



INTERNATIONAL NETWORK OF WOMEN AGAINST TOBACCO

## President's Corner

**By: Margaretha Haglund**

Welcome to my last President's Corner during my regime as President of INWAT. After serving nine years, I have decided that it is high time for our organization to get a new President. I will officially step down at our members' meeting during the 13th World Conference on Tobacco or Health (WCTOH) in Washington, DC in July of this year. (Please read more information on our activities at the 13th WCTOH in my column as well as throughout the e-zine) At the members' meeting our new President - that you are now in the process of electing - will be announced as well as the Board Members and Regional Representatives for 2006-2009. Continuity can be a great strength for an organization like INWAT. I can also see a risk with a President that stays too long, in that the organization may be identified merely as a single individual when there are so many strong members behind the scenes making such great contributions to this cause. Please use your democratic right as a member to vote for our next President. All information about the election can be found at [www.inwat.org](http://www.inwat.org) and in this e-zine.

I hope that you enjoyed our 15th anniversary e-zine for which we have received a lot of compliments from members and non-members who closely follow our activities. I think I now also dare to say that we have already reached one of the four main aims during my last term as your President which is enriching INWAT's women and tobacco information system. I can't emphasize enough how important new ways of communication are now and for future generations. Still, I remember how strange it sounded in 1993 when I did a study tour in the US and met the technical attaché at our Embassy who told me about the power and speed of development of the Internet and what to expect in the future.

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**By: Sara Sanchez**

**An Interview with the new WHO Tobacco-Free Initiative Director**

### **Dr. Yumiko Mochizuki-Kobayashi enjoys her mission**

**The new WHO Tobacco-Free Initiative Director**

**Dr. Yumiko Mochizuki-Kobayashi has been a long-time INWAT member dedicating much time to the issue of women and tobacco, both in her home country and internationally.**

Born in Japan, Yumiko graduated from Keio University Medical School (MD) and its post-graduate course (Ph.D in public health). After gaining much experience in Japan at the National Cancer Centre Research Institute, Ministry of Health and Welfare, and the National Institute of Public Health, she is ready to take on new challenges to advance tobacco control around the globe.

In INWAT's interview with Dr. Mochizuki-Kobayashi on December 5th, she tells us a little more about herself and the challenges faced to decrease tobacco consumption among women.

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## President's Corner continued from page 1

As you can understand from what I have tried to say in my introduction, the choice to step down was not very difficult as I can honestly say that in the last years we have become a much more active network which is demonstrated by members who have contributed many volunteer hours, have submitted many more articles to the e-zine and finally, have taken leadership in several countries which have been outstanding. It is with great pleasure that I hand over the Presidency to the soon-to-be-elected President. But, of course, even though I am stepping down I am happy to assist as a President Emeritus in some way.

Also in my final President's Corner I would like to tell you that the last year has been quite challenging for me due to health problems. Not in my worst nightmares could I ever think that I was as sick as I was when I visited my doctor in June when it was discovered that I had to undergo triple bypass surgery in September 2005; which I did. Like many women, I did not have men's typical symptoms like chest pain. My main warning signal was that I was so tired, almost to the point of exhaustion. But my passion for fighting the tobacco epidemic has made me for years overlook warning signals of my heart disease. Anyhow, my operation was a success and so has my recovery been so far. Many of my friends have asked me if I do not regret that I have given so much of myself in my job but let me quote a famous Argentinean author in his poem "Instants" (Thank you Gabriela Regueira for sending me these wise words) starting;

**If I could live my life again.**

**I'll try to do more mistakes.**

**I won't even try to be perfect**

I would like to express my sincere thanks for all the support I have received from members all around the world. I can't tell you how much it has meant to me to have your support during days that have been quite challenging. After many days of long walks as part of my post-surgical treatment, I finally reached my recovery goal which was to be fit enough to accept an invitation to speak at an international conference in Taipei at the end of November 2005. After almost half a year on sick leave I can't describe in words how wonderful my feelings were to manage both the long trip and my lecture. The trip to Taipei became the best start of my return to work. May I also take this opportunity to thank the Ministry of Health in Taiwan for their thoughtful initiative to supplement the international conference with a special seminar on women and tobacco in an effort to increase their own activities targeting women at an early stage of the epidemic. Like in most Asian countries, the prevalence of smoking among women is still low but there are several warning signals on what to expect like increases among girls and young women. Certainly the WHO FCTC instrument will be a valuable tool for us to introduce early action in countries. By the time you read this column, countries that ratified the Treaty last November will have met at the first Conference of the Parties (CoP), 6-17 February in Geneva. The concrete outcomes of the first meeting are of course now difficult to predict but, as action will always speak louder than words, please never think that a treaty will live its own active life without hardworking partners that are making sure that the rhetoric is put into action.

A major important upcoming event for us now is the 13th WCTOH in

Washington. Among all INWAT activities, the most important event, besides the members' meeting which we have requested to take place during lunch on Thursday July 13 (Please watch for confirmed details on [www.inwat.org](http://www.inwat.org) which will have a special up-to-date section on the Conference) is the launch of a new INWAT report "Responding to the Global Tobacco Epidemic among Women – A Canadian Led Initiative". This report has been possible by a grant from Health Canada to The British Columbia Centre of Excellence for Women's Health which is co-producing the report with INWAT. Thanks to the great efforts by Vice President Lorraine Greaves, this report will now form a very important activity at the WCTOH and will serve as good publicity for INWAT. The report will be launched at a special breakout session. Besides this session, INWAT will also partner in other sessions like "Exploitation by Tobacco: who and where are the most vulnerable populations?"

Of course in my last Corner I just have to let you know about activities in my own country, of which I am so proud. As in any international job, a solid base in your own country is very important to have. From Sweden I am very pleased to let you know that our legislation banning smoking in restaurants, bars and other areas has been a great success. Only a handful of problems have been reported to our supervision authorities. There is now even greater support reported by guests and the owners themselves. The latter have also noted an increased number of guests after the ban's debut on June 1st 2005 and there are preliminary findings on hospitality industry workers' respiratory health before and after implementation of the smoking ban; they reveal that the smoking ban has had fast and positive health results.

In this last column I would also like to congratulate INWAT Member Yumiko Mochizuki-Kobayashi on her promotion as the head of the TFI at the WHO in Geneva. As a long-standing friend of Yumiko I am totally convinced that she will not only do an excellent job in tobacco control but also contribute to spread the goals of INWAT. In this e-zine there is an interview with Yumiko by Sara Sanchez.

In Sweden we are now preparing for Christmas and the New Year (as for all NET issues, there is always a long preparation before the release) and my grandson Ludvig and I are going to bake a Swedish speciality, the crispy ginger bread cookie. Ludvig who is now 2 years old has really benefited from Granny's sick leave as I have very often picked him up early in the afternoon from his nursery school. Actually, I enjoyed my life during recovery when tobacco control, for a while, had been a very distant thing for me.

To conclude this final Corner, I would like to wish you all a successful 2006 and a very warm welcome to our members' meeting in Washington where we also will have guest speakers like Yumiko Mochizuki-Kobayashi.

Finally many thanks for letting me serve as your President for the past nine years - years that I will always remember as a very important part of my life. When leaving INWAT as your President I am totally convinced that our future will be in the best of hands.

With all my warm wishes for a successful future for INWAT as well as its members!

**Margaretha Haglund**

**Dr. Yumiko Mochizuki-Kobayashi enjoys her mission**  
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**Sara:** Are you enjoying your new place of work and Geneva?

**Yumiko:** Yes, most definitely. If you had asked me at the start of my job, I would have answered something different, but, now I feel almost settled and am really enjoying my new mission.

**Sara:** You have had quite an extensive career in tobacco control. In keeping with the 2005 World No Tobacco Day (WNTD) theme, can you let us know about work you had done with Japanese health professionals?

**Yumiko:** For World No Tobacco Day in Japan many campaigns at national, local and institutional levels, some of which I was in charge of, used the theme of health professionals against tobacco. More than 10 years ago, I started to research tobacco use among health professionals, especially nurses. Also, I joined several medical committees including the Japanese Nursing Association.

**Sara:** Presently, there is much more evidence about smoking and tobacco policy compared to other areas of public health and you have been credited for championing evidence-based policy practices in Japan. Is promoting evidence-based public health, specifically in tobacco control, a priority for you at WHO?

**Yumiko:** Using scientific evidence as a basis for policy is one of the main roles of WHO. Policy makers need to be presented with essential and accurate scientific information before making decisions. The efforts in that respect in Japan have contributed, I think, to encouraging global efforts. Evidence-based policy is key in any tobacco control strategy in any country.

**Sara:** What lessons can other public health fields, for example physical activity and healthy eating, learn from tobacco control?

**Yumiko:** They can move from science and evidence into knowledge and practice.

Advocacy is an important element for these two fields. Physical activity and healthy eating- can learn this from the tobacco control movement, as well as taking the steps of moving from evidence to knowledge and to policy development.

In the case of healthy eating habits and diet, not all policies are being made on scientific evidence. Should there be any partnerships between public health sectors and the food industry? This is a bit of a sensitive issue right now, but this poses a big challenge for further advances to the development of public policies related to food. We have had similar challenges in tobacco control, and although there are obvious differences, especially when it comes to the non-partnership with the industry, tobacco control can serve as a good example.

**Sara:** What are the greatest challenges ahead of you at the World Health Organization?

**Yumiko:** One great challenge is the implementation of the WHO Framework Convention on Tobacco Control. During the Conference of the Parties (CoP), countries will be discussing a series of issues from the practical perspective. However, each country will be different when it comes to policy development for the WHO FCTC implementation. We have to focus on these differences as there is no “one-size-fits-all” solution. Furthermore, WHO TFI must continue helping those countries that require assistance, especially when it comes to capacity-building and help on technical aspects of the implementation of tobacco control measures according to the WHO FCTC provisions. It will also be a challenge to monitor the level and progress of this implementation.



**Sara:** While we are on the topic of the WHO FCTC, what do you see is your greatest role at the upcoming CoP in February?

**Yumiko:** We will be acting as the interim secretariat of CoP and supporting the meetings. Our mandate is to convene the session, provide the necessary support to countries, and prepare a few preliminary documents following recommendations from the previous intergovernmental working groups on different subjects. The Parties will then work from these documents and will take decisions after their deliberations.

**Sara:** Can you give a special example of how you advanced tobacco control related to women in Japan?

**Yumiko:** The smoking rates among women in Japan are rising among the younger generations. This is due to several major factors: marketing by the tobacco industry and the fact that women are less informed about the dangers of tobacco. Furthermore, there are few gender-oriented tobacco control strategies - contrary to gender-oriented marketing strategies of tobacco industry. A good example of one component of a comprehensive strategy currently underway in Japan is the government-led cessation program for pregnant smokers.

There have been several studies in Japan about the marketing of tobacco products by the industry, and some of it is tactically targeted to women. Some of them appeal to freedom, glamour, etc. Sometimes they also appeal to Japanese women by portraying western feminine lifestyle.

**Sara:** How do you see the challenges of tobacco control for women in Japan? Do they differ from the rest of the world?

**Yumiko:** In Japan, the smoking rates among women are low compared to other industrialized countries such as Canada and the USA. This

average low rate can lead to a misconception among policy makers and public health workers. What must be done is to examine the statistics a little more carefully to see that within this average, there are high rates among different age groups, geographic areas and socio-economic status. These differences are lost when working with average prevalence.

There is a challenge to gender-related policy in health as it is slow in process. Health oriented programs are currently lacking this gender perspective at the Ministry of Health in Japan. One promising example in Japan is the work done in this field by the nurses.

Historically, smoking prevalence among nurses was very high. They are also a strong gender-focused group. The action they are taking to become smoke-free and create better health policy is spreading to the larger society. Furthermore, they are more dedicated to advancing tobacco control and this is confirmed by the increased interest of the Japan Nursing Association in Tobacco Control. There are many gender-focused groups, but not all them are interested in advancing tobacco control; they are interested in other issues. It is one of our objectives to marry NGO and other organizations that work on gender issues with other groups that work on tobacco control. The Kobe Conference in 1999 was a starting point for this objective.

**Sara:** You mentioned the Kobe Conference (formally named: WHO International Conference on Tobacco and Health, Kobe – Making a Difference to Tobacco and Health: Avoiding the Tobacco Epidemic in Women and Youth): What changes came about from this conference in Japan and globally?



**Yumiko:** The Kobe conference was a result of the collaboration between WHO and the Japanese government, co-chaired by Dr. Hiroko Minami, president of the Japanese Nursing Association and Dr. Judith Mackay, in order to convene a meeting where gender and tobacco control was the focus. Increasing prevalence among women and youth were highlighted. Kobe was a starting point to address the issue of women and tobacco use in Japan. This work further influenced the Japan Nursing Association's initiative on tobacco control, and then Japan Medical Association's further activities against tobacco. Last week, there was a co-sponsored WHO and Research for International Tobacco Control (RITC) expert meeting in Ottawa on gender and tobacco control where the issues of gender-focused tobacco policies were raised. We will be developing the policy recommendation through the meeting outcome.

Globally, the Kobe Declaration from the Kobe meeting acted as a primer for the WHO FCTC. At that time, the WHO FCTC was in the starting phase of its development and the Kobe Declaration was an important foundation for a gender-related preamble in the Treaty. From Kobe, we know that there are a lot of gender-focused groups around the world and it is important that they also take on tobacco control as a high priority issue.

**Sara:** How can INWAT members support the TFI in order to advance solutions to the women and tobacco problem around the globe?

**Yumiko:** INWAT is active around the world. It is independent and reliable. INWAT members can help in advancing tobacco control from the gender perspective; this was clearly shown during the meeting last week in Ottawa. INWAT was consulted in making the recommendations in

Ottawa. Your Vice President Lorraine Greaves was involved in that process. We see INWAT as good partners of TFI and WHO for gender and tobacco control collaboration.

I personally have learned a lot from INWAT. This is true for example, with the interaction during the World Conferences and with the continuous exchange of information. Often, presentations from INWAT members leave a lasting impression with me, and I'm grateful because I could learn from them. The experience shared between members further strengthens this work. INWAT is a global partner for tobacco control advocates and has a role in training and capacity building, for example, the workshops the Network has conducted in the past. For groups that focus on gender issues, INWAT acts as a great resource to their global activities and has the potential to help.

**Sara:** Is there anything else you would like to tell INWAT?

**Yumiko:** The Network always encourages a lot of contacts especially with Margaretha. I would like to see the end of the women and tobacco epidemic before our lifetime. I also think that more male members should join the network!

Dr. Mochizuki-Kobayashi can be reached via the WHO Tobacco Free Initiative at: [tfi@who.int](mailto:tfi@who.int).

Sara Sanchez works for the Swedish NGO, Health Professionals against Tobacco, Sweden [sanchezs@globalink.org](mailto:sanchezs@globalink.org) and is an active INWAT member.

*I would like to acknowledge Patti White and Marta Seoane for their help in conducting this interview.*

# Determining the Current Situation and Future Perspectives

In collaboration with the Coordinating Commission for the participation of NGOs and other linked entities to the promotion of the health and the VIGI+A Program of the Ministry of Health and Environment of Argentina, the seminar named “Current Situation and Future Perspectives about Tobacco Use in Women in Argentina and South America” was held on 6 July 2005 in Buenos Aires, Argentina.

Representatives from the NGOs discussed the problem of tobacco use in women to generate a discussion about the strategies of the tobacco industry directed to the Latin American, especially adolescent, woman.

The findings of this seminar concluded:

- Currently, women are part of the growing epidemic of tobacco use. In the next decades, we will likely see the rise of lung cancer as the main cause of cancer death among women.
- NGOs are important allies, in contact with the populations at risk, and, in collaboration with the State, are able to contribute significantly in the fight against tobacco use.
- With the decline of smoking in the markets of the developed world, the tobacco industry looks toward the Latin American market, especi-

ally to its women, for the potential economic benefit it can obtain.

- Argentina is heading to the ratification of the WHO Framework Convention on Tobacco Control before the National Congress and to the enactment of the tobacco control law.
- Although high rates of women’s smoking exist in some Latin American countries, others have relatively low rates, which provides us with an incredible opportunity to collaborate in preventing and reducing the deaths and illnesses related with the tobacco.

## Essential Action in Argentina and Uruguay

With the objectives of contributing and exchanging up to date information on tobacco control in the region and supporting and strengthening international tobacco control activities at the grass roots level, we join the activities that Global Partnerships for Tobacco Control (<http://www.essentialaction.org/tobacco>) carried out in Argentina and Uruguay in August 2005. “Participating groups include: tobacco control advocacy groups; youth networks and schools; hospitals and medical associations; local government agencies; and communities.”



Delegation Participants and Host contact at Carmelo Rowing Club (Uruguay).  
Standing, left to right: Eduardo Bianco, Evelink Franco, Fred Folliot, Nicole Sutton, Adriana Menendez, Osvaldo Davyt.  
Sitting left to right: Stephanie Hilborn, Juanita Recinos, Sandra Mourelle, Anna White, Gabriela Regueira.



The AmaMAR Group in Bahia Blanca works to promote tobacco-free pregnancies and to protect children from exposure to secondhand smoke.

## Smoking among women during Pregnancy and Protection for Secondhand Smoke

During the months of October and November of 2005, at the Dr. Jose Penna Hospital in the City of Bahia Blanca, Argentina, INWAT Latin America carried out activities with AmaMAR Group that supports breastfeeding, with the objective of protecting the health of children by helping women that smoke during pregnancy and reducing their exposure to tobacco smoke after birth. The issue of exposure to secondhand smoke is of particular importance because in Argentina 68% of the children are exposed to secondhand smoke in their homes.

The activities that were carried out included:

- Voluntary training on brief interventions with pregnant women.
- Psychologists conducted meetings about the importance of promoting smoke-free homes to mothers of newborn children and of children interned in the hospital.
- A workshop dedicated to health professionals to encourage creating smoke-free hospitals during the International Day of the Clean Air.

For more information contact Gabriela Regueira at [gabrielaregueira@yahoo.com.ar](mailto:gabrielaregueira@yahoo.com.ar)

**Submit your ballot to vote for the new INWAT Board – page 13.  
Voting will close June 6, 2006**



By Dr. Raquel Magri, Soc. Hector Suarez, Dr Hugo Miguez, Dras. Verónica Parodi y Adriana Menendez, Dr. Quimico Eleuterio Umpierrez

## Legal and Illegal Drug Consumption in Pregnant Women: Preliminary Results from Uruguay

### The objectives of the study were:

- To estimate the prevalence and consumption of drugs during pregnancy.
- To investigate information provided by doctors concerning risks involved in alcohol and drug consumption during pregnancy in order to review State applied policies.
- To contribute towards the estimation of human, social and economic costs produced by problematic consumption of drugs.

Participants included women over the age of 15 that gave birth in the two main public hospitals in Uruguay where 50% of all births in Montevideo occur. The mothers were from low and middle-to-low socioeconomic levels, with lower than average education and lacking private health services.

All participated in a face to face interview with trained personnel within 48 hours of birth. Perinatal registries from hospital archives were assessed and 900 infant meconium samples were tested for alcohol, tobacco, cocaine, amphetamines, marijuana, opiates, benzodiazepines and caffeine.

### Preliminary Results

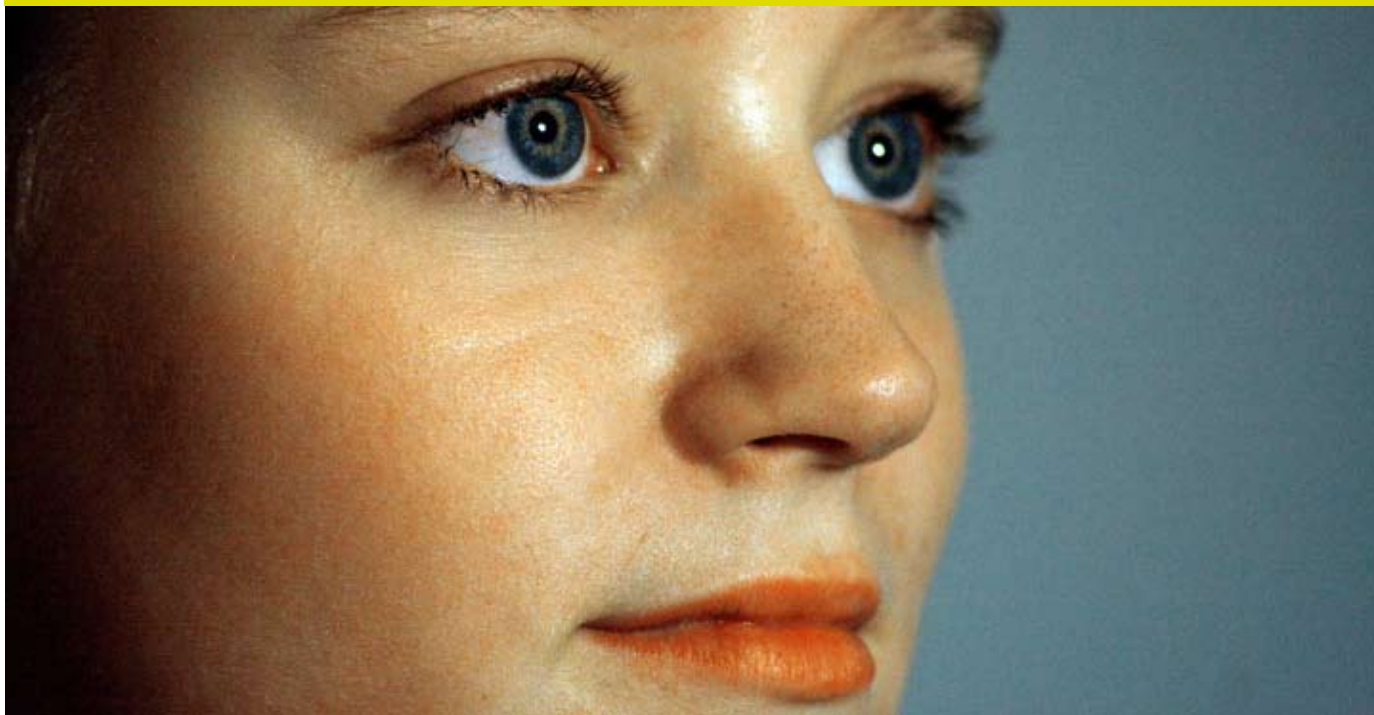
- 41.3% of those surveyed consumed tobacco during pregnancy and half smoked six or more cigarettes a day; babies delivered by these women had lower birth rates.
- 36.8% of those surveyed consumed alcohol during pregnancy.
- Of physicians overseeing the pregnancies, one third (34%) warned their patients about the risk associated with tobacco use and a quarter (27%) cautioned patients about alcohol consumption.
- 16.3% consumed tranquilizers during pregnancy.
- 44% consumed alcohol or tobacco during pregnancy. 16.7% consumed both.
- 1.4% consumed illegal drugs during pregnancy (marijuana and cocaine paste).
- 30% of all births were planned.

Fetal Alcohol Syndrome prevalence and other studies will be completed as soon as meconium studies are validated by Toronto's Hospital for Sick Children and pathology from stillbirths and newborns that died in Intensive Care Unit (ICU) are finished.



A sneak peek at the report:

## Responding to the Global Tobacco Epidemic among Women - A Canadian Lead Initiative



The British Columbia Centre of Excellence for Women's Health has partnered with INWAT to develop a state-of-the-art report on Women and Tobacco. The report will be launched at the World Conference on Tobacco or Health in Washington, DC July 2006.

The development of this publication has been made possible through a grant from Health Canada and is in part supported by the American Cancer Society. In five short chapters, the world-renowned authors contributing to this publication will provide:

- An overview of the worldwide trends in women's tobacco use including the social context in which they occur. Examples from countries representing all WHO Regions within the four stages of the tobacco epidemic will be highlighted. These countries are Australia, Brazil, Canada, China, India, Iran, Lebanon, South Africa, Sweden, Thailand and Turkey.
- Current information on tobacco's adverse health effects on women through the life cycle with an in-depth look at cancer, cardiovascular, respiratory, reproductive, oral and bone health.
- A brief snapshot of the role of women in the cultivation, manufacturing and marketing of tobacco including issues such as job creation, hunger and women-specific tobacco products.
- A review of how human rights treaties such as Convention on the Eli-

mination of all forms of Discrimination against Women (CEDAW), Convention on the Rights of the Child (CRC) and the WHO Framework Convention on Tobacco Control (WHO FCTC) can advance progress in tobacco control to protect one fundamental human right, health.

- A resource chapter on how to apply gender based analysis to tobacco policy and program development within countries at different stages using articles from the WHO FCTC.

The Report will be made available in English and French via [www.inwat.org](http://www.inwat.org) and [www.bcccewh.bc.ca](http://www.bcccewh.bc.ca) and at the World Conference. The French translation will be donated by Institut National du Cancer (INCa): [www.institutcancer.fr](http://www.institutcancer.fr)

Some of the authors will present this report more in-depth during a special breakout session named "Responding to the Global Tobacco Epidemic among Women – Presentations from the global report" during the World Conference on Tobacco or Health in Washington DC, 12-16 July.

Detailed Information on when this session will take place will be available at: <http://www.2006conferences.org/> and on [www.inwat.org](http://www.inwat.org)

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For more information about this report, please contact the project coordinators at:  
Natasha Jategaonkar, BC Centre of Excellence for Women's Health - [njategaonkar@cw.bc.ca](mailto:njategaonkar@cw.bc.ca)  
Sara Sanchez - [sanchezs@globalink.org](mailto:sanchezs@globalink.org)

# INWAT activities at the WCTOH

INWAT members around the globe have submitted abstracts to share experiences in combating the women and tobacco epidemic. Some INWAT events include:

## The INWAT Members' Meeting

DATE: Thursday, July 13th 2006 – Still to be confirmed

TIME: During the Lunch Period\* - Still to be confirmed

LOCATION: TBA

By tradition, the members' meeting takes place every three years during the World Conference on Tobacco or Health. This year's meeting agenda includes:

- Opening by Yumiko Mochizuki-Kobayashi, Director of WHO Tobacco Free Initiative
- A glance of "Responding to the Global Epidemic among Women" by Health Canada
- INWAT Business
- Announcing the 2006 – 2009 Executive Board
- INWAT Awards Presentation
- Farewell to Margaretha Haglund

\*As no lunch will be provided those attending are asked to bring their own lunch.

## Special Breakout Sessions:

### Responding to the Global Tobacco Epidemic among Women

#### Presentations from the global report

The British Columbia Centre of Excellence for Women's Health (BCCCEWH) and INWAT have partnered to write a report about the current tobacco epidemic among women. Some of the authors that are contributing to the report will be presenting at this session which aims to take an in-depth look at the research and information behind the report. See Article on page 9 about the report.

For more information contact: Sara Sanchez – [sanchezs@globalink.org](mailto:sanchezs@globalink.org)

## Exploitation by tobacco: who and where are the most vulnerable populations?

This special session will describe vulnerable populations in high and low income countries with a particular focus on women, poverty and tobacco industry tactics.

For more information contact: Margaretha Haglund – [margaretha.haglund@fhi.se](mailto:margaretha.haglund@fhi.se)

If you are presenting at the conference on women and tobacco issues, please email [info@inwat.org](mailto:info@inwat.org) to promote your initiative on our website. Please visit [www.inwat.org](http://www.inwat.org) for current information about INWAT's activities at the World Conference on Tobacco or Health.

## Update your membership

Some members may not have gotten this issue of the e-zine by email. Please visit [www.inwat.org](http://www.inwat.org) to update your membership.

# How does INWAT operate?

INWAT is driven by its volunteer Board, and relies upon project funds to carry out its work. The INWAT Executive Board would like to thank several institutions and volunteers for their contributions to special projects with INWAT.

## Special Projects

- **Health Canada** has provided funds for the development and production of a new report on the global situation of women and tobacco. "Responding to the Global Tobacco Epidemic among Women – A Canadian Led Initiative" is a project that began in 2005 and will culminate in 2006 at the World Conference. This project allowed the British Columbia Centre of Excellence for Women's Health in partnership with INWAT to produce this state-of-the-art report. The American Cancer Society has also contributed financially to this project. By engaging a range of global experts, the report will provide current information on women and tobacco and provide examples of various countries' initiatives in reducing tobacco use among women.
- **Cancer Research UK** has sponsored the development of [www.inwat.org](http://www.inwat.org), our improved website. With these funds, the Members' Only section is in development and is aiming to be functional in July 2006.
- **STIVORO** - a tobacco control organization which houses the national quitline in the Netherlands- has re-developed our newsletter, the NET, into a very attractive and readable e-magazine.

## Sponsors for the daily functioning of INWAT

The members of the Board of Directors contribute countless hours from all over the world to steer INWAT in its projects and advocacy work. Their organizations listed below support their efforts in various ways.

British Columbia Centre of Excellence for Women's Health – Canada

Center for Community-Based Research, Dana Farber Cancer Institute – USA

Health Professionals against Tobacco - Sweden

Inter-American Heart Foundation - USA

National Institute of Public Health – Sweden

Netherlands Association for Community Health Services

Quit Victoria – Australia

Tobacco-Free Kids – USA

Volunteers not affiliated with one institution but as free-lance workers – Mira Aghi, Gabriela Regueira and Patti White

## Do you have ideas for sponsors, projects or funding for INWAT?

INWAT members are all encouraged to contact the Board of Directors with ideas for new projects, or links to potential sponsors, partners or funders, as we proceed in our important work.

**INWAT's new listserv, a complement to GLOBALink Women and Tobacco Talk, has been launched!**

**Members will now receive news about INWAT via this communication vehicle.**

# INWAT Elections

The candidates for the 2006-2009 Board of Directors are:

## President

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### Lorraine Greaves

As Vice President in 2003-2006 and in the 1990s, Lorraine Greaves has concentrated on developing INWAT's research potential, drawing together INWAT members in projects such as the 2006 report Responding to the Global Tobacco Epidemic among Women and other international proposals. Involved in INWAT since its inception, she is based in Vancouver Canada, where she runs a women's health research organization attached to a women's hospital. She has worked on the issue of women's tobacco use for 20 years, in Canada and internationally, as a writer, speaker and researcher, with an aim to improving the responsiveness of tobacco programs and policies to women. The key challenge is preventing the further spread of tobacco use among women and girls across the world, by integrating gender and women into the WHO FCTC, women's rights treaties and other opportunities. Her priority is to develop capacity among all of INWAT's members and representatives to influence and inform developments affecting girls, women and tobacco across the world.

## Vice-President

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### Deborah McLellan

Deborah McLellan came to tobacco control from the women's movement and brings a passion about women's health and international tobacco control issues to her work. Deborah is a founding mother and past-President of the International Network of Women Against Tobacco. She has helped to secure funding for INWAT and to plan the world and national conferences on tobacco control. She has authored chapters on women and smoking for the 2005 Edition of Our Bodies Our Selves, and the 2001 U.S. Surgeon General's Report on Women and Smoking. Currently, Deborah is at the Dana-Farber Cancer Institute where she oversees research and education projects focusing on tobacco control in working class populations.

## Secretary

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### Gabriela Regueira

Based in Bahía Blanca, Argentina, Gabriela Reguera works promoting smoke-free public places, conducting smoking cessation programs in a local hospital, administrating a list in the GLOBALink Network, and promoting the woman's leadership in tobacco control in Latin America through the work with International Network of Women Against Tobacco (INWAT) and participation in round tables in national and international meetings. She has served as a panel expert in 2005 for the development of the Guide on Practices of Smoking Cessation and Smoke-free Hospitals in Argentina for the Ministry of Health. She would be happy to serve a second term as the Secretary of INWAT.

## Treasurer

### Trudy Prins

Trudy Prins is CEO of GGD Nederland, the Dutch National Association of Regional Public Health Services. PH services are active in: child health care, environmental health, socio-medical advice, sanitary inspections, public health for asylum seekers, medical screening, epidemiology, health education, community mental health, communicable disease control, and vaccination programmes. Until mid 2005 she was CEO of STIVORO, Dutch tobacco control.

Trudy Prins has served on the INWAT international Board since 2003, she has been the President of the European Network for Smoking Prevention since 2000. She is Board member of the Netherlands Addiction Research Institute, editorial advisory board member of Tobacco Control, member of the INWAT-Europe advisory board, and governor of VARA Dutch Broadcasting Organisation.

## OFFICIAL BALLOT

The Executive Board of INWAT encourages all members to participate in the election

Your name \_\_\_\_\_

Country \_\_\_\_\_

This information is required to ensure you are an INWAT member.

Please mark your selection with one choice for each category by crossing ✕ for President, Vice President, Secretary and Treasurer:

#### PRESIDENT

Lorraine Greaves

#### VICE PRESIDENT

Deborah McLellan

#### SECRETARY

Gabriela Regueira

#### TREASURER

Trudy Prins

Ballots will be accepted by post, email and fax:

- mail to INWAT c/o Tobacco Control Programme,  
National Institute of Public Health, SE-103 52 Stockholm, Sweden,
- fax: +46 8 669 81 65
- email to: [info@inwat.org](mailto:info@inwat.org)

Voting will close June 6, 2006. Members of the new Board will be announced at the members' meeting at the 13th World Conference on Tobacco or Health to be held in Washington DC, USA on July 13th, 2006.

Date to be confirmed

Members are only permitted to submit one ballot

# Call for nominations for the 2006 INWAT Awards

In 1999 the Executive Board of the International Network of Women Against Tobacco (INWAT) established an award to recognize an individual who had done exceptional work to combat tobacco use among women and girls. The awards are given to coincide with World Conferences on Tobacco or Health and were presented in 2000 and 2003 to Cristina Martínez Martínez and Ruth Roemer, respectively.

The INWAT Board would like to present **two awards** in Washington DC in July 2006:

- One to recognize an outstanding contribution to the goals of INWAT and
- The other to recognize a 'lifetime's achievement' of supporting and advancing work on women and tobacco.

## Criteria for nomination

Awards will be given to individuals, rather than institutions. While it is important to INWAT to highlight and advance the work of women, this award will not be limited to women.

Nominees for both awards should have contributed significantly to at least one of the major goals and activities of INWAT

1. addressing the social, political, economic, and cultural inequalities which women experience that often underlie their tobacco use;
2. expanding women and tobacco networks;
3. countering tobacco advertising and promotion;
4. developing women-centered tobacco use prevention and cessation programs;

5. developing and distributing publications regarding women and tobacco;
6. promoting female leadership in tobacco control;
7. contributing to the development of INWAT and women's tobacco control.

## Process

A nominations form (page 15) must be sent to INWAT either c/o Tobacco Control Programme, National Institute of Public Health, SE-103 52 Stockholm, Sweden, fax: +46 8 669 81 65 or email to: [info@inwat.org](mailto:info@inwat.org) by 28 April 2006. Winners and their nominators will be notified by 30 May 2006.

The person submitting the nomination must include a short detailed statement (not more than 300 words) about why the nominee deserves the Award. Please be specific. The more detailed information you give, the easier it will be for the Awards Committee to assess your nominee.

INWAT will contact the award recipients and will determine whether they will be attending the World Conference. INWAT will not take responsibility for sponsoring the registration, travel, or per diem costs of the winners. If the winners plan to attend the World Conference, they will participate in an awards ceremony at the INWAT meeting. If the winners will not be in attendance, INWAT will make arrangements to send the award to the individual or present it on another occasion, and requests that the individual send a short statement of acceptance in time for the World Conference.



At the American Public Health Association Conference, the late Ruth Roemer was awarded the INWAT Lifetime Achievement Award. Pictured left with Mira Aghi in November 2003.



At the 11th World Conference on Tobacco or Health in Chicago USA, Christina Martínez Martínez was awarded the first ever INWAT Award for her outstanding contribution in mobilizing nurses in Spain to work with women and tobacco issues. Pictured in the centre with Margaretha Haglund (Left) and Dolors Marín (Right).

# NOMINATION FOR INWAT AWARD

Name of Nominee \_\_\_\_\_

Address of Nominee \_\_\_\_\_

Email address of Nominee \_\_\_\_\_

Which Award category? (please choose one)

INWAT Achievement Award

INWAT Lifetime Achievement Award

The reason I think this person is deserving of the Award –provide examples as they reflect the major INWAT activities mentioned on page 14 (300 words or less)

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Name of nominator(s) \_\_\_\_\_

Address of nominator(s) \_\_\_\_\_

Email address(es) of nominator(s) \_\_\_\_\_

Select one way to submit your nomination:

Post: INWAT c/o Tobacco Control Programme National Institute of Public Health SE-103 52 Stockholm, Sweden,

Fax: +46 8 669 81 65 or

Email: [info@inwat.org](mailto:info@inwat.org)

Nominations due by April 28, 2006





## Getting more involved in INWAT

Many members have contacted INWAT with the same question; "How do we (or I) become more involved in INWAT?" Here are some ideas to keep our network evolving:

- a) Start your own regional network of INWAT, or, start your own Women and Tobacco Group. Because of the way that INWAT is structured, groups all over the world can develop their own tailored action plans under INWAT's mission to "achieve improved health and greater equality among women and girls in the world by eliminating tobacco use and exposure." Contact a member of the Board if you are interested in starting a regional network. INWAT-Europe is an example of such a group that has produced numerous position papers to advance policy to protect women in Europe.
- b) Contribute to the e-zine and tell us what you are doing in your part of the world. Members are welcome to send a short contribution about their latest activities or even to submit an article.
- c) Introduce gender into your own tobacco control work – for example, insist on disaggregated statistics about tobacco use in your region, as a start.
- d) Contribute to the Website - you can provide us with a link to your

organization or let us know about a women and tobacco publication for our resources page. [www.inwat.org](http://www.inwat.org)

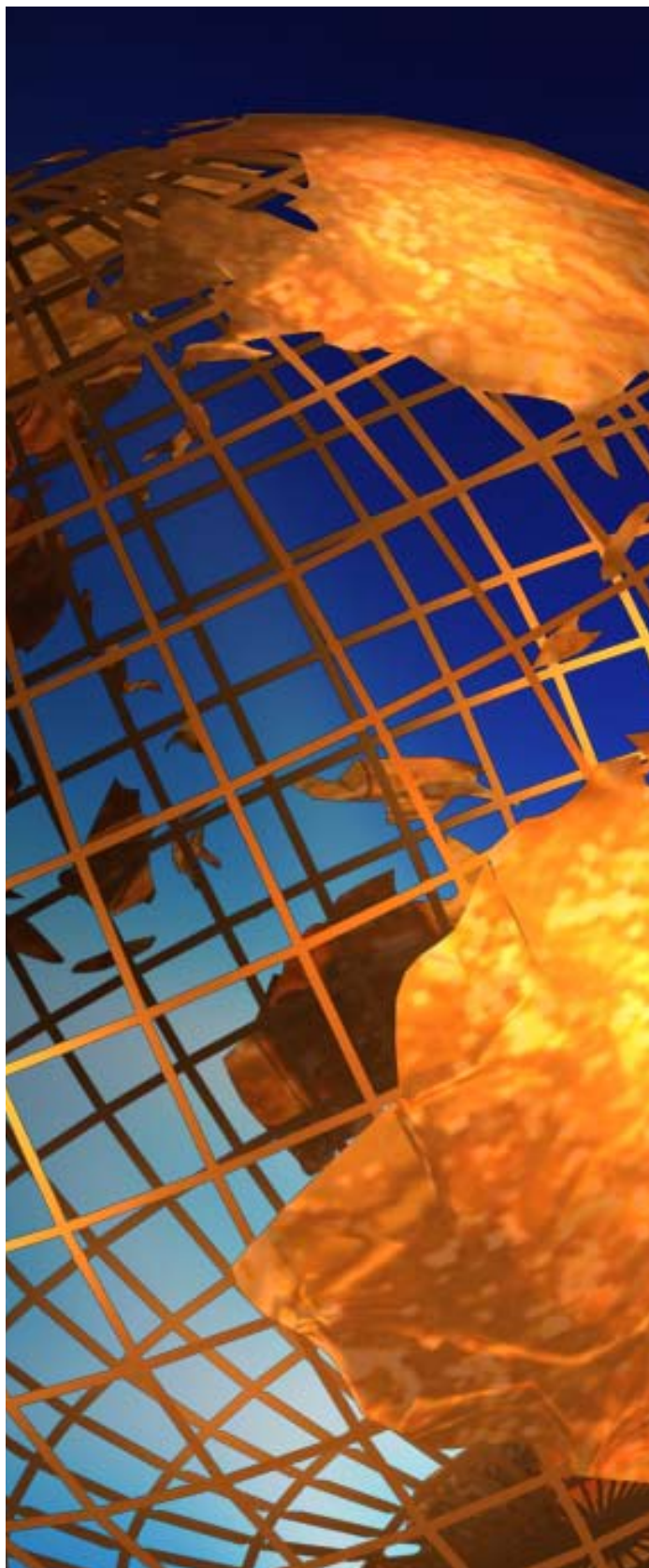
- e) Send us your project ideas for INWAT and we can work with you to develop proposals for funding.
- f) Email GLOBALink Women and Tobacco Talk to discuss your actions, opinions and news about women and tobacco issues. Visit [www.globalink.org](http://www.globalink.org) for details.
- g) Vote for the New Board of Directors. The INWAT Board of Directors is elected every three years. We encourage all members to vote by submitting the ballot form found on page 13 of this issue of the NET.
- h) Nominate candidates for the INWAT Awards. This year two awards will be given by INWAT. The categories are (a) INWAT Achievement Award and (b) INWAT Lifetime Achievement Award. Read more details on page 14 of this issue of the NET.

INWAT is your Network – let's continue to collaborate to reduce and eliminate the use of tobacco among girls and women globally.

For more information email: [info@inwat.org](mailto:info@inwat.org)

**Nominations for this year's INWAT Awards will close on April 28, 2006.**





## 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 ■ gabriela Regueira@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

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INWAT



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INTERNATIONAL NETWORK OF WOMEN AGAINST TOBACCO

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