limerick about the Limerick meeting:

There was a woman from Sweden
Who wanted to visit the smoke-free Garden of Eden
This made her travel one day
To Ireland for a stay
To bring the smoke-free torch back
to her land next season.

INWAT is stronger than ever! No funding setback can ever change that!

Margaretha Haglund, President of INWAT

PRIZE FOR JOURNALISM ON TOBACCO CONTROL TOPICS

The InterAmerican Heart Foundation, in collaboration with the American Cancer Society, the American Heart Association, the American Lung Association and the Campaign for Tobacco-Free Kids, is hosting the Second International Prize for Journalism on Tobacco Control Topics. This year's topic is support for the launching of the Framework Convention on Tobacco Control (FCTC) which will prove to break the tobacco epidemic; a problem that causes 5 million deaths in the world each year.

The competition will include work done on the radio, in the press and on television between May 1st and November 15th 2004 with prizes in the press modalities, magazines, radio, television and agencies of news.

Who can register? Professionals or University students that have developed communications pieces that serve to generate public awareness on the FCTC which is growing stronger in the world and will serve as a legal device to openly combat the lash of tobacco.

Pieces will be judged on content, presentation and technical aspects of the submissions, in addition to its contribution to public health and to the improvement of health and quality of life for the community.

Those interested in participating can register via email marlucia@tutopia.com or biamau@adinet.com.uy

It is expected that journalists from all the countries in the Americas will enter.

SE LANZA SEGUNDA VERSION DEL PREMIO DE PERIODISMO EN TABAQUISMO

La Fundación InterAmericana del Corazón, en un trabajo conjunto con American Cancer Society, American Heart Association, American Lung Association y Campaign for Tobacco Free-Kids, lanza el Segundo Premio Internacional de Periodismo sobre temas de tabaquismo, esta vez apoyando el lanzamiento del Convenio Marco que se debate en el mundo y que servirá para frenar la epidemia del tabaquismo, un problema que causa 5 millones de muertes al año en el mundo.

El concurso se realizará entre los trabajos en radio, prensa y televisión que se presenten entre el 1º de Mayo y el 15 de Noviembre del año 2004, con premios en las modalidades de prensa, revistas, radio, televisión y agencias de noticias.

Pueden inscribirse los profesionales o estudiantes avanzados que hayan desarrollado trabajos que sirvan de orientación a la opinión pública sobre el Convenio Marco que se está fortaleciendo en el mundo como una herramienta legal para combatir abiertamente el flagelo del cigarrillo.

El jurado calificador tendrá en cuenta los contenidos, la presentación y los aspectos técnicos de los trabajos, al igual que su aporte a la salud pública y al mejoramiento de la salud y la calidad de vida de la comunidad.

Los interesados en participar pueden inscribirse vía mail en la dirección electrónica marlucia@tutopia.com o biamau@adinet.com.uy

Se espera la participación de periodistas de todos los países de América.

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WHAT DOES HEALTH AS A HUMAN RIGHT MEAN AND WHY IS IT IMPORTANT?

What does heath as a human right mean? In simplest terms it implies that "the fundamental principles of human rights dignity, non-discrimination, participation and justice are relevant to issues of health care and health status" (Virginia Leary, *The right to health in international human rights law in Health and Human Rights*., Vol. 1, No. 1, Fall, l994). In turn, human rights must be understood in the context of the broad definition of health framed by the WHO as a "state of complete physical, mental and social well-being." Why are human rights important for tobacco control? Multiple treaties strengthen legal and moral instruments for change. The Preamble of the WHO Framework Convention on Tobacco Control (FCTC) sets an example in its cross-reference to three human rights treaties, notably the International Covenant on Economic, Social and Cultural Rights (ICESCR), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), and the Convention on the Rights of the Child (CRC). These treaties can guide the interpretation of all articles in the FCTC including those on advertising, trade, passive smoking, youth, and institutional arrangements.

These treaties also provide potential legal protections for individuals or groups to make claims against the state should it fail to comply with the FCTC or violate human rights to health while implementing its tobacco control program. For example, a state tobacco monopoly might be considered in violation of human rights if the government withholds scientific information about the hazards of tobacco use. The principle of the interdependency of civil and political rights with social, economic and cultural rights expands the obligations of the state beyond the health sector to others like trade and agriculture as they relate to tobacco control and public health. Rights to development could be applied to the millions of women and children tobacco workers who face occupational health hazards in tobacco production and processing.

As the only international treaty that upholds women's "bill of rights," CEDAW promises to be the strongest ally in support of the FCTC gender policies. Its association with the FCTC suggests the need to interpret tobacco control legislation through a "gender lens" and for gender-specific policies. Article 12 of CEDAW contains measures to eliminate discrimination against women in health care, but others such as Article 7 give them the right to participate in public life and political decision-making. Also, Article 2 notes that States must make sure women are fully informed about their rights, a provision that can be applied to tobacco control legislation. Article 11 assures a healthy and safe workplace and is relevant to passive smoke. Women in tobacco farming and manufacture are covered by Articles 10, 11 and 13 which affirm women's rights to non-discrimination in economic and social activities.

The CEDAW Committee, composed of 23 independent experts, has already taken the lead on tobacco control. At a panel organized by the Campaign for Tobacco-Free Kids, the UN Division for the Advancement of Women and WHO in New York in 2000, Carmel Shalev, a CEDAW expert, presented a passionate argument for the FCTC to support CEDAW and vice versa. That year, when India and Luxembourg reported to the committee, governments were surprised when they were asked to add women and tobacco to the reporting guidelines. That was an important precedent for future meetings. With tobacco-producing countries like Cuba, Brazil and China scheduled to report to the committee, it will be crucial to work closely with CEDAW experts.

LESSONS LEARNED

Lesson 1 ***The power of treaties lies in their interpretation***. We often fail to ask the question: "*Who* has the power to interpret the treaty and *whose* interests are represented?" Should the interpretation of the FCTC be left only to the Conference of the Parties? If we want an impact at national level, we need to pay more attention to the role of national courts, independent experts and NGOs in interpreting treaties.

Lesson 2 ***Use "bottom-up" as well as "top- down" strategies***. Change from the top-down only works if it is supported by a bottom-up social movement. To have an enduring impact, treaties must do more than define new standards of justice—they must also help change social norms and individual behavior. A classic example is passive smoke legislation. As the participants at the Kobe conference on women and health pointed out, governments may pass excellent passive smoke legislation but that would not necessarily protect women and children at home. For the latter to happen, gender relations must change in the private sphere and women must have decision-making power to prevent exposure.

Lesson 3 ***Improve research on the impact of treaties***. More in-depth research is needed to evaluate the long-term effect of how treaties have protected women's rights to health. Women must first understand their rights, but many do not. Multi-disciplinary research should analyze how national policies are perceived by women and girls, including women farmers and tobacco workers. For example, how many women are aware of the rights to health as outlined in the CEDAW and FCTC? We should also consider how to pool the knowledge gained through multiple treaty processes and make ensure communication between treaty monitoring bodies concerning women and tobacco.

Lesson 4 ***Create alliances to expand collective action and political resources***. Treaties can be opportunities for collective action and coalition building. For example, in Colombia and Costa Rica, networks were created during campaigns in support of CEDAW between women's groups previously isolated from one another. In Costa Rica women's groups formed a broad coalition to hold town hall meetings, culture fairs, puppet shows and demonstrations in support of a bill to implement CEDAW. Could we do the same for the FCTC? Creating such alliances with the women rights groups is a major challenge for tobacco control. The secret is to share power and leadership between all concerned.

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STRATEGIES

The following are suggestions for future action. First, as the FCTC/COP convenes, NGOs should develop standardized gender indicators and reporting guidelines to achieve greater consistency across countries. Similarly, in preparation of national reports, governments should invite inputs from women's NGOs. Local tribunals and hearings should be organized with women and children's rights, environment and human rights groups like Amnesty International and Human Rights Watch on tobacco and health. Governors, Mayors and Local Authorities should be invited to adopt the FCTC at the local level as a policy guide, establish committees to handle grievances and allocate budgets for improving the data base to include social indicators such as gender. Training for judges, law enforcement and government bureaucrats concerning gender, tobacco and human rights and the FCTC should be held at all levels.

As Dr. Brundtland said in her address to the Conference of European Health Ministers in 2002, "There can be no. . . . hope for the spread of freedom, democracy and human dignity unless we treat health as a basic human right." The FCTC must change social norms as well as laws but in many countries, the balance of power in developing countries weighs heavily in favor of tobacco companies. Let us not lose this opportunity. The FCTC can be used with other human rights instruments to mobilize leaders in the human rights, children's and international women's movements. A strategy that works across treaties promises to bring the full weight of civil society into the fighting arena of tobacco control.

Soon-Young Yoon is a UN representative for the International Alliance of Women and a consultant for the Campaign for Tobacco-Free Kids.

Nurses and the FCTC

By Stella Aguinaga Bialous, RN, MScN, DrPH and Linda Sarna, RN, DNSc, FAAN

The present and future burden of tobacco-related diseases makes tobacco control a high priority for nurses worldwide, the largest group of health professionals, and a key component of nursing practice. The more than 11 million nurses worldwide, the majority of whom are women, see everyday the death and suffering caused by tobacco use on their patients and families. Nurses, individually and through their state, national and international organizations have become increasingly involved in tobacco control. An example of this involvement was nurses' participation in the FCTC process. The International Council of Nurses (ICN), the International Society of Nurses in Cancer Care and several national nursing organizations submitted written comments in support of the FCTC and were involved during the negotiation of the treaty at the national level in many countries of the world. And in February of 2004, nurses were represented at a WHO-convened meeting of health care organizations that approved a Code of Practice for health care groups in tobacco control. The ICN already endorsed the Code and it is now in the process of encouraging its members to do the same. The Code, essentially, translates to the organizational level, the steps to be taken in support of the implementation of the FCTC. (For more information see http://www.icn.ch/)

Nurses worldwide enjoy a high level of public trust and are pivotal in tobacco control efforts. In parallel with the international and national negotiations of the FCTC, nurses throughout the world have been addressing the tobacco epidemic through a variety of strategies. For example, in Europe, nurses created the European Nurses and Midwives Against Tobacco, and with the assistance of the well-established Swedish Nurses Against Tobacco and the Royal College of Nurses Tobacco Education Project, are developing a network of European Nurses involved in tobacco control and who can take action at the national level. In Asia, schools of nurses in several Pacific Rim countries participate in a multi-center research project to evaluate the tobacco-related content in nursing curricula and to develop guidelines and policies to empower nurses and provide them the knowledge and skills necessary to tackle the epidemic. In Australia, New Zealand and Hong Kong, nurses have been making substantial contributions to tobacco control knowledge in general and to nursing intervention in policy and clinical practice specifically. In Hong Kong, nurses have been central in the efforts to curb second hand smoke exposure among children and women. In Latin America and in Africa, nurses are in a privileged position to take action. In Brazil, for example, nurses are coordinating state level tobacco control programs, and large tobacco use monitoring projects, as well as being involved in national capacity building efforts to train nurses to provide smoking cessation interventions. And in the United States, the recently launched Tobacco Free Nurses Initiative (TFN) (www.tobaccofreenurses.org) is both addressing barriers to enhanced nursing involvement, and assisting in the development and sustainability of nursing leadership in tobacco control. The recently created advocacy group, The Nightingales, have taken political action to promote tobacco control policy measures, similar to what has been done by nurses in Sweden. Additionally, there is a growing international network of nurses who continue to grow nursing involvement and take advantage of international nursing meetings, as well as the World Conference on Tobacco Or Health, to jointly develop future plans for nursing involvement. INWAT has a key role to play through outreach to nursing organizations in countries where INWAT has members, as well as facilitating the identification of nurses who already are members of INWAT.

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Smoking during pregnancy amongst coloured pregnant women in South Africa:

Preliminary Results of a Study

By Zaino Petersen

Smoking during pregnancy is a major cause of preterm labour and abruptio placentae which are the main causes of peri-natal mortality amongst coloured women in Cape Town, South Africa. In 2000, the Medical Research Council of South Africa (MRC) recognised the need for a smoking cessation programme at antenatal clinics in order to deal with the problem of peri-natal mortality. At the time, there was lack of data on smoking behaviours amongst this group of women, which led Krisela Steyn and her Chronic Diseases on Lifestyles Unit to start a data collecting process in this community.

That same year, staff at Tygerberg Hospital (one of the tertiary hospitals in Cape Town where most people of lower socioeconomic status seek care) conducted a study and found that women of a low socioeconomic status who smoked had an increased risk of preterm labour and of abruptio placentae. The MRC then decided to study those clinics which treat women from similar socioeconomic backgrounds as in Tygerberg Hospital.

The first step was to conduct in-depth interviews with pregnant women. This research was headed by Famke van Lieshoudt, a Masters of Public Health student from Maastricht University in The Netherlands. The results reported that women had an extremely low level of knowledge about the adverse health effects of smoking and many were not informed about the dangers of smoking. All women knew in general that smoking was harmful, but no one understood the connection between smoking and the effects on the baby. Also, midwives did not consider education and knowledge about anatomy when counselling which meant that the information they provided did not have much meaning to their patients.

This research provided a greater understanding of the problem and was the basis to explore the issues more in-depth. In 2001, with the help of gynaecologists and midwives at Tygerberg Hospital, a survey was developed for a national study. By the end of 2002, a total of 807 women attending antenatal clinics in the Western Cape, Northern Cape, Eastern Cape and Gauteng were surveyed. Information collected included; smoking practices, the role of significant others, knowledge and beliefs about smoking, views about the clinic's healthcare professionals and preferences for an antenatal intervention to benefit pregnant women who smoke.

The main findings were that 46% of women reported that they continue to smoke with no intention of quitting. Another 15% of women said they had already quit smoking, however based on previous studies, about half of these women will resume smoking after the birth of the baby. Of the sample, 39% did not smoke but, 69% of these women share a home with other smokers which puts their health and that of the unborn baby at risk. Among the smokers, 70% reside in the Western Cape which indicated a great urgency to reduce smoking in this area. Concerning relationships with the clinic's staff, 90% of women were satisfied with the services and most women believed the midwife was the best influence on their behaviours during pregnancy.

As smoking during pregnancy is a highly sensitive issue in Cape Town, there is a possibility of underreporting when responding to smoking practices. Therefore, the survey was followed by in-depth interviews with pregnant women attending similar antenatal clinics as those in the previous studies. Five women who quit smoking and seven smokers were interviewed. Of these women, nine said that they underestimate the number of cigarettes smoked when asked by a midwife and all twelve women said that women in general tend (or tended) to be dishonest about the fact that they smoke or the amount that they smoke.

The interviews concluded that if women are dishonest about smoking behaviour during the first clinic visit, it may result in lack of smoking cessation counselling because the midwife would regard her as a non-smoker. One frequent reason women gave when asked about why they do not tell the truth is that they do not like the response from the health professional when they admit to their smoking behaviour. Most women felt embarrassed about smoking, and while they need and want some assistance, the fear of being judged prevents them from opening up.

Zaino Petersen is in the process of completing the analysis of this study. If you would like more information, please email zsapen03@student.umu.se

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If you are interested in regional activities and would like to represent your region, send an email to Bonnie Kantor: bonnie@inwat.org

INWAT Members Activities

New Jersey, USA—Nurses from across America attended the annual shareholders meeting of Philip Morris (now under the parentage of Altria) April 29, 2004 in East Hanover, NJ, USA to call on the company to voluntarily end active promotion of cigarettes. This was the first time in the history of Philip Morris that nurses have attended the meeting. Following the meeting, the nurses, members of a nurses' advocacy group named the Nightingales, held a reading and shared letters sent to the company by its dying customers and their families that were never before exposed (*photo, right).* For more information about the Nightingales or this event contact Ruth Malone rmalone@itsa.ucsf.edu

Indonesia—WANITA INDONESIA TANPA TEMBAKAU (WITT) Indonesian Women Against Tobacco is an Indonesian Women's network who cares about the future of young generations and fight against tobacco. Some of the activities include increasing the role of women in fighting against smoking and striving for collaboration with the government and others to build no smoking areas. For more information visit www.witt-online.org

Accra, Ghana—Albert Joe Egyir with the Akyeampin Rural Development Association is implementing health promotion and education programs to children and youth in Ghana. The aim is to encourage youth not to start using tobacco and to engage them in more positive activities such as sport and reading. For more information contact: Albert Joe Egyir at PO SD271, Accra-Ghana or by email: egyirkk@yahoo.com

Upstate New York, USA—Ten girls, aged 11-14, participated in a 3-hour session to examine tobacco ads which targeted girls and women from the 1920s to today. The presenter, a coordinator of *Reality Check*, New York's teen-led anti-tobacco movement, led the girls to deconstruct the ads. They focused on the manipulative messages aimed at targeting girls and women, such as the inconsistent societal pressures to be beautiful, sexy, thin, independent, docile or strong. The girls were outraged by how women remained systematically targeted in every decade. The session concluded with an opportunity to take action. The girls wrote postcards to actress Julia Roberts criticizing the heavy use of tobacco in her recent women-centred film *Mona Lisa Smile*. For more information about *Reality Check* or using this approach with girls, contact Amy Rand at ar257@cornell.edu

Let us know about your INWAT activities in the Members Activities section of The NET. *Send an email to sara@inwat.org to submit a paragraph for the Spring 2005 issue*

Women-Focused European Country Profiles are Now Available

INWAT-Europe has released women-focused country profiles for several European countries. Each profile describes country-specific women and tobacco information such as:

- Women-focused tobacco control activities
- Prevalence rates and other key statistics
- Sub-populations of women tobacco users

Visit www.inwat.org to download the Women-Focused European Country Profiles.

If you would like to develop a Women-Focused Country Profile to represent the women and tobacco situation in your country, please email sara@inwat.org

Argentina, 17-20 March 2004

INSPIRATION GAINED FROM ATTENDING THE FCTC TRAINING WORKSHOP

By Gabriela Regueira

The Framework Convention Alliance (FCA) supported by the World Health Organization, InterAmerican Heart Foundation (IHF) and Argentine Union Against Tobacco (UATA) conducted a four day FCTC advocacy training workshop in Buenos Aires, Argentina.

The workshop was facilitated by Lorenzo Huber (FCA), Beatriz Champagne (IHF) and Eduardo Bianco (IHF). Attendees included more than 30 representatives from the most important anti-tobacco affiliated NGOs in Argentina, Chile, Brazil, Paraguay and Uruguay.

The main objective of this meeting was to become familiar with the key aspects of the FCTC and most importantly, to discuss and agree upon potential successful boarder strategies.

INWAT's presence was very important since one of the expectations of this workshop was to revitalize participation among Latin American women in the tobacco control movement. INWAT is the vehicle that can inspire and support these individual women to lead tobacco control initiatives in their respective countries.

The work carried out allowed participants to:

- argue in favor of the FCTC and dispel the myths associated with tobacco control
- identify the basic elements for a strategic plan to ratify the FCTC in each country, which includes understanding of the country's ratification process and planning the necessary steps to achieve ratification
- develop a common, integrated national tobacco control advocacy strategy

This meeting was an important opportunity to strengthen networks, to obtain mutual support and to emphasize the necessity of the participation of Civil Society as instrument to achieve the ratification of the FCTC in each country.

Women and Tobacco Resources

Exploring Concepts of Gender and Health
By: Women's Health Bureau, Health Canada **Publication Date:** June 2003

Exploring Concepts of Gender and Health is inclusive gender guide that not only describes the importance of incorporating gender qualities into health issues but also provides guidelines and examples on how to apply a gendered-based analysis in policy and program development. One case study applies this analysis to develop gendered policies for tobacco control.
Free copies are available at:
http://www.hc-sc.gc.ca/english/women/pdf/exploring_concepts.pdf

Filtered Policy: Women and Tobacco in Canada
By: The BC Centre of Excellence for Women's Health
Authors: Lorraine Greaves and Victoria J. Barr **Publication Date:** 2000

Filtered Policy: Women and Tobacco in Canada undertook a gender-based analysis of tobacco policy, urging full consideration of the gendered nature of life, identifying income, adequacy, child care responsibility and the nature of women's work as some of the key (gendered) features of women's lives.
Free copies are available at:
http://www.cewh-cesf.ca/PDF/bccewh/filtered-policy-report.pdf

Women, Tobacco, and Cancer: An Agenda for the 21st Century
By: US Department of Health and Human Services, National Institutes of Health and National Cancer Institute
Publication date: July 2004

This is the final report of a Working Group meeting organized by the National Cancer Institute in the US. The section on global issues is well worth a look. The report outlines innovative recommendations on how to prevent a global epidemic of tobacco use among women and girls.
Free copies are available at: http://planning.cancer.gov/whealth/reports/wtobacco.pdf

Smoke-Free Children–The First 10 Years
By: The Swedish National Institute of Public Health, The Swedish Cancer Society and The Swedish Heart and Lung Foundation **Publication Date:** 2002

Smoke-Free Children-The first 10 years outlines Sweden's experience in developing a national smoking cessation strategy that focuses on women's health before, during and after pregnancy in both maternity and childcare settings. The theory behind the development of this strategy is based on the premise that women must believe they are important and can quit smoking not only for the reasons surrounding pregnancy but also for their health.
Free copies are available at:
http://www.tobaksfakta.org/files/139_Smoke-f.children,%202003..pdf

Irish Women and Tobacco: Knowledge, Attitudes and Beliefs
By: Office of Tobacco Control, Ireland **Publication Date:** August 2003

Irish Women and Tobacco is a research report on tobacco use in Ireland which includes information on smoking patterns in general and also gender differences related to attitudes and behaviour. Furthermore, the unique health risks associated with smoking among women and the marketing of cigarettes to women in Ireland is also examined.
Free copies are available at: http://www.otc.ie/

These women and tobacco reports and resources can be obtained by visiting **www.inwat.org.** *If you are an INWAT member and would like to post a report or a resource on the website, please email* **bonnie@inwat.org** *with your suggestions. Only publications which can be downloaded or ordered free of charge will be promoted.*

Nurses *continued from page 5*

Although in decline in many developed countries, in many countries nurses' smoking prevalence continue to mirror the prevalence among women in similar socioeconomic strata. Smoking among nurses is an established barrier to nursing involvement in tobacco control, and efforts are being made to assist nurses in their own quitting efforts so that they can contribute their full potential to the worldwide tobacco control effort. Examples of groups organizing support for cessation efforts include efforts of the Royal College of Nurses in the United Kingdom, Nurses Against Tobacco in Sweden, and TFN in the US. These organizations also are assisting their patients to quit using tobacco, and getting more involved in the political context in support of the implementation of the FCTC. Some of the ways nurses are involved are: joining smoke-free coalitions and non-governmental organizations; organizing Nurses Against Tobacco groups as has been done in Sweden, the United Kingdom, and more recently, the TFN initiative in the United States; testifying at policy bodies and as expert witnesses in lawsuits against the industry; writing letters to editors and policymakers; protesting the tactics of the tobacco industry through demonstrations, and educating the public.

Additionally, some nurses and nursing organizations are involved in efforts to: advocate for access to and reimbursement for tobacco cessation treatment (behavioral and pharmaceutical), adoption of smoking status as a vital sign on all patient records, improving the quality of tobacco cessation treatment through adoption of clinical practice guidelines, pushing for government regulation of nicotine as a drug, and advocating for tax increases and bans on smoking in workplaces and public spaces. And last, but not least, nurses are working to ensure that their countries sign ratify and implement the FCTC. Support for the FCTC save lives!

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