INTERNATIONAL NETWORK OF WOMEN AGAINST TOBACCO

Why bring a gender and inequity lens to tobacco?

By Natalie Hemsing, Lorraine Greaves *and* Nancy Poole,
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The effects of tobacco use are not uniformly experienced through the global population, nor are the effects of tobacco control policies and programs. Some of the key factors affecting these patterns are sex and gender related factors, ethnicity, socioeconomic status and regional location. Hence, it is critical to analyse our tobacco control efforts along these lines.

The British Columbia Centre of Excellence for Women's Health (BCCEWH) is located in Vancouver, Canada and works with partners in women's health across the world. Its mission is to improve the health of women by advancing knowledge to improve care and policy. We are in our 15th year of activity and have completed over 300 projects in women's health, and published hundreds of resources, articles, reports and books. We do this in collaboration with communities, health care and social service providers, policy makers and academics across Canada and around the world.

We are proud to have established the first research program on girls, women, gender and tobacco. We conduct research aimed at improving policy to prevent and reduce tobacco use among girls and women. We also work to produce engaging reports, pamphlets, guides and websites to spread the word to women,

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By: Lorraine Greaves, *President, INWAT*

President's Corner

This is my last column as President of INWAT. First elected in 2006 in Washington DC, I have very much enjoyed the privilege of six years of leadership of INWAT. Since 2006, INWAT has released an important report on the global situation for women and tobacco (*Turning a New Leaf: Women, Tobacco and the Future*), become an NGO in official relations with the World Health Organization, gained observer status to the FCTC-Conference of the Parties meetings, changed our organizational structure, seen the development of energetic regional networks, and continued to thrive despite the pressures of the global financial crisis and funding issues.

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President's Corner

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This is testament to the tenacity and strength of the membership of INWAT, and to the continued importance of our mission – to prevent or reduce tobacco use among the world's girls and women. Indeed, as the global rates of women's smoking are on the rise, while male rates have peaked and are in decline, the future of the tobacco epidemic may well be focused on women and girls.

During my Presidency, we have stressed the importance of being vigilant about how our goals in tobacco control are achieved. It is not enough to prevent or reduce tobacco use among girls and women at all costs, without regard for the impact or messaging about women's status and worth. Rather, it is critical to improve women's status at the same time as reducing girls' and women's tobacco use and exposure.

This dual goal has enabled us to make critical suggestions for improving tobacco control measures, programs and policies, including the efforts to implement the WHO-FCTC Articles, a process in which we are deeply involved around the world. It allows us to ask how women's roles and status can be improved alongside tobacco control measures. For example, we support women-centred interventions in treatment for tobacco use that explicitly take into account women's context, roles and pressures. We support tailored policies that take into account the differential effects on women and girls, and different groups of women and girls, and help to mitigate them. Issues such as these are getting more and more research attention worldwide, in no small part due to the leaders and members of INWAT who for 22 years have pushed the importance of gender and women's issues in tobacco policies, programs and research.

Fittingly, this issue of the NET highlights the theme of gender and inequality and features the work of the Tobacco Research Program at the British Columbia Centre of Excellence for Women's Health in Vancouver, Canada, the first (and perhaps, only) research program devoted to girls, women and tobacco. This feature article describes the research program that began by examining girls and women's issues and has expanded to looking at inequity, vulnerability, gender and diversity as they affect tobacco use and control. For many years, I have been involved with leading this Program, and am still its Senior Investigator. The BC Centre of Excellence for Women's Health is our sponsor for this edition of the NET, and, indeed, throughout my Presidency has offered financial services, website support and a mailing address to support INWAT's organization and me in my Presidency. We are grateful for that support.

While I have been President, INWAT became an NGO in official relations with the WHO Tobacco Free Initiative (TFI), an affiliation that makes us proud. During the last three years, we made a mutual plan with WHO-TFI (Tobacco Free Initiative) that focused on integrating gender into tobacco control policies, building women's leadership in tobacco control and co-creating WHO publications on women and tobacco. We participated in numerous WHO-FCTC Conference of the Parties (COP) meetings, helped to develop various Articles, contributed to an international meeting on gender and tobacco in Tokyo, and wrote several publications describing the tobacco epidemic for women (Turning a New Leaf: Women, Tobacco and the Future), what the evidence is for gendered approaches to tobacco (Sifting the Evidence: Global Tobacco Policy and Gender), how tobacco policy could be gendered (Gender and Tobacco Control: A Policy Brief). We hope to continue this work with WHO-TFI in the future.

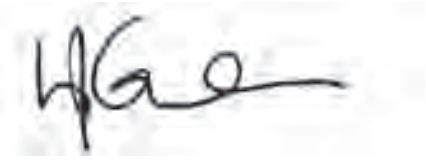
INWAT itself, as an organization has evolved dramatically in the past six years. We have moved to a distributed model, where numerous organizations contribute to our sustainability by donating in kind hours or services. Various services are provided by different groups, such as financial services, design and layout of the NET, production of the NET, administrative assistance for the President, website development, and teleconferencing services, to name just a few. We continue to evolve this way of operating, and hope to attract more support in the future. This model has helped us sustain ourselves in times of funding cuts and pressures. In addition, INWAT has acquired sponsors for each of the issues of the NET, including this one, which has helped us to continue to publish and communicate with our members and beyond, as well as highlight some important organizations and initiatives involved in tobacco and women's issues. We are grateful to each and every one of our donors, donor organizations and sponsors. Without them, we would not be able to continue to speak out on this important issue.

Finally, during my tenure, INWAT has seen the amazing development of several regional INWAT networks. I take no credit for these developments; rather they reflect local organizing and commitment to regional women and tobacco issues.

Euro INWAT is thriving, and has created a foundation to support its broad and influential work. Our Latin American INWAT network has been very active in recruiting new members and highlighting the issue of women and tobacco in many countries experiencing high rates of women's smoking. A vibrant and promising African INWAT network has formed, which will close in on the critical issues in resisting an emerging epidemic among African women. And last, but not least, a member from Australia is currently recruiting leaders for an Australasian INWAT network. All of these amazing women, as well as our consistent stream of "emerging voices" in countries around the world, make INWAT the exciting, relevant, and vibrant organization that it is.

In closing, I want to thank each of my sister board members, who without exception are devoted, committed and persistent advocates for both women's issues and tobacco control. I hold great admiration for all of them, but want to single out two in particular. Patti White from the UK, the consistent, committed hardworking editor of this e-magazine, is currently taking some time out to deal with health issues. We are producing this NET without her and miss her touch, but hope to see her back in the editorial saddle very soon. And second, Margaretha Haglund, Past President of INWAT, from Sweden, has continued to be a right-hand to me and to INWAT, propelling INWAT's interests forward in FCTC meetings, and generally working to profile INWAT wherever she goes.

I look forward to working with the new Board as Past President. The elections for a new set of officers for INWAT are underway and results will be announced in Singapore at the World Conference on Tobacco or Health at our general meeting on March 23rd from 17:30 – 19:30. I hope to see you there.



Lorraine Greaves

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providers and other researchers. We focus on the overarching impact of sex, gender and inequity on women and girls. This fits with the overall mission of the BCCEWH as we were established to pay particular attention to improving the health status of women who are marginalized and who face disadvantages in health due to socioeconomic status, race, culture, age, sexual orientation, geography, disability and/or addiction.

This work has taken us down many paths. We have worked at the international level, with the World Health Organization and in countries such as the UK, USA, Australia and Argentina. We have worked with a range of communities across Canada, including Aboriginal groups, young women and girls, pregnant women, low income women, and expectant and new fathers. We have addressed the impact of tobacco policies, examined the effects on different groups of women and men, and made suggestions for introducing a sex, gender and diversity analysis to policy making. Finally, we have focused on programs and interventions – trying to discover, in collaboration with women and providers, what works and what doesn't to prevent or reduce tobacco use among girls and women.

Some of our highlights

Helping to reduce the size of the global epidemic of women's tobacco use

The rates of smoking are on the decline in high income countries like Canada. However, in the low and middle income countries, rates of women's smoking are on the increase. Men's global smoking rates have peaked and are declining, but the true scope of the epidemic for women, globally, is yet to be seen. Hence, the BCCEWH is working hard to change girls' and women's relationship to tobacco use and tobacco production both within Canada and internationally. Our work has been supported by partnerships and funding from Health Canada, the Canadian Institutes for Health Research, the International Network of Women Against Tobacco (INWAT), and the World Health Organization (WHO), among many others.

We have long examined the links between the status of women, gender equity, and tobacco use. We remain concerned with women's roles in both the consumption and production of tobacco, the effects of tobacco use on women's health and the impact of tobacco control efforts on girls

and women across the world. Our goals are to help shorten the progress of the female global tobacco epidemic and reduce rates of smoking among vulnerable people everywhere – especially girls and women.

These issues are discussed in *Turning a New Leaf: Women, Tobacco, and the Future*, released at the 13th World Conference on Tobacco or Health in 2006. This publication was created in partnership with INWAT and provides an overview of worldwide trends in women's tobacco use, including the social context in which they occur; information on tobacco's adverse effects on women's health throughout the life cycle; a snapshot of women's roles in the cultivation, manufacturing, and marketing of tobacco, as well as commentary on how international human rights treaties can advance progress in tobacco control. The report concludes with resource chapters on how to apply gender-based and diversity analyses to tobacco policy and program development within countries at different stages of the tobacco epidemic. The report is available in English, French and Spanish at **www.bccewh.bc.ca** under "Publications." The BCCEWH has followed up with specific work in Argentina and with the WHO.

In partnership with INWAT, the BCCEWH conducted a project examining how to integrate gender into tobacco control policy development in Argentina. The aims of this project were to develop a Canada-Argentina partnership, to explore the impact of globalization on tobacco control efforts, and to integrate gender-based analysis into tobacco control policy development in Argentina. A workshop was held in Buenos Aires in the fall of 2009. The results of this work have been disseminated by INWAT, women's organizations in Argentina, the BCCEWH, the InterAmerican Heart Foundation and partners at the Italian Hospital in Buenos Aires, and are featured at the 15th WCTOH.

Finally, we have completed a brief, *Gender and Tobacco Control*, and a background paper, *Sifting the Evidence: Gender and global tobacco control*, for the WHO. Both of these documents explore the impact of gender on tobacco use and its relation to the enactment of the Framework Convention on Tobacco Control (FCTC), and are available for download at: **www.who.int/tobacco/publications/gender/en/index.html**.

Clarifying and improving the evidence base

Often there is a gap in the evidence on women's health, including on the effects of tobacco or tobacco policy. We have surveyed and assessed the evidence using sex, gender and diversity lenses in order to identify what might work for women (and men) and what policy impacts might be affected by inequities. Hence we have conducted systematic reviews for the Canadian Tobacco Control Research Initiative and Health Canada on vulnerable populations, smoking during pregnancy and postpartum. We have also done reviews for the National Institute for Health and Clinical Excellence (NICE), an internationally respected government organisation responsible for providing national guidance on promoting good health and preventing and treating ill health in the United Kingdom. These include reviews on workplace tobacco policies, tobacco prevention in youth, UK smoking cessation services, and partner support for smoking cessation during pregnancy (available for download at **www.nice.org.uk/guidance**).

It is also very important to help produce evidence that is sensitive to sex and gender related factors, as well as other genetic influences, in order to create better clinical treatment, research and policy. One example of this was our assessment of the Fagerstrom Test, raising questions about whether or not this standard test of tobacco dependence is equally applicable and useful to males and females, and all ethnic groups. This test is currently the basis of many treatment approaches, so the questions raised by this analysis are important. This analysis was published in the *Journal of Smoking Cessation* (Richardson, Greaves, et al., 2007).

Finally, we are committed to engaging in more qualitative research, especially with women, to fill out the evidence base in more contextual ways. In partnership with six Aboriginal communities in British Columbia we conducted a qualitative study on smoking by Aboriginal adolescent girls (ages 13-19). Findings shed light on how age, gender, culture and context intersect to shape Aboriginal girls' experiences of smoking. The full length final report, and a

short highlights version, entitled *Hearing the Perspectives of Aboriginal Girls on Smoking*, are available from the BCCEWH website and from **www.coalescing-vc.org**, and a journal article is in process.

Developing Tailored Tobacco Interventions

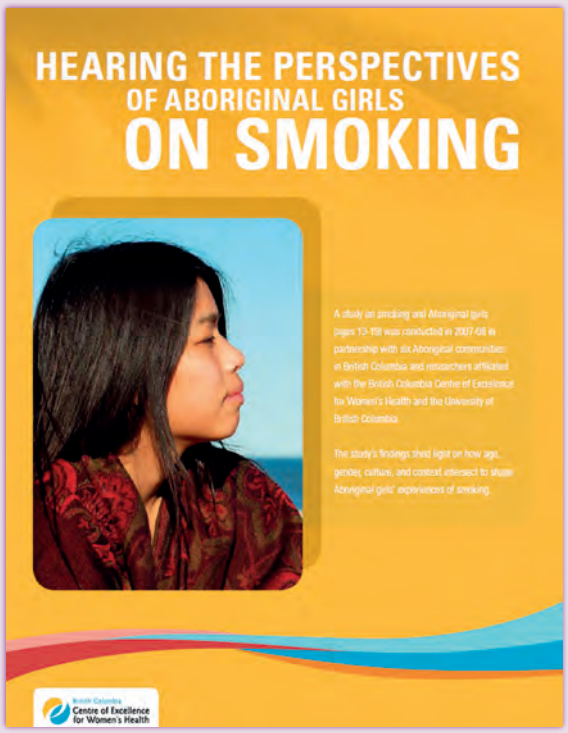
Once a woman is a smoker, though, quitting matters! As a result we have been involved in several projects to develop and test appropriate smoking cessation interventions for diverse groups of women. We have examined the role of sex and gender in tobacco dependence treatment for women and men in drug treatment settings, and explored the efficacy, safety, and sex and gender differences in using varenicline as an aid to smoking cessation in a population of methadone maintained opioid-dependent patients. Our aim is to integrate and tailor smoking cessation and tobacco dependence treatment programs with support on other issues occurring in both women's (and men's) lives, recognizing gender and diversity issues.

Recently, we have studied the evidence and better practices in the tobacco research and women-centred care fields to develop a women-centred approach to tobacco dependence treatment. We have created an approach to women-centred tobacco dependence treatment based on existing evidence and meetings with key stakeholders, and will refine this approach based on discussions with women and health care providers. Recommendations and resources for addressing tobacco dependence treatment in services which provide care for women have also been shared with tobacco dependence treatment providers and policy makers. The upcoming publication, *Liberation! A Guide to Women Centred Tobacco Treatment*, is featured in the new publications section of this issue of the NET.

Pregnancy, postpartum, before and beyond

In the 1980s, practically the only topic studied under the "women and tobacco" banner was smoking during pregnancy. The approaches were very centred on the fetus and fetal health, and much less so on women's health. Further, the old approaches were focused on the pregnancy period, after which even women who had quit temporarily quickly relapsed. None of this was good for women's or children's health.

We have spent the last few years trying to correct these approaches and examine what works for women in this field. In 2003, we published *Expecting to Quit – A Best Practices Review of Smoking Cessation Interventions for Pregnant and Postpartum Girls and Women*, funded by Health Canada. In 2011, we updated that systematic review of smoking cessation interventions for pregnant and postpartum girls and women, particularly for women who are young, disadvantaged, or living on a low income. This revised edition reviews research and interventions in the years since 2003. It reflects emerging interventions and better practices with a variety of groups of pregnant and postpartum women, with an added section on high-risk populations of pregnant smokers. To support this work, we have developed a website with educational resources and tools for pregnant girls and women and health care providers based on the findings of the new review and previous work. The full review is also available for download from this website: **www.expectingtoquit.ca**.



It has long been clear to us that despite an enormous focus on pregnant women, there has been relatively little attention to preconception, postpartum or early parenthood, on partners or expectant and new fathers, or on specifically vulnerable particular groups of pregnant women who smoke. Hence, in connection to the Expecting to Quit project, the BCCEWH tobacco research team is currently working on a number of related sub-projects, including an exploratory project on smoking cessation and reduction during the preconception period, the development of better practices in tobacco use, prevention and cessation during pregnancy and postpartum to address the Aboriginal realities in Canada, and creating additional digital media and social media resources for health care providers and pregnant and postpartum women. Join our Expecting to Quit Facebook page at **www.facebook.com/expectingtoquit**.

In many countries, women's smoking rates are just beginning to rise, and the problems of smoking and exposure to second-hand smoke (SHS) during pregnancy are just beginning to get more attention. We hope these resources will be useful for adaptation as health care providers seek ideas and as women seek help.

Understanding the Links between Tobacco, Trauma and Women's Substance Use Issues

We have turned more of our attention to a range of sub-groups of women, as it is increasingly clear that some women are more vulnerable to smoking than others. Thus we are conducting research on the complex relationships among tobacco use, violence and trauma, and substance use issues for girls and women. Our aim is to apply this understanding in shaping practice, programs and policy to improve responses to women affected by substance use and addiction, and violence

For example, we recently examined the feasibility of integrating tobacco cessation interventions within treatment for women with trauma-related, mental health and addiction problems. This involved a literature review, followed by discussions with health care providers and women smokers to capture their ideas regarding opportunities and barriers for providing integrated support for tobacco cessation within the context of women's treatment for other addictions, mental health concerns and sexual victimization. We are continuing this work by re-engaging with service providers in trauma, addictions and mental health settings to identify potential steps for promoting the implementation of tobacco interventions as routine care, integrated in services treating women for trauma-related, mental health and addiction problems.

Understanding the Effects of Tobacco Control Policies

One of the most important areas of our work has been in interpreting the effects of generic tobacco policies on women, men and vulnerable subpopulations. For example, we have conducted qualitative research examining the differential effects of second-hand smoke (SHS) policies, and consequences of the introduction of smoking location restrictions for women and men of varied income levels. We have examined how the experience of smoking restrictions and the management of SHS is influenced by the social context (relationship with a partner, family member or stranger), space of exposure (outdoor/public or private space) and social location of individuals involved (gender, income, control of resources), and how these factors create unintended or unexpected consequences to the social and physical situations of women and men.

Another project directly addressed how tobacco policies affected various groups of people. *Reducing Harm: A Better Practices Review of the Impact of Tobacco Control Policy on Vulnerable Populations* examined the effects of tobacco control policies such as price and taxation, sales restrictions, and location restrictions, on vulnerable populations in Canada, including young women and men, Aboriginal peoples, and women and girls living on low incomes. *No Gift: Tobacco Policy and Aboriginal People in Canada* examined tobacco use and tobacco control among Aboriginal peoples in Canada with a gender lens. Both publications are available for download at **www.bccewh.bc.ca** under "Publications."

Spreading the word

None of this work matters without a commitment to training, education and knowledge exchange. As a result, the BCCEWH is proud of its leadership of the Intersections of Mental Health Perspectives in Addictions Research Training (IMPART), an innovative, multidisciplinary research training program designed to equip health researchers from across disciplines, sectors and settings to conduct gender- and sex-based research in addictions, including tobacco, with a focus on the intersections of violence, trauma and mental illness with addictions. IMPART is funded through the Strategic Training Program grants program of the Canadian Institutes of Health Research and provides fellowships to trainees. The introduction of tobacco into this program is important because often tobacco research is separated from other research and practice in addictions. For more information, please go to **www.addictionsresearchtraining.ca**.

We have also devoted considerable resources and time to communicating our results to influence policy development, the development of better practices, program design, and developing clinical improvements in responding to girls, women, gender and tobacco. We publish accessible reports, journal articles, better practice guides and policy briefs to reach the widest audiences possible. We place a high priority on knowledge exchange and work in partnership with the Canadian Centre on Substance Abuse (**www.ccsa.ca**), the Centre for Addictions and Mental Health (**www.camh.net**), the Canadian Women's Health Network (**www.cwhn.ca**), Research for International Tobacco Control (**www.idrc.ca/tobacco**), the National Institute for Health and Clinical Excellence (NICE) – UK (**www.nice.org.uk**), the Global Network for Perinatal and Reproductive Health (**www.ohsu.edu/gnprh**), and of course, INWAT, the International Network of Women Against Tobacco (**www.inwat.org**), as well as many other organizations, governments, provider networks and community groups across the globe.

The work we started in 1997 in the Tobacco Research Program has mushroomed from looking at girls and women and tobacco into a more complex assessment of both biological and social factors affecting women and men, vulnerabilities, disadvantage, income, culture and experiences such as mental illness, trauma, violence, and substance use as key issues affecting tobacco use, research, policy and programming. Overall, we have consistently addressed the theme of inequality and how this affects experiences with tobacco.

We have pursued the issue of reducing tobacco use among women with a parallel emphasis on improving women's status at the same time – a goal consistent with INWAT's mission. We are proud of our record in having put gender, women and tobacco issues on the map among researchers, policy makers and women, and are heartened every day by our communications with people from around the world who are allies in preventing and reducing tobacco use among girls and women.

Some Selected BCCEWH publications on women and tobacco

Hemsing N, Greaves L, Poole N & Bottorff J (in press) Reshuffling and relocating: the gendered and income-related differential effects of restricting smoking locations. Journal of Environmental and Public Health

Greaves L, Johnson J, Okoli C, Qu A, Hemsing N & Barney L (in press) Gender identity, ethnic identity and smoking among Aboriginal adolescents. Journal of Aboriginal Health

Greaves L Poole N, Okoli CTC, Hemsing N, Qu A, Bialystok L & O'Leary R (2011) Expecting to quit: A best-practices review of smoking cessation interventions for pregnant and post-partum women (2nd ed.). Vancouver: British Columbia Centre of Excellence for Women's Health

Hemsing N, Greaves L, O'Leary R, Chan K & Okoli C (2011) Partner support for smoking cessation during pregnancy: A systematic review. Nicotine & Tobacco Research, **http://dx.doi.org/10.1093/ntr/ntr278**

Torchalla I, Okoli CTC, Hemsing N & Greaves L (2011) Gender differences in smoking behaviour and cessation. The Journal of Smoking Cessation 6(1): 9-16

Greaves L & Hemsing N (2009) Sex, gender, diversity and second-hand smoke policies: Implications for disadvantaged women. American Journal of Preventive Medicine 37(2 Suppl): S131-137

Hemsing N & Greaves L (2009) The National Lung Health Framework – an opportunity for gender analysis. Chronic Diseases in Canada 29(2): 89-92

Greaves L & Hemsing N (2009) Women and tobacco control policies: Social-structural and psychosocial contributions to vulnerability to tobacco use and exposure. Drug and alcohol dependence 104(Suppl 1): S121-130

Okoli C, Greaves L, Bottorff J & Marcellus L (2010) Health care providers' engagement in smoking cessation with pregnant smokers. Journal of Obstetrics Gynecology and Neonatal Nursing 39(1): 64-77

Richardson L, Hemsing N, Greaves L, Assanand S, Allen P, McCullough L, Bauld L, Humphries K & Amos A (2009) Preventing smoking in young people: a systematic review of the impact of point of sales interventions. International Journal of Environmental Research and Public Health 6(4): 1485-1514, **http://www.mdpi.com/1660-4601/6/4/1485/pdf**

Bell K, McCullough L, Devries K, Jategaonkar N, Greaves, L & Richardson L (2009) Location restrictions on smoking: assessing their differential impacts and consequences in the workplace. Canadian Journal of Public Health 100(1): 46-50

Tungohan E & Greaves L (2008) Tobacco use and production among youth in post conflict and developing countries: the perils of globalization and trade liberalization. Marga Journal, Special Issue, March 2008

Richardson L, Greaves L, Jategaonkar N, Bell K, Pederson A & Tungohan E (2007) Rethinking an assessment of nicotine dependence: a Sex, gender and diversity analysis of the Fagerstrom test for nicotine dependence. The Journal of Smoking Cessation 2(2): 59-67

Greaves L & Richardson L (2007) Tobacco use, women, gender, and chronic obstructive pulmonary disease: are the connections being adequately made? The Proceedings of the American Thoracic Society 4(8): 675-679

Pederson A, Hoyak K, Mills S & Camp P (2007) Reflecting the changing face of COPD? Sex and gender in public education materials on COPD. Proceedings of the American Thoracic Society 4(8): 683-685

Greaves L & Tungohan E (2007) Engendering tobacco control: using an international public health treaty to reduce smoking and empower women. Tobacco Control 16(3): 148-150

Greaves L (2007) Gender and tobacco control: a policy brief. Geneva, Switzerland: World Health Organization. **http://www.who.int/tobacco/resources/publications/general/policy_brief.pdf**

Greaves L (2007) Gender, equity and tobacco control. Health Sociology Review: Social Equity and Health 16(2): 115-129

Greaves L, Vallone D & Velicer W (2006) Special effects: tobacco policies and low socioeconomic status girls and women. Journal of Epidemiology and Community Health 60(Suppl 2): 1-2

Greaves L, Johnson J, Bottorff J, Kirkland S, Jategaonkar N, McGowan M, McCullough L & Battersby L (2006) What are the effects of tobacco policies on vulnerable populations? A better practices review. Canadian Journal of Public Health 97(4): 310-315

Greaves L, Jategaonkar N & Sanchez S (Eds.) (2006) Turning a new leaf: women, tobacco, and the future. BC Centre of Excellence for Women's Health (BCCEWH) and International Network of Women Against Tobacco (INWAT), Vancouver: BCCEWH

Bell K, McCullough, L Devries K, Greaves L & Jategaonkar N (2006) Workplace policies for smoking cessation: a rapid review. National Institute of Health and Clinical Excellence, United Kingdom, **http://www.nice.org.uk/nicemedia/pdf/FINALUpdatedWorkplacePoliciesReviewSCS.pdf**

Women, Smoking and Inequalities in England – a continuing challenge

By *Amanda Amos*, *Centre for Population Health Sciences, University of Edinburgh*

Smoking is an increasing cause of inequalities in health for women in high income countries.[1] In countries with the longest history of smoking, such as the UK, smoking is now the most important cause of health inequalities in women and men.[2] The relationship between smoking and health inequalities reflects the increasing pattern of smoking by the socially disadvantaged around the world.[1,3,4] For example, in Britain in 2009, 13 % of women in the highest socio-economic group smoked compared to 30 % in the lowest group. Furthermore, a recent review concluded that internationally, smoking prevalence is higher among disadvantaged groups (currently mostly men), and that these inequalities will grow (particularly among women) as smoking spreads to low income countries and more affluent smokers in high and middle income countries quit.[5]

British Governments over recent years have directed increased resources to tackling inequalities and tobacco use.[6] A range of policies has been introduced including: a ban on tobacco promotion, regular tax increases, comprehensive smokefree legislation, graphic health warnings and free local smoking cessation services particularly targeted at disadvantaged smokers and communities. These policies have resulted in significant declines in smoking prevalence in women and men. However, it was not clear what impact they had had, if any, on reducing inequalities in smoking.

A recent study conducted for the English Department of Health confirmed the strong relationship between women, disadvantage and smoking in England.[6,7] When women were scored according to indicators of low socioeconomic status (SES), depending on which region they lived in, 14-16 % of those with no indicators of low SES smoked while 42-69 % of those with the most indicators of low SES (6 to 7) smoked. Lone parents, most of whom are women, had particularly high rates of smoking. Of considerable concern was the finding that while smoking in more affluent women and men declined from 22.8 % to 19.4 % between 2001-2003 and 2006-2008, there was no significant decline in smoking in the more disadvantaged groups (42.6 % compared to 42.4 %). Thus in England smoking in women has become even more associated with disadvantage and the national tobacco control strategy, while reducing overall rates of smoking, has not been successful in helping disadvantaged women to quit.

This likely reflects a combination of the higher levels of both smoking consumption and dependence, and social and economic stress and negative life events in disadvantaged female smokers. The lack of decline in low SES women's smoking highlights the major challenge that we face in developing effective strategies to help these women quit smoking. This is hampered by the lack of evidence on what works to reduce inequalities in smoking. The same study reviewed the international evidence on the effectiveness of tobacco control interventions on reducing socioeconomic inequalities in adult smoking.[6] It found that only nine reviews and 81 studies had been published on this issue between 2006 and 2010. There was strong evidence that price (tax) increases reduce socio-economic inequalities in smoking and some evidence that mass media campaigns, when tailored to low SES smokers, could have a positive equity impact. However, evidence on the equity impact of other population level interventions was insufficient or unavailable. For individual level interventions the evidence showed that while combined behavioural and pharmacological cessation support had lower quit rates with low SES smokers, they can reduce inequalities if effectively targeted at these groups. Other types of cessation support had a negative equity impact or lacked evidence to draw conclusions. Very few studies considered whether these interventions had a different impact on women compared to men. Thus there is an urgent need to strengthen the evidence base on effective tobacco control interventions with disadvantaged women. This will only emerge through embedding gender and diversity (inequalities) based approaches in tobacco control research, including policy development and evaluation.[4]

References

1 Hiscock, Bauld L, Amos A, Fidler JA & Munafò M (2012) Socioeconomic status and smoking: a review. Annals of the New York Academy of Sciences 1248(1): 107-123

2 Jha P, Peto R, Zatonski W et al. (2006) Social inequalities in male mortality, and in male mortality from smoking: indirect estimation from national death rates in England and Wales, Poland, and North America. Lancet 368(9533): 367-370

3 Cavelaars AE, Kunst AE, Geurts JJ et al. (2000) Educational differences in smoking: international comparison. BMJ 320(7242): 1102-1107

4 Amos A, Greaves L, Nichter M & Bloch M (2012) Women and Tobacco: a call for including gender in tobacco control research, policy and practice. Tobacco Control 21(2): 236-234

5 Pampel FC & Denney JT (2011) Cross-national sources of health inequality: education and tobacco use in the World Health Survey. Demography 48(2): 653-674

6 Amos A, Bauld L, Clifford D et al. (2011) Tobacco control, inequalities in health and action at a local level. York: Public Health Research Consortium, **http://www.york.ac.uk/phrc/index.htm**

7 Hiscock, Bauld L, Amos A & Platt S (in press) Smoking and socioeconomic status in England: the rise of the never smoker and the disadvantaged smoker. J Pub Health

The International Network of Women Against Tobacco recognizes two outstanding leaders

INWAT (International Network of Women Against Tobacco) is proud to announce the winners of the 2012 INWAT Awards for outstanding contributions to promotion of reducing tobacco use and exposure among women across the globe. The awards, instituted in 2000, will be presented at the 15th World Conference on Tobacco or Health in Singapore. One award recognizes an outstanding contribution to the goals of INWAT and the other recognizes a "lifetime's achievement"' of supporting and advancing work on women and tobacco.

Professor Elif Dagli from Turkey will be presented with the Lifetime Achievement Award in recognition of her long-standing and widely recognized leadership in tobacco control, her fearless fight against the tobacco industry and her involvement in getting physicians involved in tobacco control.

Dr Mariela C. Alderete from Argentina will receive the award for Outstanding Contribution to the goals of INWAT for her gender-based research to increase the effectiveness of smoking cessation among women and for her participation in capacity building on gender and tobacco issues in Argentina, Latin America and globally.

INWAT President Lorraine Greaves will be presenting the Awards at the 15th World Conference on Tobacco or Health in Singapore during a ceremony at the INWAT Members meeting on 23 March 2012 at 17:30.

A Network of Women Against Tobacco in Australia?

By Marion Hale, *Department of Health and Human Services, Tasmania*

I'm an INWAT member in Australia and work in Women's Health at the Department of Health and Human Services in Tasmania. One of my roles is to convene the Smoking and Pregnancy Working Group, a subcommittee of the Tobacco Coalition in Tasmania, and connect people working on smoking and pregnancy in Tasmansia.

I have been very fortunate to be awarded a grant by the Winifred Booth Charitable Foundation to visit some programs of interest that work on tobacco cessation and pregnancy. Later this year, I will be visiting Smoke Change in New Zealand, Give it Up for Baby in Scotland and the British Columbia Centre of Excellence for Women's Health in Canada. I am particularly interested in comparing programs that are women-centred with those that focus on other approaches, and would also like to look at incentive based programs.

The first part of my study tour will be to attend the 15th World Conference on Tobacco or Health in Singapore in March. While there, I would be very interested in meeting up with other women working in tobacco control in Australia to discover if there is enough interest for us to form an INWAT regional network.

If you would be interested in talking further on this idea, my email is marion.hale@dhhs.tas.gov.au.

In addition, please come to the regional networks meeting in Singapore on March 20 at 13:30.

I look forward to meet you there!

Global Tobacco Companies Use Slim Cigarettes to Aggressively Target Women

By Emma Green, *Campaign for Tobacco Free Kids*

Women have long been a target of the tobacco industry. Marketing campaigns and brands directly targeting women and girls have had deadly success in developed markets like the United States and the United Kingdom where smoking rates among women are similar to those among men.[1] While smoking prevalence and volumes are starting to decrease in developed markets, the potential among female smokers in emerging markets, particularly Eastern Europe, Asia and Africa, is extremely attractive to international tobacco companies.

According to one tobacco industry trade journal, "women are the sleeping giant of the global smoking market," a giant that once awakened will mean huge profits for whichever company can attract them.[2] To exploit women in both developed and emerging markets, tobacco companies promote slim and super-slim brands with marketing campaigns that portray smoking as attractive, empowering and stylish. Exclusively female oriented brands like British American Tobacco's (BAT) *Vogue* and Philip Morris International's (PMI) *Virginia Slims* round out those companies' global brand portfolios and are increasingly popular in emerging markets like Russia and Brazil. Japan Tobacco International's (JTI) super-slim cigarette *Glamour* became the number one selling slim brand in Russia shortly after being launched, increasing sales by 16 % from 2007-2010.[3] The success of *Glamour* among women in Russia is due in large part to flashy promotional campaigns that tag the brand as a fashion accessory, brightly colored packaging, and the sponsorship of events like Moscow's Fashion Week.[4]

One international tobacco company in particular has used its popular slim cigarette brand to launch itself on to the global stage. KT&G, Korea's leading cigarette manufacturer, sells *Esse* cigarettes in 40 countries, and the brand accounts almost exclusively for the company's international exports.[5] As the leading slim brand sold globally, *Esse* cigarettes outsold *Vogue*, *Virginia Slims* and *Glamour* three-to-one in 2010.[6] *Esse* cigarettes, according to one product reviewer, are oriented towards "stylish and glamorous fashionistas."[7] In Indonesia, where KT&G recently bought a controlling stake in a local company, large billboards market the *Esse* brand as smart and sophisticated.

Beyond exclusively female oriented brands, international tobacco companies are also rapidly expanding established brands with slim variants.[8] Since 2008, major companies have launched new slim alternatives to bolster sales of their leading brands including Marlboro's *Gold Edge* (PMI), *Kent Nanoteck* (BAT), and *Winston Slims* (JTI).

The potential to attract women in emerging markets in Eastern Europe, Asia, Africa and the Middle East presents huge opportunities for tobacco companies to increase sales and profits. Advocates and governments around the world must act now to prevent a new generation of women and girls from seeing cigarettes as glamorous, when in fact they cause death and disease. The best way to counter the tobacco industry's proven ability to successfully target women is to enact and enforce comprehensive advertising, promotion and sponsorship bans, and to limit the industry's ability to use packs and product descriptors to attract new users. Only then will countries be able to protect the health of all citizens, including women.

References

1 Samet JM & Yoon SY (2010) Gender, women and tobacco epidemic. Geneva: World Health Organization, Available from: **http://whqlibdoc.who.int/publications/2010/9789241599511_eng_Chapter3-5.pdf**

2 How to add value without advertising. Tobacco Journal International, 2009 Sept 17

3 Euromonitor International [database on the Internet]. Cigarettes: Russia. Euromonitor International. c 2012

4 Russia: JTI 'Glamour' cigarette sponsor Moscow fashion week. Tobacco Control 2012, 21(1): 2-5

5 KT&G. Korea Tomorrow and Global 2010 annual report. Available from: **http://www.ktng.com/eng/index.jsp**

6 Euromonitor International [database on the Internet]. Cigarettes: Global. Euromonitor International. c 2012

7 CigarettesReview.com. New ESSE super slim cigarette to be introduced soon. 2009 Sept 5. Available from: **http://www.cigarettesreviews.com/new-esse-super-slim-cigarettes-to-be-introduced-soon**

8 How to add value without advertising. Tobacco Journal International, 2009 Sept 17

Emerging Voices

Daria Khaltourina

My name is Daria Khaltourina and I live and work in Moscow, Russia.

I started working in the health arena as an advocate for alcohol control. I was alarmed at the damage that excessive alcohol use was doing to the Russian society. It was while I was doing this work that I learned that tobacco use is as big a problem as alcohol in the former Soviet Union, if not a bigger one. The Russian Federation has the terrible "honor" of being a leading country when it comes to smoking. Here are some of the things that I learned about smoking in Russia:

- **Almost 40 % of the population smokes.**
- **An estimated 60 % of men and 22 % of women smoke.**
- **Of young people ages 13-15, 25 % smoke.**
- **Russia has one of the highest male smoking rates in the world and one of the highest youth smoking rates in Eastern Europe, with boys at 27 % and girls at 24 %.**

This has devastating health consequences for my country:

- **Almost 400,000 Russians die needlessly each year from tobacco-related causes.**
- **In 2002, tobacco was responsible for more than 17 % of all deaths in Russia.**
- **Russian male life expectancy dropped from 64 years of age in 1989 to 59 in 2009, in part due to increased tobacco consumption.**
- **By comparison, men in Western Europe live an average of 77 years.**

I was so shocked and horrified to learn this that I decided I had to fight for tobacco control in Russia. So I joined the Russian Coalition for Tobacco Control in 2008 and became its Co-Chair shortly afterwards.

The main causes for Russia's alarming statistics are very weak legislation and very low taxes, which make cigarettes cheap, even for teenagers. And this bad situation is made much worse in my country by the activities of the transnational tobacco industry. Tobacco companies operating in Russia have developed a huge network of allies including high-level government officials, parliamentarians and other public figures, journalists and celebrities. All these people, and there are hundreds of them, are involved in promoting the use of tobacco even though it is an addiction that is killing and hurting their fellow Russians, including our young people.

It is not easy to stand up against these powerful tobacco lobbyists. But little by little, we health activists are managing to find our own allies and to get tobacco control into the media and onto the public agenda.

We are empowered by the fact that the Russian Federation has now ratified the WHO Framework Convention on Tobacco Control (FCTC). By doing so, the Russian government has actually made a legally binding promise to the world that it will take tobacco control seriously.

And they are doing something. The Ministry of Health has taken the lead in tobacco control and is promoting an important new tobacco control legislation package. If passed by the Duma (parliament), this legislation will have far-reaching effects on tobacco use in Russia and will help to bring the country's terrible smoking rates down.

The tobacco industry is investing a lot to undermine these positive legislative changes. They are working hard with their powerful friends to avoid any tobacco tax increase and to block the introduction of pictorial health warnings. But we can be strong too. Already our work is impacting the norm of tobacco use. We are seeing irreversible changes in society's attitude to smoking. Teenagers are learning about the dangers of smoking and there is a growing realization in the government and the media that tobacco use translates into real human loss.

This keeps me optimistic. It keeps me going. We have a lot of work to do but we are made strong by the knowledge that what we are doing is saving lives.

How much the world has changed!

By Mary Okioma, *Women for Justice in Africa*

In the late 70s and early 80s when I was growing up in Nairobi, Kenya had only one TV station, which broadcast its programs between 4 and 10 pm. Back then, a large percentage of their programs focused on education and news. That was well before the age of computers, DVDs and internet. If the entertainment programs in those days had smoking scenes, my siblings and I missed them because by the time they started showing shortly after 9.30 pm, we would have been asleep for at least 30 minutes. Looking back at my childhood, cigarette advertisements, smoking scenes in movies, or men and much less women smoking in real life were very rare.

I am amazed when I consider how much the world has changed. At a community education forum in Nairobi in early March 2011, one of our facilitators asked the students what they thought about cigarette smoking and some of the responses we got from the girls were as follows:

1) Boys who smoke make good boyfriends because they have money to spend.

2) Rich girls smoke.

3) You don't have to exercise if you smoke because cigarettes make you slim.

My co-facilitators and I had difficulty understanding how girls all below the age of 16 years came up with these ideas. We prodded them and they referred us to Internet blogs such as www.smokingsweeties.com, www.myspace.com/smokingwomen and www.bestsmokingsites.com/blog. These girls access the sites at home, on laptops belonging to their parents or siblings, or while visiting friends whose family members allow them to use their laptops.

Despite clear legal provisions prohibiting tobacco advertising, promotion and sponsorship in most African countries, the tobacco companies have continued to advertise their products, which have continued to gain popularity among Africans in general, and women and girls in particular.

In 2005, a colleague invited me to her graduation party. The party had been organized at a small attractively furnished and pleasant restaurant in Westlands, Nairobi. The invited guests appeared to be between the ages of 25 and 35. Shortly after the party got underway, waiters distributed what I saw as metal bowls with fancy stands and long extension cables attached to them. I learnt then that those metal bowls with fancy stands and long extension cables were pipes for smoking tobacco. Soon, many of the guests were smoking the pipes, blowing huge clouds of smoke into the air and simply having a nice time. Again, I wondered at how much the world had changed – from a relatively smoke free generation in my youth to a time when pipes could be distributed at a party to all and sundry just like candy or bowls of fruit!

When I first learnt about health and disease sometime in the early 80s, I remember the science teacher putting cigarette smoking alongside other well-known causes of disease. I still remember what he taught us about cancer – the cause was not known and it had no cure. He also mentioned that cancer was very rare and that it mostly affected rich people in developed countries. That was the early 80s and back then people died of malaria, food poisoning, maternal health complications and accidents. When I was growing up, people just didn't die of cancer. It was as my teacher had said, a rare disease that killed people in developed countries. Thinking about it now, I am disturbed at how much the world has changed. Today, cancer is responsible for almost every other death in the cities and rural areas of Africa.

Contrary to the tobacco industry's images of vitality, slimness, emancipation, sophistication and sexual allure, tobacco use is one of the most serious avoidable risk factors for premature death and disease in adult women.

Tobacco has been identified by the World Health Organization as one of the four main shared risk factors for Non-Communicable Diseases (NCDs) alongside unhealthy diet, physical inactivity and the harmful use of alcohol. Today, NCDs are the leading cause of death in women globally, killing a staggering 18 million women each year.

In order to raise the profile of NCDs on the global stage, mobilize the international community to take action and reverse the NCD epidemic, the United Nations will hold a high level summit on NCDs from 19th to 20th September 2011 in New York, USA. In preparation for the summit, I think that the following issues are important and should be prioritized:

1) Let's talk about NCDs. The current debate on NCDs takes place in board rooms, conferences, United Nations offices and on the internet on specific websites and listservs. The common man and woman have no idea what NCDs are and do not really care. Talk about NCDs must find its way into the spaces where ordinary men and women live their lives – in the street, at the bus stop, at the shop, in the kitchen, on TV, on radio, in the daily paper, at work, on the farm, everywhere. NCDs are so deadly, that we need to talk about them often, more than we talk about football, politics and sex put together.

2) Set up systems to monitor and evaluate integration of tobacco control into national public health strategies and policies.

3) Develop gender-specific tobacco control strategies and build the capacity of women to take leadership roles in the design and implementation of tobacco control programs.

4) There must be closer collaboration between tobacco control and women's rights advocates to better address tobacco-related women's rights violations and make use of instruments and mechanisms that have been created to advance women's rights at the national, regional and international levels.

Bearing in mind the high death toll from NCDs, their threat to women's health worldwide and their capacity to reverse development gains and women's progress, the United Nations High Level Summit on NCDs should have happened earlier. I pray that the September summit will generate the energy, commitment and finances that are required to reverse the widespread use of tobacco in the world today. I hope my grandchildren will be part of a tobacco-free generation. I hope that they will be able to refer to cancer and other NCDs as diseases that used to kill people when they were young and marvel at how much the world has changed.

Increasing the Price of Tobacco Products has Many Benefits: A Look at FCTC Article 6 – Tax and Price Measures

By Maria Carmona, *Campaign for Tobacco-Free Kids*

Article 6 of the Framework Convention on Tobacco Control (FCTC) emphasizes the importance of higher tobacco product prices to discourage tobacco use. Indeed, the research literature shows that policy measures which increase the price of tobacco products are the most effective means of reducing tobacco use. Higher tobacco prices encourage existing tobacco users to quit, prevent non-users from starting, prevent former users from resuming, and reduce consumption among those individuals who continue to use tobacco.[1] Higher taxes are particularly effective in reducing tobacco use among vulnerable populations, such as youth, pregnant women and low-income tobacco-users.[2,3,4]

At the fourth Conference of the Parties (COP) in November 2010, the Parties agreed to establish a working group to develop Article 6 guidelines on price and tax policies. The working group met in Geneva in December 2011 to discuss an initial set of draft guidelines that had been developed by the working group's Key Facilitators earlier in the year. The meeting drew 38 Parties and two non-Parties, as well as 12 intergovernmental and non-governmental organizations with expertise in tax policy. Attending as representatives of INWAT were Margaretha Haglund from Sweden and Jo Birckmayer from the United States.

A working group is now revising the draft guidelines, which will then be shared with the larger group and other Parties for their feedback. The working group is addressing how best to guide Parties on establishing effective systems for taxing tobacco products. In many countries, tobacco is inexpensive, tobacco taxes make up a low share of tobacco product prices, and many currently have complex tobacco tax structures that are less effective in achieving public health and revenue goals.

INWAT and other non-governmental organizations can play a critical role in lobbying governments to support the adoption of strong guidelines. Toward this end, the *WHO Technical Manual on Tobacco Tax Administration* can be a valuable resource when advocating for tobacco taxation to ensure that governments recognize the health benefits of robust tobacco tax systems in addition to the benefit of increased government revenue. The WHO manual provides 20 best practice recommendations for tobacco taxation to improve public health.

A small but growing number of governments are using the revenues generated by tobacco tax increases to fund tobacco control work and other health promotion activities. Others have used revenues to help finance their healthcare systems. In many countries, particularly the poorest countries, sizable increases in tobacco taxes would generate enough revenue to support a range of tobacco control and other health promotion work and strengthen health systems, while at the same time reducing the death, disease and economic costs caused by tobacco use.

The Article 6 working group's goal is to submit proposed guidelines for consideration at COP-5 in Seoul in November 2012.

References

1 Ross H & Chaloupka FJ (2006) Economic policies for tobacco control in developing countries. Salud Publica Mex 48(Suppl 1): S113-120

2 Chaloupka F & Pacula R (1998) An examination of gender and race differences in youth smoking responsiveness to price and tobacco control policies. National Bureau of Economic Research, Available from: **http://www.nber.org/papers/w6541**

3 Ringel JS & Evans WN (2001) Cigarette taxes and smoking during pregnancy. American Journal of Public Health 91(11): 1851-1856

4 U.S. Centers for Disease Control and Prevention (1998) Responses to increases is cigarette prices by race/ethnicity, income, and age groups–United States 1976-1993. Morbidity and Mortality Weekly Report 47(29): 605-609

Documenting Women Tobacco Control Advocates Around the World

By Mary Okioma, *Women for Justice in Africa, INWAT Board Member (Regional Representative for Africa)*

INWAT has begun an exciting project to document women leaders in tobacco control from around the world. It is being co-ordinated by Women for Justice in Africa (WOJA) and we welcome your involvement.

INWAT is a global network of women tobacco control specialists dedicated to achieving improved health and greater equality among women and girls by eliminating tobacco use and exposure to tobacco smoke. It was founded in 1990 by women tobacco control leaders meeting in Perth, Australia at the 7th World Conference on Tobacco or Health. We currently have a membership of over 1800 women in 100 countries.

We think it's time to increase the visibility of INWAT members, facilitate networking amongst members and do more to promote female leadership in tobacco control globally. You can contribute to this by giving us some information about yourself and/or other women you know who work in tobacco control. We will use the information to profile members in editions of the Net and to create a slide show that can be used at INWAT public events like the World Conference on Tobacco Or Health in Singapore in March 2012.

If you'd like to be a part of the project, please send the following information to Mary Okioma (**okioma_mary@yahoo.com**) and Sara Benavides (**sbenavides@tobaccofreekids.org**):

- **Your name, affiliation and the country where you work**
- **A list of your areas of expertise**
- **A list of awards/recognition that you have received**
- **A photograph of yourself**

If you are not yet a member of INWAT, but would like to participate in the project, please visit the INWAT website, join the network and then send us your information. And please share this with other women tobacco control advocates you know so that, together, we can build a stronger and more visible network.

INWAT Board Member Wins Luther L. Terry Award

Dr. Mira Aghi, an INWAT Board Member for many years, has won the prestigious Luther L. Terry Award for Tobacco Control in the category of Outstanding Community Service.

For the past 45 years, Dr. Aghi has worked with energy, passion, commitment and dedication in the field of public health in her native country, India, in her region and globally. She is widely acknowledged as a world leader in communications and public education, particularly in the field of public health. Her focus on the special needs of women of low socio-economic status (SES) in all fields of public health, especially tobacco control, has served to highlight those needs regionally, nationally and internationally.

Dr. Aghi has been an inspiration and a role model for colleagues in India and abroad, and also for the INWAT Board and members, past and present. Within the tobacco control movement, Dr. Aghi has won a special place for her unwavering focus on the fact that tobacco use, as well as the production of certain forms of tobacco such as bidis, affects women and girls disproportionately.

The award will be presented to Dr. Aghi during the 15th World Conference on Tobacco Or Health, which takes place in Singapore from 20th - 24th March 2012.

From all INWAT members and the Executive Board, congratulations Dr. Aghi, on a well-deserved award!

INWAT Meetings at WCTOH

Taking advantage of the occasion of the 15th World Conference on Tobacco Or Health (WCTOH) in Singapore from 20th - 25th March 2012, INWAT will be holding two meetings for members and others interested in our work.

We'd love to see you there!

Regional Meeting:	**Date:**	**Tuesday, 20 March 2012**
	Venue:	**Room MR 205**
	Time:	**13:00 – 15:30**
General Meeting:	**Date:**	**Thursday, 23 March 2012**
	Venue:	**Room MR 205**
	Time:	**17:30 – 19:30**

Two New Publications from the British Columbia Centre of Excellence for Women's Health (www.bccewh.bc.ca)

1. Expecting to Quit – A Best Practices Review of Smoking Cessation Interventions for Pregnant and Postpartum Girls and Women. Second Edition

Authors: *Lorraine Greaves, Nancy Poole, Chizimuzo T.C. Okoli, Natalie Hemsing, Annie Qu, Lauren Bialystok & K. Renee O'Leary*

Smoking during pregnancy is a persistent issue. The British Columbia Centre of Excellence for Women's Health in Vancouver, Canada has released a second edition of its popular book on smoking during pregnancy, Expecting to Quit A Best Practices Review of Smoking Cessation Interventions for Pregnant and Postpartum Girls and Women. The first edition has been used in several countries around the world over the past few years. Despite declining smoking rates in Canada and many other high income countries, smoking during pregnancy and postpartum remains a significant public health issue. Smoking during pregnancy is a growing problem in many low and middle income countries.

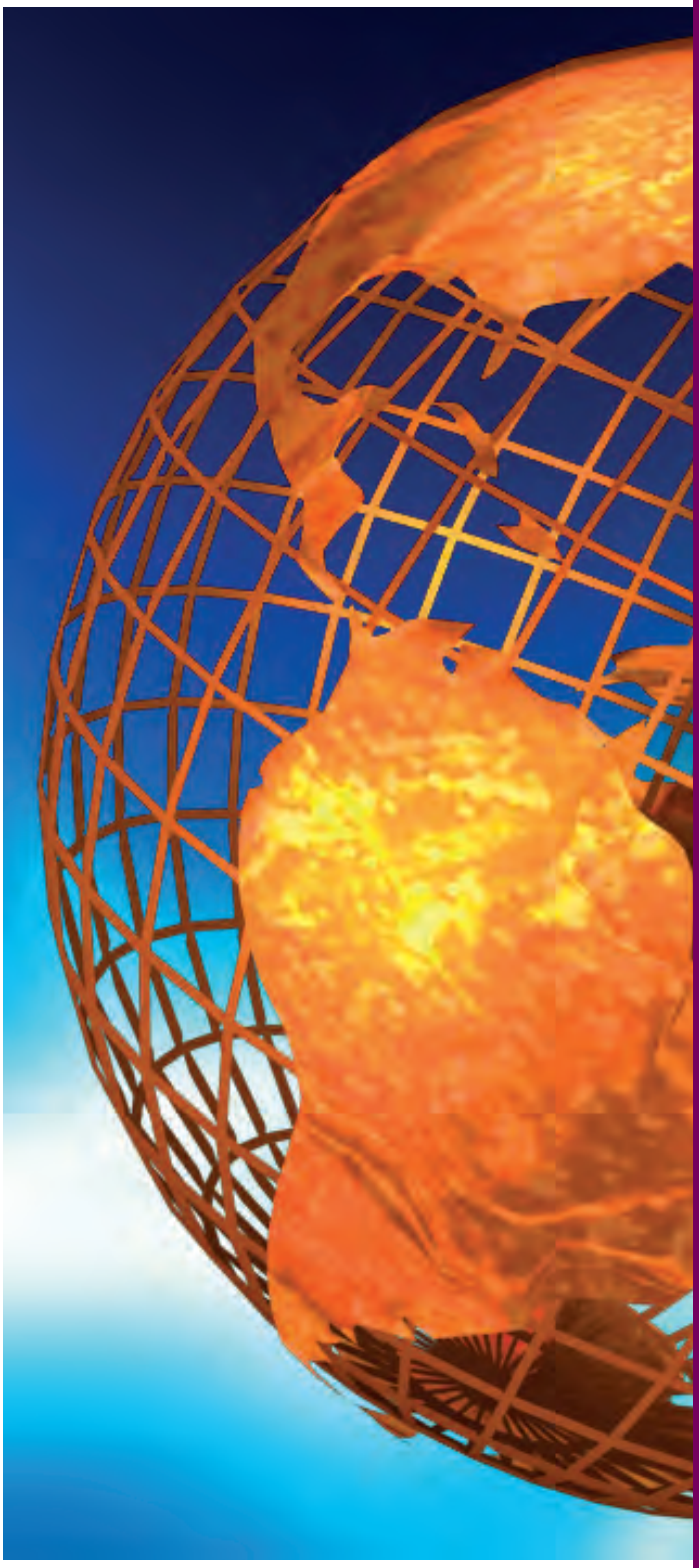
While many interventions for pregnant smokers exist, there has been limited success in creating significant reduction or permanent cessation. In 2011, BCCEWH researchers completed a systematic review of emerging interventions and better practices, and contextualized the results of these analyses in the wider literature on women's health, women-centred care, and women's tobacco use. We include recommendations and strategies for research and practice and describe the fourteen recommended interventions and eleven program components that seem to work. In addition, we suggest seven recommended better practice approaches to supporting pregnant and postpartum women in smoking reduction and cessation. This new edition also contains an added chapter on addressing smoking reduction and cessation for vulnerable groups of women, including young pregnant women, women who drink alcohol and smoke during pregnancy, and pregnant women who have experienced trauma or violence. The document, along with new additional resources and tools for pregnant women and health care providers can be found at: **www.expectingtoquit.ca** in English and French.

2. Liberation! A Guide to Women Centred Tobacco Treatment

Authors: *Cristine Urquhart, Nancy Poole, Lorraine Greaves, Fran Jasuira*

Quitting smoking is difficult! Facilitating successful tobacco dependence treatment among women is an ongoing challenge for practitioners. Building upon on an ongoing research program at the British Columbia Centre of Excellence for Women's Health that has assessed tobacco use, dependence and cessation among women, this publication describes a women-centred approach to tobacco dependence treatment and support. This guide is based on review and linkage of literature on women-centred care, sex/gender differences in tobacco use and addiction, and best practices in tobacco cessation and relapse prevention. We have examined the desirability, acceptability and feasibility of this women-centred approach in consultation with key tobacco control experts from across Canada, and with women smokers and health care providers.

Integrating a women-centred approach throughout, this guide offers: Practical ideas on how to collaboratively begin conversations with women smokers, ideas for how to share information without (re)traumatizing and shaming women, key questions to pace the conversation and avoid getting ahead of readiness, as well as tools and resources to support women's change. As such, the guide will be a valuable resource for practitioners in providing comprehensive tailored cessation support for women.



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British Columbia Centre of Excellence for Women's Health

The British Columbia Excellence for Women's Health (BCCEWH) works to improve the health of women by fostering collaboration on multidisciplinary and action oriented research on girls' and women's health issues, paying particular attention to girls and women who face health inequities related to socioeconomic status, race, culture, age, sexual orientation, geography, disability and/or addiction.

Board of Directors (2009 - 2011)

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