

15th Anniversary Issue



INTERNATIONAL NETWORK OF WOMEN AGAINST TOBACCO

President's Corner

By: Margaretha Haglund

I just can't believe that it is now 15 years since INWAT was born. That moment was an evening in April in a tiny hotel room in Perth, Australia during the 7th World Conference where some 60 women and men from all around the world came together. For me times are moving faster these days, you see I am getting older, yet I still feel that INWAT is so energetic and rebellious; qualities that are needed in your network for many more years to come as INWAT acts as the watchdog for women's interest.

The foundation of INWAT was actually the result of the great frustration felt by many because women were so invisible at that World Conference, as only five per cent of all the speakers at plenaries and main sessions were women. Also, there was hardly any acknowledgement of the fact that women already by that time in many countries had reached the second wave of the tobacco epidemic.

Although I am one of the founding members, I must say that my experience in tobacco control by that time was not enough to fully understand the spectrum of the issues surrounding women and tobacco. And now, there is still more to learn in our ever-changing world. As a shy country girl that I was at that time, who hardly dared to speak English with strangers, never could I dream that I one day was going to be the President of INWAT. Next year marks my 9th year as President of INWAT and it is high time to find my successor. As in any organisation, in order to develop you will need new ideas brought by new people. According to our tradition the next election will take place in relation to the 13th World Conference in Washington, DC 12-15 July 2006. » continued on page 2

Celebrating 15 Years of the International Network of Women Against Tobacco:

What Difference Did We Make, What Challenges are Ahead?

By: Deborah McLellan, Patti White, Sara Sanchez and Judith Mackay

To provide the context for this story, it might help to place the birth of INWAT in 1990 along the timeline of other important events in tobacco control history. By 1990 the Royal College of Physicians and U.S. Surgeon General's reports publicizing the link between smoking and disease had been in the public domain for more than a quarter of a century. The first U.S. Surgeon General's Report on Women and Smoking had been out for 10 years. Barely a decade previously, the groundbreaking Hirayama study on lung cancer among non-smoking Japanese women had launched intensified investigations into passive smoking. A handful of countries or states were moving toward banning tobacco promotion. GLOBALink had been launched only a year before; indeed computer networking in the tobacco control movement was a very new thing. » continued on page 3

President's Corner continued from page 1

Now, 15 years after our birth, I am very proud to acknowledge the progress related to our main goals that has been made thanks to our members at global, national and local levels. Step by step INWAT has managed to build up support for our key issues which are strengthening women's leadership in tobacco control and introducing gender sensitive tobacco control policies. We now have more than 1500 members in 100 countries. I would like to point out some progress we have made.

Since 1994, there has been a World Conference recommendation that half of the speakers and chairs of the conferences should be women. Although there has been progress and setbacks since 1997 we are slowly getting there.

Over 100 countries recognized the importance of banning all tobacco advertising, promotion and sponsorship, (the main weapon to recruit women in using tobacco) at the negotiation of the FCTC and article 13 in the FCTC also states the comprehensive ban. So far 76 countries (August 16/05) have ratified the Convention. As part of the Convention, but also in several WHO strategies from different regions there is now clear guidance about the need for gender sensitive tobacco control policies.

Many ongoing activities targeting women have been improved, like the way women are treated in local smoking cessation programs during pregnancy where women are seen important for themselves and not only as giving birth to a child.

Despite the changes in funding sources for INWAT, Board Members have marshalled their resources to keep us going in a fantastic way. The new e-zine, with its new, dramatic look is one excellent example. After setbacks comes progress a Swedish saying goes and the latest is just wonderful. Due to our Vice President Lorraine Greaves, funding has been received from Health Canada which will allow the BC Centre of Excellence for Women's Health, in partnership with INWAT to produce a report titled "Responding to the Global Tobacco Epidemic among Women" which will be launched at the World Conference in 2006. Among other topics, chapters in this report will examine women's role in tobacco production, human rights as they relate to women and tobacco and gender-based analysis to tobacco control policy development.

I think I dare to say again that INWAT is now a full-fledged 15 year old woman that despite her young age is very mature and filled with a strong willpower to make changes.

When I was about to start to write this Corner, I was asked to recall my favourite memories of INWAT both as a President and as a member. But, I can't point at any specific details. However, I must say that I am really happy to have met the fantastic women from all around the World through INWAT. As I am now having the possibility to be nostalgic, I would like to express my sincere thanks to all of the members from around the Globe for all your support, trust and knowledge that you have shown me throughout these eight years as your president. These

eight years have really meant a lot for me and also help me to develop into a citizen of the world rather than that of a country girl I was. For me and certainly for many others, Margaret Mead's very wise statement that all changes have to start with an individual is a key motto in life. The other of my favourite quotes which I guess you have heard many times before, is that everything is possible until the opposite is proven.

Apart from my international activities, I am happy to report a big milestone in my country, Sweden, that has taken us more than 15 years to achieve; the introduction of our smoke free restaurants, bars, cafés and nightclubs on June 1st 2005 .

It really is an inspiring fact that our world is slowly becoming more and more smoke-free. I remember during the first FCTC negotiations there were several people that asked me "why focus on issues like passive smoking in an international treaty? There are many more important trans-boundary issues like smuggling, product regulation and advertising." From an EU perspective, we can now foresee the passive smoking issue as the tobacco control issue for the coming years. Passive smoking is very important for INWAT as the main victims of environmental tobacco smoke both at workplaces and in the home are women. By the way, why do we use such a technical term like passive smoking or environmental smoking when the best way to describe it would be forced smoking?

From my historic nostalgic trip to this issue of the INWAT e-zine which is of course dedicated to the 15 years of INWAT's existence. The feature has been written by the Past President Deborah McLellan, by two of INWAT's founding members Patti White and Judith Mackay and Sara Sanchez. To add to this anniversary issue, many contributions have been made by INWAT members to report upon work they are doing in various regions. As well, we have one special resource to feature which was lead by Lorraine Greaves about Better Practices in Smoking Cessation during Pregnancy. I now hope you enjoy this issue of the NET which is full of photos from the past.

Before I conclude there is one last note I would like to mention and that is the upcoming World Conference on Tobacco or Health next year in Washington, DC. I hope many of you have the possibility to participate in the Conference and attend the members' general meeting which traditionally takes place in relation to this Conference. If you are unable to attend, I hope that you will vote for a new INWAT Board to take over in the spring next year. Please keep an eye on www.inwat.org that will be updated with instructions on how to vote and the nominated members.

Yours truly,

Margaretha Haglund

PS My grandson Ludvig is also getting older. He is now 1 year and 10 months and talking a lot. He calls me "Mommy" which is the Swedish baby language for grandmother.



The Master Settlement Agreement that put the tobacco industry documents in the public's view lay in the future and the Framework Convention on Tobacco Control, was, perhaps, just a twinkle in Ruth Roemer's mind.

The tobacco industry was thriving, however, and through its political contacts was continuing its expansion into all corners of the globe. Accompanying its products came sophisticated advertising and promotion. While the industry may have been eagerly eyeing- up the financial potential of expanding its female market, health advocates were concerned about a smoking pandemic, leading in 20 years to dramatic increases in global chronic disease.

The tobacco control movement was also growing, but was not very diverse. It was, with a handful of notable exceptions, a movement led by men.

This article will review some of the history and accomplishments of INWAT, and identify some of the challenges ahead.

The Beginning

Participants at a pre-conference workshop at the Seventh World Conference on Tobacco or Health, held in Perth, Australia in April 1990, were united in expressing their frustration at the lack of movement on tobacco control policy and practice concerning women. Women researchers and tobacco control advocates also wanted to communicate with each other about their activities, but lacked a mechanism to do so. This shared perspective brought forward a proposal for an international network to focus on women and tobacco. It was warmly received and later

that week the inaugural meeting of INWAT was attended by over 60 women and men from all continents (except Antarctica!). Participants were crammed into every available space in the meeting room to review and accept an initial mission statement, adopt conference resolutions welcoming INWAT, and discuss their aspirations for the Network.

The initial objectives of INWAT were to counter the targeted marketing and promotion of tobacco to women and girls, and to assist in the development of women-centered tobacco use prevention and cessation programs.

From its inception, the activities of INWAT have been consistent, though topics and methods have changed. Primary activities have been:

- Providing a mechanism and forum for discussion and learning about women and tobacco issues
- Providing global contacts on women and tobacco issues
- Sharing information about tobacco industry targeting and strategies for combating it
- Conducting research and promoting data collection and reporting on women and tobacco issues
- Convening meetings, conferences and training sessions on women and tobacco
- Ensuring that tobacco control meetings address women and tobacco issues
- Increasing women's participation in tobacco control and health promotion
- Distributing regular newsletters and directories of members



While the work of INWAT occurs on a daily basis around the globe, the World Conferences on Tobacco or Health provide a forum for discussing new information about and strategies on women and tobacco issues. It is sometimes said that you can understand an organization by looking at its history, and perhaps because INWAT was formed at a World Conference, these forums have always played an important role in its development.

At the 8th World Conference in Buenos Aires, Argentina (1992) INWAT developed a structure for its governance that included elected representatives responsible for running the network. Regional Networks were designated to lead and report on activities in various regions of the world. The participation of women as speakers increased from less than 10% at Perth to over 30% at this meeting.

In 1994, conference organizers of the 9th World Conference on Tobacco or Health in Paris, France asked INWAT to coordinate a plenary presentation on women and tobacco. However, this plenary session was held before the official start of the conference, again relegating women and tobacco issues to pre-conference status (as had happened at the previous two conferences);... "Herstories," was released in Paris as special issue of the American Cancer Society (ACS) publication, *World Smoking and Health*. This issue was a result of a qualitative research study that INWAT members conducted by interviewing a range of women from around the world about how tobacco affected their lives. It became one of ACS's most requested publications. INWAT continued to advance its structure by presenting and adopting a constitution and by-laws at its membership meeting.

The 10th World Conference on Tobacco or Health in Beijing, China in 1997 was remarkable for the fact that a conference held in a developing country had the specific goal of gender equality, with women comprising half the committees, half of the chairs, half the invited speakers (all achieved) and with the request to developing countries that if they were offered 2 scholarships to attend, the country tried to select one of each gender (partially achieved). This set the template for subsequent conferences.

The 11th World Conference on Tobacco or Health was held in the U.S. in Chicago in 2000. INWAT was deeply involved in the planning of this meeting which had as one of its major goals to include women as 50% of its speakers. INWAT helped to provide space on the agenda for the Gay and Lesbian community. As a result, this community began to organize itself to counter tobacco industry targeting of gays and lesbians. The first INWAT award was presented to Cristina Martinez Martinez for her exemplary work in mobilizing Spanish nurses to contribute to tobacco control. INWAT had an exhibition booth at the meeting and gained many new members.

At the 12th World Conference in Helsinki in 2003, women's leadership in tobacco control took a step back as the number of female speakers decreased from 50% in Chicago to 36% in Helsinki, Finland. Nevertheless, INWAT was featured in the conference daily news and continued to maintain strong presence by hosting a well-attended press conference, coordinating several pre-conference workshops and a session on women and tobacco and recruiting new members by way of an information exhibit.

The second INWAT award was given to the late Ruth Roemer, professor emeritus at University of California Los Angeles, who was one of the primary architects of the Framework Convention on Tobacco Control. She was a strong supporter of INWAT's work from the beginning. Although not able to attend the Helsinki meeting, her award was presented at a ceremony at an annual meeting of the American Public Health Association.

In addition to the World Conferences, INWAT played a big role in the first international conference on women and tobacco sponsored by UICC and the Ulster Cancer Foundation in 1992 in Northern Ireland and in the ENSP European Conference on Women and Tobacco in 1998.

INWAT has also played a key role in conferences on general women's health and equity such as in Kobe, Japan (1999) which have incorporated the complex issue of women and tobacco use.



The First International Conference on Women and Smoking held in Newcastle Co Down, Northern Ireland from October 5-7, 1992

Regional Networks of INWAT have played an important role in documenting, investigating, and disseminating information about women and tobacco issues.

- INWAT Europe has probably been one of the most active, best funded, and successful regional networks of INWAT. It has sponsored many meetings and conferences and produced excellent monographs and reports on women and smoking issues.
- The African network conducted research studies about tobacco use and the targeting of women in Africa which were presented at a conference in South Africa
- The Australasian network has been active in empowering women to reduce their exposure to secondhand smoke and in exposing tobacco company efforts to increase smoking among Asian women. It has also developed a number of targeted campaigns to reduce women's smoking.
- The Latin American network has focused on building coalitions of activists and researchers to raise awareness about women and tobacco issues most recently in relation to the WHO-FCTC.
- INWAT groups in South and South East Asia deal with a vast array of complicated issues from maintaining low smoking prevalence in some countries to reducing the use of the various forms of socially acceptable chewing tobacco.

Website and Technology

The 15 years since INWAT's birth have seen a revolution in electronic communications and the website www.inwat.org has grown to occupy a central place in the network, receiving approximately 3000 hits every month. Reports published by INWAT as well as key documents on women and tobacco from other sources, country reports from INWAT members and newsletters are some of the resources found on the website. The next step is to develop a members' only section for more secure communications, such as a membership directory.

While the web and GLOBALink has enhanced INWAT's ability to communicate, there are, in many parts of the world, members who do not have access to such expensive communication vehicles. While the Exe-

cutive Board made the decision to "go electronic" we realize that we may lose some of our contacts and hope they will let us know the best way to communicate with them.

What difference has INWAT made in the past 15 years?

INWAT has had tremendous success in raising women and tobacco issues in many different spheres. Membership has increased from 60 founder members to over 1500 women and men in 100 countries.

A selection of INWAT's major accomplishments include:

- Conducting research and education about the complex issues surrounding women and tobacco,
- Putting women and tobacco on the international tobacco control agenda,
- Contributing to the development of the Framework Convention on Tobacco Control, instrumentally in the inclusion of the issue of women and girls' smoking in the Preamble,
- Demonstrating the use of applying Gender Based Analysis to tobacco control policies,
- Publications on the effects of tobacco on women's lives, and on policies and programmes to eliminate tobacco use;
- Stimulating others to incorporate a gender perspective in their work; for example The Tobacco Atlas (WHO, 2002) included specific maps on smoking and women as a direct result of the author's interest and membership in INWAT. Journal articles, information resources, tobacco control programmes have all felt the affect of INWAT's continued efforts to raise awareness of the issue.



In compiling this review, there are a few challenges that have permeated INWAT's history and continue to test our determination in the future.

- Resources—INWAT has never been rich with resources. There is consistent effort to maintain or increase resources to help us do the work we do.
- Wider activation of membership—a core group of members has been active since the beginning. Young women are showing a great interest in INWAT's work and it will be crucial that this interest and commitment should continue.
- The tobacco industry—the globalization of industries and communication brings both challenges and opportunities to

reducing and preventing tobacco use among women and girls. While it may be easier for us to communicate, it is also easier for the tobacco industry and its allies. The current trend of expanding multinational corporations throughout the world facilitates the spread of tobacco industry products and marketing.

- Globally, prevention and cessation programs about women and tobacco continue to focus on pregnancy, although much progress has been made in looking at the wider context of women's lives;
- Health inequalities —we know that those with less education, income, and lower social position have poorer health and, in most developed countries, are more likely to be smokers. But women

Our Network continues to grow!

INWAT has 1535 Members in 100 countries!

To know more about our membership visit www.inwat.org

A new Members' Only section will be launched in 2006.



are among the poorest and most underprivileged in all countries, so INWAT continues to support programs and policies that address health inequalities effectively and sensitively.

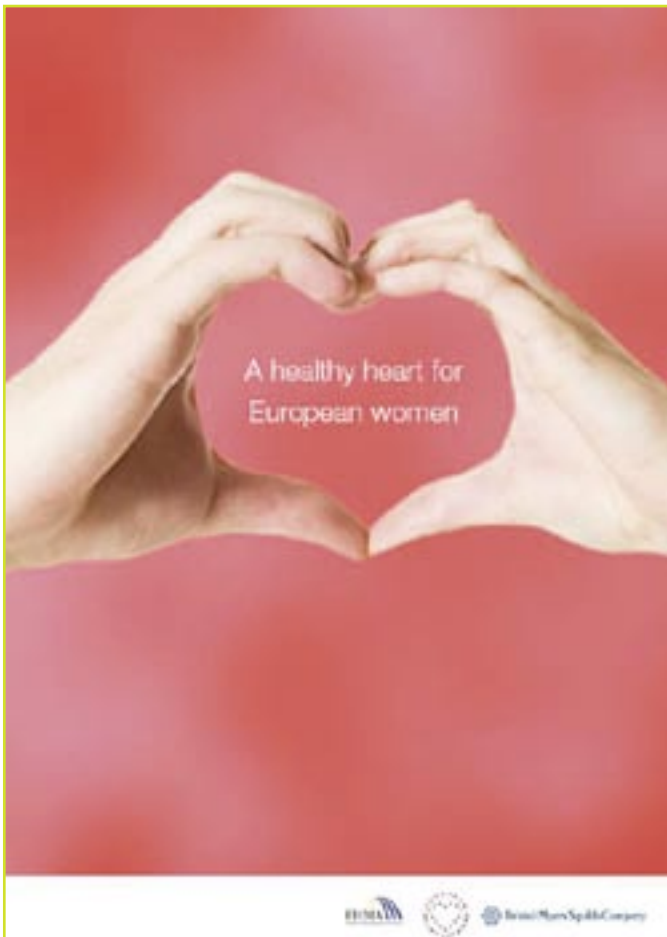
People

The real strength of INWAT is in its members. The time and commitment that many of the world's most senior women in tobacco control give voluntarily to the work of INWAT never ceases to astonish and inspire. Over the years, the network has been fortunate to receive sponsorship from many bodies including the American Public Health Association, American Cancer Society, European Union, Cancer Research

UK, Health Canada, the National Institute of Public Health in Sweden and Stivoro in The Netherlands. But these substantial contributions have been dwarfed by the time, energy, and genius that hundreds of women have given to the ideals and continuing success of the INWAT.

In the next 15 years let's aim to be an even stronger, more inter-linked Network dedicated to promoting the health of all women and girls through our leadership, example and power!

- **A:** Representatives of the FCTC women's caucus in Geneva during the INB meetings
- **B:** INWAT President Margaretha Haglund with Past President Deborah McLellan at the 11th World Conference on Tobacco or Health in Chicago, USA, 2000
- **C:** The INWAT Workshop Session and Press Conference during the 12th World Conference on Tobacco or Health in Helsinki, Finland, August 2003
- **D:** An INWAT Group is formed in Ecuador. INWAT lives by its members as other groups such as this one exist in many countries and regions
- **E:** Filomina Steady, Chairperson of the Kobe Declaration Committee and Soon-Young Yoon, WHO coordinator for the WHO International Conference on Tobacco and Health in Kobe, Japan, November 19, 1999
- **F:** Photo of the opening ceremonies of "breaking open sake barrels" with former WHO General Director, Dr. Gro Harlem Brundtland, WHO/SEARO regional director, Dr. Raphael Uton, and Soon-Young Yoon, WHO coordinator for the WHO International Conference on Tobacco and Health in Kobe, Japan, November 19, 1999
- **G:** INWAT celebrates its 15th Birthday in Barcelona, Spain, 2005
- **H:** The late Ruth Roemer awarded the INWAT Award in 2003 by South-East Asia INWAT Representative Mira Aghi. Dr. Ruth Roemer was a pioneer in tobacco control and was the first to recommend an international legal instrument to combat tobacco which is known today as the WHO-FCTC. She will be greatly missed by colleagues and friends. A tribute to Ruth Roemer can be read at www.globalink.org and www.inwat.org
- **I:** INWAT Award Winner for the year 2000 Cristina Martínez Martínez pictured with Margaretha Haglund (Left) and Dolor Marín (Right).



Smoking among women also contributes to the development of cardiovascular disease including heart disease and stroke. The following articles describe international collaborations to address this topic. The first describes a new report named “A Healthy Heart for European Women” and the second article summarizes the latest international conference on Women, Heart Disease and Stroke.

A Healthy Heart for European Women

By: Dr Suzanne Wait

Heart disease accounts for 46% of all deaths amongst women, more than all cancer deaths combined. Yet awareness of its importance is dismally low, both amongst women and the medical profession.

On March 16th, 2005, The European Health Management Association together with the European Heart Network and Bristol-Myers Squibb Company, and under the patronage of Linda McAvan, MEP, launched the Report ‘A Healthy Heart for European Women’ in the European Parliament.

One of the strongest messages of the report is that many of cardiovascular disease risk factors are amenable to population-wide prevention approaches. Cigarette smoking is a primary example of this. Smoking increases a woman’s risk of having a heart attack by a factor of three. Women who smoke more than 40 cigarettes a day increase their risk of heart disease 20-fold. Even smoking 1-4 cigarettes per day doubles their risk of disease. If a woman smokes while taking the contraceptive pill, her risk of coronary heart disease can be increased substantially.

Yet alarmingly, smoking rates have declined more rapidly amongst men than amongst women in the past decade. It has been argued that women are less likely to be successful at quitting smoking than men. In Finland, France, Norway and Spain, smoking rates have been stable or even increased in women in recent years. A worrying trend is the increase in

smoking in younger women, especially in poor communities, in several European countries.

Women have a different relationship to their health than men. Messages about heart disease must be gender-sensitive and break through to women who may be struggling with the competing demands of children, ageing parents, and demanding careers.

The time is ripe for focused efforts to reduce the burden that heart disease poses to women and society in general. This report is intended as a call to action to all involved in health and health policy – including women themselves – to recognise the urgency of this issue and take appropriate steps to make ‘a healthy heart for European women’ a reality.

The report “A Healthy Heart for European Women “ is available online: www.ilcuk.org.uk/downloads/health/healthy_heart_for_european_women_report.pdf

Dr. Suzanne Wait is the Director of Research for the International Longevity Centre in the UK. suzannewait@ilcuk.org.uk

Second International Conference on Women, Heart Disease and Stroke: A Summary

By: Catherine Coleman

More than 600 participants from 38 countries, two-thirds of them women, attended the Second International Conference on Heart Disease and Stroke in Orlando, Florida, USA from February 16-19, 2005. The conference was a follow-up to the first such conference, a landmark event in 2000 that produced the Victoria Declaration*, calling for “the prevention and management of heart diseases and stroke among women in both developed and developing countries.”

Globally, more cardiovascular disease (CVD) deaths occur in women than in men; it is a major cause of death in older women and is increasingly the cause of death among working-age women. Smoking contributes to CVD and increases the chance of a heart attack. The toll on women goes beyond just the impact on their personal health; it affects their families and their communities. It creates widows, many of whom then live in poverty. Women are generally the caretakers for relatives who become disabled because of CVD.

Presentations highlighted recent advances in scientific knowledge and surveillance of data. Reviewing the risk factors for CVD and stroke across the globe, Ruth Bonita, World Health Organization, pointed out that until recently, data about risk factors only reflected industrialized countries. Five years ago the MONICA project expanded to include data from developing countries and an important theme of the conference was the barriers to treatment and prevention of CVD in low and middle income countries.

Elinor Wilson, Canadian Public Health Association, former president of the World Heart Federation and one of the creators of the Victoria Declaration, echoed this theme. “We have the resources in this world to eradicate poverty. One percent of the global income is enough to eradicate poverty. Poverty is not inevitable and should not be tolerated.”

Other conference themes included the urgency of building existing knowledge concerning gender gaps in theory and in practice, addressing barriers for women around the world and show-casing community based examples

This article is a synopsis of a report originally posted on ProCOR (www.procor.org), an email and internet-based news and discussion forum focused on promoting cardiovascular health in low-resource settings. Email procor-join@healthnet.org to join ProCOR’s electronic network.

*The Victoria Declaration on Women’s Heart Disease and Stroke and more information about this conference are available on the ProCOR website, www.procor.org

Catherine Coleman is the Editor in Chief for ProCOR mailto: ccoleman5@partners.org

Elif Dagli of Turkey warns women:

Beware of False Images of Modernity

The following is a synopsis of an interview conducted with Professor Elif Dagli of Turkey by Suvi Arakpkirli on September 12, 2004

“Turkish women seem to think that smoking cigarettes is a symbol of being modern. Turkish menfolk seem to think that it’s ‘OK’ for women if they are allowed to smoke. . .but not acceptable to remove the headscarf or go out freely.”

Professor Elif Dagli knows what she is talking about. For many years she has been on the foremost front in the Turkish battle to confront the big tobacco giants of the conniving Western World with their false images of “modernity”. Prof. Dagli is the head of the children’s wards at the Marmara University Hospital in Istanbul, a specialist in lung diseases and a respected expert in anything to do with smoking in Turkey.

In big Turkish cities like the ancient and cosmopolitan Istanbul or the capital Ankara, the percentage of men smoking has started to come down. These figures are approaching 50%. “But there are very worrying trends when it comes to women,” says Dagli.

In affluent Western countries higher levels of education seem to work as some kind of a protecting shield against smoking, but this doesn’t seem to count in countries like Turkey. In big cities, where women have the highest and longest education of all Turkish women, the percentage of smokers is now about 45% and approaching men’s – in themselves dreadful enough numbers. »



In poor rural areas of Anatolia the figures for women are still a lot lower, but also there we see that during traditional women-only get-togethers at home smoking has become acceptable for younger women.

Prof. Dagli mentioned the following expectations from EU

- Make certain that the Turkish government understands that accepting smoking is not civilized any more. Make it clear that this is the standard. EU should also make it clear to Turkey, that legible warnings should be printed on cigarette packages sooner rather than later. Dagli is very disappointed that the EU Commission is dragging its feet in this matter.
- Dagli would also be very happy to see some international support to the Turkish government to keep the total advertising ban in force. Immediate and concrete help to Turkey to increase education about the harmful effects of smoking to the population at large would be highly beneficial. In fact there are EU-funds available especially for this purpose, and they can be granted before an actual membership.
- Dagli points out that unlike the EU, Turkey doesn't give subsidies to tobacco growers any more. She would definitely like to see EU-countries following Turkey's example and not vice versa.
- And she is vehemently opposed to privatizing the state enterprise TEKEL, which produces cigarettes and the famous anis flavoured spirit raki.

"We have 3 million people suffering from COPD and every year we get 50 000 cases of lung cancer. We have 4 million people suffering from asthma." states Dagli, "We have to spend – at least – 10 billion dollars a year to care for all those suffering from consequences of smoking. Now,

there are about 17 million smokers in Turkey, and every single day they spend about 17 million dollars, in cash on cigarettes." She goes on to say that "After privatization we would be left with these health care bills, but all the profits from this big market would go abroad."

"They prefer to poison us now"

Prof. Dagli is adamant that big tobacco companies are unscrupulously targeting less prosperous countries like Turkey. In autumn 2004, during a big rock concert in Istanbul sponsored by Carlsberg featuring the Gypsy Kings, Winston cigarettes were distributed free of charge to the attending youth. "Concert goers were allowed to smoke inside the venue. All this is totally against the law in Turkey, but the concert organizers couldn't even be bothered to answer our protest letter."

Elif Dagli is personally convinced that the Western governments are very purposefully allowing tobacco companies to move their main business to developing countries.

Formula 1-dangers looming

"They are now trying to use Formula 1 as a way to break our very efficient advertising ban. And they might succeed in it." A total advertising ban was introduced, after a very hard and exasperating battle, in 1996. Prof. Dagli explains that immediately after this ban, the increase in cigarette consumption was levelled off in Turkey.

Elif Dagli has no doubts that behind the scenes there is a very ruthless campaign going on to win Turkish politicians over and have them to abolish the law and allow advertising in.

"Help us to keep the advertising ban in, help us to keep Formula 1 out!"

A Focus on Gender

By: Rosemary Kennedy



Based at the International Development Research Centre (IDRC) in Ottawa, Canada, RITC supports and advances policy-relevant tobacco control research in low- and middle-income countries. Projects supported by RITC are conceived, designed and implemented by researchers in those countries.

Within each of its research priority areas², RITC supports cross-cutting gender research on both tobacco consumption and production. Projects in Sri Lanka and Zimbabwe provide two such illustrations. A study in *Sri Lanka* involves youth who have endured years of social unrest and civil conflict. Within that social context, this pilot study is exploring gender differences in the determinants of tobacco use and how Sri

Lankan youth perceive and define health risk and conflict. The research will provide a gender analysis of the health challenges and opportunities faced by young women and men as they search for security in post-conflict Sri Lanka. In *Zimbabwe*, researchers are exploring the economic and social implications of tobacco growing on farming families. The research is important because it recognizes the significant role of women in tobacco growing and the need to formulate gender-sensitive policy recommendations in that regard.

RITC has also supported projects in Brazil, Lebanon and South Africa that focus specifically on women and tobacco use.

² Health and social Implications of Tobacco Use; Economics of Tobacco; Policy and Legislative Analysis; Tobacco Farming and Alternative Livelihoods



Researchers in *Brazil* have laid the groundwork for the development of a smoking cessation intervention for women in the workplace. A majority of the current smokers surveyed had tried unsuccessfully to quit in the past and had not received cessation assistance from healthcare professionals. These women indicated willingness to receive cessation advice and counselling through a workplace program offered by health units located on-site. Support groups may be an effective format for cessation programs for these women, since it is common in Brazilian culture for people to rely on each other for support and many study participants expressed a lack of confidence in cessation aids such as nicotine replacement therapy.

Researchers in *Lebanon* surveyed pregnant women to assess their knowledge, attitudes and use of cigarettes and argileh, to inform the development of prevention and cessation interventions for these vulnerable women. Overall, 23% of study participants reported smoking during pregnancy: 17% smoked only cigarettes, 4% smoked only argileh, and 1.5% smoked both products. These women had limited knowledge about the health risks of cigarettes and even less knowledge about the dangers of argileh smoking. The researchers concluded that the women's smoking behaviour is influenced by their permissive attitudes toward smoking and insufficient knowledge of its health effects. A full

write-up on the results of this study was published in *Addictive Behaviors*, 29 (2004), pp. 1821-1831.

In *South Africa*, researchers are studying tobacco use among disadvantaged pregnant women of mixed ancestry. The smoking prevalence rate among these women is a staggering 47%, which ranks among the highest for women anywhere in the world. Yet South Africa's public health services do not offer programs to support pregnant women to quit smoking or provide basic information on the risks of smoking during pregnancy. The formative research that began with RITC's support in 2002 is now leading to the development of a smoking cessation intervention targeted directly to these women's expressed needs. The intervention will be delivered in antenatal public health clinics by trained midwives, obstetricians and peer educators recruited from the local community. The efficacy of the intervention will be evaluated in two selected, public-sector antenatal clinics and one referring hospital in Cape Town. Please refer to the Fall 2004 issue of INWAT Net for more details about this study.

Rosemary Kennedy is a Research Officer, RITC. For more information on RITC-supported research, please contact our Research Officer at: mailto:ritc@idrc.ca or visit our website at www.idrc.ca/tobacco.

Log on to GLOBALink, Women and Tobacco Discussion for the latest news

International Women's Day 2005

By: Gabriela Regueira

In 1975 in New York, the General Assembly of United Nations established March 8 as International Women's Day. This is the date in which women from all continents, unite to celebrate their Day.

International Women's Day is more and more an occasion to reflect on the achieved advances, demand changes and celebrate the courageous acts and decisions of average women that have played an extraordinary role in the history of woman's rights.

INWAT played a part on this day by supporting the necessary actions to reduce one of the most serious social problems faced by women today: the scourge of tobacco. The Network's roles include protecting woman's health and promoting women's leadership in the anti-tobacco struggle.

With the collaboration of the Dr. De La Vega, in the city of Mar del Plata (Argentina), a workshop titled: "Woman and Tobacco: Where we are and where we will go" was held. This workshop was under the auspices of the "Protocol to Control of Tobacco Addiction" of the Mar del Plata Medical Center, the Municipality of Pueyrredón and the Medical College IX° D.

Topics included the current situation of women's tobacco use in Latin

America, strategies of the tobacco industry through their publicity and promotional campaigns, and the tools we have to halt this scourge. Professionals from different health-related institutions and women leaders from the community participated in the workshop which was covered by the main newspapers of the city.

We thank those that supported this event on this day as well as those that day by day join us in our task through electronic tobacco control networks.

Gabriela Regueira is a psychologist based in Bahía Blanca, Argentina and serves on the INWAT Board. gabrielaregueira@yahoo.com.ar.

The Spanish version of this article may be sent upon request by emailing sara@inwat.org

Tobacco Chile has dedicated a new section about Women and Tobacco Latin America is taking action to address tobacco use among women in their region. Tobacco Chile has recently developed their website to include current information related to tobacco use among women and girls. View this section at:
www.tobaccochile.globalink.org/wsg/sitio/tabaco/pagtabmujer.htm





To Promote Benson & Hedges among Sri Lankan Women

The Beauty Who Modeled for Ceylon Tobacco Company

By: Manjari Peiris

Michael Susan Reimers explained that fateful night; “Today none of my friends who were with me in the past are with me, but have abandoned me. Today I have realized very well what life is. If we have beauty and money anybody will stay with us. But when we are deprived of both, nobody will think of us.”

A few years ago Michael Reimers worked as a model and a television actress. She was very popular at that time and was called ‘mermaid’. In 1994 she was crowned Miss Sri Lanka for the ‘Queen of the World Contest’.

But this mermaid was faced with a severe tragedy recently. She recounts: “I had the bad habit of smoking. One night I went to bed knowing I would have a shooting for a tele-drama the following day. I lit a cigarette and fell asleep in bed. The cigarette fell on my pillow and burnt my face. Because the fan was switched on, the fire worsened as the cotton inside the pillow caught fire.”

The fire which had erupted in an unexpected moment spread over her hair. At this moment Michael had started screaming and struggling.

“By this time the dress which I was wearing was all on fire, then spread over to my chest. I was conscious at that time, but was in terrible pain. Even now I wish that nobody in this world should be faced with this kind of destiny.”

In this manner Michael had been hospitalized for about 2 months and had returned home. Michael became very sad to notice that the pretty

face she inherited by birth was now completely destroyed. “Nobody helped me. Even those who were very near to me did not. Everybody avoided me. I am not pretty now, it may be the reason.”

“Yes, when I was very young and pretty I used to attend night clubs and excursions held for modeling. I took up assignments with the CTC to promote smoking among women by holding and offering Benson & Hedges cigarettes at night clubs and at modeling centres. At that time I thought what I did those days were correct. Nevertheless I now realize everything perfectly.”

“I think my folly was taking up assignments as a model at night clubs. Today I repent for doing so. Hereafter I will never persuade or assist any girl to take up such profession.”

“I was desperate of what had happened to me then. But the native doctors who treated me encouraged me to start up a new life. Their words were a tower of strength to me. I am eager to open a new leaf of my life using the excellent lesson that I learnt in life.”

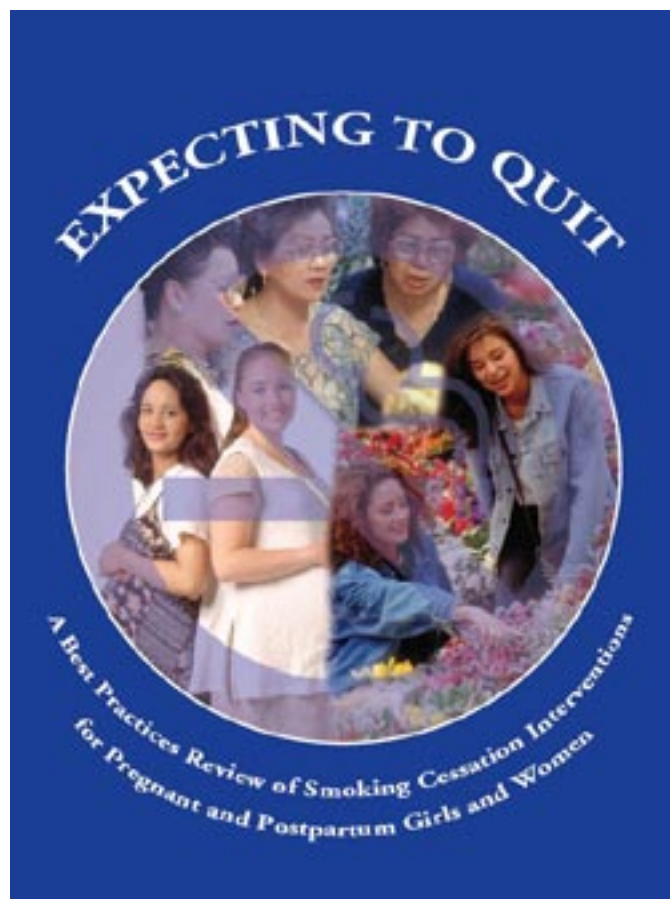
Manjari Peiris is a free-lance journalist based in Sri Lanka writing about community health and specializes in tobacco control issues. Her other work includes an article about how the Ceylon Tobacco Company financed mobile tobacco shops after the tsunami hit her country. manjari@zynet.com

Better Practices in Tobacco Cessation During Pregnancy

By: Lorraine Greaves, Renée Cormier, Karen Devries, Joan Bottorff, Joy Johnson, Susan Kirkland and David Aboussafy

Approximately 20-30% of pregnant women in Canada and the U.S. use tobacco during pregnancy¹ making smoking during pregnancy a serious health concern for both women and their children. While many women either quit or reduce their tobacco use during pregnancy, cessation is often temporary, as relapse rates vary from 70-90% by one year postpartum.²

The British Columbia Centre of Excellence for Women's Health in Vancouver, Canada, has reviewed smoking cessation interventions and programs for pregnant and postpartum women and girls to determine effective strategies for reduction and cessation. Using a Better Practices model^{3,4} published interventions were evaluated on the basis of »



Expert seminar

INWAT-Europe held an expert seminar on women and second-hand smoke in March 2005. Experts on women's smoking, inequalities and gender came together to examine the issues of smoke free policy changes from a European perspective. To view the presentations and proceedings visit www.inwat.org

Did you get the e-zine via e-mail?

The INWAT NET is now electronic and paper copies are a thing of the past.
To have the next issue sent to your inbox, email info@inwat.org
or visit www.inwat.org to update your INWAT membership.

methodology and effectiveness. Historically, cessation interventions have used fetal health as a motivator. This approach has achieved some success but fails to provide long-term motivation as it does not make forefront the value of women's health. Many factors affecting cessation, maintenance and relapse need to be addressed within interventions; including social, economic, biological and cultural issues.

The review identifies the key components of the successful interventions and identifies the most successful programs. In addition, several new approaches are recommended which may be applied directly to interventions with pregnant smokers or integrated into future research.

Tailored approaches allow for more precise and effective matches between interventions, components, and pregnant smokers' circumstances, particularly to accommodate certain sub-populations such as teenage girls, Aboriginal women, and heavy smokers.

Woman-centered approaches place importance on women's health before, during and after pregnancy. Issues such as financial circumstances, experiences of violence, and whether or not a pregnancy is planned or desired are explored.

Stigma and Harm Reduction approaches address the effects of public pressures on pregnant women and increase awareness of stigma among interveners. Women are encouraged to decrease the number of cigarettes they smoke, and to take other steps to improve their health.

Relapse Prevention is particularly important for pregnant women who quit spontaneously. Additional support may be needed after delivery when fetal health is no longer a daily motivation.

Partner Support interventions that acknowledge the presence and effect of other smokers in the lives of pregnant women and appreciate the dynamics of these relationships. We suggest separate interventions for partners, to reduce the possibility of conflict and negative dynamics.

Social Issues Integration considers the multiple social issues such as unemployment, violence, and poverty that women experience, and offers a wide range of resources.

These woman-centered approaches view women's health as a central motivator for change pre, during and post pregnancy. The recommended practices provide a strong foundation for future interventions that create the conditions necessary for successful and lasting tobacco cessation in women and girls.

If you would like a copy of the full report, *Expecting to Quit: A Best Practices Review of Smoking Cessation Interventions for Pregnant and Postpartum Girls and Women*, contact:

British Columbia Centre of Excellence for Women's Health
BC Women's Hospital and Health Centre
E311-4500 Oak Street
Vancouver, B.C. Canada V6H 3N1
Tel: +1-604-875-2633
Fax: +1-604-875-3716
mailto:bcewh@cw.bc.ca
or visit: www.bcewh.bc.ca or www.gosmokefree.ca

Acknowledgements:

The British Columbia Centre of Excellence for Women's Health and its activities and products have been made possible through a financial contribution from Health Canada. The BCCEWH is hosted by British Columbia's Women's Hospital & Health Centre, an agency of the Provincial Health Services Authority of British Columbia. Funding for this project was provided by Health Canada. Thanks to Julie Cormier, Natasha Jategaonkar and Pamela Verna for their assistance with this article.

Dr. Lorraine Greaves is the Executive Director of the British Columbia Centre of Excellence for Women's Health, Vancouver, Canada and has worked with a team of experts to produce this report. mailto:bcewh@cw.bc.ca

1. Coleman GJ, Joyce T. Trends in smoking before, during, and after pregnancy in ten states. *American Journal of Preventive Medicine* 2003;24(1):29-35; Connor SK, McIntyre L. The sociodemographic predictors of smoking cessation among pregnant women in Canada. *Canadian Journal of Public Health* 1999;90:352-355.
2. Klesges, LM, Johnson KC, et al. Smoking cessation in pregnant women. *Obstetrics and Gynecological Clinics of North America* 2001;28(2):269-282.
3. CTCRI. (2002). *Better solutions for complex problems: Description of a model to support better practices for health.* Ottawa, ON: CTCRI.
4. Miller, S. J., Manske, S. R., Phaneuf, M. R., & Moyer, C. (2001). *Identifying Best Practices for Group Smoking Cessation: Comparing CCS Fresh Start to Best Practices.* Waterloo, ON: Centre for Behavioural Research and Program Evaluation, University of Waterloo.

Research Reports and Publications Based on Tobacco Industry Documents, 1991-2005 – Edition 7, May 2005

A wealth of information on how the tobacco industry has launched their products at women, youth and children can be obtained by examining tobacco industry documents. This publication contains a comprehensive list of published reports based on these documents. Available at: www.globalink.org/tobacco/docs/secretdocs/

For more information contact Norbert Hirschhorn gt-docs@globalink.org

Attitudes of Women Affected By Smoking to Tobacco Use and Environmental Tobacco Smoke (ETS) – Preliminary Findings

By: Drs Adesola O. Sangowawa, Simeon E.U. Ekanem, Babalola Faseru, Akinwunmi Fajola and Obioma Uchendu

Smoking is a global problem and its effects go beyond the smoker to impact on the lives of some 'significant' others. For the purpose of this study, 'significant' others are people affected by smoking and include those in contact with smokers at home, work or other public places.

This cross-sectional study was carried out in August 2004, in Igbo-Ora, a town in South-Western Nigeria to assess the attitudes of those affected by smoking to tobacco use and ETS. Over a ten-day period, seventeen women between the ages of 17-68 including 2 expectant mothers, were recruited from adult patients in the outpatient clinic of the General Hospital Igbo-Ora. In-depth interviews were conducted and information was obtained on socio-demographic characteristics, exposure to ETS and attitudes and perception of risk to ETS.

The preliminary findings show:

Eleven (64.7%) women were exposed to ETS in the home. All respondents were aware that smoking was dangerous to the health of smokers however none of the respondents were aware that they were exposed to any health risks from ETS.

For those exposed in the home, none were worried that their children would experiment with smoking in the future.

All reported that tobacco smoke irritated their nostrils and would move away from those who smoked.

Twelve (70.5%) had advised the smokers to quit on at least one occasion, but only one person reported that the smoker had since stopped smoking.

Two (11.7%) felt that health professionals had a major role to play in helping people to quit smoking.

The study highlighted the need for more concerted efforts for tobacco prevention including improved awareness on the dangers of smoking and ETS exposure.

Dr. Adesola O. Sangowawa, Department of Community Medicine, University College Hospital, Ibadan, Oyo State, Nigeria. e-mail: daisyolu@yahoo.co.uk

Board of Directors (2003 – 2006)

Margaretha Haglund ■ Head of Tobacco Control Programme
National Institute of Public Health - Sweden
margaretha.haglund@fhi.se ■ **President**

Lorraine Greaves ■ Executive Director ■ BC Centre of Excellence for
Women's Health – Canada ■ lgreaves@cw.bc.ca ■ **Vice President**

Deborah McLellan ■ Associate Director ■ Dana Farber Cancer Insti-
tute – USA ■ deborah_mclellan@dfci.harvard.edu ■ **Past President**

Gabriela Regueira ■ Argentina ■ gabrielaregueira@yahoo.com.ar
Secretary

Trudy Prins ■ Director ■ Netherlands Association for Community
Health Services – The Netherlands ■ tprins@ggd.nl. ■ **Treasurer**

Regional Representatives (2003 – 2006)

Nicola Christofides ■ Senior Researcher ■ Women's Health
Project – South Africa ■ nicola.chris@mrc.ac.za ■ **Africa**

Jane Martin ■ Policy and Information Manager ■ Quit Victoria
– Australia ■ jane.martin@accv.org.au ■ **Asia Pacific**

Patti White ■ Analyst ■ National Institute for Clinical Excellence
– UK ■ patti.white@nice.org.uk ■ **Europe**

Victoria Almquist ■ Manager, Outreach, Regional Representative
Tobacco-Free Kids – USA ■ valmquist@tobaccofreekids.org
North America

Beatriz Champagne
Executive Director ■ InterAmerican Heart Foundation – USA
beatriz.champagne@interamericanheart.org ■ **South America**

Mira Aghi ■ Behavioural Scientist - India
mirabaghi@hotmail.com ■ **South-East Asia**

The NET is edited by:

Deborah McLellan

Sara Sanchez

Patti White

Design and layout by:

Bijl PR, Capelle aan den IJssel, The Netherlands.

To contribute to the next issue contact:

Sara Sanchez

sara@inwat.org

INWAT



THE NET

INTERNATIONAL NETWORK OF WOMEN AGAINST TOBACCO
